GENDER VIOLENCE RECOVERY CENTRE

ANNUAL REPORT 2011-2012

GVRC
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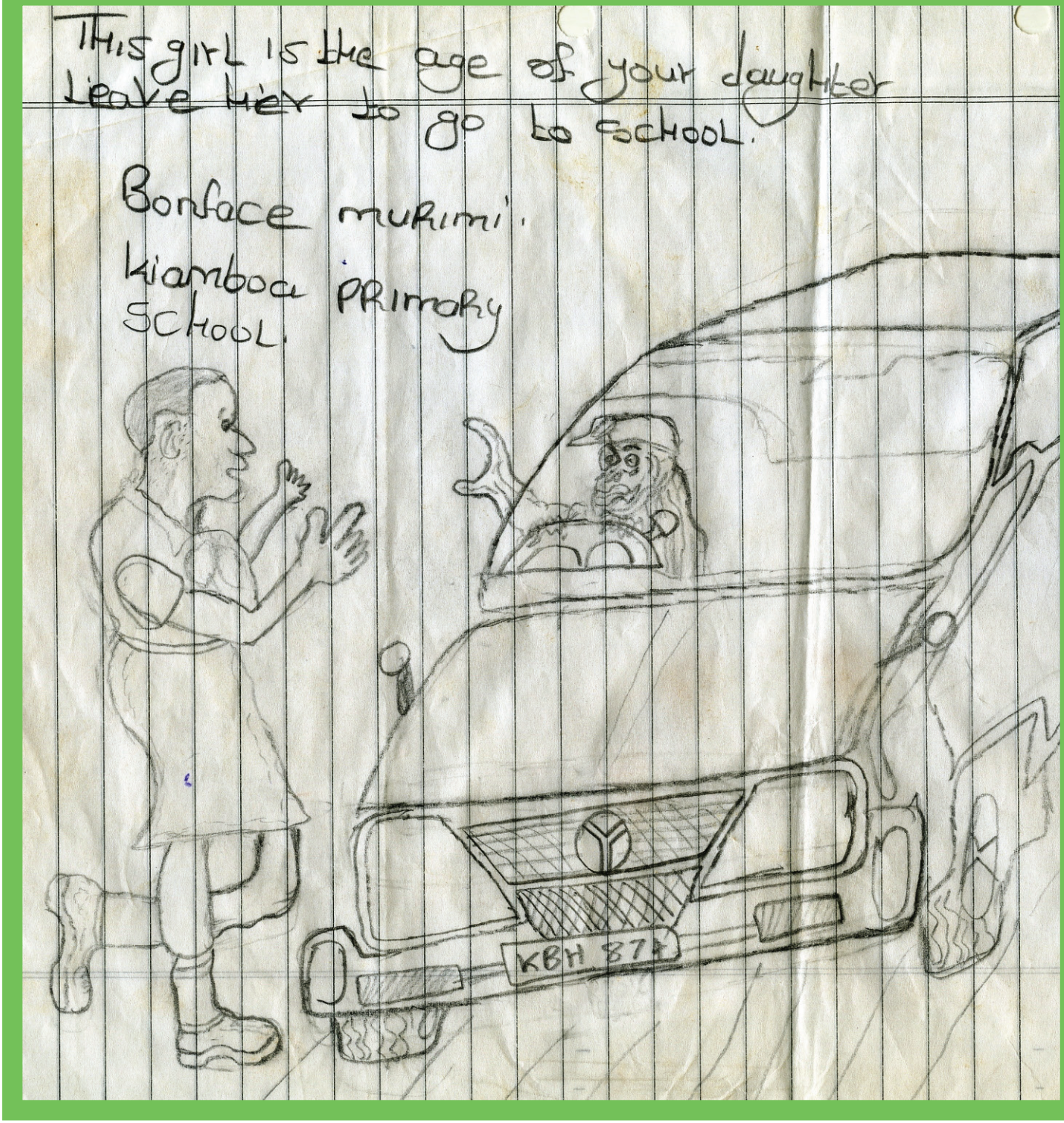
We bring back meaning to the lives of survivors and their families



Loving, Caring and Protecting women and girls against violence

million fathers

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

2011-2012 ANNUAL REPORT

Name of Implementing Agency: Gender Violence Recovery Centre - Nairobi Women's Hospital

Project Title: Primary prevention, medical and psychosocial support of survivors of sexual and domestic violence

Project Period: April 2011 to March 2012

Period Covered by this Report: 1st April 2011 to 31st March 2012

Project Location: Nairobi Women's Hospital

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Cover Page: We acknowledge one of the children, Bonface Murimi of Kiamboa Primary School, for the cover page artwork and the many children who participated in our "King & Queens of Change" processes.

In addition, the GVRC is grateful to Claire Mc Evoy (a consultant with Small Arms Survey on Battering, Rape, and Lethal Violence against women in Nairobi) for the invaluable support in reviewing the draft report. Her comments, suggestions and editorial work on the draft report greatly improved the final report.

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MESSAGE FROM THE CHAIRPERSON

2011-2012 has been an exciting and transformative year for the Gender Violence Recovery Centre (GVRC). This has been possible due to the commitment and sincere efforts of all those who continue to stand by us in transforming the lives of survivors of gender-based violence (GBV) and their families. In 2012 we strategically realigned the GVRC to scale up our geographical reach and improve our service delivery, marking a turning point for the organization. The change management process for the last year and a half provided a participatory platform whereby the GVRC board of Trustees, staff, partners and other stakeholders engaged in open discussions on the centre's strategic development. Significantly, we also opened one new GVRC centre during this financial year located at Ongata Rongai in Kajiado county, bringing to three the total number. Our other outlets are located in Hurlingham and along Ngong Road (Adam's branch).

The GVRC's Critical Success Factors.

- Our services are demand driven
- We consistently provide high quality and free medical and psychosocial care to survivors of GBV
- We are a leading source of publicly available data in the Kenyan GBV sector
- We delight our customers
- With our processes we passionately keep our promises
- We are accountable as a team
- We are a strong and unique brand
- Our organization is built on trust and integrity.

Over the years, GBV in Kenya has continued to evolve in both form and magnitude. We have noted an upward trend in the number of cases reported to the GVRC, now averaging almost 3,000 per year. Aside from the obvious prevalence of GBV in our society, a number of other worrying trends have either emerged, or been confirmed, this year. In 2011-2012, for example, we noted the prevalence of children in primary school level violating fellow children. This was reported mostly while children were in school or playing in their neighborhoods. Reported incidents of intoxication or drugging as a means of disarming survivors before raping them rose, and the number of reported gang rapes remained extremely high. These brutal attacks typically targeted women and involved between two and ten perpetrators.

The immense support both in cash and kind from our donors, in addition to corporate and individual well-wishers, made it possible to provide comprehensive medical care and psychosocial support to those whose lives were shattered by sexual or physical abuse during the year. We salute and pass our sincere thanks to those whose goodwill, support and guidance continue to aid us to bring back meaning to these survivor sand their families. Since the promulgation of the Constitution in 2010, Kenya has been undergoing significant changes including radical reforms within the judiciary, and the police, resulting in better service delivery. Hopefully, in the long run, the effects of these transformation processes will be celebrated by survivors of GBV. These ongoing changes are a milestone towards ensuring expedience in providing justice to Kenyans, thereby ending impunity and bringing hope to survivors of violence.

GVRC BOARD OF TRUSTEES

1. Hon. Justice Njoki S. Ndungu, Chairperson Board of Trustees, judge of the Supreme Court of Kenya;
2. Les Baille, Chairman Safaricom Foundation;
3. Norah Matovu, Consultant, Gender;
4. Wendy Mukuru, Board of Directors Nairobi Women's Hospital (NWH);
5. Wangechi Grace Kahuria, Executive Director GVRC, Secretary to the Board of Trustees;
6. Dr. James Nyikal, Permanent Secretary, Ministry of Gender, Children and Social Development;
7. Norah Odwesso, Public Affairs and Communications Director, Coca-Cola East Africa Limited;
8. His Excellency Ambassador Geert Aagaard Andersen, Danish Ambassador to Kenya;
9. Dr. Sam Thenya-Group, CEO, NWH.

THE GVRC's FUNDING PARTNERS

NON CORPORATE

- Terre Des Hommes
- Danish Embassy
- Plan International
- German International Cooperation (GIZ)
- Kreditanstalt für Wiederaufbau (KfW) through the OutPut Based Approach
- Childline–Kenya

CORPORATE

- Safaricom Foundation
- Royal Media Services
- NWH
- Coca-Cola
- Housing Finance Corporation of Kenya
- Unilever Kenya limited

LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AU	African Union
CCCP	Comprehensive Care Clinic Programme
COVAW	Coalition on Violence against Women
CRADLE	Child's Rights, Advisory, Documentation and Legal Centre
CREAW	Center for Rights Awareness and Education
FIDA	Federation of Women Lawyers
GBV	Gender-based violence
GIZ	German International Cooperation
GVRC	Gender Violence Recovery Centre
FEMNET	African Women's Development & Communication Network
HIV	Human Immuno-deficiency Virus
IJM	International Justice Mission
MCH	Mother and child health
NHIF	National Hospital Insurance Fund
NWH	Nairobi Women's Hospital
PEP	Post-exposure prophylaxis
SoA	Sexual Offences Act
SRH	Sexual and reproductive health
TSC	Teachers' Service Commission
ToT	Training of trainers
UN	United Nations
UNFPA	UN Population Fund
VCT	Voluntary counseling and testing
WRAP	Women's Rights Awareness Programme

MESSAGE FROM THE EXECUTIVE DIRECTOR

Gender-based violence (GBV) remains an endemic problem that cuts across all socio-economic groups in Kenya. Social systems in Kenya are established on a patriarchal basis whereby women and children are treated as lesser human beings. Women are prevented from having adequate opportunities to participate in decision-making processes and therefore their input in social and economic development is minimal. This forces them to become dependent on males, and to stay in relationships even after abuse from their partners and husbands.

The GVRC continues to actively roll out programmes geared towards prevention and early reporting of GBV through public awareness activities, capacity-building for service providers, outreach in schools and other advocacy work. The impact of these initiatives is clear from the increased reporting of GBV cases over the years: in 2001-2002/3, 326 survivors were supported by GVRC; this figure had risen to 2954 in 2011-2012. In 2010-2011 we recorded 2909 cases. The number of women and girls treated at the GVRC remains significantly higher than men and boys. Out of a total of 21,341 cases reported since 2001, 658 were of men (3% of the total) and 1,114 of boys (5% of the total). Reasons cited as inhibiting reporting amongst men and boys include the fear of stigmatization and shame associated with the ordeal. These figures contrast with 11,963 (56%) women and 7,606 girls (36%) seeking treatment over the same period.

The GVRC also continues to provide comprehensive care to survivors of GBV. This financial year a total of 2954 clients were given free medical care and psychosocial support. The total number of male survivors was 294 (10%), while 2660 were female (90%). Over the past six years, between 2300 and almost 3000 survivors have sought the GVRC's services every year with 2011-2012 seeing the highest number of cases ever recorded. Among these, 2532 (86%) cases were of sexual violence and 422 of physical violence (14%).

The table below gives an overview of the number of cases of GBV reported for the past six years, showing an overall increase over time, in part due to the GVRC's ongoing advocacy work.

Year	Sexual Violence	Physical Violence	TOTAL
2011-2012	2532	422	2954
2010-2011	2524	385	2909
2009-2010	2100	387	2487
2008-2009	2398	407	2805
2007-2008	2338	412	2750
2006-2007	2039	299	2338
2005-2006	1617	353	1970
2004-2005	1483	273	1756
2003-2004	284	762	1046
2001-2003	186	140	326
TOTAL	**17501**	**3840**	**21341**

The GVRC's annual gala dinner was held on 10th February 2012. The Danish ambassador, His Excellency Ambassador Geert Aagaard Andersen, and other special guests graced the occasion and shared in the theme of celebrating love in caring and protecting families. The GVRC would like to thank its Board of Trustees, management, staff, corporate sponsors, partners and individual friends of the centre for making the dinner a great success.

