GVRC
GENDER VIOLENCE
RECOVERY CENTRE
We bring back meaning to lives of survivors and their families

GENDER VIOLENCE RECOVERY CENTRE

ANNUAL REPORT

2010-2011

ANNUAL REPORT

Name of Implementing Agency	:	Gender Violence Recovery Centre - Nairobi Women's Hospital
Project Title:	:	Medical and Psychosocial Support of Survivors of Sexual and Domestic violence
Period Covered by this Report	:	1st April 2010 to 31st March 2011
Project Location	:	Nairobi Women's Hospital

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ACKNOWLEDGEMENT

The journey towards bringing back meaning to the lives of survivors of GBV and their families has been one marked with hope, restoration and healing. All this has been achieved due to the support and the goodwill of corporations, organizations and individuals who have recognized and appreciated the noble task that GVRC does. On that note, GVRC wishes to acknowledge and extend warm thanks to all who have walked the talk with us. Through the support, GVRC has not only been able to provide medical treatment and psychosocial support to survivors but also to create awareness and sensitize the public on the critical need of both prevention and management of Gender Based Violence.

GVRC takes pride in the success of the fundraising gala events that support our work and wishes to acknowledge with thanks all the corporate the companies, like- minded organizations, development partners, individuals, staff, interns and volunteers who generously contributed towards these events in the past and in particular the Gala of 5th November 2010. Your generosity and love has touched the lives of many who have suffered the brunt of violence yet whose hope can now be restored. As partners we will continue in our vision and mission to be leaders in prevention and management of Gender Based Violence in Africa.

Hon. Justice Njoki S. Ndungu
Chairperson - Board of Trustees

To all our friends,
Thank you for a successful 2010 Gender Violence Recovery Centre Fundraising Gala Dinner

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GVRC Gender Violence Recovery Centre

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- African Women Development Bank (AWDF)
- Global Fund

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LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AMREF	African Medical and Research Foundation
AMWIK	Association of Media Women in Kenya
ANPPCAN Neglect	African Network for the Prevention and Protection against Child Abuse and
BScN	Bachelor of Science – Nursing
CCCP	Clinical Comprehensive Care Program
CCT	Couple Counseling and Testing
CDF	Constituency Development Fund
CEO	Chief Executive Officer
CLAN	Children's Legal Action Network
COVAW	Coalition on Violence against Women
CRADDLE	Child's Rights, Advisory, Documentation and Legal Centre
EC Program	Emergency Contraception Program
ECP	Emergency Contraception Pills
EUA	Examination Under Anesthesia
FGM	Female Genital Mutilation
FIDA	Federation of Women Lawyers
FY	Financial Year
GBV	Gender Based Violence
GBV	Gender Based Violence
GCN	Girl Child Network
GIZ	German International cooperation
GROOTS	Grassroots Organizations Operating Together in Sisterhood- Kenya
GVRC	Gender Violence Recovery Centre
HIV	Human Immunodefiency Virus
HVS	High Vaginal Swab
IEC material	Information, Education and Communication material
IWD	International Women's Day
KICC	Kenyatta International Conference Centre
NCCS	National Council for Children Services
NCK	Nursing Council of Kenya
NWH	Nairobi Women's Hospital
PEP	Post Exposure Prophylaxis

Plan DA	Plan Denmark
PTSD	Post traumatic Stress Disorders
RCK	Refugee Consortium of Kenya
RFUEA	Rugby Football Union East Africa
RN/BScN	Registered Nurse/Bachelor of Science in Nursing
SDA	Seventh Day Adventist
TB	Tuberculosis
TDH	Terre Des Homes –Netherlands
ToT	Training of Trainers
UNFPA	United Nations Population Fund in Kenya
UNICEF	United Nations Children's Fund
V VF Repair	Vesico – Vaginal Fistula Repair
VCO	Voluntary Children Officer
VCT	Voluntary Counseling and Testing
VDM Kit	Vaginal Discharge Management kit
VDRL	Venereal Diseases Related Illness
WRAP	Women's Rights Awareness Programme

1.0 EXECUTIVE SUMMARY

The Gender Violence Recovery Centre (GVRC) continues to play a key role in the prevention and management of Gender Based Violence in society. We do this by bringing back meaning to the lives of survivors and their families through quality service delivery. It is with much humility that GVRC extends its gratitude to its esteemed stakeholders, partners and the public at large for their unwavering support throughout this financial year. As such, GVRC has managed to provide services to over 2909 survivors in 2010/2011 financial year. This is an increase from last year that recorded a total of 2487 (17% increase).

Overall since its inception in March 2001, the centre has provided free and comprehensive medical treatment and psychosocial support to over 18387 survivors. During the 2010/2011 FY a total of 1285 survivors from the 2909 being 87% were rape/defilement cases while 13% were domestic violence cases. As indicated, neighbours, fathers/ husbands and relatives pose the greatest risk to society in perpetuating GBV. Adult men recorded the lowest number in seeking the centre's services, due to a myriad of reasons, some being the high level of stigma, ignorance and lack of functional society support mechanisms.

The GVRC support groups have been of great support to the victims of GBV as survivors are accorded an opportunity to share their experiences and thus supported accordingly. There are four support groups that have been put in place namely: Domestic violence, Fadhili, CCCP and Children support groups.

GBV protocols are now incorporated in the Nursing curriculum. Through the advocacy wing GVRC prides itself in the successful

Inclusion of GBV protocols in the Bachelor of Science- Nursing degree curriculum.

In a bid to increase the funding base GVRC organized a charity golf tournament at the Muthaiga Golf Club on the 9th April 2010. This tournament saw more than 70 golfers participate and over 14 companies sponsor the successful event. Apart from raising funds and having fun, GVRC also sensitized the golfers on the need to have a society free from all forms of violence. Mr. Duncan Kamau of Vet Lab golf club emerged the overall winner, with Ms. Mukami Gatonye of the Muthaiga golf club being the only female player. The Vet lab golf club registered the largest number of golfers.

Over the year, GVRC focused on changing the perception of the public and engaging men in the fight against GBV is a flagship activity for GVRC. The centres' ambassadors (The Kenya Sevens Rugby Team) recognized GVRC as a key partner to join them in the Safaricom Sevens tournament that saw thousands of fans gathered. GVRC used this opportunity to educate the fans, creating awareness on GBV and even hosted the guest of honour, Mr. Tiejen Gordon, the legendary coach of the New Zealand Sevens (All Blacks) Rugby team. The Day of the African Child celebrations was also important in the sensitization of the public and increasing awareness on the impact of GBV in

our society. Therefore, primary prevention remains a focus for GVRC.

During the FY GVRC had the privilege to host a successful annual gala dinner at the Carnivore grounds on 5th November 2010, and hosted over 800 guests.

Finally, GVRC has had an exciting year, very robust in its activities that saw the launch of a partnership with the Truth, Justice and Reconciliation Commission, (TJRC) in an effort to offer psychosocial support to survivors of the post election violence, during the TJRC hearing process, as well as seeking new partnerships and programs.

During the year, Wangechi Grace Kahuria came on board as the Executive Director, while long serving deputy Programmes Manager-Alberta Wambua was promoted to the Manager Medical Services and Psychosocial support, and Robin Masinde Promoted to Programmes Manager. We would like to thank Teresa Omondi, the immediate former Executive Director for her stewardship and direction, and look forward to having a greater contribution to society.

A special thank you goes out to our esteemed board of Trustees, men and women who have had a great passion for a gender violence free society, who have remained committed to the cause and given exemplary leadership to GVRC. Thank you so much Njoki Ndungu, Les Baille, Dr. Klaus Hornezt, Dr. James Nyikal, Norah Odwesso, Nora Matovu and Dr. Sam Thenya.

This report shares GVRC experiences, the lives touched, progress made and future plans. We invite you all to visit our centers and join us bring back meaning to the lives of survivors and their families.

Wangechi Grace Kahuria
Executive Director-GVRC

2.0 PROJECT BENEFICIARIES

Since inception, GVRC has reached an all high mark of supporting 18387. Previously in the year 2009/2010, GVRC managed to provide comprehensive medical treatment to 2487 survivors of whom 2274 were females and 213 males. In the year 2010/2011 the number has gone up by a significant margin of 422 survivors as indicated in table 1 below. This is noted as an indicator of public receptiveness to the advocacy messages in ending the silence and seeking treatment. GVRC anticipates a reduction in the number of reported GBV cases in the next five years following campaigns geared toward sensitizing prevention and increasing accountability in legislation and justice system to reduce impunity for perpetrators of violence. The year recorded an average of eight new cases on daily basis.

2.1 Beneficiaries Reached in 2010-2011

The centre received 2909 cases of sexual and domestic violence in this reporting year. 2615 (90%) were female survivors and 294 (10%) were male survivors that received medical and psychosocial support during this period. It also shows the number of clients who were referred either for shelter or legal aid.

Table 1

Activity Completed	Direct Beneficiaries				
	Female	%	Male	%	Total
Provision of comprehensive medical treatment	2615	90%	294	10%	2909
Hospitalization and Accommodation	92	84%	17	16%	109
Referrals for shelter and legal aid	101	93%	8	7%	109

2.2 Medical and psychosocial interventions.

The centre has developed protocols of management of gender based violence which has tripartite basic intervention approaches; medical management, psychosocial support and legal aid. Below is a breakdown of services offered to the 2909 survivors in the reported year.

Objective

Provision of comprehensive medical examination and treatment to survivors of sexual and domestic violence.

Activities Undertaken

Doctors examination/Consultation/Treatment Results

In the year 2010/2011, a total of 2909 survivors received comprehensive medical examination and treatment; 2615 (90%) were female and 294 (10%) male.

A total of 109 cases were admitted in the wards; 92 were female while 17 were male.

