

POLICY BRIEF



Creating a Gender-Equitable & Inclusive Response to GBV in Kenya

Research Sites:

Nairobi and Tana River Counties, Kenya

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Collaborating institutions that provided advisory oversight to this research

Tana River County Core Working Group

1. Tawfiq Girls
2. Dayaa Women Group
3. Tana River GBV Foundation
4. Plan International Break Free Project
5. GROOTS Kenya
6. Pastoralist Girls Initiative
7. Girls for Girls Movement
8. Girl Child Self Help Group
9. Tana County Gender Technical Working Group
10. County Government of Tana River

Nairobi County Core Working Group

1. Action Aid International Kenya
2. Centre for Rights Education and Awareness
3. Coalition for Grassroots Human Rights Defenders
4. Global Refugee Youth Network
5. HIAS
6. Refugee Consortium of Kenya
7. Pastoralists Girls Initiative
8. United Nations High Commission for Refugees
9. Women Human Rights Defenders Hub

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Introduction

Gender-based violence (GBV) is a global health and human rights issue. During emergencies such as pandemics, conflicts, and natural disasters, the risk of GBV is higher among women, girls, people with disabilities (PWDs), and minority groups. Kenya has been affected for decades by various crises within and outside its borders, and currently hosts more than 500,000 refugees and asylum-seekers in refugee camps and urban areas. Kenya's internal crises have led to the displacement of tens of thousands of people as a result of forced evictions, resource-based conflicts, political and ethnic violence, development-related displacement, and climate-related crises such as drought, locust invasions, floods, and pandemics.

During displacement, access to basic social services is limited for vulnerable populations, exacerbating the risk of GBV against women and children—especially adolescent girls—and people with disabilities. Despite the well-known risks of GBV in crises, GBV prevention, response, and risk mitigation are often inadequate. The [Call to Action on Protection from Gender-Based Violence in Emergencies \(Call to Action\)](#) was launched in 2013 to address this gap, with its [2021–2025 Call to Action Road Map](#) committing to strengthen partnerships with local organizations, promote gender equality in humanitarian action, and support the leadership and empowerment of women and girls. The Generation Equality Platform also outlines GBV as a key priority.

The Critical Role of Local Organizations in GBV Responses

The importance of strengthening local capacities and improving partnerships between international and local humanitarian actors has been widely recognized in the humanitarian sector.

Adopted at the World Humanitarian Summit in 2016, the [*Grand Bargain—A Shared Commitment to Better Serve People in Need*](#) includes commitments on localization, such as the goal to achieve a “global, aggregated target of 25 percent of humanitarian funding to local and national responders as directly as possible to improve outcomes for affected people and reduce transactional costs” by 2020. Localization is central to the discourse on gender-transformative and feminist humanitarian action as it draws attention to the roles of women and local women’s organizations in humanitarian response. It also calls for increased support and space for local women’s leadership as a key element of gender-transformative work in crisis-affected countries.

In line with the Call to Action’s goals, the Women’s Refugee Commission, with support from the Danish Ministry of Foreign Affairs, launched a two-year feminist action research project working with key stakeholders to create gender-equitable and inclusive responses to GBV in the Tana River and Nairobi counties of Kenya.¹ The research aimed to better understand the barriers and enablers facing women-led civil society organizations (CSOs) in their responses to GBV in crises and displacement.

Local Core Working Groups (CWGs) were created in each county to develop and implement an action plan for a gender-equitable, inclusive, and localized response to GBV in Kenya.² Evidence was collected through in-depth individual interviews, focus group discussions, desk research, and collected narratives. An observation checklist, developed based on the UNFPA [*Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies*](#), helped capture critical areas of service delivery by GBV and humanitarian/emergency response service providers in the two counties.

¹ The two counties were chosen based on the cyclical displacement they experience; refugees and/or internally displaced people living with host communities; high rates of GBV resulting from the displacements; and the presence of local women’s organizations, community-based organizations, and local actors addressing GBV.

² The study in Tana River was undertaken by GROOTS Kenya, Pastoralist Girls Initiative, and the CWG, which included local community-based organizations, with support from Husika Consulting. The CWGs included women-led CSOs; operational local humanitarian and development organizations; international humanitarian NGOs, and government to ensure the inclusion of the voices and ingenuity of local responders and their groups and local governments, national CSOs, and INGOs in designing the feminist action research.

Findings and Recommendations from the Research

The research in Tana River and Nairobi showed that shifting to more decentralized approaches can better contribute to actions to eliminate GBV. The recommendations in this report aim to support the decentralizing of resources for GBV to those who do the most work and who are present in communities during humanitarian crises: the women, and sometimes men, referred to as “first responders.” The findings and recommendations are of relevance to the Kenyan national and county governments, national and international NGOs, bilateral and multilateral donors, and foundations.