Drought continues to perennially afflict North Eastern, as well as parts of Upper and Lower Eastern. For the first time in 2011-2012, the GVRC carried out a drought response programme aimed at equipping service providers, health care professionals and communities to respond to GBV through training of trainers from community-based organizations and key government line ministries, on-the-job training for health care professionals, medical camps, and supervision of caregivers who are the frontline contacts for survivors of GBV. The project targeted eleven counties, namely: Machakos, Makueni, Kitui, Garissa, West Pokot, Turkana, Samburu, Marsabit, Isiolo, Wajir and Mandera, with a view to developing local service provision during emergencies in the areas of GBV, sexual and reproductive health (SRH), and maternal and child health (MCH).

The GVRC is expanding both its geographical reach and the scope of its service delivery. This financial year we opened a new outlet in Ongata Rongai, on the outskirts of Nairobi. In the coming years we plan to expand to several other areas in Kenya including Nakuru, Eldoret, Kisumu, Mombasa and Eastleigh in Nairobi.

We also engaged other civil society actors, United Nations (UN) agencies, the private sector, and government actors to spearhead the UN Secretary General's campaign on ending violence against women and girls, dubbed "Africa Unite". The campaign seeks to unite all anti-GBV actors, and to have a coordinated prevention and response mechanism towards ending GBV. As part of this, the newly established Africa Unite Kenya Chapter sought government commitments towards ending GBV and engaged other stakeholders. There is need for a united voice towards ending violence against girls and women. Africa Unite seeks to harness all the different initiatives taking place, and have a point of convergence, bringing together civil society actors, the government, private sector, UN agencies, faith-based organizations as well as communities.

The GVRC continues to have a tremendous working relationship with its implementing partners, including the Center for Rights Education and Awareness (CREAW), Women's Rights Awareness Programme (WRAP), UNICEF, UN WOMEN, and International Justice Mission (IJM), Childline Kenya, Coalition on Violence against Women (COVAW), Teachers' Service Commission (TSC), Child's Rights, Advisory, Documentation and Legal Centre (CRADLE), Ministry of Gender, Children and Social Development, Ministry of Public Health and Sanitation, Ministry of Medical Services, the Judiciary and many others who we are grateful to.

1. PROJECT BENEFICIARIES

At the GVRC we aim to continuously enhance service delivery for survivors of violence in an effort to facilitate healing both at a personal and family level. In addition to providing medical and psychosocial care and support to survivors, we have taken a step further to educate and impart knowledge to the general public on prevention and effective management of GBV cases. This is due to the realization that such information is often lacking, and in the hope that it will promote pro-active, quick responses and early reporting of cases.

The common perception that only women and girls can seek treatment in cases of abuse is based on misinformation; men and boys regularly seek help at the GVRC, accounting for 10% of cases this financial year. Indeed, we believe that GBV affects all members of Kenyan society, including young and old, women and men, as well as girls and boys. For this reason, it is important for us to recognize our individual and collective responsibilities in reporting on, preventing, and eventually eradicating GBV among both sexes and all social groups. The GVRC treats an average of at least seven new cases of GBV every single day, with women and children constituting the majority of cases.

1.1 Survivors reached in the 2011-2012 financial year

In 2011-2012 the GVRC treated a total of 2954 survivors, among them 2660 (90%) females and 294 (10%) males (see Table 1). A total of 73% of survivors came from highly urbanized Nairobi, and 27% from other provinces, namely Central, Nyanza, Coast, Eastern, Western, Rift Valley and North Eastern. Within Nairobi survivors came from all socio-economic groups but the vast majority were from extremely low-income households, mostly within informal settlements. This reflects the fact that while all socio-economic groups are affected by GBV, low-income women are particularly vulnerable.

Table 1: Services provided by the GVRC, 2011-2012

Activity Completed	Direct Beneficiaries				
	Female	%	Male	%	Total
Provision of comprehensive medical treatment	2660	90	294	10	2954

2. SEXUAL AND PHYSICAL VIOLENCE

Sexual violence remained the most commonly reported form of abuse throughout the year, following a pattern since the GVRC began its work. Women and girls bore the greatest burden of pain and suffering. As noted above, a total of 2954 cases of violence were reported in 2011-2012, the highest number since the centre opened.

Sexual violence cases accounted for 86% of the total, and physical violence cases 14% (see Table 2), continuing a trend established over the past number of years.[1] This reflects the fact that more people seek medical assistance at the GVRC following rape and defilement, than do survivors of physical violence. Typically, only extreme cases of physical violence necessitating hospital care are reported. 'Domestic' rows over control or misappropriation of resources and decision-making processes often trigger physical fights that lead to severe injuries occurring in people's homes and in extreme cases, death.

Table 2: Number of sexual and physical violence cases reported to the GVRC, 2011-2012

Nature of violence	Number	Percent (%)
Rape/defilement	2532	86
Physical violence	422	14
Total	**2954**	**100**

Women accounted for 49% of the total number of GBV cases reported in 2011-2012. Girls accounted for 41%, and men and boys 10%. Again, these numbers follow a pattern: in 2010-2011, for example, women accounted for 48% of all cases, girls for 42%, and men and boys 10%. Since the GVRC was established 11 years ago, women have accounted for 56% of the total number of cases treated and girls for 36%. Although the percentage of survivors seen during the last year has decreased for women from the cumulative 56% to 48%, it has increased for girls to 42%, indicating a higher risk and exposure for girls. Overall, women and girls still account for 90% of all survivors seen. The number of men rose from 3% to 4% and boys from 5% to 6%. Notably,

[1] *In 2010-2011, sexual violence cases accounted for 87% of the total, and physical violence cases for 13%.*

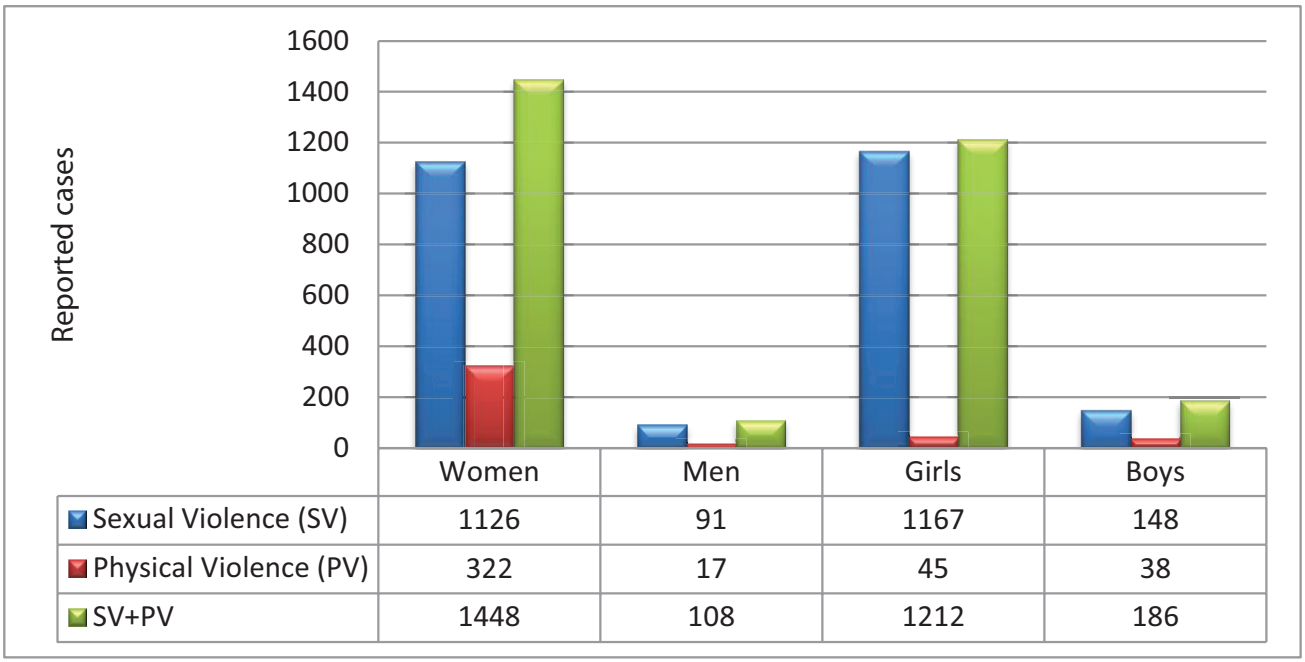
in 2011-2012, the number of physical violence cases rose by almost 10%, from 385 the previous year to 422. Despite this, these cases represent only a fraction of actual cases occurring, for which there is no available data.[2]

Table 3 below gives a summary of the number of cases reported to the GVRC per quarter (see also Figure 1)

Table 3: Number of sexual and physical violence cases reported to the GVRC per quarter, 2011-2012

	Sex	April-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Total	(%)
Sexual violence	Women	289	266	281	290	1126	38.1
	Men	26	26	16	23	91	3.1
	Girls	268	305	272	322	1167	39.5
	Boys	29	47	33	39	148	5.0
Physical violence	Women	45	86	110	81	322	10.9
	Men	3	0	11	3	17	0.6
	Girls	9	12	7	17	45	1.5
	Boys	8	6	12	12	38	1.3
Total		677	748	742	787	2954	100.0

Figure 1: Number of sexual and physical violence cases reported to the GVRC per quarter, 2011-2012



2.1 Sexual Violence[3]

In 2011-2012 the total number of sexual violence cases reported to the GVRC rose only slightly with 2532 cases reported, just above the 2524 cases reported in 2010-2011. Among female survivors of sexual violence, children[4] accounted for 51 percent of the total, the same percentage as in 2010-2011. It is not clear whether more children than adults are, in fact, being defiled or whether more children are being taken for treatment. What is clear is that the data reflects a worrying trend; year on year, the GVRC is now treating more female children than adults, indicating that large numbers of minors are being targeted for defilement[5] (see Table 4, Figure 2). This is for a variety of reasons including because children are perceived as being easier to lure and intimidate, while the youngest cannot get pregnant. Some perpetrators also believe they will not be infected with sexually transmitted diseases by children. Some of the survivors treated at the GVRC this financial year were babies and toddlers: the youngest child was a girl aged six months. In 2010-2011, the youngest child was a girl of just one month.

[2] In the last demographic and health survey, undertaken in 2008-09, 39% of females aged 15-49 said they had experienced physical violence (KNBS and ICF Macro, 2010, p. 247). Almost 40% (37) of ever-married women said they had experienced physical violence from a spouse, while 17% said they had experienced sexual violence from a spouse (KNBS and ICF Macro, 2010, p. 253).

[3] Sexual violence includes rape, sexual assault and defilement.

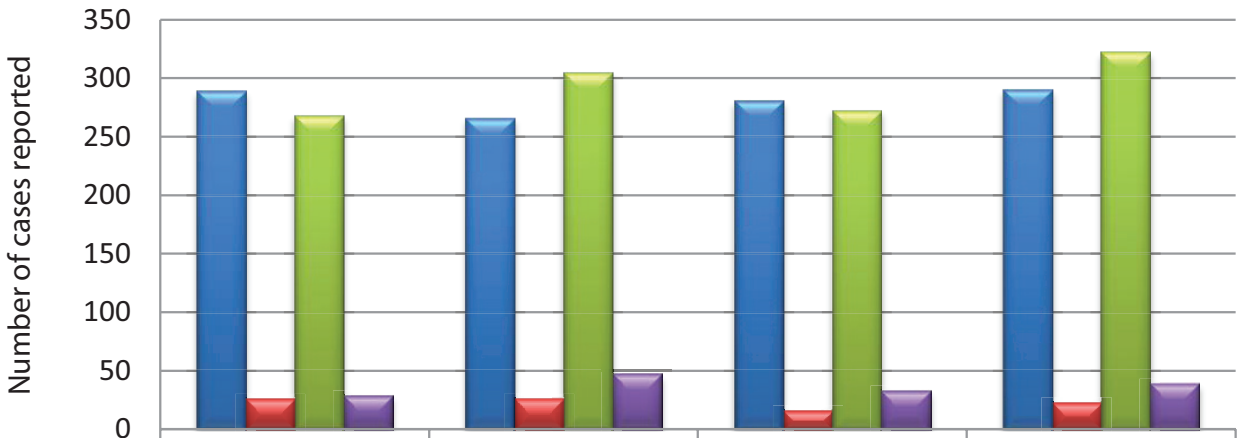
[4] A child is defined as a person below the age of 18 years (Children's Act, 2001).