Table 2: Classification of survivors of sexual and physical violence by sex

Nature of Violence	Classification	April-June	July-Sept	Oct-Dec	Jan-Mar	Total	Percent%
Sexual Violence	Women	284	262	297	260	1103	37.9%
	Men	16	23	17	20	76	2.6%
	Girls	312	327	268	264	1171	40.3%
	Boys	42	57	39	36	174	6.0%
Physical Violence	Women	85	86	48	66	285	9.8%
	Men	2	0	3	3	8	0.3%
	Girls	18	22	8	8	56	1.9%
	Boys	14	7	5	10	36	1.2%
Total		773	784	685	667	2909	100%

Out of the 2909 survivors, 2524(87%) were rape /defilement cases, 385(13%) were domestic violence, as shown in table 3 below.

Table 3: Presentation of number of survivors sexual and physical violence

Complaint	Number	Percent
RAPE/DEFILEMENT	2524	87%
PHYSICAL VIOLENCE	385	13%
Total	2909	100%

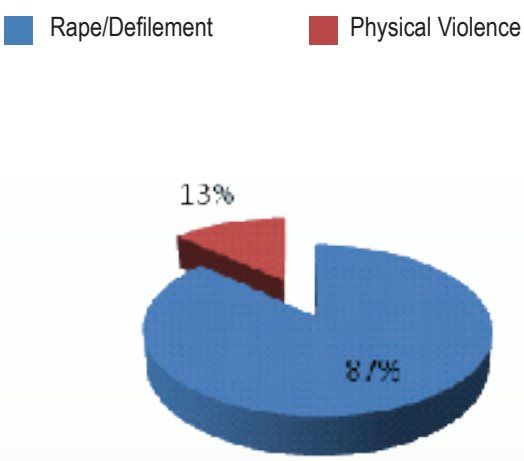
3.0 SEXUAL AND PHYSICAL VIOLENCE

The number of rape[1] / defilement[2] cases exceeds the number of physical violence cases by a relatively bigger margin. The trend persists since 2001 explaining the fact that sexual violence perpetrators target the women population indiscriminately unlike physical violence cases that are more experienced within family units and in intimate relationships. Mostly for physical violence cases, the perpetrators are husbands or boyfriends or to some extent ex husbands towards wives or girlfriends. For the rape/ defilement cases, perpetrators vary from the majority known persons to a significant number of the unknown persons.

Below is a pie chart representation of survivors of sexual and domestic violence

Fig. 1

Piechart representation of sexual and physical violence



3.1 Sexual Violence[3]

Presentation of children[4] and adult survivors of rape/defilement

Out of 2909 reported cases, 2524 of were reports of sexual violence recording a 20% increase from last year that reported 2105 cases. Of the 2524 cases, 1103(44%) were women, 76(3%) were men, 1171(46%) were girls and 174(7%) were boys as shown in table 4 below. The increase can be attributed to the massive awareness campaigns or general increase of sexual violence cases. Overall this trend changed significantly from a cumulative overall trend of 57% women, 3% men, 35% girls and 5% boys over the years. This shows a steady increase on sexual violence against girl children, with a decrease on sexual violence against adult women.

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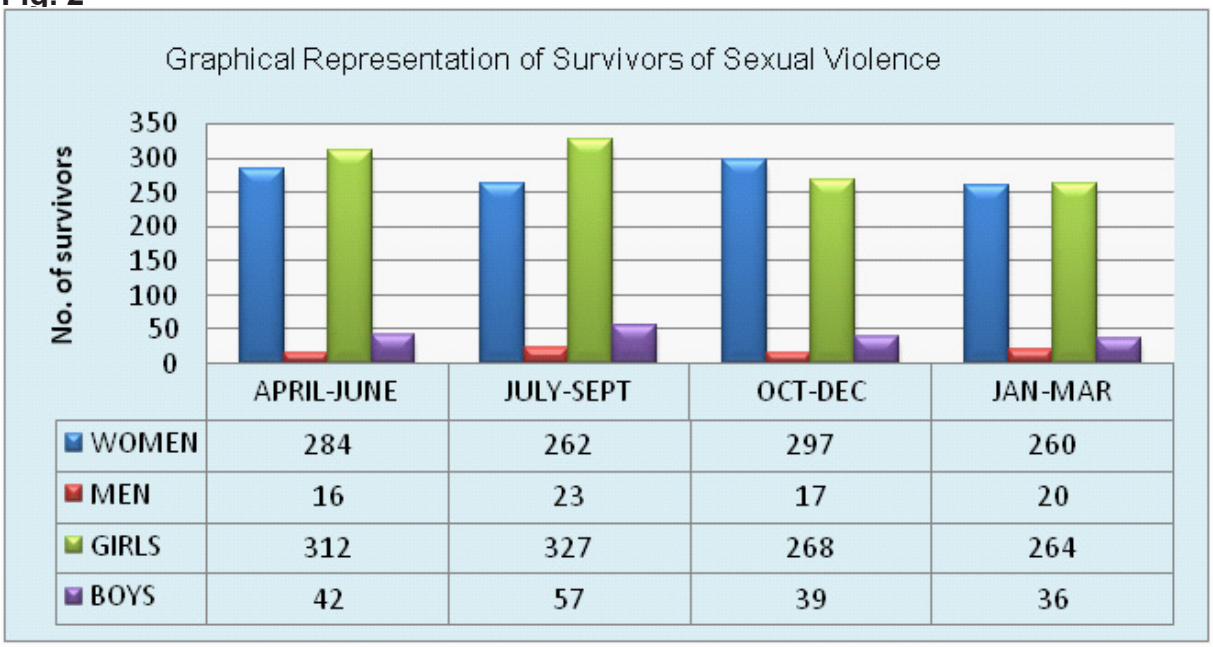
1. Definition of rape as under Section 3 of the Sexual Offences Act 2006-Any person who intentionally, unlawfully and without consent commits an act which causes penetration(partial or complete insertion of the genital organs of a person into the genital organs of another) with his or her genital organs. Genital organs include the anus hence definition encompasses what is commonly referred to as sodomy.
2. Definition of Defilement as under section 8 of Sexual Offenses Act 2006-Act of penetration with a child (anyone below the age of 18 years)
3. Includes Rape, Sexual assault and Defilement
4. Child defined as anyone below the age of 18 years (Children's Act, 2001)

Table 4: Presentation of adult and children survivor of rape/defilement

	A P R I L - JUNE	JULY-SEPT	OCT-DEC	JAN-MAR	TOTAL	PERCENT
WOMEN	284	262	297	260	1103	44%
MEN	16	23	17	20	76	3%
GIRLS	312	327	268	264	1171	46%
BOYS	42	57	39	36	174	7%
TOTAL	654	669	621	593	2524	100%

Below is a graphic presentation of adult and children survivors of sexual violence

Fig. 2



3.2 Physical violence[5]

Physical violence usually is intended to establish and maintain power and control over the other person. It can either be:

- Physical
- Psychological; threats, intimidation, emotional abuse, isolation, or
- Economical

Presentation of children and adult survivors of physical violence.

All the domestic violence cases that were treated relate to physical assaults.

Out of 2909 reported cases, 385 were of domestic violence nature. 285 (74%) were women, 8 (2%) were men, 56(15%) were girls and 36 (9%) were boys as shown in table 5 below. Over 50% of domestic violence cases are committed by husbands. The circumstances, as reported, indicate that the violence is triggered by disagreements or by the nature of men wanting to exercise power or exert total control on

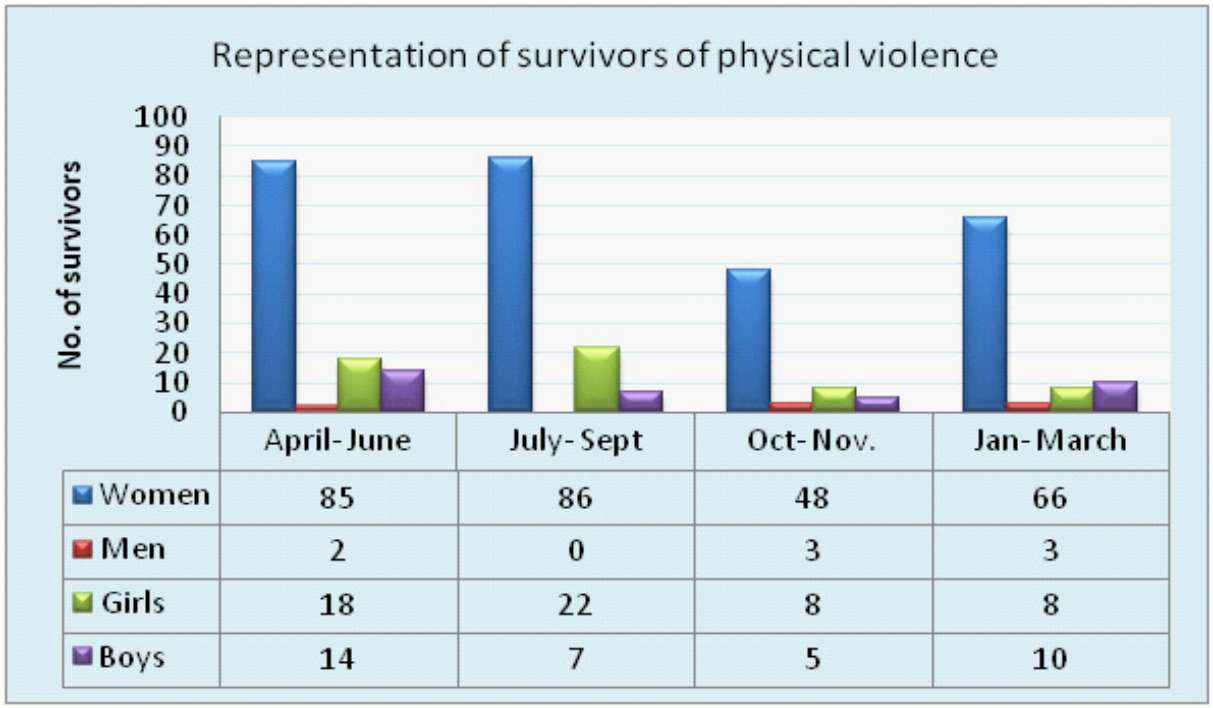
[5] Definition of physical violence from the GVRC data is any harm inflicted to a survivor by a member of his/her family and/or within the family set up and includes; spouses, parents , children, siblings and house help

their wives

Table 5: Presentation of children and adult survivors of Physical violence

	APRIL-JUNE	JULY-SEPT	OCT-DEC	JAN-MAR	TOTAL	PERCENT-AGE
WOMEN	85	86	48	66	285	74%
MEN	2	0	3	3	8	2 %
GIRLS	18	22	8	8	56	15%
BOYS	14	7	5	10	36	9 %
TOTAL	119	115	64	87	385	100 %

Fig. 3



3.3 Description of perpetrators of gender based violence

Gender Based Violence cuts indiscriminately across social, economic, and political divides. Every person is said to be a potential perpetrator and from the cases seen at the centre, a high percentage of perpetrators are known to the survivors as compared to the unknown perpetrators.