“The recommendations in this report aim to support the decentralizing of resources for GBV to those who do the most work and who are present in communities during humanitarian crises.”

GBV responses require standardization and improved coordination between government and CSOs.

Numerous government institutions receive GBV referrals from CSOs, CBOs, and GBV survivors.¹

The experience of GBV survivors in seeking justice can be traumatizing, given the multiple processes involving different actors. Our research found that the coordination of GBV service delivery was lacking among both government actors and nongovernmental referring entities.

Gaps also exist in the GBV services offered by state institutions, despite their legal mandate to deliver these services. Civil society organizations (community-based organizations (CBOs), CSOs, NGOs, and INGOs) and community leaders collaborate with state institutions to provide GBV response services to fill these gaps. Despite this collaborative effort, some GBV services can only be



¹ Among those receiving GBV referrals are the following: government institutions and departments, such as health facilities; the Police; the Director of Criminal Investigations (CID); the Office of the Director of Public Prosecutions (ODPP); the Judiciary; Children's and Gender Departments; and local administrations at the national and county levels.

provided by government institutions, requiring CSOs to play a strong advocacy role to shape government policies and interventions on GBV.

There is a lack of standardization in GBV services offered by various state and non-state actors. For example, there is no clarity on what a “dignity kit” offered to a GBV survivor should contain or how a rescue shelter should be operated. Fragmented referral pathways make it difficult for a survivor to access services, with GBV survivors moving from place to place, for example, between police stations, health care facilities, and CSO programs and facilities.

There are no clearly defined referral pathways, processes, or procedures that a GBV survivor or responder should follow to seek justice, which can contribute to their risk of extortion, abuse, and conflict. In court, the survivor must narrate their ordeal before the judge/magistrate, the prosecution, and the defense lawyer in the presence of the offender, which may lead to secondary trauma. Court processes take too long to adjudicate matters, with most survivors giving up before justice can be served.

There are gaps in knowledge and integration of laws and policies on GBV.

There is limited knowledge of the legal frameworks and policies on GBV at the national and county levels.

This knowledge was particularly low among respondents from community-based CSOs and community leaders, who were unable to identify the laws and policies that are relevant to GBV interventions and their implementation. Those with knowledge singled out the constitution of Kenya as the only legal document guaranteeing rights.

State actors who participated in the research were more knowledgeable about the legal and policy frameworks and discussed how they apply them in the execution of their duties. However, they also pointed out GBV prevention and emergency response as gaps in these frameworks, as well as the lack of resources to facilitate the implementation of these laws and policies.

Policies are critical, as they are the basis of resource allocation by governments. Without a harmonized approach in law and policy, financial and human resource allocation is limited and insufficient to address GBV. An integrated response to GBV with both development and humanitarian actors, as well as the sectoral policies guiding response, is currently missing. In Tana River and Nairobi counties, laws and policies to manage disasters and GBV simultaneously are not integrated. GBV and emergency prevention and response mechanisms are not harmonized.

Social, cultural, and religious norms and attitudes impact GBV responses, with minority groups facing greater challenges.

Social, cultural, and religious beliefs and practices impact how and whether GBV survivors can receive GBV services, as was particularly evident in Tana River County.

Cultural and religious norms in communities such as the Waldei, Pokomo and Somali, bestow unquestionable authority on men, ignoring the rights and needs of women. In Islamic communities in Tana River, Sharia law grants the power to solve all cases of a personal nature, that is, matrimonial and divorce, within the Khadhi's Court. GBV cases that are considered criminal are handled by the Masla—an informal sitting that arbitrates domestic matters. Many cases are solved through the exchange of animals as tokens of repentance, ignoring the plight of the survivors and denying women a chance for justice.



Minority groups, and particularly LGBTQI+ communities, face even deeper cultural, social, and religious challenges. Traditionally, cultural, social, and religious norms and beliefs recognize marriage and sex as only between a man and a woman, with any contrary assertion being received negatively. Such cultures adopt conversion mechanisms. In many cases, terms such as “sexual orientation” are taboo, leading to excommunication and sometimes fatal mob justice. Respondents reported that some conversion therapy, such as rape, emotional and physical abuse, and forced marriages, are in themselves GBV.

FINDING

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GBV funding is inadequate and not easily available to local organizations.

The study found that there was very little funding specific to GBV and even less for GBV in emergencies.

At the time of the study, only one NGO in Tana River had specific GBV funding targeted to the COVID-19 pandemic. Respondents noted that their entities were fully dependent on partnerships, grants, and donors to fund GBV services.

The bulk of GBV funding was found to be held by INGOs, which then funded local CSOs to work on GBV interventions that align with the INGO's strategies. Local NGOs that had GBV responses during emergencies did so with no GBV-specific funding. They had to contextualize and design GBV interventions within their core areas of focus and then stretch it to emergencies. When funding was available, it was for a very short time—in many cases not beyond one year—presenting an even greater challenge.