[5] Defilement is the term used in the Sexual Offences Act (SoA, 2006) to describe rape of a minor, or child. Section 8 of the SoA provides a mandatory sentence of life imprisonment for defilement of a child below the age of 11, 20 years or more for a child aged 12-15, and 15 years or more for a child aged 16-18.

Table 4: Number of sexual violence cases targeting females reported to the GVRC per year, 2006-2012

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Women	1076	1261	1115	989	1103	1126
Girls	793	896	1017	938	1171	1167
Total	1869	2157	2132	1927	2274	2293
Girls as a percentage of female survivors	42	41	47	49	51	51

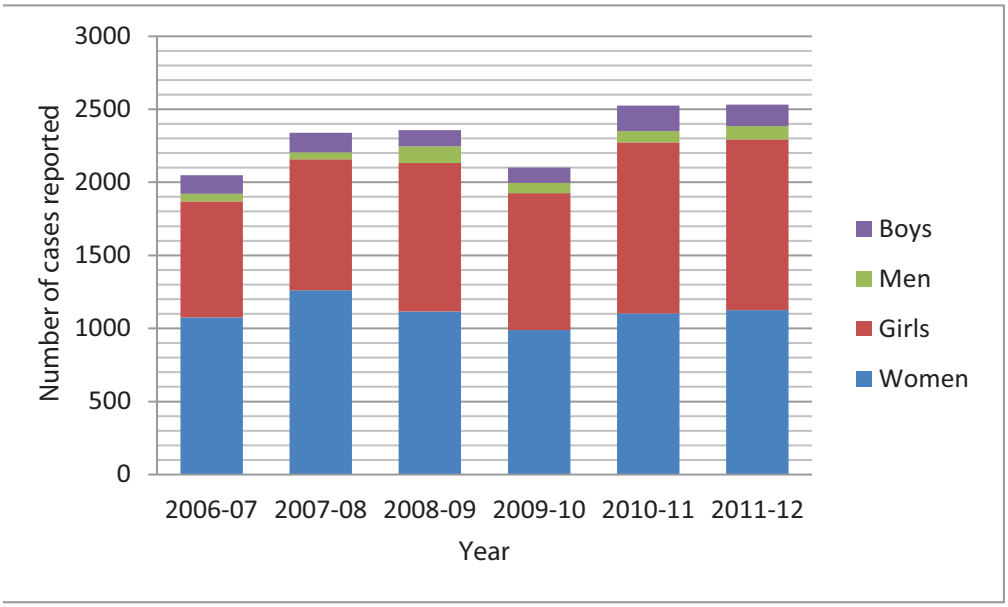
Figure 2: Number of sexual violence cases reported to the GVRC per quarter, 2011-2012



	April-June	July- Sept	Oct-Dec	Jan-Mar
Women	289	266	281	290
Men	26	26	16	23
Girls	268	305	272	322
Boys	29	47	33	39

Figure 3 below shows the overall number of rape and defilement cases reported to the GVRC over the past six years, indicating clearly that while there are significant numbers of men and boys affected, the vast majority of survivors continue to be female. The graph also shows the overall increase in the number of cases being reported each year.

Figure 3: Number of rape and defilement cases reported to the GVRC per year, 2006-2012



A worrying trend is the prevalence of gang rapes being reported to the GVRC. In 2011-2012, 18% percent of all rapes involved more than one perpetrator and in 2010-2011, 15% of cases. The majority of these cases involved women who were attacked on the streets, and after dark; sometimes they were temporarily abducted for sexual purposes. The number of perpetrators involved ranged from two to eight in 2011-2012. This phenomenon needs to be interrogated further to determine its root causes (see Table 5).

Table 5: Number of gang rapes reported to the GVRC per quarter, 2010-12

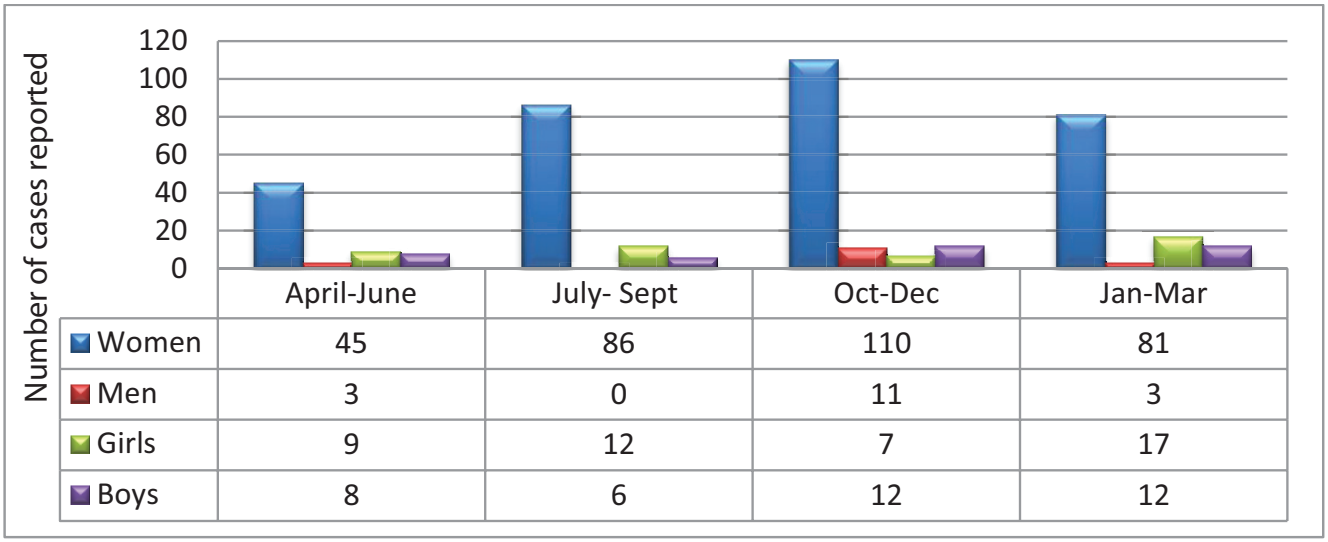
	April-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Total
Group attacks 2010-2011	91	111	97	82	381
Group attacks 2011-2012	114	104	110	119	447
Total number of gang rapes	**205**	**215**	**207**	**201**	**828**

A second notable phenomenon is the use of drugs to disorientate and disarm targets of sexual violence. During this financial year, the GVRC treated 128 cases of women who experienced violence while drugged or intoxicated.[6] The use of drugs such as Rohypnol in robberies and rapes[7] targeting both women and men appears to be on the rise. These drugs are most commonly used in 'date rapes', in clubs, and at parties held for elites in private homes where drinks are spiked and women and girls are then raped. Many survivors are too ashamed to report the violence to parents and the police.

2.2 Physical Violence[8]

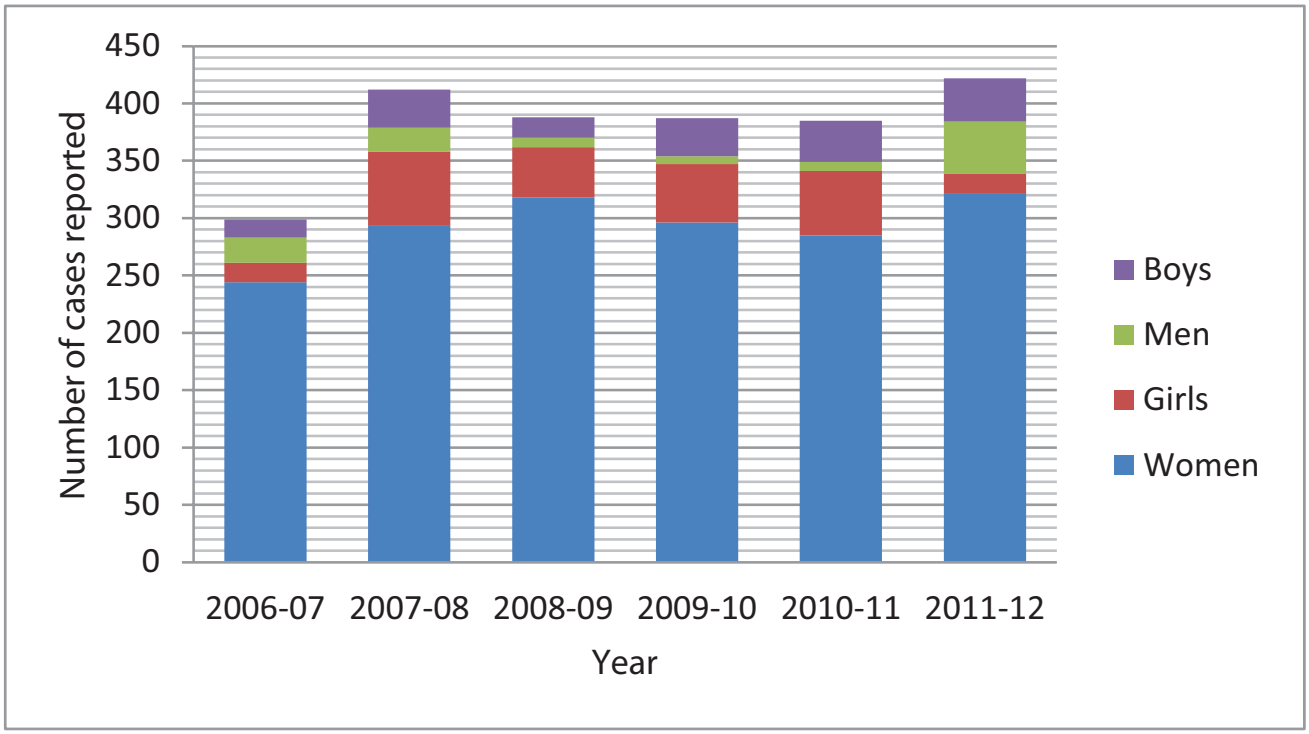
A total of 422 cases of physical assault were reported to the GVRC in 2011-2012. Women were the majority of survivors, with 322 (76%) cases reported, followed by girls (45 cases), boys (38 cases) and finally men (17 cases). Figures 4 and 5 below illustrate that the number of cases reported to the GVRC is on the rise. In a year in which there was much discussion in the media and elsewhere about men being the targets of violent spouses, the data also illustrates that the vast majority of survivors of reported physical violence continue to be women. Female survivors are generally targeted in their homes by former or current intimate partners and spouses.

Figure 4: Number of physical violence cases reported to the GVRC per quarter, 2011-2012



[6] *During the same period, 31 men were also attacked while drugged or intoxicated.*
[7] *Date rape is defined by the GVRC as non-domestic rape committed by someone who knows the victim.*
[8] *Physical violence is defined by the GVRC as any harm inflicted on a survivor by a family member or within the family set- up, usually targeting spouses, parents, children, siblings or house helps.*

Figure 5: Number of physical violence cases reported to the GVRC per year, 2006-2012



The majority of women who were targeted were aged 25 and above, many of them married and themselves with children. Not only does this kind of violence—some of which is chronic—seriously harm these women, but it also has a negative impact on their children. Research shows that regular witnessing of violence in the home can lead to boys becoming perpetrators themselves, and to girls accepting violent relationships later on, in the mistaken belief that such behaviour is "normal"[9]. Generations of families growing up in violent households can lead to a vicious cycle of violent behaviours that both sexes find it difficult to escape from.