(a.) Identity of perpetrators.

Of the 2909 survivors of sexual and domestic violence, 1858 (64%) reported that the perpetrators were people known to them. 1051 (36%) reported that the perpetrators of violence were people unknown to them as explained below.

From the reported cases the number of known perpetrators is quite high and this gives the explanation that violence is more likely to be a predetermined act than an act of circumstance.

Table 6: Known and unknown perpetrators of gender based violence

	No. of perpetrators	PERCENT (%)
Known	1858	64%
Unknown	1051	36%
TOTAL	2909	100%

(b.) Classification of known perpetrators

Analysis on the basis of GBV offenders reveal that the closer one is or familiar with the perpetrator the higher the likelihood of being assaulted. Known perpetrators accounted for a total of 1858 (63.9%) while the unknown totaled to 1051 (36.1%). The key perpetrators are people who the survivors would look up to for protection and care. Neighbors, acquaintances, boyfriends, fathers, friends, and relatives form the majority perpetrators. Other perpetrators are known but survivors declined to reveal the relationship for unknown reasons.

Table 7: Classification of known perpetrators

	APRIL-JUNE	JULY-SEPT	OCT-DEC	JAN-MAR	TOTAL
Acquaintance	43	10	29	5	87
Bar staff	0	0	1	0	1
Boyfriend	28	20	22	17	87
Brother	6	4	3	4	17
Brother-in-law	2	3	0	0	5
Business friend	0	0	0	0	0
Business partner	0	2	0	0	2
Care-taker	2	1	0	2	5
Chief	0	1	0	0	1
Church member	0	1	0	0	1
Classmate	0	4	3	5	12
Clinic Officer	0	0	0	2	2
Co wife	0	0	1	0	1
Cobbler	0	0	1	0	1
Customer	0	2	0	0	2
Dj	0	0	2	0	2
Doctor	0	0	1	0	1
Driver	0	0	1	1	2
Employer	18	13	8	7	46
Ex-boy-friend	0	9	4	6	19
Ex-husband	0	4	6	3	13
Family friend	0	8	3	2	13
Father	41	29	30	45	145
Fiancée	0	0	2	1	3
Friends	48	52	47	54	201
Grandfather	3	2	1	3	9

Guardian	8	0	1	0	9
Herbal doctor	0	0	0	1	1
House help	1	2	8	9	20
Husband	18	86	56	57	217
Known but not mentioned	73	70	62	67	272
Laborer	0	0	1	0	1
Land lords son	0	0	1	1	2
Landlord	0	0	2	1	3
Lecturer	0	0	0	1	1
Matatu/ Bodaboda tout	2	1	1	3	7
Matatu/ Tax driver	5	1	1	2	9
Mother	14	4	1	7	26
Neighbours	107	99	79	57	342
Neighbor's friend	0	0	0	1	1
Nephew to mother	0	0	1	0	1
Photographer	0	1	0	0	1
Police officer	2	2	0	2	6
Priest/Pastor	4	3	4	1	12
Relatives(aunt, uncles, cousins)	33	43	21	22	119
School bus conductor/ driver	1	0	1	0	2
School driver	0	0	0	1	1
School-mate	10	4	7	4	25
Security	1	3	1	2	7
Shamba boy	1	3	2	1	7
Shopkeeper	1	3	0	3	7
Sister	0	1	0	1	2
Son	0	1	0	0	1
Son to employer	0	0	1	0	1
Step brother	0	0	1	1	2
Step-father	7	7	5	6	25
Step-mother	3	0	0	0	3
Student	0	1	0	0	1
Teacher	10	8	3	4	25
Tenant	0	1	0	1	2
Village elder	0	0	0	1	1
Watchman	0	0	3	0	3
Wife	2	0	2	1	5
Workmate	0	0	0	2	2
Guardian	8	0	0	0	8
Total	501	511	429	417	1858

Note: The known but not mentioned perpetrators are as a result of fear, anxiety or survivors just made the decision not to mention the perpetrator.

3.4 Residential Areas

Description of survivors residential areas

Analysis of residential areas reveals that Nairobi region recorded the highest number of cases, due to obvious reasons of proximity to the centre i.e. 87 %, while other places recorded 13%. Majority of the reported cases are from the low income areas such as Kibera, Korogocho, Kayole, Mukuru, Kawangware, Kariobangi and Dandora. Other areas within Nairobi region that are considered as middle class include; Ongata Rongai, Buru Buru, Langata, Eastleigh, Ngara, Umoja, Makadara, Bahati, Maringo, Dagoretti, Kikuyu, High Rise, Mlolongo, Imara Daima, Gumba, Muguga, Jamhuri, Upper Hill, Mbotela, Kaloleni, Umoja, Roysambu Pipe Line, Nairobi West, Donholm, and Ruaraka. Up market areas within Nairobi have also recorded Gender Based Violence incidences. This areas include; Kilimani, Karen, Westlands and kileleshwa among others. Most of the cases from outside Narobi region were referrals from, district hospitals, children'officers, or partner organizations.

Table 8

APRIL-JUNE		JULY-SEPTEMBER		OCT-DECEMBER		JANUARY-MARCH	
Resident	Total	Resident	Total	Resident	Total	Resident	Total
Nairobi	603	Nairobi	700	Nairobi	638	Nairobi	591
Baringo	1	Gikambura	1	Gatundu	1	Kikuyu	8
Busia	1	Gilgil	1	Kabete	5	Busia	1
Butere	1	Karatina	3	Kiambu	6	Gachie	3
Eldoret	1	Kiambu	16	Kitui	1	Gatanga	1
Kakamega	2	Kiambaa	1	Limuru	6	Gatundu	3
Kiambu	46	Kibagare	3	Malindi	1	Gataru	1
Kibwezi	1	Kirinyaga	2	Mombasa	2	Githunguri	1
Kiserian	13	Kiang'ombe	2	Mutuini	1	Kabete	4
Kisumu	2	Kakamega	1	Mwea	2	Kamulo	1
Kitale	1	Kisumu	1	Naivasha	1	Kangema	1
Kwale	1	Limuru	3	Nakuru	1	Kiambu	6
Machakos	27	Mai mahiu	2	Nanyuki	1	Kihara	1
Makueni	2	Murang'a	6	Ngong	12	Kimande	1
Meru	1	Meru	2	Nyahururu	2	Kirinyaga	1
Mombasa	2	Matuu	2	Nyeri	1	Limuru	3
Naivasha	1	Makuyu	1	Tena	1		
Nakuru	1	Mutito Andei	1	Thika	3	Murang'a	2
Ngong	10	Machakos	6	-	-	Nakuru	2
Njoro	1	Isiolo	1		-	Ngong	18
Rongai	30	Meru	1		-	Nyahururu	2
Thika	25	Mombasa	1		-	Rongai	15
	-	Naivasha	1		-	Tanzania	1
	-	Nakuru	3		-	Tetu	1
	-	Ngong	10		-		
	-	Ngando	1		-		

	-	Nanyuki	1		-		
	-	Ndenderu	2		-		
	-	Thika	4		-		
Total	773	Total	784	Total	685	Total	667

3.5 Occupation of survivors

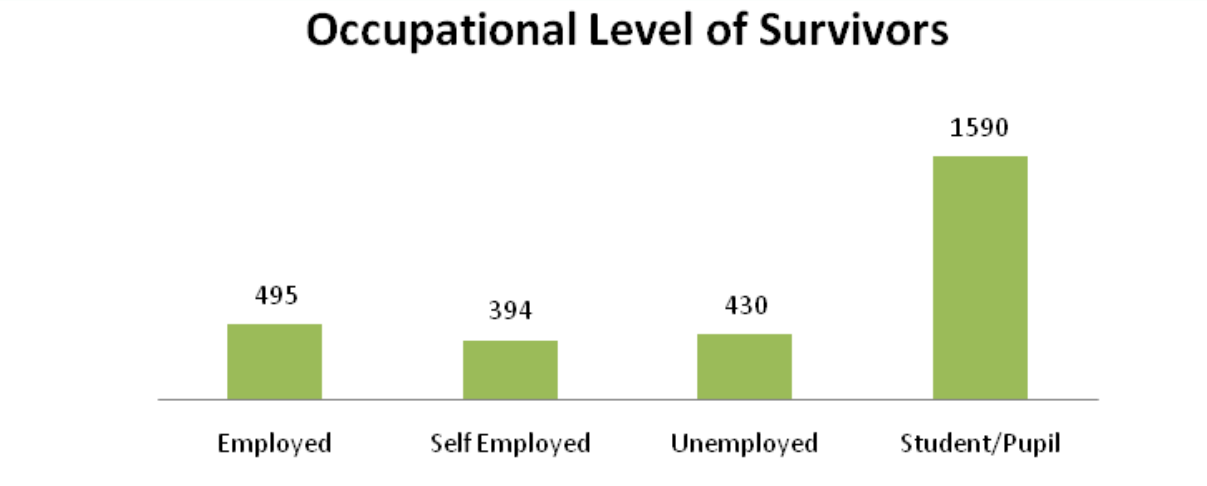
From the statistics, 54.7% (1590) of the survivors during the reporting period are students/pupils, who have no form of employment and rely on the parents/ guardian for social and economic support. The 14.8% (394) were self employed and in small income generation ventures, while 17.0% (495) of the survivors were employed with a source of income and 13.5% (430) were unemployed.