No formal mechanism exists to provide resources directly to first responders to address



GBV in emergencies in Nairobi or Tana River counties. While first responders who collaborate with INGOs/NGOs receive stipends, trainings, and cooperative linkages with other stakeholders to facilitate GBV responses, the majority of responders continue to volunteer and use personal resources to facilitate service provision.

Noting the role that first responders play, the decentralization of resources, including financing, government services (i.e., health and police services), legal knowledge, and access to justice services is an important resilience measure to ensure continuous response. When community members receive GBV services, it increases awareness and courage to come forward and report incidents of GBV. Inadequate legal knowledge and representation are major limitations for both survivors and responders, limiting the pursuit of justice unless organizations offer pro bono legal representation.

Disjointed data collection and integration of official and citizen-generated data.

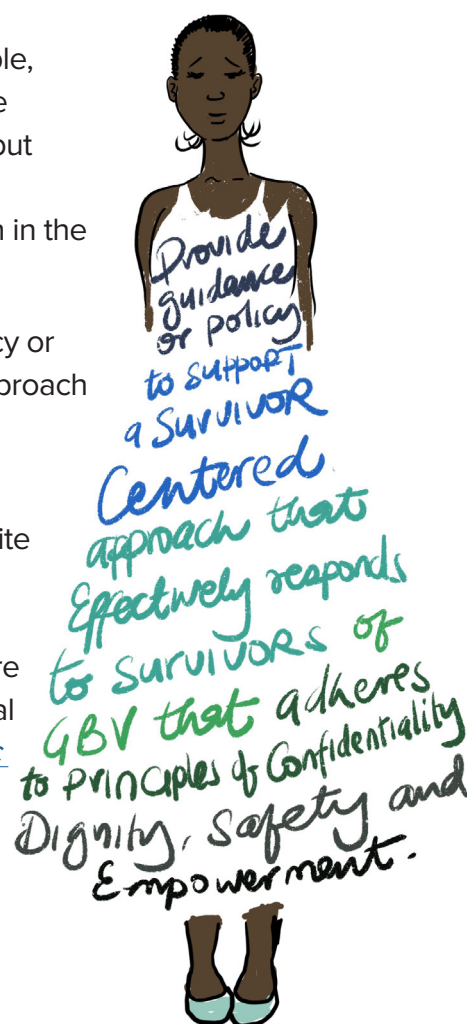
GBV data is limited and scattered among different state and non-state actors. Data collected by hospitals and police stations are rarely transferred to stakeholders and is not consistently processed to support decision-making.

Within CSOs, the existence of multiple reporting mechanisms and processes was highlighted as a common phenomenon. For example, a desperate GBV survivor calls all the hotlines and other accessible avenues looking for support. These calls are included in the data, but the calls are presented distinctly by the organizations running the hotlines, resulting in a duplication of GBV incidents and a reduction in the accuracy of the data on GBV.

The study further found no articulation of a data management policy or guidelines that would ensure adherence to a survivor-centered approach that effectively responds to the needs of survivors by adhering to principles of confidentiality, dignity, safety, and empowerment.

General GBV and GBV in emergencies are treated the same, despite different aspects, making it harder to establish data on cases of GBV in emergencies. The study found that data—critical about the allocation of resources and decision-making—was held across more than 15 public and private actors who address GBV. The only official data source of GBV statistics is the [2014/2015 Kenya Demographic and Health Survey](#), which, paradoxically, informs current decision-making, planning, and resource allocation.

Some of the above recommendations are already being undertaken by local organizations working to address GBV, as shown by the outcomes from Tana River and Nairobi counties.



Recommendation 1 to government on GBV response standardization and improved coordination between government and CSOs

- 1. Coordinate GBV service provision:** Establish a coordination mechanism at the county level, bringing together state and non-state actors to improve service provision for GBV survivors during emergency responses.
- 2. Coordinate between responders and the legal/justice sector:** Improve the collaboration between humanitarian response organizations and health, justice, and law enforcement sector actors by including first responders and survivors of GBV in the local court users' committees to better meet the needs of GBV survivors during emergencies.
- 3. Develop national referral pathway guidelines:** The national government should, in line with its mandate, develop national referral pathway guidelines for the prevention and response to GBV. The guidelines would provide information on how primary duty bearers and actors should respond to GBV cases and help guide GBV survivors on where they can seek assistance and what services are available at different referral points. The guidelines would ensure the quality of services a GBV survivor should expect to receive.
- 4. Develop national guidelines for GBV shelters and sensitize all stakeholders to them:** The national government should develop national guidelines for the establishment and management of GBV shelters for the protection of GBV survivors. The guidelines should include minimum standards and procedures for public and private actors running GBV shelters.