3. PERPETRATORS OF GENDER-BASED VIOLENCE

GBV arises out of the imbalances in power relations that exist in Kenyan society. A total of 64% of survivors of violence reported that perpetrators were "known" to them. Eleven percent (11%) of survivors refused to identify the perpetrator (see "known but not mentioned" in Table 6), most likely due to close familial relationships, fear, or threats of further violence or even death. GVRC staff suspect that many perpetrators are in positions of authority and that survivors are therefore too afraid to report them. The vast majority of perpetrators (90%) were men.

Table 6: Perpetrators of GBV cases reported to the GVRC per quarter, 2011-2012

Classification of perpetrators	April-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Total	Percent (%)
Known	442	466	429	560	1897	64
Known but not mentioned	67	16	61	184	328	11
Unknown	168	266	252	43	729	25
Total	677	748	742	787	2954	100

[9] *See, for example, the last demographic and health survey which says that women whose fathers beat their mothers are more likely to experience physical or sexual violence themselves than women whose fathers did not beat their mothers (KNBS and ICF Macro, 2010, p. 255).*

3.1 Sexual Violence

Neighbors, acquaintances, boyfriends, fathers, friends, and relatives constituted the majority of identified perpetrators of sexual violence (see Table 7). A large number of survivors (22%) knew their assailants but did not reveal their identity, presumably due to fear. While the majority of rapes were committed by known perpetrators, a sizeable percentage (25%) were committed by strangers, following a pattern noted by the GVRC in recent years. These rapes often occur as part of temporary abductions and are normally carried out by members of gangs.

Forty cases (1.6%) of sexual violence were reported as having been committed within the context of marriage (marital rape), which is not explicitly prohibited in Kenyan law. In some instances of marital rape, additional physical violence was also reported.

Table 7: Known perpetrators of sexual violence cases reported to the GVRC per quarter, 2011-2012

Known perpetrators of sexual violence	April-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Total
Neighbours	75	116	83	68	342
Known but not mentioned	67	16	61	184	328
Friends	51	66	30	31	178
Relatives (aunts, uncles, cousins)	21	25	23	22	91
Father	25	12	13	28	78
Boyfriend	16	26	20	14	76
Acquaintance	31	3	0	20	54
Husband	9	12	6	13	40
Employer	8	12	6	3	29
School-mate	6	14	1	5	26
Step-father	5	6	8	7	26
Teacher	7	5	8	6	26
Ex-boyfriend	8	5	6	5	24
Classmate	6	4	5	2	17
House help	3	5	6	1	15
Thugs	13	0	0	0	13
Brother-in-law	0	1	1	8	10
Family friend	3	3	1	3	10
Brother	2	3	1	3	9
Ex-husband	5	0	4	0	9
Step-brother	1	5	0	2	8
Mother's friend	0	1	3	3	7
Co-worker	0	5	0	1	6
Police officer	4	0	0	2	6
Security	0	4	1	0	5
Watchman	0	2	2	1	5
Workmate	1	0	1	3	5
Business partner	4	0	0	0	4
House boy	1	1	0	2	4
In-law	3	1	0	0	4
Care-taker	0	1	2	0	3
Grandfather	0	2	1	0	3
Mother	0	2	0	1	3
Priest/pastor	1	0	2	0	3
Church member	0	2	0	0	2

Customer	0	1	0	1	2
Military officer	0	0	0	2	2
Assistant chief	1	0	0	0	1
Boss's son	0	0	1	0	1
Bodaboda operator	0	0	0	1	1
Boyfriend's father	0	0	0	1	1
Casual labourer	0	1	0	0	1
Cleaner	0	1	0	0	1
Couch/ sports instructor	0	0	0	1	1
Doctor	0	0	0	1	1
Driver	0	1	0	0	1
Employer's son	1	0	0	0	1
Father in-law	0	1	0	0	1
Government soldier	0	1	0	0	1
Grandmother	0	0	1	0	1
Husband's friend	0	1	0	0	1
In-mate-(in prison)	0	0	0	1	1
Landlord	0	0	0	1	1
Medicine man	0	1	0	0	1
Madrasa assistant	0	0	1	0	1
School worker	0	1	0	0	1
Shamba boy	0	1	0	0	1
Step-mother	0	0	1	0	1
Street boy	0	1	0	0	1
Total	**378**	**371**	**299**	**448**	**1495**

3.2 Physical Violence

In 70% of reported cases of physical assault (402 in total), former or current husbands or boyfriends were named as the perpetrators (see Table 8). This resonates very well with the data from Kenya as a whole which shows that former or current intimate partners are the most frequent perpetrators of physical violence against women.[10] Factors such as chronic poverty, conflicts arising from control of family resources, cramped living space in urban settings, marital infidelity, controlling behaviours exhibited by male heads of families, and domestic violence being viewed as "normal" are contributing factors.

Table 8: Known perpetrators of physical violence cases reported to the GVRC per quarter, 2011-2012

Perpetrators	April-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Total
Husband	36	59	90	66	251
Boyfriend	2	7	8	4	21
Father	6	4	3	5	18
Mother	2	1	6	2	11
Step-mother	0	4	2	5	11
Wife	2	0	5	3	10
Aunt	1	4	3	1	9
Neighbour	1	4	1	3	9

[10] *Among 1,945 respondents of the last demographic and health survey countrywide, all of whom had been married at some point, current husbands/partners were the most frequent perpetrators of physical violence (64.8%), followed by former boyfriends/intimate partners (19.1%), mothers/step-mothers (15.4%), fathers/step-fathers (10.3%) and teachers (10.2%) (KNBS and ICF Macro, 2010, p. 249).*

Friend	2	4	1	1	8
Not mentioned	0	0	1	7	8
Care-taker	0	0	0	5	5
Ex-husband	0	1	4	0	5
Ex-boyfriend	0	2	1	1	4
Brother/brother-in-law	0	0	2	1	3
Fiancé	0	1	0	2	3
Step-father	2	1	0	0	3
Teacher	2	0	1	0	3
Uncle	0	2	0	1	3
Employer	2	0	0	0	2
Parent	0	0	1	1	2
Sister	2	0	0	0	2
Thug	2	0	0	0	2
Acquaintance	0	0	0	1	1
City council askari	0	0	0	1	1
Co-worker	1	0	0	0	1
Daughter	1	0	0	0	1
Mother-in-law	0	0	0	1	1
Relative	0	1	0	0	1
Guard	0	0	0	1	1
Sister-in-law	0	0	1	0	1
Step-brother	1	0	0	0	1
TOTAL	**65**	**95**	**130**	**112**	**402**

4. BACKGROUND CHARACTERISTICS OF SURVIVORS

4.1 Geographical location

Almost three-quarters of GBV cases reported to the GVRC were from Nairobi, accounting for 73% of the total of 2954. Low income areas in the city including Kibera, Kayole, Dandora, and Mwiki accounted for 44% of cases, while middle-level areas such as Umoja, South B&C, Imara Daima, Kasarani, and Donhlom accounted for 22%. A relatively small number of cases were reported from up-market areas such as Kileleshwa, Westlands, Chiromo, Kilimani, Parklands, Jamhuri, Lang'ata, and the racecourse area (see Table 9). Areas outside of Nairobi accounted for 27% of the total.

Table 9: Location of GBV incidents reported to the GVRC per quarter, 2011-2012

	April-June 2011	July-Sept 2011	Oct-Dec 2011	Jan Mar 2012	Total	Percent (%)
Nairobi						
1. Low income areas (slums)	272	356	327	329	1284	44%
2. Middle income areas	211	171	138	141	661	22%
3. Up-market areas	29	37	73	76	215	7%
Outside of Nairobi	165	184	204	241	794	27%
Total	**677**	**748**	**742**	**787**	**2954**	**100**

4.2 Occupation

More than half—52% of a total of 1544 cases—of the survivors of GBV this financial year were students or pupils (see Table 10). This follows a trend: in 2010-2011, an even higher number of survivors (55%) were students or pupils, reflecting the extremely high number of children who are targeted for sexual violence. Twenty percent of survivors were employed, while the self-employed and unemployed accounted for 11% and 8% respectively.

Table 10: Occupational status of survivors of GBV cases reported to the GVRC per quarter, 2011-2012

Category	April-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Sub total	Percent (%)
Employed	135	154	144	145	578	20
Self-employed	89	75	72	80	316	11
Unemployed	40	55	69	59	223	8
Student/pupil	413	413	368	350	1544	52
Not disclosed	0	51	89	153	293	10
Total	677	748	742	787	2954	100

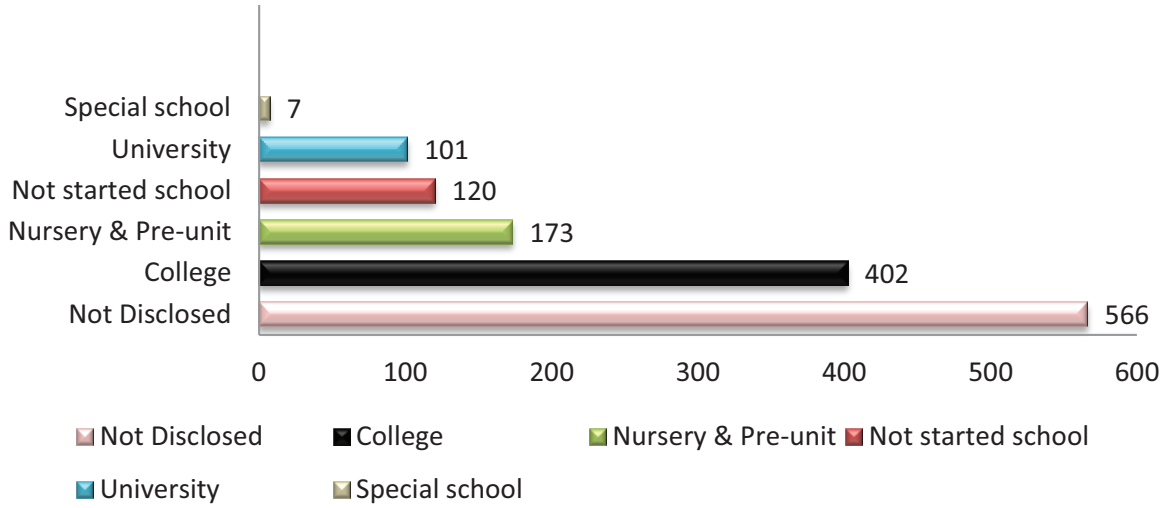
4.3 Education

Survivors who had attained a basic level of primary education accounted for 32% of the total of 2954 cases reported, with 21% attending secondary school (see Table 11, Figure 6). Again, this is a reflection of the fact that more than 50% of reported cases in 2011-2012 involved children. A total of 120 cases involved babies, toddlers and young children who had not started school (aged approximately four and below). A further 173 cases involved children aged approximately five and six years old, who were attending nursery and pre-unit classes. The smallest (0.2%) category of survivors were those attending special schools for either physically or mentally challenged persons. This does not imply that they do not suffer GBV, but rather that they are hampered when it comes to reporting and gaining access to support services. It calls on us all to be more vigilant and to establish systems that can enhance prevention and reporting.