Students/pupils are reported as the targets of violence through being lured and trapped by potential perpetrators with enticements like sweets and cake or buns. Teachers as well as parents should play a vital role in helping monitor behavior change of children to detect any abuse or early signs of abuse.

Table 9: Presentation of survivors of gender based violence by occupational levels

Category	Total	Percentage
Employed	495	17.0%
Self Employed	394	13.5%
Unemployed	430	14.8%
Student/Pupil	1590	54.7%
Total	2909	100%

Fig 4.



3.6 Location of incidence

Presentation of survivors of gender based violence by Location of incidence

During the year 2010/2011, 60.1% of the reported cases were from the residential areas including slums. This was followed by 17.4% from the streets and city centre. The secluded places recorded 11.5%, recreational places like Uhuru Park; Arboretum recorded 2.9%, while 2.4% occurred at bus stops and stages, 2.0% occurred in forests, 1.7% in institutional compounds, and 1.4 % of incidences occurred in lodgings or hotel rooms. The work/Office places registered the least percent (0.6%).

The high explosion of cases from the slum area could be attributed to the high population, strain on social

amenities such as poor lighting, toilets, early exposure to sexuality, drug abuse and poverty among other reasons that increase the vulnerability of the residents to abuse. The recent common characteristics of perpetrator are that they would always define a routine of the targeted person, their families or guardians and would always plan to perpetuate violence when all the fences are down.

Table 10

Category of Place of attack	Total	Percentage
Streets and city centre	507	17.4%
Recreational places e.g. Uhuru park, Arboretum	84	2.9%
Residential Estates including slums	1747	60.1%
Forests e.g. Karura forest, Ngong forest	59	2.0%
Institutional compounds	50	1.7%
Bus stop and stages	69	2.4%
Secluded unknown places	335	11.5%
Work/office places	17	0.6%
Lodgings/hotel rooms	41	1.4%
Total	2909	100%

3.7 Circumstances surrounding the incidence

Presentation of survivors of gender based violence by circumstances surrounding the incidence as reported 25.2% (734) of the survivors of sexual and domestic violence were accosted by the perpetrators while walking home, within the neighborhood and or along the street. 17.6% (513) of the survivors reported that they were accosted by the perpetrators at their residential home. 28.3% (820) of the survivors reported that the incidence occurred at the perpetrators house. While 19.0% (554) of the survivors reported that the incidence took place in an isolated place. 5.1% (147) reported that the incidence occurred as a result of abduction or carjacking incidences.

Finally, 4.8% (141) of the survivors reported to have been drugged or intoxicated with alcohol by the perpetrators before being assaulted. As depicted in the table below the number of cases happening within the neighborhoods or at the perpetrators homes is on the increase. From the history given by survivors, the perpetrators are people who the survivors live with, that is, relatives, neighbours and friends.

Table 11:

Region	Total	Percentage
Walking home/Neighborhood	734	25.2%
Accosted at home/Robbery	513	17.6%
Perpetrators home	820	28.3%
Isolated place/Unknown	554	19.0%
Carjacked/Abducted	147	5.1%
Drugging/ Alcohol Intoxication	141	4.8%
Total	2909	100%

The table 12 below shows the common perpetrators for specific gender and the circumstances under

which the assaults happened as reported by the survivors.

Domestic violence cases as reported are carried out mainly by husbands/wives, ex husbands/ex wives or boyfriends/girlfriend, usually arising from disagreements, mistrusts or power imbalance. Children who are in the care of house helps are vulnerable to abuse especially due to too much power entrusted with house helps who will use threats to conceal acts of abuse being reported by children.

Table 12

	Common Perpetrator (s)	Common Circumstances
Women	Acquaintances, Friends, Husbands, unknown assailants	Drugging/alcohol intoxication, disagreements at home, returning home from work in the evening
Girls	Fathers, Neighbours cousins, Uncles, unknown assailants	Absence of mother/parent, when going to shop or from/to school
Men	Friends, unidentified women acquaintances	Drugging, abduction
Boys	Fathers, neighbours, house helps	Absence of parents, family fallouts, abductions, step mothers

3.8 Educational Level of survivors.

From GVRC's statistics, 37.2% (1083) of survivors of sexual and domestic violence have attained primary level of education. 27.4% have secondary education while 12.4% (360) have attained college education, 3.7% (109) have attained university training while the least 9.6% (280) have either not yet started school or are in Nursery and Pre- Unit level.

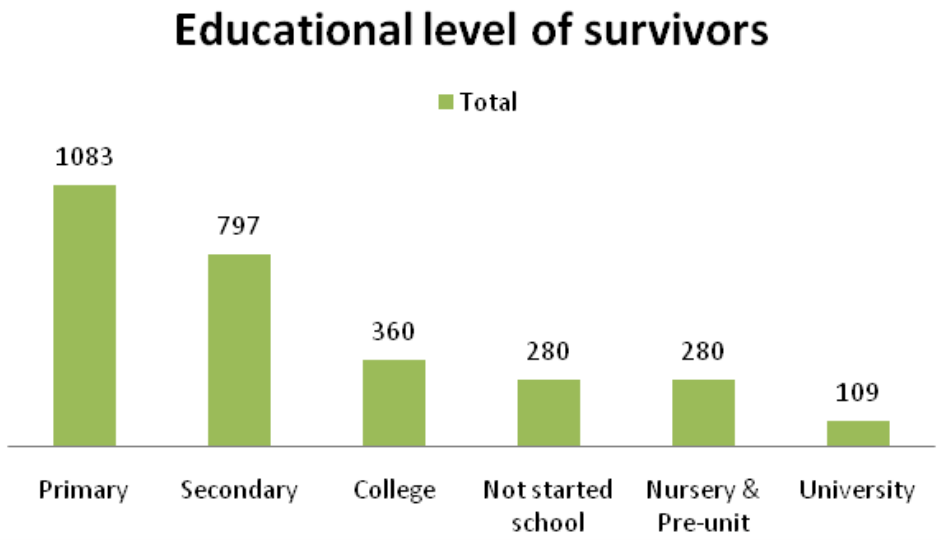
Table 13: Presentation of survivors of gender based violence by educational level

Category	Total	Percentage
Primary	1083	37.2%
Secondary	797	27.4%
College	360	12.4%
Not started school	280	9.6%
Nursery & Pre-unit	280	9.6%
University	109	3.7%
Total	2909	100%

School going children in primary level are at the greatest risk of being assaulted. These are closely followed by those in the secondary level. Those with higher education (university) are least affected as reported.

Category	Total	Percentage
Single (never been married)	2299	79.0%
Married	534	18.4%
Separated	62	2.1%
Divorced	14	0.5%
Total	2909	100%

Fig 5.



3.9 Marital status.

From the reported cases the highest percentage, 79.0% (2299), of survivors of sexual and domestic violence were not married, 18.4% (534) were married while 2.1% and 0.5% were separated and divorced respectively.

Table 14: Presentation of survivors of gender based violence by marital status

Category	Total	Percentage
Single(never been married)	2299	79.0%
Married	534	18.4%
Separated	62	2.1%
Divorced	14	0.5%
Total	2909	100%

4.0 SERVICES

GVRC Provides medical management to GBV survivors who have suffered violence. This includes laboratory testing as well as giving prescribed medication as an initial part of enhancing healing. Besides, counseling is offered to enable the client to cope with the situation by encouraging positive living.

4.1 Laboratory tests and prescriptions

Laboratory testing including (HIV / AIDS, High Vaginal Swab, Hepatitis, Pregnancy, Syphilis, urinalysis, haemogram, Liver function tests and Urea, Electrolytes, Creatinine testing).

The 2909 survivors were taken through different laboratory tests to do a diagnosis, advice medical management and prescriptions to be given. It should be noted that repeat tests are sometimes carried out, and sometimes survivors have to go through more than four tests in a row.

Results

A total of 12,769 sample tests were done as shown in table 15

Table 15: Number of Laboratory Specimens collected

Investigations/Tests	Apr-June	July-Sept	Oct-Dec	Jan-Mar	Total
Human Immunodeficiency Virus (HIV)	652	649	577	538	2416
Hepatitis "B"	589	647	565	514	2315
Venereal Diseases Related Illness(VDRL)	513	629	564	519	2225
High Vaginal Swab (HVS) & Vulva swabs	417	518	458	426	1819
Rectal &Urethral swabs Anal swabs,	321	79	14	15	429
Urinalysis	432	563	532	497	2024
Pregnancy Tests	407	417	374	343	1541
Total	3331	3502	3084	2852	12,769

Provision of assorted prescriptions - pregnancy prevention, Antiretroviral medication.

PEP administered immediately and up to 72 hours of exposure.

Hepatitis B vaccination

Assorted prescriptions drug depending on the findings.

Assorted prescriptions were administered to the 2863 survivors of sexual and domestic violence. PEP was administered to reduce the chances of acquiring HIV/AIDS; Hepatitis B vaccination was administered to prevent survivors from contracting the hepatitis "B" virus, while emergency contraception pills were administered to prevent pregnancy. Other drug prescriptions were administered depending on the survivors needs.

A total of 8002 prescriptions were administered as shown in table 15 below

Table 16: Prescriptions administered

Type of Medicine	Apr-June	July-Sept	Oct-Dec	Jan-Mar	Total
Antiretroviral for (PEP) treatment(For Adults and Children)/28 Days	649	459	417	416	1941
Hepatitis B Vaccine	569	531	502	422	2024
Analgesics	201	132	107	116	556
Antibiotics	554	556	483	434	2027
Emergency Contraception Pills (ECP)	576	255	265	224	1320
Tetanus Doses	79	19	13	12	123
Suturing	11	-	-		11
Total	2639	1952	1787	1624	8002

Psychosocial support

Activities under psychosocial support included;

- Provision of counseling
- Referrals to partner organizations for shelter, legal aid and adoption
- Follow up of referred cases through partner organizations
- Coordination of court cases (Expert testimonies by doctors and social workers)
- Staff supervision, personal therapy and Debriefing
- Support group session (CCCP, Rape and Domestic Violence survivors support groups)
- Rescue of survivors of gender based violence
- Advocacy on GBV issues
- Awareness creation
    - (i) Sexual reproductive health rights and GBV health risks
    - (ii)16 Days of Activism
    - (iii) International Women's Day

4.2 Counseling

During the reporting period, counseling services were offered to survivors of gender based violence and their families through one on one as well as group therapy sessions.

