



Violence Against
Women and Girls
in the Era of HIV and AIDS

A Situation and Response Analysis in Kenya
June 2006



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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome	KNUT	Kenya National Union of Teachers
AMWIK	Association of Media Women In Kenya	KIPPRA	Kenya Institute for Policy Research and Analysis
ARV	Antiretroviral	NACC	National AIDS Control Council
CEDAW	Convention on Elimination of all forms of Discrimination Against Women	NCWK	National Council of Women of Kenya
COVAW	Coalition on Violence Against Women	PEP	Post Exposure Prophylaxis
CREAW	Center for Rights and Awareness	STI	Sexually Transmitted Infection
FEMNET	African Women's Development and Communication Network	SWAK	Society of Women and AIDS in Kenya
FGM	Female Genital Mutilation	UNAIDS	Joint United Nations Programme on HIV/AIDS
FIDA [K]	Federation of Women Lawyers Kenya	UNFPA	United Nations Population Fund
GJLOS	Governance Justice Law and Public Order Sector	UNDP	United Nations Development Programme
HIV	Human Immune Deficiency Virus	UNIFEM	United Nations Fund for Women
KENWA	Kenya Network of Women with AIDS	WFP	World Food Programme
KDHS	Kenya Demographic and Health Survey	WHO	World Health Organization
		WOFAK	Women Fighting AIDS in Kenya
		WRAP	Women's Rights Awareness Programme

In most regions, women and girls constitute an increasing proportion of the population living with HIV, and rates of female infection continue to rise. High rates of infection can be attributed to a combination of biological and social factors; the traditional, deep-rooted gender inequalities including violence are of particular importance.

Research confirms the high correlation between sexual and other forms of violence against women and girls's and their chances of HIV infection - just as violence can lead to AIDS, in a community where violence is condoned, AIDS can lead to violence. Despite this, traditional HIV prevention strategies have tended to focus on the so-called "ABC": Abstain, Be faithful, use a Condom. While the ABC approach has proven to have considerable value, many women and girls are simply not in a position to abstain from sex, rely on fidelity, or negotiate condom use. ABC can only be a viable prevention option for women and girls if implemented as one component of a package of interventions aimed at redressing deeply rooted gender imbalances.

This report presents the situation and response to violence against women and girls in the context of AIDS in Kenya. It argues that to address HIV and AIDS in girls and women, violence against women and girls must be also addressed. In this respect it aims to highlight the connections between violence against girls and women and risk

of HIV infection and to assess the situation and existing responses. It is intended that this report will be a basis for scaling up national action that will make a difference in the lives of girls and women.

The report is an effort by the United Nations (UN) System in Kenya through the Theme Group on HIV and AIDS and forms a part of the larger Joint UN Advocacy Programme that aims to address issues related to girls, young women and AIDS.

This study and report would not have been made available if it was not for the participation of and the commitment by the UN System through the Technical Working Group on HIV and AIDS, government ministries, the civil society organizations, development partners and individuals that participated in the review.

The cost to society of neglecting the issue of violence against women in the context of AIDS is great - women and girls who die of AIDS. The costs of continuing to neglect this issue will far exceed an investment today to deal effectively with the issue. With government, NGOs and other partners working together, more power will be focused on a more efficient use of resources, and ultimately will result in a more effective response. This report is intended to support enhanced dialogue, debate and action on women, violence and AIDS.

The Facts



Violence against Women and Girls in Kenya

- * 49% of Kenyan women reported experiencing violence in their lifetime; one in four had experienced violence in the previous 12 months¹.
- * 83% of women and girls reported one or more episodes of physical abuse in childhood; 46% reported one or more episodes of sexual abuse in childhood².
- * Over 60% of these women and children did not report the event to anyone. Only 12% who had been physically or sexually abused reported to someone in authority such as a village elder or the police.³
- * In Kenya, 25% of 12-24 year olds lost their virginity by force.⁴
- * Nairobi Women's Hospital receives an average of 18 cases of rape and incest each day.
- * There is only one shelter for victims of domestic violence in Kenya.
- * A majority of the victims of violence are girls; 60% of women who have experienced violence reported age at first abuse between 6-12 years: 24% between 13-19 years.⁵

Women, Girls and HIV and AIDS in Kenya (KDHS 2003)

- * HIV prevalence in women in the age range 15 - 49 is 8.7%; HIV prevalence for men in the same age range is 4.6% (almost 2 to 1).
- * HIV prevalence in girls 15 - 19 years old is six times higher than that in boys of the same age (3% of young women in this age range are infected, but less than 0.5% of young men).
- * HIV prevalence among women 20 - 24 is over four times that of men in the same age group (9% versus 2%).
- * Peak prevalence among women is between the ages 25 - 29 (13%); among men prevalence rises gradually with age to peak between 40 and 44 (9%).