Recommendation 2 to CBOs, NGOs, and INGOs on GBV response, standardization and coordination

- 1. Develop linkages between first responders and CSOs:** Develop clear collaborative linkages between first responders in communities and the CSOs delivering different services to enhance the success levels of addressing GBV cases, including during emergencies.
- 2. Provide training for GBV response services** to first responders, CBOs, community leaders, and local NGOs to enhance their skills in GBV response in emergencies.

Recommendation 3 to government on law and policy reform

- 1. Sensitize key stakeholders:** Raise awareness among stakeholders, including the public, on the enacted laws and policies on GBV in emergencies.
- 2. Support capacity-building efforts:** Provide training and sensitize state actors on GBV services during emergencies on the existing laws and policies to increase their capacity to effectively provide services to survivors.
- 3. Harmonize laws and policies relating to GBV:** Undertake a review of all relevant laws and policies relating to GBV in emergencies and establish a multi-stakeholder forum bringing various actors in the humanitarian space to develop proposals on harmonizing the laws and policies.
- 4. Harmonize disaster response and gender policies:** Both national and county governments to harmonize disaster response and gender policies to ensure GBV responses in emergencies are included and the role of first responders to GBV is recognized.
- 5. Strengthen inter-governmental mechanisms to improve GBV responses:** Strengthen the inter-governmental mechanisms on disaster response between national and county governments to improve GBV responses by the state in counties.

Advocacy Road Map and Progress of the Tana River Country Core Working Group

Activity	Status
County government commitment to develop a gender policy	Secured
First draft of county gender policy with GBV integration	In Progress
County disaster response policy to incorporate a GBV response	Revised
Training of first responders	Complete
Policy to include naming gender champions	Complete

Recommendation 4 to government on data collection and integration for evidence-based decision-making

1. **Enhance GBV data coordination:** Coordinate the GBV reporting and complaints mechanisms to enhance efficiency and provide accurate data on the GBV situation in every county, while also distinguishing GBV in emergencies.
2. **Enhance the coordination of data collection and analysis:** Develop and support a coordinated approach to data collection that supports the available data infrastructure and can be disaggregated by area of occurrence.
3. **Create a centralized GBV database that distinguishes GBV in emergencies:** Create a centralized database that compiles with and coordinates GBV reporting and complaints mechanisms by all actors to enhance efficiency and provide accurate data on the GBV situation in every county, including on GBV in emergencies.
4. **Establish comprehensive data and knowledge management policy or guidance:** Create a GBV data and knowledge management policy or guidelines that are anchored in a survivor-centered approach that upholds principles of confidentiality, dignity, safety, and empowerment.

Recommendation 5 to government, CSOs, INGOs on harmful social, cultural, and religious norms and inclusive service delivery

1. **Sensitize state actors:** Undertake GBV education/awareness/localized campaigns to sensitize state actors involved in GBV response, such as police, health workers, and local administrators, on social, cultural, and religious beliefs that increase the risk of GBV during humanitarian crises.
2. **Sensitize communities:** Conduct community-level workshops, educational programs, and localized campaigns to sensitize community members on harmful gender stereotypes that exacerbate GBV. Involve men and women in these communities to combat harmful social norms by challenging toxic masculinities and dismantling harmful gender stereotypes.
3. **Facilitate access to GBV services for all, regardless of status:** Advocate for public policies and strategies that include facilitation of access to GBV service delivery for excluded communities, including refugees, undocumented immigrants, and criminalized populations, such as those who identify as LGBTQI+.

Recommendation 6 to funders, multilateral agencies, government, and INGOs

- 1. Increase funding to local organizations for GBV services:** Increase funding to local CBOs and CSOs for GBV service delivery in emergencies.
- 2. Fund capacity development needs of first responders:** Designate funding for supporting the capacity development needs of first responders, including training on organizing and proposal development for funding for their activities.
- 3. Increase government funding for GBV services:** Increase government resourcing for GBV services, including specific funding for GBV responses in emergencies.
- 4. Fund first responders to support undocumented immigrants:** Fund first responders, including local CBOs and CSOs, for outreach and service provision to undocumented immigrants, as they are the first point of contact with this vulnerable population, which experiences high levels of violence.

Advocacy Road Map and Progress of the Nairobi County Core Working Group

Activity	Status
Theory of change on GBV integration in emergency response	Complete
Donor roundtable to share research findings and seek funding for joint activities	Ongoing
Referral pathways between organisations for GBV	Strengthened
Mapping and service improvement of safe houses for GBV survivors	Identified & Supported
60 first responders trained in laws, policies, and referral pathways as GBV champions	Complete
Proposal for joint work by first responders/GBV champions	Complete