In the annual period a total number of 2459 clients were counseled. 2126 (86.5%) clients of sexual violence and 333 (13.5%) clients of domestic violence were seen.

Issues presented by the survivors included;

- Gender Based Violence- Rape, Defilement and Domestic violence
- Post traumatic stress disorders (PTSD)
- Grief and bereavement
- Marital problems
- Suicidal cases

- Adolescence defiance
- Pregnancy crisis
- Alcoholism
- Stress management
- Discrimination
- Stigma
- Disclosure of results for HIV positive clients to their significant other.

SUPPORT GROUPS

During the year support group for children, domestic violence, rape and CCCP were held on monthly basis. Below are details;

a) CCCP support group

This is a support group that comprises clients living with HIV/AIDS. During the reporting period, the CCCP support groups were held every month.A general overview of the emerging issues include;

- HIV/AIDS act on Human Rights perspective
- Nutrition with people living with HIV/AIDS
- Sharing skills on income generating activities
- The power of secrets in families
- Disclosure of status to partners in discordant cases and to immediate family members
- Women empowerment project members, rules and constitution
- Protecting the loved ones being a role model
- Self-discipline and intimate relations
- Living positive and avoiding self- stigma Drug reactions
- Loneliness
- Fluctuating weight
- Fear of rejection
- Meeting

The following activities run in the CCCP group

a) Recruitment of new clients
b) Referral to the clinic
c) Drug adherence and nutrition follow up
d) Psycho -education on issues such as
    - Common opportunistic infections
    - Conception and giving birth
    - Nutrition and hygiene
    - Basic facts on HIV/AIDS
    - Disclosure of status to partners
    - TB in relation to HIV/AIDS
    - Safe sex

Table 25: Below is a tabulation of member's attendance of CCCP support group during the quarter.

Month	April	May	June	July	August	Sept
Male	1	3	7	0	4	3
Female	22	31	128	19	16	9
Total	23	64	135	19	20	12

Cont.d

	Oct	Nov	Dec	Jan	Feb	Mar	Total
Male	2	3	4	-	3	3	33
Female	10	15	8	-	15	14	287
Total	12	18	12	-	18	17	563

NB/ There was no CCCP undertaken in January given that majority of the people were travelling from the holidays hence impossible to have the meeting.

b) Fadhili support group

Fadhili[6] support group is a group of survivors of sexual violence who come together in the company of one or two professional counselors to share their experiences and support mechanism developed towards coping with the trauma. The Fadhili support groups were held on a monthly basis with a total number of 38 female survivors attending. The table below shows the number of clients seen.

Table 26

	Apr	May	June	July	Aug	Sep
Male	0	-	0	0	0	0
Female	7	-	8	8	7	8
Total	7	-	8	8	7	8

Cont,d

	Oct	Nov	Dec	Jan	Feb	March	Total
Male	7	10	-	-	-	-	17
Female	7	10	-	10	10	7	82
Total	14	20	-	10	10	7	99

The following issues were discussed;

- Poor self esteem
- Disclosure to significant others
- Definition of trauma
- Effects of rape
- Symptoms of trauma

[6] Fadhili is a Kiswahili word meaning facilitate. The name was picked by survivors to replace the earlier group name rape survivors group.

- Consequences of rape
- Coping mechanisms of someone who has been raped.
- Feelings of helplessness/hopelessness
- Suicidal tendencies
- Lack of confidence
- Precautions to prevent re-occurrence
- Importance of counseling and support from significant others
- Signs of depression
- Power of counseling and sharing
- Disclosure to partner especially married women/men
- Steps to take after rape
- Self-therapy to avoid insomnia

c) Children support group

The children support group constitutes of children who have survived gender based violence. The children are normally accompanied by their parents; mostly mothers also go through group therapy with their children. Only girls aged 3 to 7 years attend this group. Below are some of the issues that were discussed:-

- Psycho-education on trauma
- Signs and symptoms of defilement

Change of parental styles

- Instilling confidence in children
- Open communication
- Teaching assertiveness skills in children

Below are the activities that took place;

- Recruitment of new clients
- Play therapy
- Art therapy
- Stress inoculation treatment
- Gradual exposure
- Thought stopping
- Parenting skills

d) *Boys support Group

The recruitment for the boys support group is going on. Despite efforts to create this, it has been challenging as many parents are not willing to disclose that their boys have undergone violence. GVRC is still developing innovative ways of involving men and boys to seek and appreciate professional help after the violence.

e) Domestic violence support group

During this reporting period the domestic violence support group was held on a monthly basis. A total

number of 30 clients attended the Domestic Violence support group during the reporting period.

The following activities took place;

- Recruitment of new clients
- Women's' empowerment
- Human rights awareness
- Referral for legal aid
- Psycho education

CARE FOR CAREGIVERS

GVRC staffs are constantly exposed to vicarious trauma . Besides the trauma[7], other occupational hazards include; risk of contracting HIV while conducting VCT, contracting TB, physical assault from psychiatric clients and perpetrators, depression and burnout.

They require support in order to remain effective without getting burnouts. Below are some of the ways that help GVRC staff to cope with the overwhelming workload and personal issues.

a) Supervision

Counselors attended supervision that was held in June 2010 in the reporting period. Supervision is a form of therapy that enables the counselors to share the challenges that one is facing and thus get support from other counselors. Supervision also helps counselors work out burnout and client issues.

The set goals for the Supervision were:

- To provide staff with a confidential, safe and supportive environment so as to critically reflect on professional practice.
- To improve quality on how to manage clients by improving mental health practice as well as encouraging reflection on attitudes towards people with mental health problems and disorders, their family members and carers.
- Supervision is essential for quality management

Below are some of the issues that came up:-

- How to deal with transference
- How to support discordant couples
- Challenges in couple counseling and testing (CCT)
- Taking care of self by going for personal therapy
- Supervision is essential for quality management

b) Personal Therapy

Personal therapy is about restoring balance to life. All the GVRC staffs attend the sessions at their own convenient time and they have a counselor of their choice. Personal therapy helps to allow access to more of one's mind power for healing or self/personal development. This is also where the staffs are assisted to cope with the daily challenges and difficulties that they face in their daily lives. Personal therapy enables caregivers, counselors and other staff to live a holistic life both at work and at home.

[7] Secondary traumatic stress is a risk we incur when we engage empathically with an adult or child who has been traumatized. Secondary traumatic stress is a natural consequent behavior resulting from knowledge about a traumatizing event experienced by a significant other. It results from wanting to help a traumatized or suffering person.

c) Staff Debriefing

Debriefing, serves as a tool to enhance teamwork not only amongst counselors but with other team members as well. It serves as a way of enacting out the stress of work in a very positive way where feedback is shared, team members evaluate one another on different issues affecting them, or inability to relate effectively and hinder productivity at work place. A total of 18 participants took part, sixteen from GVRC and two from Plan International. The theme for the retreat was, "Strategic approach to addressing and resolving conflicting situations and improving work relationship."

Debriefing focused on the following key objectives:-

- Enhancing cohesiveness in the work place
- Improving productivity, efficiency, and goal setting
- Stimulating creative thinking
- Improving communication, managing conflict and building consensus.
- Identifying group challenges and developing strategies that transform into opportunities for growth.
- Work –life balance

School programme

GVRC has come up with a school programme where counselors visit primary schools and educate the primary school children starting from classes six and below. The main objective of the programme is to create awareness on child rights and child abuse. This is due to the high number of children being abused, as reported. Kimathi, Uhuru, Dr. Livingstone and Our Lady of Mercy primary schools in Nairobi were the initial schools visited .The programme involves training the children on matters to do with GBV. With the help of teachers these students come up with peer groups to train other students, and take the title "Queens and Kings of Change"

4.3 Social Work

The social work department complements medical intervention and psychosocial support by providing survivors with social support based on their specific needs. This is achieved through the following activities; ward rounds, referrals, court cases coordination, rescues, home visits, follow ups and partnerships with other organizations. During the year that ended, the department developed a follow up tool to help establish the clients' specific needs after the medical treatment and psychosocial support from GVRC and a social assessment tool to help inform the social worker on the right intervention when addressing the client needs. The department also managed to bring on board 16 new partner organizations. These are;

Table 27

	Name of Organization	Reason for Contact
i	Morning Star children's home	Shelter for abused children
ii	Kiserian Children's home	Shelter for abused and neglected children
iii	Isange Hospital	Centre offers medical treatment and psychosocial support to survivors of GBV in Rwanda
iv	Kimbilio trust	Offers immediate rescue to survivors of domestic violence
v	Paradise Community Centre	Offers shelter to abused women
vi	Watoto Pamoja	Advocates for the rights of children
vii	Heshima Kenya	Centre offers shelter to unaccompanied refugee minors.

viii	Emmanuel Boys' Centre	Shelter for rescued street children
ix	Imani Children's Home	Shelter for children below the age of five
x	Good Shepherd Centre	Shelter for abused girls
xi	Ujamaa Home	Shelter and economic empowerment to survivors
xii	SOS Village	Shelter for orphaned and abandoned children
xiii	Dagoretti Rehabilitation Centre	Rehabilitation, reintegration and outreach services to destitute children
xiv	Missions Of Hope International	Rapid rescue to abused children
xv	Thomas Bernardo	Adoption services
xvi	Centre for Domestic Training and Development	Shelter services

a) Referrals

A total of 109 referrals were made in the ended year to various partner organizations. The following is a summary of the referrals made in the ended year.