Table 11: Educational level of survivors of GBV cases reported to the GVRC per quarter, 2011-2012

Category	April-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Total	%
Primary school	281	220	219	236	**956**	**32.4**
Secondary school	182	159	134	154	**629**	**21.3**
College	120	103	99	80	**402**	**13.6**
Not started school	36	41	19	24	**120**	**4.1**
Nursery & pre-unit	45	57	29	42	**173**	**5.9**
University	13	21	24	43	**101**	**3.4**
Special school	0	4	2	1	**7**	**0.2**
Not disclosed	0	143	216	207	**566**	**19.2**
	677	**748**	**742**	**787**	**2954**	**100.0**

Figure 6: Educational level of survivors of GBV cases reported to the GVRC, 2011-2012



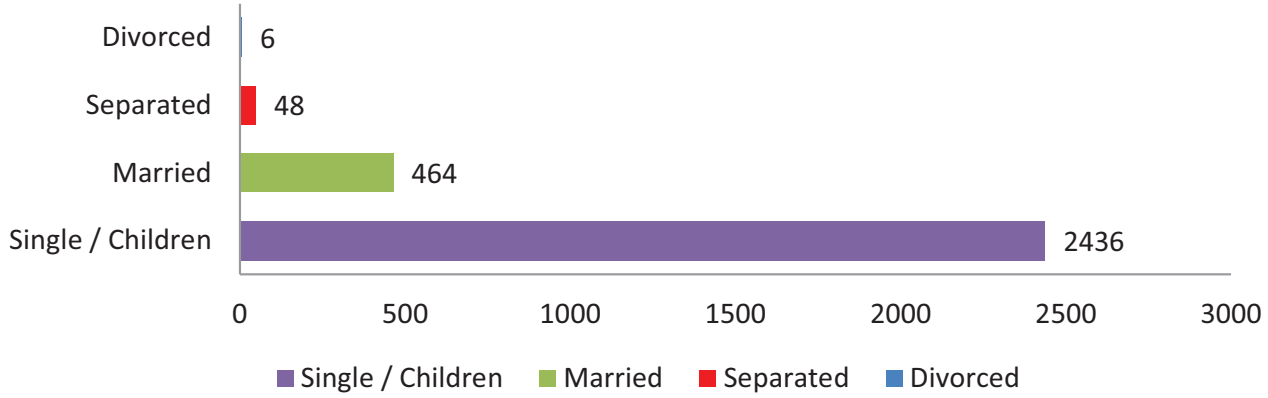
4.4 Marital Status

In the year ended, a total of 1038 (67%) survivors of GBV were single persons. This was by far the largest category followed by married survivors (30%). The smallest groups were separated (3.1%) and divorced (0.4%) survivors.

Table12: Marital status of survivors of GBV cases reported to the GVRC per quarter, 2011-2012

Category	April-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Total	Percent (%)
Single	256	268	251	263	1038	66.7
Married	95	96	153	120	464	29.8
Separated	12	13	11	12	48	3.1
Divorced	0	1	3	2	6	0.4
Total	**363**	**378**	**418**	**397**	**1556**	**100.0**

Figure 7: Marital status of survivors of GBV cases reported to the GVRC, 2011-2012



4.5 Description Of Location Of Incidents As Reported By The Survivors

A total of 69% of cases were reported in residential places or estates, including slums. Fewer than 20% of reported cases occurred in secluded places after abductions or hijackings or after survivors were lured by perpetrators who then assaulted them (see Table 13).

Table 13: Location of GBV incidents reported to the GVRC, 2011-2012

	Frequency	Percentage (%)
Streets and city centre	38	1.30%
Recreational places e.g. Uhuru park, Arboretum	47	1.60%
Residential places/estates including slums	2032	68.80%
Forests e.g. Karura forest, Ngong forest	39	1.30%
Lodgings/hotel rooms	74	2.50%
Bus stop and stages	21	0.70%
Secluded unknown places	570	19.30%
Work/office places	56	1.90%
School compounds	77	2.60%
TOTAL	**2954**	**100%**

4.6 Circumstances surrounding incidents

Almost one-third of reported cases occurred when survivors were either walking home or within their neighborhoods (see Table 14). Those who were attacked while at home, including during robberies, accounted for 22% of cases. Other notable circumstances included attacks at perpetrators' houses or office settings (18%), in isolated unknown places (15%), during carjackings or abductions (9%), and as part of drugging in bars or at parties (5%).

Table 14: Circumstances surrounding incidents

	Frequency	Percent (%)
Walking at home/neighbourhood	916	31
At home/robbery	650	22
Perpetrators' house/office	532	18
Isolated unknown places	443	15
Carjacked or abducted	266	9
Drugging-bars/parties	148	5
Total	**2954**	**100**

5. LABORATORY TESTS AND PRESCRIPTIONS

The GVRC recognizes that comprehensive and holistic treatment is critical to the healing process, especially after sexual violence. It also helps us to identify threats to survivors' lives. Clients are, therefore, routinely taken through a variety of laboratory tests to establish the necessary medical facts, collect forensic evidence, and identify actual or potential threats to their well-being.

5.1 Laboratory Tests

A series of laboratory tests was carried out, including for Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), hepatitis B, pregnancy, and syphilis. Liver function, and urea and creatinine tests were undertaken, in addition to urinalysis, haemograms, electrolyte testing and high vaginal, vulval and anal swabs. Based on these tests, medical staff were able to arrive at suitable diagnoses and prescribe the necessary medication.

In some instances repeat tests were carried out and survivors had to go through more than four tests in a row. A total of 11,143 sample tests were undertaken as illustrated in Table 15 below.

Table 15: Number of laboratory specimens collected by the GVRC per quarter, 2011-2012

Investigations/tests	April-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Total
Human Immunodeficiency Virus (HIV)	595	596	548	591	2330
Hepatitis B	560	596	527	533	2216
Venereal disease related illness	565	602	545	569	2281
High vaginal swabs & vulval swabs	449	284	201	301	1235
Rectal, urethral, anal	32	20	8	14	74
Urinalysis	521	319	218	360	1418
Pregnancy tests	388	408	384	409	1589
Total	3110	2825	2431	2777	11143

5.2 Prescriptions

Drugs were prescribed and administered based on survivors' individual needs. The majority of survivors of sexual violence reported to the GVRC within 72 hours, and were thus able to receive preventive treatment including post-exposure prophylaxis (PEP), the Hepatitis B vaccine and emergency contraception to prevent pregnancy. A total of 5179 prescriptions were administered in 2011-2012 as illustrated in Table 16 below.

Table 16: Prescriptions administered by the GVRC per quarter, 2011-2012

Type of Medicine	April-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Total
Antiretroviral or PEP treatment (for adults and children)/28 Days	410	417	273	244	934
Hepatitis B vaccine	455	479	413	424	1316
Analgesics	99	125	214	269	608
Antibiotics	491	516	452	446	1414
Emergency contraception pills	275	293	280	278	851
Tetanus doses	13	25	15	16	56
Total	1743	1855	1647	1677	5179

There were a number of cases of survivors who sought initial medical treatment by consulting a doctor but did not wait to be fully treated.

6. PSYCHOSOCIAL SUPPORT

6.1 Counseling Activities And Results

Counseling services were offered to survivors and their families in individual, family and support group therapy sessions during the financial year. The counseling department is made up of seven counselors who work tirelessly to provide psychosocial services to survivors, in addition to HIV-testing and counseling.

Some of the common issues that arose and were discussed during counseling sessions included suicidal tendencies, irritability, anger, a lack of confidence, self-blame, guilt, fear of the unknown, fear of the opposite sex, anxiety, low self-esteem, conflict in relationships, depression, feelings of helplessness, hopelessness, a lack of concentration, hallucinations, insomnia, and diminished appetites.

Many survivors heal and go back to their normal lives. However, experience has shown that their ability to recover can depend on several external factors. These include the availability of reliable support systems from spouses, family members, friends, the relationship between the perpetrator and the survivor, the reaction of the first person contacted, the age of the survivor, the nature of the assault, injuries incurred, and the stigma, shame and embarrassment the survivor may have experienced after the ordeal. Each individual reacts differently to trauma experienced during a violent attack. Survivors' levels of self-awareness, and their willingness to work through their issues, combined with support from counselors, friends, and relatives, can form the basis for healing and recovery. Religious and spiritual beliefs may also help them.

6.1.1 Support Groups

The GVRC's support groups are a crucial intervention to help survivors adjust and live positively with their families and communities. The sessions provide survivors of abuse a chance to come together, and through the watchful guidance of our counselors, to share their experiences and daily challenges as well as strengthen each other emotionally. The following support groups were convened this financial year:

6.1.2 Comprehensive Care Clinic Programme support group

The Comprehensive Care Clinic Programme support group (CCCP) is for survivors of GBV living with HIV/AIDS. There are usually two groups that meet on separate days. The first meets on the first Saturday of every month from 10.00am to 2.00pm and has both female and male members, while the second meets every second Monday of the month from 2.00pm to 4.00pm and comprises female members only.

CCCP support groups were held from April to December 2011 with a total number of 181 members attending (see Table 17).

Table 17: Number of survivors attending CCCP support group sessions, April-December 2011

2011	April	May	June	July	October	November	December	Sub-total
Female	26	31	28	18	10	15	8	136
Male	8	10	10	8	2	3	4	45
Total	**34**	**41**	**38**	**26**	**12**	**18**	**12**	**181**

Some of the issues that were discussed during the CCCP sessions included:

- *Women's empowerment*
- *Project members, rules and constitution*
- *Self-discipline and intimate relations*
- *Reactions to treatment drugs*
- *Loneliness*
- *Disclosure to immediate family members*
- *Fluctuating weight*
- *Fear of rejection*
- *The power of secrets in families*
- *Disclosure of HIV-status to partners in discordant relationships*
- *Protecting loved ones and being a role model*
- *Living positively and avoiding self-stigma.*

6.1.3 Fadhili Support Group

The Fadhili support group is for adult survivors of rape. The sessions enable survivors to share their feelings, emotions and coping strategies with others who have experienced similar circumstances. The support group also helps them come up with mechanisms for supporting one other emotionally. A total number of 63 survivors attended the Fadhili support group this financial year, all of whom were female (see Table 18).

Table 18: Number of survivors attending the Fadhili support group, April 2011-March 2012

Month	April 2011	May 2011	July 2011	Oct 2011	Nov 2011	Jan 2012	Feb 2012	Mar 2012	Total
Female	10	10	10	7	10	6	5	5	63
Male	-	-	-	-	-	-	-	-	-
Total	**10**	**10**	**10**	**7**	**10**	**6**	**5**	**5**	**63**

Some of the issues that were discussed during the Fadhili sessions included:

- *Restoration of low self esteem*
- *Suicidal tendencies*
- *Lack of confidence*
- *Prevention of rape*
- *Significance of support from close friends, family members and spouses for effective recovery*
- *Signs of depression*
- *Disclosure of status to intimate partners*
- *Stress management*
- *Coping mechanisms.*

6.1.4 Domestic Violence Support Group

The domestic violence support group is for survivors who have experienced, or continue to experience, violence from their intimate partners. They gather together in sessions facilitated by one or two professional counselors who aim to assist and support them to cope with associated stigma and challenges. Only women (80 in total) attended the sessions in 2011-2012, although they are also open to male survivors (see Table 19).

Some of the issues that were discussed during the domestic violence support sessions included:

- *Empowerment and avoidance of domestic violence*
- *Stigma associated with domestic violence*
- *Prevention of repeated violence violence*
- *Understanding patterns of violence.*

Table 19: Number of survivors attending the domestic violence support group, April 2011-January 2012

Month	April 2011	May 2011	June 2011	July 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Total
Female	15	12	8	8	10	9	10	8	80
Male	-	-	-	-	-	-	-	-	-

6.1.5 Children's Support Group

The children's support group comprises children who have been defiled, who attend the group accompanied by at least one parent. Most of the parents who attend are mothers who undertake group therapy sessions as their children play. The support group was attended by girls only, all aged between three and seven years.

Some of the issues that were discussed during the children's support group sessions included:

- *Effective parenting styles*
- *Restoration of confidence in children*
- *Interpersonal interaction with other children, family members, close relatives and friends*
- *Teaching assertiveness skills to children*
- *Symptoms of defilement*

A total number of 83 survivors (excluding parents and guardians) attended the children's support group (see Table 20).

Table 20: Number of survivors attending the children's support group, April 2011-March 2012

Month	April 2011	May 2011	June 2011	July 2011	Aug 2011	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Total
Female	13	13	8	8	-	-	8	9	-	6	9	9	83
Male	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	**13**	**13**	**8**	**8**	**-**	**-**	**8**	**9**	**-**	**6**	**9**	**9**	**83**

**** If you would like more information about the support groups, or would like to attend, please contact us at the GVRC for more information.***

7. CARE FOR CAREGIVERS

Due to the high number of clients they see, our counselors are constantly subjected to secondary trauma and require support in order to continue offering effective services without becoming burned out. As a result, it is crucial for the GVRC to work to support the counselors with regular self-help sessions.