Table 28: Referred cases

Name of Organization	No. of Referrals	Reason for Referral
CRADDLE	20	Legal Aid
FIDA	25	Legal Aid
ANNPCAN	18	Legal Aid
The NEST HOME	1	Shelter
WRAP	8	Shelter
COVAW	15	Legal aid
RCK	1	Refugee support
IJM	1	Legal Aid
Nairobi Children's home	2	Shelter
Imani children's Home	1	Shelter
Crisis Pregnancy	4	Pregnancy management and care
New Life Home Trust	2	Adoption
Job Link	1	Employment opportunities
CLAN	3	Legal aid
Angaza Trust	1	Shelter services
Nyumbani Children Home	1	Shelter services
Mathare Mental Hospital	3	Psychotic management
Centre of Domestic Training and Development	1	Shelter services
Children's Department	1	Child Custody and Maintenance
TOTAL	109	

Out of the 109 referrals made, 58 were for children. Twelve of the children referred had received medical care and psychosocial support but could not go back to their homes as they needed safe houses.

The ended year also recorded an increase in the number of survivors with psychiatric cases who had undergone sexual violence. Such were referred to Mathare Mental Hospital for specialized medical management.

The clients referred to Crisis Pregnancy cited financial constraints, shame, fear and schooling as their major challenges. The four cases referred were out of rape and defilement.

Adults referred to FIDA for legal aid cited the need for parental responsibility from their husbands after domestic rows. It is noted that financial dependence by the women is the major challenge and thus the need to seek legal aid. GVRC is currently working on a joint proposal with the Centre for Domestic Training and Development to ensure economic empowerment as an intervention in such cases.

Below is a table with segregated information of the referrals made.

Table 29

REFERRALS		
AGE	CHILDREN	58
	ADULTS	51
GENDER	MALE	8
	FEMALE	101
	TOTAL	109

From the segregated statistics, the eight male survivors who were referred in the ended year were minors who had been physically assaulted by their guardians.

b) Hospitalized cases of violence.

A total of 106 survivors were admitted in the wards for further medical management during the year. This is as a result of extensive injuries sustained from the violence. The injuries range from extreme muscle trauma for children who end up with fistulas, rectal prolapse, broken limbs, and arms among other health complications. The survivors admitted used up to a total of 452 bed days for the reporting period.

Table 30.

No of bed days stayed by GVRC survivors	452
Theatre Cases	44
Total admissions	106

Out of the given number, 82 (77.4%) were children while 24 (22.6%) were adults in the ended year. Below is an analysis of the survivors admitted in the wards.

Admission according to age and gender

ADMISSIONS		
AGE	CHILDREN	82
	ADULTS	24
GENDER	MALE	17
	FEMALE	92
	TOTAL	109

c) Theatre cases

During admission, 44 cases were taken in for theatre procedures. 42 of the survivors taken to theater were female while 2 were male survivors. The procedures carried out included, examination under anesthesia (EUA), fashioning of the colostomy, surgical debridement and surgical toilet, VVF repair, open reduction and internal fixation of fractures, tendon repair and manual vacuum aspiration.

The table below shows the theatre cases segregated in different categories.

Theatre Cases according age and gender

THEATRE CASES		
AGE	CHILDREN	10
	ADULTS	34
GENDER	MALE	2
	FEMALE	42
	TOTAL	44

d) Coordinating court cases

In order for survivors to access justice, GVRC attending doctors are tasked with the responsibility of giving evidence in court (expert opinion). A total of 178 (6 %) court cases were attended to during the year. However, this remains a small number given that all the 2909 survivors should access justice and on time. Some challenges experienced include; postponement of court cases, miscommunication between prosecutors and GVRC, such that at times, doctors attend court and realize it's the wrong court or there's no sitting court.

Table 33

No. of cases	Courts Attended
91	Makadara
70	Kibera
9	Kikuyu
2	Nairobi Law courts
3	Juvenile court
2	Thika Law Courts
1	Githunguri law courts
178	TOTAL

e) Rescues

Three rescues were conducted in the ended year.

Rescue of Client Melisa- actual name withheld for purposes of confidentiality

Until last year Melisa was a class six pupil in Mathakani primary school in Tetu. She was however forced to drop out of school when her head teacher found out that she was five months pregnant. On further investigations, Melisa reported that she had been defiled by a man well known to her and who works as a school treasurer in the same school she attended. The man she says is married and also lives a stone throw away from their home. She revealed further that the man had defiled her on three occasions where he paid her between Ksh. 20 and Ksh.50. On the third occasion he was caught red handed at a catholic church by a neighbor. This was reported and a meeting was convened between the perpetrator and the elders but what was agreed on is unknown to the mother and the survivor as they were locked out of the meeting and later sent home. Later, she realized she was pregnant. She informed the perpetrator who instead threatened her with a knife.

Left with no one to run to as the village elders had previously taken no action regarding the incident; Melisa was left at the mercy of her poor mother to take care of her. Concerned neighbors knowing her situation and the family background decided to call for media intervention. On learning of Melisa's predicament, the Gender Violence Recovery Centre of the Nairobi Women's Hospital intervened. The social worker and the counselor travelled to her home in Tetu and brought her to the Nairobi Women's Hospital for management so as to ensure her safe delivery.

Melisa successfully delivered a bouncing baby boy later at the Nairobi Women's Hospital. Melisa was elated in seeing her baby but later requested GVRC to help take the child to a shelter home where she would be raised until she finishes school. She also owed this to the fact that her family is poor and would not support the demands of a new born baby.

Through our partners, Melisa also got an education scholarship and shelter where she will be supported all the way through to college.

'I am grateful to GVRC and its staff and everyone who assisted me,' she asserts beaming with happiness.

The photo below relates to a rescue mission conducted in Kayole. The client had been raped and physically assaulted by unknown people in Kayole.

Client N.M. on arrival at the Nairobi women's Hospital after being rescued by good Samaritans.

4.4 Advocacy

The advocacy department seeks to give a preventive approach to GBV through increased awareness on GBV and influencing gender responsive policies. During this reporting year, the advocacy department had the following activities;

a) Consolidation of the advocacy strategy.

Different stakeholders were invited to draft and consolidate the advocacy strategy to ensure inclusion of GBV managements in the curriculum of medical training schools. The strategy included dialogue and negotiations with Deans of selected medical schools, Heads of medical training schools, representatives of various regulatory bodies including the Nursing Council of Kenya.

The purpose of the meetings was to share research findings and seek for implementation of the strategy. Two researches were conducted to seek the relevance of the issue and find the link between the health and legal systems.

A consolidation workshop was held on 20th July 2010 with the following objectives;

1. To share findings of the second research targeting the prosecutors, magistrates and advocates
2. Consolidate the draft advocacy strategy.
3. To agree on partnership and selection of a working group to give strategic leadership for the whole team.

The findings of the research report were adopted and a working group was formed to give strategic leadership for the whole committee

b) National symposium on the review of the Bachelor of Nursing degree syllabus

The Nursing Council in collaboration with AMREF, Population Council (EC Program) and Gender Violence Recovery Centre (GVRC) held a two day workshop to review the BScN core syllabus. The objectives of the workshop were:

- To receive current information on broad areas of health essential for updating the syllabus
- To discuss thematic areas of focus for BScN training

- To agree on key essential assessments
- Harmonize the implementation of the BScN programme at all Universities implementing the program

Among other recommendations from the symposium included;

- Enhancement of Gender Based Violence Management. Outline of main areas of training in the syllabus is required.
- The group to consider RN/BScN syllabus for upgrading Diploma nurses to bachelor's level.
- The need to expand scope of practice for nurses that reflects expanded training opportunities.
- The hours and weeks of theory and clinical placements should be harmonized at all the universities
- Forensic nursing to be included in the syllabus

A total of 20 participants attended the compilation of the Bachelors degree in nursing syllabus compilation retreat. They included heads of departments from 11 universities offering the degree, curriculum development specialists from the Nursing council of Kenya, representatives from Population Council, Ministry of Reproductive Health and two representatives from GVRC (a medical doctor and the advocacy coordinator).

The syllabus will cover 45 hour units detailing the protocols of medical management of GBV survivors with emphasis on history taking, documentation, comprehensive clinical management, evidence collection, evidence preservation, evidence management, psychosocial support and expert evidence presentation in court. The key competences of the students will be comprehensive clinical management of GBV survivors with assessment areas to include 40 hours of practicum.

c) National Launch of the Bachelor of Science degree in Nursing

After the approval of the syllabus by the National Special Council, a national launch of the syllabus was done in Nakuru on 3rd and 4th February 2011 at Hotel Kunste. A total of 30 university departmental heads attended.

The technical working group gave presentations and held plenary sessions on the components in the gender and health unit during the launch.

It is a milestone in addressing GBV as a health risk issue in the country by equipping the medical practitioners with the relevant training to manage GBV. GVRC through its partnership with the Nursing Council and Population Council with funding from Plan Kenya was congratulated for technical and financial support accorded to the process.

It was concluded that a training of trainers should be conducted to equip all the lecturers teaching reproductive health so as to equip them with the relevant skills. GVRC was requested to support further in the printing of training files for the initial phase of the implementation of the syllabus.

d) Training of Trainers (ToT)

From the recommendations during the launch of the national syllabus, GVRC conducted training for lecturers teaching reproductive health from universities offering the Bachelor of Science degree in Nursing was held.

The training aimed at equipping the lecturers with the current knowledge, statistics, protocols of GBV management and best practices in addressing gender based violence as experienced by GVRC and partners.

e) Staff evaluation workshop for the advocacy project

A staff workshop was held on 17th March 2011 at Lenana Mount Hotel. The workshop was to facilitate the overall reporting on the advocacy project, evaluation on success of the project and recommendations by the GVRC staff. The results on board have a huge impact in addressing capacity needs in addressing GBV in the country. GVRC sought to engage in further policy advocacy and identified possible areas of policy advocacy.

f) Stakeholders' evaluation workshop

As part of the project activities, GVRC held a stakeholders workshop to give feedback on the final results on the implementation of the advocacy strategy.

GVRC gave a detailed presentation on the activities, methodologies and results achieved after the implementation of the advocacy strategy.

The stakeholders were able to match the set out objectives of the advocacy strategy and the results on board. GVRC was congratulated for the efforts put in achieving the inclusion of GBV protocols in the 14 universities as it was not seen to be a possible issue.

Stakeholders gave other possible issues of advocacy that GVRC would consider in the near future

g) The Day of the African Child

The Day of the African Child was held at Dagoretti Constituency Office Grounds, Nairobi, on June 16, 2010. The occasion was initiated by the Organization of African Unity (now African Union) in 1991 and is observed annually in commemoration of children who died in the Soweto Uprising on June 16, 1976, South Africa where hundreds of children were shot as they demonstrated against poor education and the right to be taught in their own native language as opposed to the apartheid regime.

The guest of Honor was the Minister for Public Health and Sanitation who is also the Dagoretti Member of Parliament. The theme of the program was "Planning and Budgeting for The Well Being of Children: Our Collective Responsibility." The day began with a four kilometer procession from Dagoretti District Headquarters through Kawangware as children advocated for their rights through songs, dances, acrobatics, poems and skits.

The minister cited poverty, child neglect, judicial killings, lack of access to education, malnutrition, Female Genital Mutilation (FGM), forced early marriages, drug abuse, sexual abuse, sexually transmitted infections, violence, kidnapping, child labor, poor hygiene, and diseases such as HIV/AIDS, Malaria,

Diarrhea, Pneumonia among others as the biggest obstacles to government's efforts to improve children's livelihood. She also said that 'Planning and budgeting for children begins at the family level. Parents are responsible for the upbringing of their children while the community should provide the societal needs of children such as playing facilities.' The minister promised that the government would build a model health center with infant, children and maternity units in every constituency to improve maternal and child health. She called upon families, communities, Non-governmental organizations, civil societies, private sectors and the media to continue fighting for and protecting the rights of children.

CCP children with their banner

Children advocate for their rights

h) Child protection and management of Gender Based Violence training

TDH Trainings is an annual activity. This year GVRC facilitated trainings in Taita Taveta, Turkana, Machakos, Garissa and Nairobi. The participants included teachers, doctors, nurses, the Police force; Community based workers, Administration and Local authorities. Below are some of the topics covered;

Prevention of GBV, signs and symptoms, child protection, child rights and importance of counseling.

Some of the issues which came up during the training sessions in Taveta are:-

My dad has been sexually abusing me from class 3 and now I'm in form two every time I walk away from home he discontinues paying my school fees. What do I do?

My uncle has been defiling me and threatening to kill me if I happen to tell anyone. Where can I get help?

I have been living in a violent relationship for the last 15years and am not able to live without the father of my children because I am not working and cannot afford to sustain myself. How can you help me?

I am 16 years old and live with my grandfather is HIV –positive and he has been defiling me for the last 3 years. Efforts to go back to my parents have failed because he is the one who takes responsibility of our family expenses and my parents have never believed me when I tell them. What do I do?

Turkana Training

I am 13 years old and my father has received dowry from a 65 years old man and is forcing me to get married to him, I have run away from home and currently living with my aunt but my parents have threatened to come for me. What do I do?

I was raped by my father's friend and I never told anyone; now am experiencing some smelly discharge. What do I do?

I have been sexually abused by my uncle and I have never shared with anyone how can you help me?

Below are some of the pictures taken during training sessions in different areas

Dr. Thuo with students posing with a trophy.

Prizes being awarded to the top three students in Nakwamekwi Primary School.

Dr. Thuo lecturing participants at Switel Hotel in Bondo.

Garissa Training

Students at Young Muslim Boys High school, Garissa during the facilitators visit of the school.

5.0 NETWORK/PARTNERSHIP FORUM

"No man is an Island", so they say and so is it for GVRC. With this realization GVRC has made deliberate efforts to liaise, consult, and work with other like –minded individuals and organizations on the best practices that would increase capacity and scale up existing structures, provide excellent services to survivors of GBV, create awareness and encourage revelations from survivors. By so doing GVRC anticipates to see a society that's free of gender based violence.

6.0 PROJECT ACHIEVEMENTS, SUCCESSES AND CHALLENGES

6.1 Achievements

a) GVRC fundraising gala dinner

GVRC held its annual fundraising gala dinner on 5th November 2010 at the Carnivore grounds. A total of 800 guests attended the dinner including GVRC partner organizations, development partners, corporate organizations and invited dignitaries. The theme fzor this year was, "A Million Fathers and Daughters" which saw all the men attending the dinner take a pledge to love, cherish and protect women and girls against gender based violence. GVRC is to continue signing up a million fathers to this campaign.

Photos taken during the fundraising gala dinner event

Dr. Sam Thenya (Group CEO, NWH and a member of the GVRC Board of Trustee) presenting a send off gift to Mr. Michael Joseph (Former Safaricom Limited CEO) for the immeasurable support, contribution and generosity towards supporting GVRC

Sale of the rugby portraits to the audience in support to the worthy cause of supporting survivors and their families to heal. Funds received from the sale to be used in providing FREE medical treatment and psychosocial support to the GBV survivors who report in the centre.

b) Golf event

GVRC hosted its annual charity golf tournament, an event that seeks to raise funds to support GBV survivors and include men to support the worthy course. This is one of GVRC's deliberate steps to include men in the fight towards a GBV and HIV/AIDS free society. The Golf Charity tournament was a success. GVRC was able to raise Ksh. 400,000 that would go to helping more survivors of gender based violence to heal.

Below are photos taken during the Charity Golf Tournament

Winner awarded prize at the tournament

c) Handover of GVRC leadership and launch of the GVRC annual report for the period April 2009 to March 2010 on 27th May 2010

The centre also saw the handover of GVRC leadership to Ms. Teresa Omondi—previously the Programs Manager - by Dr. Sam Thenya, the founder of GVRC and who served as the Executive Director for over nine years and leaves behind a great legacy having served over 16,000 survivors of GBV and taking GVRC to greater heights both nationally and globally.

The theme for the year 2009/2010 saw the Gender Violence Recovery Center advocate for the message of HOPE; "All is not Lost to survivors of Gender Based Violence". The launch of the annual report was a period for GVRC to share its experiences, the lives touched, progress made and future plans, and to look forward to continued support from Kenyans, donors and partners.

d) Visit by Gordon Tietjens

Gordon Tietjens is the current coach of the New Zealand Sevens rugby team. He is regarded as one of the most successful sevens coaches in the world. GVRC -NWH was honored by his visit to tour the center and the possibility of partnerships and fundraising during the month of July 2010.

Below are photos of the tour to the NWH Hurligham Branch

A visit to the children's Ward, from left to right, Dr. Sam Thenya, Gordon Tietjens (holding a survivor), Teresa Omondi and Sanda OJiambo (Safaricom Foundation Manager)

e) Safaricom Sevens 2010

The Kenya Sevens rugby team is the first GVRC ambassadors against GBV. GVRC collaborated with the team for awareness creation and sensitization on GBV issues during the Safaricom Sevens held at the RFUEA grounds on June 4th to June 6th 2010. The event was geared towards influencing other men and society at large to join in the campaign for a society free of GBV. The activity included selling signed autographed photos of the rugby sevens team and individual photos of team members, and all proceeds would go to providing medical ad psychosocial support for survivors of GBV.

Below are photos taken during the Safaricom Sevens 2010 on June 4th – June 6th 2010

Kenya Sevens Rugby Team (GVRC ambassadors) during the Safaricom Sevens 2010

6.2 Success

The year is punctuated with new developments as GVRC mobilizes resources to provide excellent services to clients. It is noteworthy to state that GVRC is relentlessly focused on ensuring that the GBV cases are handled with utmost professionalism and in a manner that ensures faster healing to the survivors and families. GVRC hence takes pride in stating the following successes:

- The Gender Violence Recovery Centre has been able to give free medical and psychosocial support to 2909 survivors of violence. This consequently means that the lives of the survivors were restored to normalcy after being affected by violence.

- The GVRC has also managed to bring new partner organizations on board namely; Emmanuel Boys Centre, Imani Children's Home, Good Shepherd Centre, Thomas Bernardo Children's Home, Ujamaa Home and Hospital, SOS village, Dagoretti Corner Rehabilitation Centre and Missions of Hope International, Morning Star Children's Home, Kiserian Children's home, Isange Hospital-Rwanda, Kimbilio Trust, Paradise community Centre, Watoto Pamoja and Heshima Kenya. This has beefed up our referral data base and opened doors for client specific needs not offered by GVRC.
- The GVRC has developed the social assessment tool –pre authorization tool - which has helped in addressing client specific needs during ward rounds and ward monitoring. The tool also supplements the GVRC monitoring toolkit with information generation on the bio data of the survivors.
- GVRC through support from Plan International has been able to include protocols of medical and psychosocial management of survivors of GBV in 14 universities under the Bachelor of Science in Nursing Degree and 56 medical colleges. These will see an approximate of 6000 graduates each year with holistic health care skills including management of sexual and domestic violence.
- New Board of trustees, GVRC launched a board of trustees during the reporting period whose primary role would be to act as stakeholder's representatives in all aspects of GVRC services and the centre's governance. The board of trustees will support GVRC in resource mobilization, offer strategic leadership and direction to the centre.
- Increased sensitization and awareness in the community about Gender Based Violence in various forums including the celebrations for Day of the African Child, and GVRC awareness campaigns on child protection and GBV to 5 primary and secondary schools reaching to over 1500 students
- GVRC fundraising gala dinner was a success as an indicator of the public trust and support of the centre and its vision.

6.3 Challenges

GVRC resolve and resilience on ensuring quality comprehensive services to survivors has stumbled on a few challenges. Despite these challenges, GVRC continues to hold onto the spirit of bringing back meaning to the lives of survivors and their families. The challenges though do not form an absolute hindrance in meeting GVRC goals and objectives. In this regard therefore, the following challenges were noted:

- Clients who have other medical conditions /problems, other than those related to reproductive health have been brought back for medical treatment after being referred to shelter homes making it very difficult for social work to place such clients under our medical schemes.
- There has been an increase in the number of GBV late presentation cases. Averages of ten cases treated every week are late presentations. This exposes survivors to risks of HIV/AIDS and unwanted pregnancies.
- There has also been an increase in the number of survivors with psychiatric cases who usually are in need of psychiatric management alongside medical management after sexual abuse. The gender Violence Recovery Centre does not usually have funds to support psychiatric management and thus such clients have to be referred to Mathare Mental Hospital.
- Lack of proper counseling legislation to protect counselors from testifying in court
- Survivors who have been abused sexually have gone into a major depression calling for the services of a psychiatrist. This is beyond what GVRC supports and thus the centre has had to incur costs beyond its mandate as a majority of these survivors have been unable to finance the costs of a psychiatrist due to their socioeconomic status.
- Weak implementation of the sexual offences act, including turnaround time for cases, delays

and postponement of cases, intimidation of witnesses, burn out by witnesses, unprocedural withdrawal of cases among others.