7.1 Supervision

Counselors attended "supervision" sessions on 15th October, 12th November, and 17th December 2011 to discuss their work. The group sessions were carried out at the RESCOU Shalom Centre opposite the meteorological offices in Nairobi. During these sessions staff members shared their experiences, and observations on different clients' cases under the guidance of a professional supervisor. After each session members felt relieved of burn out and stress, and supported by the centre.

Some of the issues that were discussed during the supervision sessions included:

- *Handling transference*[11]
- *Challenges in counseling and testing of couples*
- *The need for personal therapy*
- *The significance of supervision for practicing counselors*
- *Stress management in the work place.*

8. REFERRAL OF CLIENTS

The GVRC networks with like-minded organizations that offer services to survivors of violence for the purposes of creating and maintaining effective referral systems. In 2011-2012 we attended a series of meetings with prospective partners (see Table 21).

Table 21: Organizations contracted by the GVRC, 2011-2012

Organization	Services offered
• Women's empowerment link	Shelter services
• Protecting Lives(Pro-Life)	Pregnancy management and care and adoption services
• Crisis Pregnancy	Adoption services
• WRAP	Shelter services
• New Life Home Trust	Care for abandoned and neglected babies.

We also made 94 referrals to partner organizations (see Table 22). Partners provide a variety of services including legal aid, medical care, adoption services, shelter, and pregnancy management and care services. Clients referred to Crisis Pregnancy (8) became pregnant following rape or defilement. They cited financial constraints, shame, fear and a desire to continue their schooling as the major challenges they faced. Those who were referred to legal service providers (61) required assistance in pursuing formal justice or required legal advice, citing financial dependence on their spouses as the reason they needed assistance.

[11] *Transference is the manner in which an individual may assign feelings and attitudes to a person that are connected with a significant figure from childhood. For example, a client who had a very autocratic mother or father during childhood may have unresolved feelings of fear, anger and a lack of nurturing. This may cause the client to behave, albeit unconsciously, in a certain way with all male/female authority figures.*

A small number of clients required emergency shelter (12) and others adoption services (3), and further medical management (4) (see Table 22).

Table 22: Referrals made by the GVRC to partner organizations, 2011-2012

Name of Organization	No. of Referrals	Reason for Referral
Child's Rights, Advisory, Documentation and Legal Centre (CRADLE)	19	Legal aid
Federation of Women Lawyers (FIDA)	16	Legal aid
Kenyatta National Hospital	6	Further medical management
New Life Home Trust	3	Care of abandoned and neglected babies
WRAP	12	Shelter
Coalition on Violence Against Women (COVAW)	5	Legal aid
International Justice Mission (IJM)	21	Legal aid
Crisis Pregnancy	8	Pregnancy management and care
Mathare Hospital	4	Further medical management
Total	**94**	

9. HOSPITALIZATION

A total of 98 survivors were admitted to NWH's wards for treatment. Twenty-five survivors were admitted for theatre procedures which included examination under anesthesia, colostomies for young girls who were defiled and developed bowel obstruction or resection, surgical debridement (removal of infected or dead body tissues), vesicovaginal fistula repair for women who were raped to stop continuous involuntary discharge of urine, and Open Reduction and Internal Fixation Surgery to fix broken bones. Almost two-thirds of these survivors (64) were children, while 34 were adults (see Table 23). Fifty-one children and 43 adults were referred to partner organizations and 22 children and three adults were operated on. The vast majority of operations (92%) involved girls and women, in addition to referrals (87%) and admissions (88%).

Table 23: Number of referrals, theatre operations and admissions by the GVRC, 2011-2012

Service	Age	Number	Total	Service	Gender	Number	Total
Referrals	Children	51	**94**	**Referrals**	Male	12	**94**
	Adults	43			Female	82	
Theatre	Children	22	**25**	**Theatre**	Male	2	**25**
	Adults	3			Female	23	
Admissions	Children	64	**98**	**Admissions**	Male	12	**98**
	Adults	34			Female	86	

10. COURT CASES

As shown in Table 24, the GVRC presented medical evidence in 123 court cases in 2011-2012, considerably fewer than in 2010-2011 (178 cases). GVRC staff are available to provide evidence in all court cases involving the centre's clients yet very few survivors—just 4% of the total number of cases reported this financial year—are in a position to press charges against their aggressors. The small number of cases pursued reflects the fact that for many, formal justice remains inaccessible despite ongoing judicial reforms in Kenya. Pursuing justice is a long, cumbersome and expensive process that most of the GVRC's clients either cannot afford or see as being a waste of time; in many cases traditional justice mechanisms are preferred as they offer immediate financial redress.

Table 24: Number of course cases attended by the GVRC, 2011-2012

Courts within Nairobi		Courts outside Nairobi	
Court Attended	No. of cases		No. of cases
Makadara law court	49	Limuru law court	1
Kibera law court	50	Makindu law court	1
Juvenile court	4	Thika law courts	2
Milimani law court	2	Kiambu law court	6
		Machakos law court	2
		Kikuyu law court	6

Total number of court cases:123

11. OTHER GVRC ACTIVITIES

11.1 Gala Dinner

The gala dinner is an annual event that is geared towards resource mobilization for survivors of GBV. This year the event was held on 10th February 2012 and brought together corporate sponsors, partners and individual friends of the centre. The Danish ambassador, His Excellency Geert Aagaard Andersen, and other special guests graced the occasion and shared the theme of celebrating love in caring and protecting families.

Board of Trustees Member, Norah Odwesso introducing the Dinner Committee members from left to right - Wangechi Grace, Alberta Wambua, Wanja Muguongo, Penina Irungu and Emma Njoki

The Guest of honor, Danish ambassador Geert Andersson with his wife Annelise enjoying the entertainment during the dinner

Hon. Njoki Ndungu, Chairperson of Board of Trustees of the GVRC, introducing the Board of Trustees and Board of Directors NWH: from left to right - Norah Matovu (BOT), Norah Odwesso (BOT), Dr. Sam Thenya (BOT), Patricia Ithau (Chair BOD), Dr. Lawrence Ndombi (BOD) and Wendy Mukuru (BOT)

11.2 Media Campaigns

In partnership with the Royal Media Group, the GVRC engaged in a series of awareness programmes on GBV and child protection. As part of this, we produced infomercials on both radio and TV and were involved in weekly talk show segments as part of the Power Breakfast show.[12] Various experts also took part in discussions to raise awareness on GBV-related issues on vernacular radio stations. Most shows were interactive with the public, discussing listeners' understanding of GBV, prevention techniques, as well as where to seek services. All of the media shows were held between June and December 2011.

• "Climb Up-Speak Out" Campaign and International Women's Day

Africa UNiTE is the regional component of the United Nations Secretary General's Global UNiTE Campaign to end violence against women, launched on 30 January 2010 at the African Union (AU) Heads of State summit in Addis Ababa. The campaign seeks to build on the AU's commitments on GBV, as articulated in the Solemn Declaration on Gender Equality in Africa (2004) and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2005).

In March 2012, seventy-four climbers, representing more than thirty-six African countries, joined hands to climb Mount Kilimanjaro in Tanzania in support of the UNiTE Campaign. The event entitled, "Climb Up-Speak Out" took place from the 5th to 9th of March. Its main objective was to draw attention to all forms of GBV and its devastating socio-economic impact on individuals, families and societies. The climb created a unique impetus for change and social mobilization as it sought to strengthen Africans' collective voice to call on their governments to commit to ending GBV.

The Africa UNiTE-Kenya Chapter, of which the GVRC is a co-convener, took part in the "Climb Up-Speak Out" campaign by organizing a walk around Nairobi on International Women's Day (8th March 2012). Its objective was to raise public awareness and seek specific national commitments from all African governments to eradicate GBV, to be implemented by 2015.

Photograph: Some members of *The Africa UNiTE-Kenya Chapter with Attorney General, Honorable Githu Muigai: from left to right - Mariam (COVAW), Pamela Tuliyoff (UNWomen), Wangechi Grace (GVRC), Attorney General Githu Muigai, Ann Njogu (CREAW), Janneke Kukler (UNWomen)*
Back - Mike Wachira (CREAW), Lister Chapeta (UNEPA), Wangechi Wachira (CREAW), Carol Chebet (GVRC), and Ken Otina (FEMNET)

[12] *The Power Breakfast Show is a TV programme from the Royal Media Service that discusses various aspects of life affecting Kenyans including political, economic, and social issues.*

12. PRIMARY PREVENTION—CHILD PROTECTION AND GBV MANAGEMENT

Project areas: Machakos, Makueni, Embu.
Duration: One year (September 2011- August 2012).

The GVRC received funding for an advocacy project from Terre des Hommes this financial year. The project's main objective was to assist vulnerable, exploited and abused children in three districts of Eastern Province, namely Makueni, Machakos and Embu, to live in a society free of exploitation and abuse. The project aimed to enhance relevant policies and regulations and to develop mechanisms to enhance access to psychosocial and medical support for vulnerable children.

The GVRC strove to achieve these aims through its advocacy work by seeking to increase child participation in the fight against abuse, increase levels of intolerance towards GBV by engaging the public, and build the capacities of local service providers. We worked with a variety of stakeholders and partners including the Teachers' Service Commission, relevant government line-ministries, the provincial administration, the judiciary, the Kenya police, civil society organizations, faith-based organizations, local schools and children themselves during the course of the project.

The GVRC conducted three separate trainings for service providers on GBV management and child protection in Embu and Machakos. A total of 90 people were trained, of whom almost one-third were male and two-thirds female (see Table 25).

Table 25: Number of service providers trained by the GVRC, September 2011- March 2012

Gender	No. of service providers trained
Female	61
Male	29
Total	**90**

Photographs taken during the training of trainers

Photograph: *A GVRC staff member, John Chege (circled), during training in Embu on 18th November 2011*

Photograph: *A participant leading in facilitating a plenary session during training of trainers at Machakos*

The GVRC also engaged senior Teachers' Service Commission (TSC) staff to enhance policy and practice among teachers with regard to child protection. Overall, 41 teachers were trained, of whom almost two-thirds were male and one-third female (see Table 26).

Table 26: Number of TSC staff trained by the GVRC, 2011-2012

Gender	Senior TSC management
Female	14
Male	27
Total	**41**

12.1 Drought Response Programme

Project areas: Makueni, Machakos, Kitui, Garissa, Turkana, West Pokot, Samburu, Isiolo, Marsabit, Wajir and Mandera.
Duration: Six months (October 2011- March 2012)

The failure of the short rains from mid-October to mid-December 2010 and the late arrival of the long rains in March 2011 exposed more than 3.5 million people in Kenya to starvation, disease and death in affected regions. The drought—combined with chronic malnutrition, the lack of balanced diets, stress, drought-related migration and other factors—affected pregnant women, mothers and new-born babies in particular. It became apparent that there was a lack of sufficient financial resources, coupled with food shortages, inadequate medication, and low management capacities and expertise in emergency response programming for affected areas.

The drought response programme's aim was to develop the capacity of service providers and local communities to respond to sexual and reproductive health (SRH) and maternal and child health (MCH) needs as part of their emergency responses. The GVRC mobilized the required support services, including the necessary human, technical and financial services and spearheaded a number of interventions by coordinating relevant activities. Partners included medical facilities, child protection organizations, organizations within the gender sector, government institutions, relevant line-ministries, and civil society organizations.

Together, and with the GVRC coordinating activities, the programme was able to reach out to communities in eleven affected counties. Overall, 421 people were trained in GBV management and child protection, 171 health workers were given on-the-job training, 7196 diseases were treated, and seven survivors of GBV were assisted as part of the project.

Table 25.Drought response programme's achievements, October 2011-March 2012

	October 2011-March 2012		
Achievements	**Male**	**Female**	**Total**
Training of trainers (ToT) within government agencies, civil society organizations, and health workers on GBV management and child protection	222	199	421
On-the-job training of health workers	80	91	171
Treatment of diseases within medical camps	2800	4396	7196
Provision of medical care and psychosocial support	1	6	7

12.1.1 Training Of Trainers

The ToT aimed at reaching out to at least 30 leaders from among community-based organizations, CORPS, school teachers, chiefs, police, civil society, faith-based organizations, and key government ministries spearheading drought mitigation activities in each county. The GVRC initially targeted 330 service providers from 11 counties for training, but ended up training a total of 421. This resulted from the turnout in some counties being above 100% and the fact that the centre held an extra training in Pokot North, based on a needs assessment. The key objective of the trainings was to ensure the mainstreaming of gender in service providers' day-to-day work, as well as monitoring and evaluation activities after the project ended.

12.1.2 The On-The-Job Training

The on-job-training for service providers was aimed at imparting the necessary knowledge and skills on the proper medical and psychosocial management of GBV cases. It also focused on the available medico-legal processes for survivors of GBV. A total of 171 health service providers were trained.

Medical camps

The free medical camps were the culmination of the project's activities and targeted the general community in drought-affected areas. The camps were opened in collaboration with the GVRC, NWH and local health facilities. The synergies between the partners and commitment exhibited contributed significantly to their success.

12.1.3 Medical And Psychosocial Support

Through existing and new partnerships with local health facilities, the GVRC extended further medical and psychosocial support to GBV survivors who were referred from project areas. Access to these services for GBV survivors remains a huge challenge as the majority in these remote areas live in extreme poverty.

Challenges experienced:

- Project staff encountered low levels of knowledge of Kenyan laws relating to human rights and freedoms, as well as the Sexual Offences Act (2006). This evoked resistance in some areas where participants maintained that religious laws trumped national laws, including the Constitution (2010). Also traditional courts are at the forefront of settling disputes, partly due to a lack of familiarity with national laws.
- Staff also encountered strong cultural biases that undermine women. There is a huge gender disparity in terms of employment and appointment in senior positions in affected areas. Women occupy low positions in society, in part due to the lack of education for the girl-child, and their influence on the development agenda is minimal.

A case history: rite of passage without the knife

A case history: rite of passage without the knife

**Nasieku had reached her time to become circumcised. Doris and Amina, who had been trained by the GVRC, were informed and they decided to allow the ritual to continue but using a new model. They informed a local clinical officer, S. Joyce from the Wamba District Hospital who had attended the GVRC training. The usual traditions were conducted, and Nasieku was blessed by a traditional circumciser.*

The young girl spread her legs apart at more than 45 degrees with two women, Amina and Joyce, holding each leg, while another held her shoulders from the back. Milk mixed with water and a traditional herb called 'seiyai' was poured all over her body by the traditional circumciser. She was made to sit while fat from the milk cream was smeared on her genitalia and massaged into her clitoris. The ceremony was held in keeping with tradition but without the clitoris or labia being mutilated. A home ceremony was then also conducted.

This is the best example of the impact of the trainings organized by the GVRC and is a clear illustration of creativity being exhibited by trained personnel.
****Nasieku-not her real name***

13. The GVRC's ACHIEVEMENTS, SUCCESSES AND CHALLENGES

13.1 Achievements And Successes

- A total of 2954 survivors were given free and comprehensive medical treatment and psychosocial support this financial year. Our doors remained open to men and women, boys and girls.
- A total of 3,385,598 was raised, contributing to the medical bills of survivors of violence attending the GVRC. This is evidence of the role that stakeholders and individuals, including from the private sector, can play in prevention and management of GBV.
- For the first time, the GVRC carried out a drought mitigation programme in eleven drought- stricken counties. Through a tripartite approach, the GVRC conducted trainings among service providers, facility-based trainings among medical professionals, and opened free medical camps for local communities.
- The GVRC opened one new outlet in Ongata Rongai.

NETWORKING AND PARTNERSHIPS

The GVRC recognizes that synergies created through networking and partnering with like-minded organizations and institutions play a critical role in creating a society free of GBV. Throughout this financial year, the centre constantly engaged with various organizations and institutions, in a bid to ensure a complete cycle of GBV management for survivors. The various organizations that we engaged with include; CREAW, WRAP, UNICEF, UNWomen, IJM, FIDA, Kituo Cha Sheria, Kenyatta National Hospital, Buckner Kenya, Mercy Children, Pro-Life, Kenya police, the provincial administration and Department of Children's Services.

13.2 Challenges Experienced

- The GVRC faces financial constraints in catering for the increasing number of survivors of violence seeking services. We are therefore endeavouring to reach and engage new donors to contribute fundings. We are also seeking to ensure the utilization of National Hospital Insurance Fund (NHIF) cards for cases that are eligible within the NHIF scheme. This will enable the GVRC to reach out to more survivors.
- The GVRC continues to experience perennial setbacks in referring survivors to other safe havens. This is largely due to the

minimal number of rescue centres in Kenya and the lack of space in existing ones. The small number of shelter facilities, especially for children, makes it hard for the GVRC to facilitate interventions such as the provision of shelter, food, and schooling for children.

13.3 Way forward

- Due to the increasing number of reported GBV cases, the GVRC is working towards the provision of 24-hour counseling services. This will enable survivors to access counseling round the clock.
- The GVRC aims to create new and strengthened networks and links with other organizations and institutions to enhance referral mechanisms.
- We will continue to create awareness concerning the importance of attending the hospital within 72 hours after rape or sodomy.
- We recognize the importance of reaching children with disabilities and aim to increase our networking with specialized institutions providing specialized services for these children.
- The GVRC will continue to build the capacities of different service providers, including teachers, police, health service providers and other actors, to ensure better and more coordinated management of GBV services.

14. PLANNED ACTIVITIES, APRIL 2012-MARCH 2013

- Preparatory work for the establishmemnt of a forensic laboratory
- Preparing for violence-free general elections
- Mapping of service providers
- Rolling out 'A Million Fathers' campaign which seeks to proactively engage men in the prevention of GBV
- Undertaking a baseline survey on the prevalence of GBV
- Rolling out a children's mentorship programme
- Provision of medical services and psychosocial support to GBV survivors
- Conducting school outreach activities
- Conducting public awareness campaigns
- Capacity-building for service providers and staff
- Debriefing of staff and partners
- Supervision for care-givers and counselors

15. ANNEXURE

15.1 Success Stories (Written By GVRC staff)

Sexually abused by a police officer

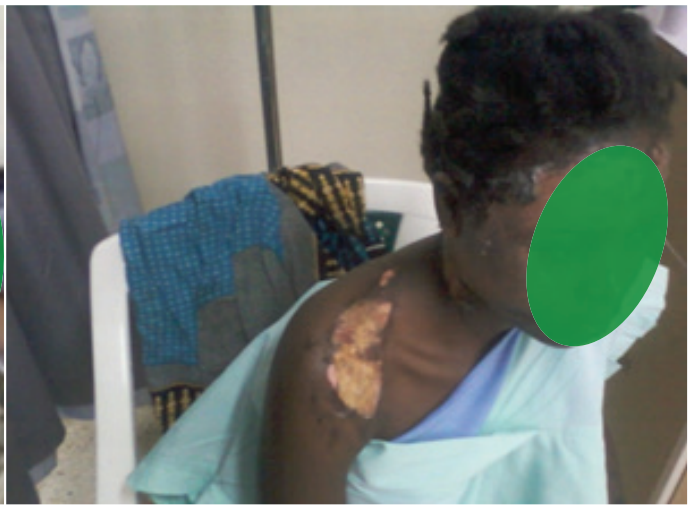
Nasra,* a Somali mother of a 12-day old baby girl, then living in Wajir, was sexually abused by a police officer while fleeing from rampant clashes caused by Islamic rival groups in the area. People were killed, houses were burnt and life was chaotic for her and her new born. When the police came, Nasra and other mothers and children thought that they would be rescued. But the police officers attacked them as they fled, and many women and young girls were raped. Nasra was raped by three police officers. She and her daughter managed to flee to Eastleigh area. She was referred to the GVRC-NWH by her relative three weeks later. She participated in a series of counseling sessions and after some time she was mentally and emotionally stable.

Physically abused by her boss/ husband

Mary* is an 18 year-old single mother who after dating her boss for some months became pregnant. Her boss fired her and she went to live with him. Mary attempted to terminate the pregnancy but in vain. The first time he hit her, she didn't take it seriously as he apologized. Later, the beatings became an everyday affair, and were even worse when he came home drunk. At some point, she almost miscarried, but was lucky and gave birth to a baby girl. Mary thought that the baby girl would help the situation but there was no change. He forbade her to tell her parents or friends of her predicament. Two years later, she was pregnant again and her husband kept abusing her. She sought help from her father who declined saying that she already had a family. She gave birth to twin boys. She had a tubal ligation as she wanted no more children. One day she said enough was enough and packed her bags and left with his first-born son, leaving her three children behind.

She became a sex worker and she reiterates that she felt relieved of violence from her husband. One night, her husband and friends posed as customers and got her to their car, drove to a secluded area where they beat her up mercilessly. Some good Samaritans brought her to the GVRC-NWH where she was counseled and received medical treatment. She was referred to a shelter and her case was filed in court. Her case is ongoing and a social worker at the GVRC will continue to follow it until justice is served.

Below photos Client M.N on being brought to the GVRC after a domestic feud



16. PRESS ARTICLES AND RELATED COMMUNICATION

The media continues to be instrumental in exposing GBV across different parts of the country. Below are examples of media stories highlighting GBV cases.

Daily Nation, Wednesday June 15, 2011

DAILY NATION
Wednesday July 13, 2011

TRAGEDY | They'd been having quarrels

Man strangles his wife, 25, dumps body

The couple had reportedly left for village after locking up children in house at the trading centre

BY JACKLINE MORAA AND BENSON NYAGESIBA
newsdesk@ke.nationmedia.com

A man allegedly strangled his wife following a quarrel at Bomonyama sub-location in Gucha South District.

The 25-year-old woman's body was found dumped in their deserted rural house.

According to neighbours, the couple, who had three children, had been having domestic wrangles.

The couple had reportedly left for the village after locking their children in the house at Nyamarambe trading centre, where they were running a

in court once investigations were complete.

At the same time, it was double tragedy in Mwaboto Village, Masaba South District yesterday, after villagers lynched a man who had killed his 73-year-old father.

Area deputy OCPD Isaac Meme said the man's body was found lying in a pool of blood in his house with a deep cut on the back of his neck.

The man was allegedly killed by his son after the old man questioned him for stealing and selling maize and beans.

"He only came out when the locals forced him to do so. It was discovered that he had some blood stains on his clothes and a scratch on his hand," he said.

The OCPD said the killing angered the villagers, who decided to lynch the suspect and dumped his body by the roadside. The bodies were taken to Kisii Level-5 hospital mortuary.

The Standard, 7 February 2012

Tuesday, February 7, 2012 / The Standard

Father who defiled daughter jailed for life

By EDWIN MAKICHE and WAINAINA NDUNG'U

A man has been sentenced to life imprisonment for defiling his daughter. Bomet Magistrate Timothy Okello handed Christopher Kirui, 38, the maximum sentence for defiling the 11-year-old girl.

The matatu driver denied the charges saying he was drunk and did not remember committing the act on July 5, last year at Motigo sub-location. The court heard on the fateful day, the accused had a domestic quarrel with his wife and chased her away and was left with the complainant and two other children.

When his wife came back the following morning, the girl reported the incident. She was rushed to Tenwek Mission Hospital where doctors confirmed she had been defiled.

ABOMINABLE ACT

A medical report presented before the court showed that the complaint's private parts had injuries.

And in Nyeri, a 62-year-old grandfather was jailed for 15 years for defiling his three-year-old granddaughter.