6.4 Way Forward

GVRC is in the process of finalizing its strategic plan, and will develop a comprehensive resource mobilization strategy. The Gender Violence Recovery Centre will also work towards greater partnerships and enhancing the capacity of the referral mechanism to support in the prevention and management of GBV in Kenya and Africa at large.

There is a strong need to engage in and influence in policy-making processes to address the negative trends in Gender Based Violence in society and to build stronger networks with existing centers to enhance the support given to survivors. Moreover, GVRC will be advocating for the passing of the counselors bill which supports litigation processes where medical evidence is inadequate.

GVRC is also looking to focus more towards primary prevention of GBV, and seeks to understand and address harmful traditional practices that perpetuate GBV, root causes of GBV as well as seeking to advocate for multi -sectoral approaches to managing GBV.

7.0 ANNEXURE

7.1 Case studies - Written by Staff

9 years of nightmare

She is shying and reserved when talking to anyone. She is just 17 years old but her experience in the hands of her paternal uncle in the last nine years has been atrocious, deplorable and leaves one wondering what happened to the morals in our society today. “He would wait for me in the sugarcane plantation after school”, she explains fidgeting her fingers. This she says started way back in 2002 and since then, her paternal uncle has been defiling her in sugarcane plantations near their home in Lutungu, a small village in Bungoma District. This is the distressing story of Linda - **name withheld for reasons of confidentiality-** yet another survivor of sexual violence treated at the Gender Violence Recovery Centre.

Linda’s mother is lost for words over the whole ordeal. She feels betrayed, belittled and humiliated having respected her in-law for years. They have been close neighbors with the perpetrator who is married with five children. Linda was referred to the Gender Violence Recovery Centre at the Nairobi Women’s Hospital for further medical treatment and psychosocial support by the Bungoma District Hospital. She was admitted for one month at the Gender Violence Recovery Centre and later referred to the Women’s Rights Awareness Programme (WRAP) for temporary shelter prior to reintegration.

Linda is currently living with her aunt in Kitale while the perpetrator is out on bond pending court hearings at the Bungoma Law courts.

The Tragic experience of a mentally challenged girl

She is only 13 years old and mentally retarded but what happened to Mercy, not her real name for purposes of confidentially, is unspeakable form of brutality that has left the locals of where the incident happened dumbfounded. She knows not what she experienced in the one week she disappeared from home. Her disappearance was rather unusual as neighbors brought her back home whenever they found her stranded on the way.

Her Mother reported her disappearance at the Ngong police station but her efforts to locate her daughter were futile. She could only hope and pray that her daughter would return back home in one piece. “That was the most difficult moment in my life”, she says. “I couldn’t sleep nor eat as weird thoughts crossed my mind on the whereabouts of my daughter”, she continues. Mercy came back home after one week. She was found on the roadside by good Samaritans who brought her home. News had spread all over the neighborhood about her disappearance and so when the Samaritans spotted her, they quickly rushed her home. Her mother was delighted to see her daughter after a period of anxiety and depression. Mercy’s clothes were dirty and on undressing her, her mother discovered blood oozing from her private parts. She also found condoms stuffed in her private parts. Mercy was quickly rushed to the Ngong Sub-district Hospital for medical treatment and after assessing the case, the doctor referred her to the Gender Violence Recovery Centre, Nairobi Women’s Hospital for further medical management and the

psychosocial support. She was admitted for one week at the centre and later discharged home.

Over the years, the media has been vocal and influential in shaping the public perception and understanding of the reality and existence of Gender Based Violence. GVRC therefore warmly appreciates the role of media in highlighting GBV. Through the media, GVRC has been able to create and enhance awareness on the reality and also ways of preventing GBV in the society. The scans below depict a few of the incidents of GBV that have been highlighted by the media.

The Standard, Thursday
November 25, 2010

IDPs tell Truth Commission of sexual exploitation in camps

By KARANJA NJOROGE

Nakuru County

Women at camps for the internally displaced have complained to the Truth Justice and Reconciliation Commission (TJRC) over rising cases of sexual exploitation.

Women at the Pipeline IDP camp near Nakuru told a team of TJRC commissioners of rampant cases of gender violence and sexual exploitation at the camp.

They claimed that men, especially from Nakuru town, were taking advantage of girls after luring them with job offers.

"We have people coming here under the guise of looking for house helps who then take advantage of their plight and exploit them sexually," one woman told the TJRC officials.

TJRC Commissioner Tom Ojienda who led the team to the camp promised to assist one of the girls who is alleged to have been sexually assaulted to pursue legal redress.

Mr Ojienda, who visited the camp to review the TJRC statement recording process, termed the situation pathetic and inhuman.

RESETTLEMENT

He urged the IDPs to record statements with the TJRC over post-election violence if they are to benefit from future compensation.

He said the team has written to Special Programmes Minister Esther Murugi to express concern over the slow pace of IDP resettlement.

The TJRC Commissioner assured the IDPs that despite the challenges facing the truth body it will over come the obstacles and deliver on its mandate.

He said TJRC would soon meet with Government officials to find a solution to the funding crisis facing the team and which threatens to cripple its operations.

January 4, 2011

Man accused of defiling daughters arre

BY NATION CORRESPONDENT

A 40-year-old man has been arrester for allegedly defiling his two daughters.

He is said to have defiled his two-year-old daughter on December 11, last year, in Londiani District.

A week later, he allegedly defiled another daughter, aged four.

Kipkelion OCPD Baraza Wabomba said the suspect was arrested at the weekend after the security officers rescued him from residents who wanted to stone him.

"We arrested him on Sunday, rescuing him from wananchi who were baying for his blood," Mr Wabomba said.

Walking in pain

The OCPD said the children's mother became suspicious after they started experiencing pain when walking.

The children were taken to hospital for check-up where it w iscovered ed that they had been d

"The four-year-old mother that their father h ging them to bed inside t defiling them," the OCP

He added that the s appear in court to fac charges.

According to the Sex Act, a person found gu ment of a child aged 11 shall upon conviction be life imprisonment.

February 21, 2011

Man arrested for sodomis

Son, 27, has been sexually abusing his bedridden father, 61, for nine years

By RENSON MNYAMWEZI

Taita-Taveta County

Police have arrested a young man who has been allegedly sexually abusing his ailing father in Taita-Taveta County.

The 27-year-old is said to have been sodomising his bed-ridden father at Wesu village in Wundanyi Division for the past nine years. The bizarre incident has been going on unreported.

Police and health officials said the 61-year-old victim suffering from stroke has been in and out of Wesu District Hospital where he has been receiving treatment.

The mother of the suspect said she had been forced to leave her matrimonial home for fear of being attacked by the suspect.

"Most of the time I have been forced to spend outside my matrimonial home as the suspect threate kill me and his siblings if we dare authorities," she said.

Police received information the victim at the hospital when visited the facility.

CHASING FAMILY

"We came across the frail loo man at the hospital where he nar his ordeal to us," said a senior p officer, who added that they imm ately arrested the suspect.

Police said the suspect had chasing away other family mem before sexually molesting his fa who is also suffering from a br

8.0 GVRC INCOME AND EXPENDITURE FOR THE YEAR ENDED 31ST MARCH 2011

Table 34

INCOME FOR THE YEAR ENDED 31 ST MARCH 2011	
CORPORATE	Kshs. Cts
SAFARICOM FOUNDATION	8,500,000.00
HOUSING FINANCE CORP OF KENYA	133,400.00
KENYA AIRPORT AUTHORITY	200,000.00
UNILEVER KENYA LTD	39,200.00
NAIROBI WOMEN'S' HOSPITAL	920,000.00
COCA COLA	262,772.00
TOTAL	10,055,372.00
NON CORPORATE	Kshs.Cts
CHILDLINE	85,278.00
DED	991,450.00
FIDA/UNFPA	1,392,673.00
GIZ	2,952,572.80
OUTPUT BASED APPROACH (OBA)	1,012,214.00
PLAN INTERNATIONAL	8,295,468.00
TDH	5,580,034.70
APHIA 11	148,400.00
TOTAL	20,458,090.50
OTHER SOURCES	Kshs.Cts
FUNDRAISING (GVRC GALA DINNER)	2,978,369.50
OTHER INCOMES	756,397.65
VCT SERVICES	54,330.00
WELL WISHERS	27,200.00
GENERAL COUNSELLING	1,500.00
BANK INTEREST	62,075.97
TOTAL	3,879,873.12

Table 35

EXPENDITURE FOR THE YEAR ENDED 31 ST MARCH 2011	
	Kshs.Cts
Medical & Psychosocial Support	30,148,414.58
Prevention and Advocacy	7,079,185.75
Administration	15,813,655.56
TOTAL	53,041,255.89

THE TEAM

Wangechi Grace Kahuria,
Executive Director

Alberta Wambua,
Manager,
Medical Services & Psychosocial Support

David Mongare,
Programme Accountant

Moses Melly,
Accountants Assistant

Dorothy Mbinya,
Administration Officer

Joel Muriithi,
Programme Officer,
Gender Violence Monitoring Unit (GMVU)

John Chege,
Programme Officer,
Advocacy

Ken Otieno,
Social Worker

Hilda Monyangi,
Counselor (Hurlingham)

Jane Olago,
Counselor (Hurlingham)

Marion Keinamma,
Counselor (Hurlingham)

Njeri Mwaniki,
Counselor (Adams)

Roselyn Guchera,
Counselor (Ongata Rongai)