Nyeri's Senior Resident Magistrate Monicah Nyakundi sent Peter Kingori Kairu to jail after convicting him of incest. The offence was committed on

The Standard, Friday May 20, 2011

Friday, May 20, 2011

Sex at lunch break

Teacher defiles five pupils over lunch brea

Police rescue man from angry mob baying for his blood, while children are taken to hospital for check up

STORY HIGHLIGHTS

Teacher said to have tested HIV positive prior to defiling pupil
Teacher was alone with pupils when the act was committed
The children were defiled in turns
Victims aged between six and 15 years, while teacher is 38

BY NICK OLUOCH
Migori County

Residents of Macalder area in Nyatike district are furious after a HIV-positive primary school teacher defiled five pupils.

The lunch hour ordeal has sent shock waves among residents, teachers and students in Nyatike District.

Police rescued the 38-year-old teacher from a mob that was baying for his blood, and locked him up at the Macalder Police Station to wait to be arraigned in court.

The girls aged between six and 15 were reportedly defiled in turns by the teacher, who exploited his time alone with the pupils as his colleagues went for lunch.

Nyatike District Police boss Samuel Anampiu confirmed the incident and the arrest of the teacher. He said the teacher would answer to charges related to defilement and child abuse.

Mr Anampiu said the teacher had been subjected to medical examination that established he was HIV-positive. The defiled girls were taken to hospital for medical intervention to

prevent possible HIV-infe

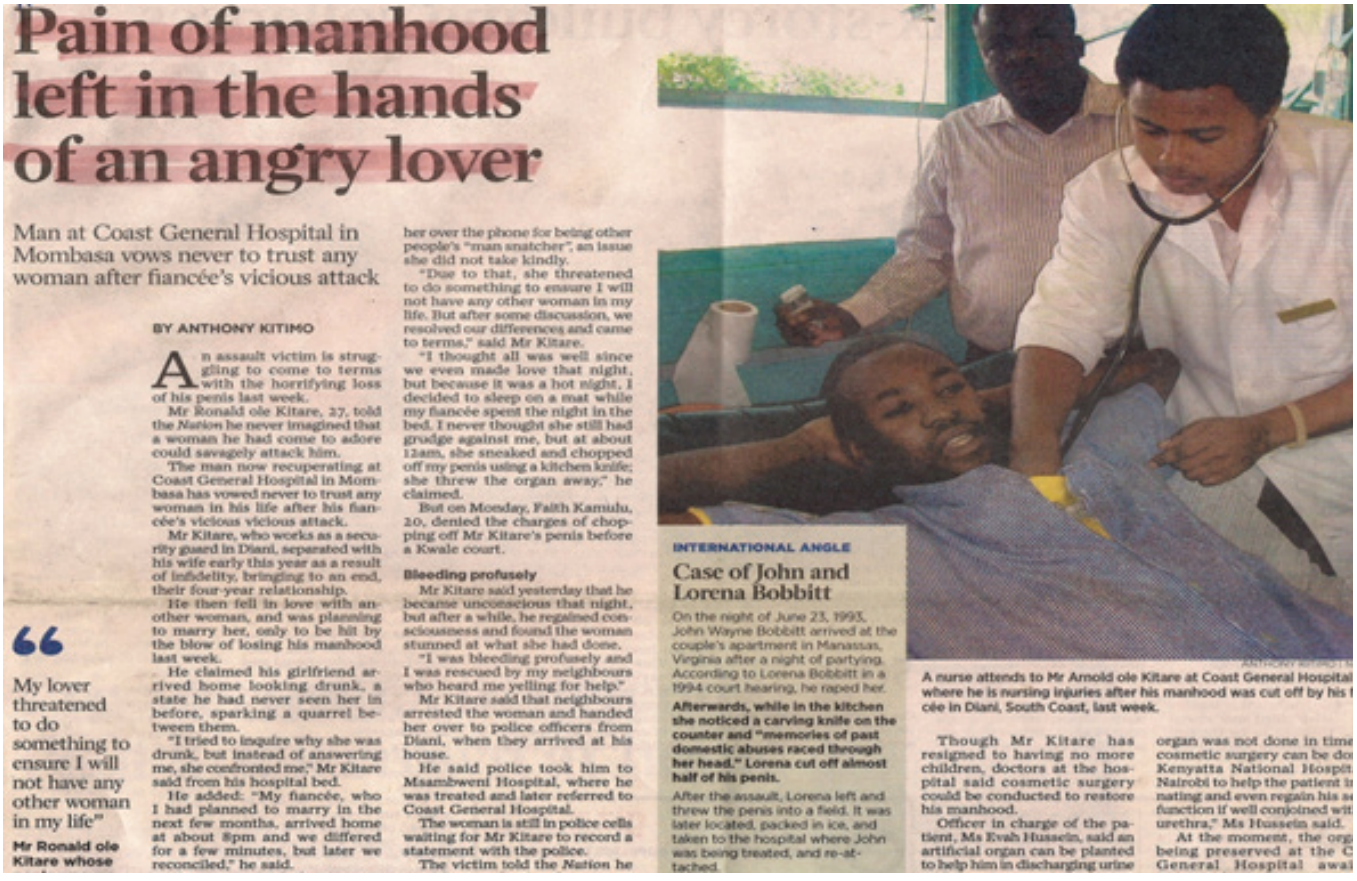
"Villagers rushed to academy after they heard crying," he said. He added er was then roughed up be whisked him away.

The OCPD appealed t ensure they take their credible institutions w safety could be guarantee

"Parents have to mak children are in credible in he said.

He adding parents sho institutions can guarantee and safety of their child

Daily Nation, Wednesday June 15, 2011



Pain of manhood left in the hands of an angry lover

Man at Coast General Hospital in Mombasa vows never to trust any woman after fiancée's vicious attack

BY ANTHONY KITIMO

An assault victim is struggling to come to terms with the horrifying loss of his penis last week.

Mr Ronald ole Kitare, 27, told the *Nation* he never imagined that a woman he had come to adore could savagely attack him.

The man now recuperating at Coast General Hospital in Mombasa has vowed never to trust any woman in his life after his fiancée's vicious vicious attack.

Mr Kitare, who works as a security guard in Diani, separated with his wife early this year as a result of infidelity, bringing to an end, their four-year relationship.

He then fell in love with another woman, and was planning to marry her, only to be hit by the blow of losing his manhood last week.

He claimed his girlfriend arrived home looking drunk, a state he had never seen her in before, sparking a quarrel between them.

"I tried to inquire why she was drunk, but instead of answering me, she confronted me," Mr Kitare said from his hospital bed.

He added: "My fiancée, who I had planned to marry in the next few months, arrived home at about 8pm and we differed for a few minutes, but later we reconciled," he said.

her over the phone for being other people's "man snatcher", an issue she did not take kindly.

"Due to that, she threatened to do something to ensure I will not have any other woman in my life. But after some discussion, we resolved our differences and came to terms," said Mr Kitare.

"I thought all was well since we even made love that night, but because it was a hot night, I decided to sleep on a mat while my fiancée spent the night in the bed. I never thought she still had grudge against me, but at about 12am, she sneaked and chopped off my penis using a kitchen knife; she threw the organ away," he claimed.

But on Monday, Faith Kamulu, 20, denied the charges of chopping off Mr Kitare's penis before a Kwale court.

Bleeding profusely

Mr Kitare said yesterday that he became unconscious that night, but after a while, he regained consciousness and found the woman stunned at what she had done.

"I was bleeding profusely and I was rescued by my neighbours who heard me yelling for help."

Mr Kitare said that neighbours arrested the woman and handed her over to police officers from Diani, when they arrived at his house.

He said police took him to Msambweni Hospital, where he was treated and later referred to Coast General Hospital.

The woman is still in police cells waiting for Mr Kitare to record a statement with the police.

The victim told the *Nation* he

"My lover threatened to do something to ensure I will not have any other woman in my life"

Mr Ronald ole Kitare whose

INTERNATIONAL ANGLE

Case of John and Lorena Bobbitt

On the night of June 23, 1993, John Wayne Bobbitt arrived at the couple's apartment in Manassas, Virginia after a night of partying. According to Lorena Bobbitt in a 1994 court hearing, he raped her.

Afterwards, while in the kitchen she noticed a carving knife on the counter and "memories of past domestic abuses raced through her head." Lorena cut off almost half of his penis.

After the assault, Lorena left and threw the penis into a field. It was later located, packed in ice, and taken to the hospital where John was being treated, and re-attached.

A nurse attends to Mr Arnold ole Kitare at Coast General Hospital where he is nursing injuries after his manhood was cut off by his c in Diani, South Coast, last week.

Though Mr Kitare has resigned to having no more children, doctors at the hospital said cosmetic surgery could be conducted to restore his manhood.

Officer in charge of the patient, Ms Evah Hussein, said an artificial organ can be planted to help him in discharging urine

organ was not done in time cosmetic surgery can be do Kenyatta National Hospit Nairobi to help the patient i nating and even regain his s function if well conjoined wit urethra," Ms Hussein said.

At the moment, the org being preserved at the C General Hospital awai

17. THE GVRC's FUNDING PARTNERS

Non Corporate	
Terre des Hommes-Netherlands	terre des hommes netherlands
The Danish Embassy	EMBASSY OF DENMARK DANIDA INTERNATIONAL DEVELOPMENT COOPERATIC
Plan International	Plan
German International Cooperation (GIZ)	COOPERATION
KfW through the Output Based Approach-OBA	kfw
Childline–Kenya	Childline Kenya
Liz Travel and Tours	Liz Travel & Tours

Corporate	
Safaricom Foundation	Safaricom FOUNDATION Working with you to develop our country and our communitie
The Nairobi Women's Hospital	The Nairobi Women's Hospital
Royal Media Services	
Coca cola	Coca-Cola LIVE POSITIVELY
Unilever Kenya	Unilever
Housing Finance Corporation	Housing Finance

Corporate Dinner Sponsors	
Kikoromeo Fashion	KikoRomeo NAIROBI, KENYA
Safaricom Foundation	Safaricom FOUNDATION | Working with you to develop our country and our communitie
Safaricom Limited	Safaricom
Huawei	HUAWEI
Broadcom Communications Network Limited	Broadband Communication Networks Limited
Coca Cola	Coca-Cola
Colour Print	
General Motors	GM
Barclays Bank of Kenya	BARCLAYS
Bank of Africa	BANK OF AFRICA GROUPE BANK OF AFRICA
Total Kenya	TOTAL
Safari Park Hotel	Safari Park Hotel & Casino Nairobi
Sarova Stanley Hotel	
Heritage Hotel	HERITAGE HOTELS LTD

Redsky	
Magnate Ventures	
GlaxoSmithKline	
The Truth, Justice and Reconciliation Commission of Kenya	
Nation Media Group	
Standard Media Group	
Capital FM	
Royal Media Services	
Plan International	
Build Africa	
Globe Connect	
Dally & Figgs	
Aureous	
Omaera Pharmaceutical	
Hon. Njoki Ndungu	Chair, GVRC Board of Trustees
Patricia Ithau	Chair, NWH Board of Directors
Individuals	Thank you so much to all who purchased individual tickets. We appreciate you. It made the difference.

Detailed Statement of Corporate and Non-Corporate Donors

DONATIONS FY 2012	
NON CORPOTATE DONORS	
Annual Gala Dinner	6,387,000.00
Childline-Kenya	171,924.00
GIZ	1,014,000.00
GIZ-Drought Response Programme	11,357,518.00
Other Incomes	543,957.00
Output Based Approach	895,572.00
Plan International	543,244.00
Terres Des Hommes	2,402,231.00
	23,315,446.00
CORPORATE DONORS	
Royal Media Services	52,000,000.00
Safaricom Foundation	8,500,000.00
	60,500,000.00
TOTAL INCOME	**83,815,446.00**
INCOME AND EXPENDITURE	
Incoming Resources	**83,815,446.00**
Outgoing Resources	
Total Programme Support (Administration and Operations)	6,426,269.31
Medical & Psychosocial Support	68,103,440.85
Access to Justice	0.00
Prevention & Public Awareness	8,112,071.84
Monitoring &Evaluation, Documentation & Dissemination	234,414
Capacity Development	939,250
Total Programmes	**77,389,176.69**

million fathers

Loving, Caring and Protecting women and girls against violence

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

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