National studies confirm that between 40 and 50% of Kenyan women and girls experience different forms of violence (physical, sexual, verbal, or emotional) from childhood to adulthood. Women who are abused or live with the threat of violence do not have the privilege of choosing ABC. This means that at least half of Kenyan women are unable to protect themselves from exposure to HIV.

¹ Kenya Demographic and Health Survey (2003).

² ³ Violence and Abuse of Women and Girls in Kenya, p12 – 13.

⁴ Mainstreaming Gender in the Kenya National HIV/AIDS Strategic Plan, p2.

⁵ Violence and Abuse of Women and Girls in Kenya, p24-26.

Violence against Women and Girls in the Era of HIV and AIDS:

Building a Cohesive Response

Today, Kenya faces two pervasive and often fatal social crises: the AIDS epidemic, and violence against women and girls. Until recently, the two were handled as separate social issues. But in light of alarming HIV prevalence rates of women, current anti-AIDS efforts had to be re-examined. In 2003, the Kenya Demographic and Health Survey (KDHS) confirmed that almost half of Kenyan women and girls experience some form of violence (physical, sexual, verbal, and/or emotional) in their lifetime. It wasn't long before AIDS activists and organizations started to detect a connection between the rates of violence against women, and rates of HIV infection among women.

In Kenya, the HIV prevalence among women aged 15 to 49 years is almost twice that of men. The HIV prevalence rate of girls aged between 15 and 19 years, who are vulnerable to violence and also susceptible to HIV infection as a result of their biology, is six times that of boys the same age⁶. In fact, female prevalence rates are higher than that of males at all ages. This is true despite the fact that women's sexual behavior, traditionally, tends to be more conservative than that of men.

Research confirms the high correlation between sexual and other forms of violence against women and girls and their's chances of HIV infection.⁷

Girls and women who are raped are susceptible to HIV infection as a result of the rape, especially as violent or coerced sex increases a woman's vulnerability to HIV because of damage to membranes of the genital area. But rape, though the most obvious form of sexual violence linked to HIV, is only one of numerous violent threats to women. With no Kenyan law against domestic violence, a married woman is without recourse if her husband rapes or beats her. Fear of violence may prevent an abused woman from insisting on the use of condoms or other safer sex methods from her intimate partner⁸. And just as violence can lead to AIDS, in a community where violence is condoned, AIDS can lead to violence. Fear of violent reactions from her intimate partner or community will discourage a woman from determining her HIV status.

Girls are most at risk in the cycle of abuse and HIV infection. Myths such as having sex with a virgin as a cure for HIV result in rape and sexual abuse against girls.⁹ Schools are not necessarily safe havens for girls, as teachers and older boys are highest among the culprits of abuse.¹⁰ And yet there are no shelters exclusively for girls who are abused in Kenya.

Historically, Kenya has been one of the most sophisticated African countries in its approach to issues concerning women and development, and Kenya has made impressive strides in the fight against AIDS. However, concerned government ministries, NGOs, agencies, and activists have not yet been brought together to address the complex subject of gender violence and AIDS.

⁶ KDHS 2003, KNASP, NASCOP Surveillance.

⁷ KDHS 2003.

⁸ HIV and Partner Violence: Implications for HIV Voluntary Counseling and Testing.

⁹ AIDS Epidemic Update 2004, p12.

¹⁰ <http://www.eldis.org/gender/dossiers/Genderviolence.html>.

A coordinated effort to fight both violence against women, girls and AIDS will lead to more efficient use of available resources and will result in more effective interventions.

The Government of Kenya has taken the first steps to address the issue of women, violence and AIDS. The government is committed to the establishment of legal mechanisms and policies to better protect Kenyan women, but has not yet been able to fully implement its commitment. Many NGOs are also focused on the intersecting issues related to violence against women and AIDS, and have established strategic plans with a clear vision. Several are actively implementing innovative and life-saving interventions, despite profound resource limitations. But coordination of these efforts is still lacking. Organizations that deal more exclusively with HIV and AIDS are often strong in the fight against the epidemic, but few have the capacity or resources to deal with the issues surrounding violence against women and AIDS. It's important that AIDS organizations link with women's organizations that address violence to create creative synergies and maximize their collective effectiveness.

In general, despite initial steps by government and NGOs, current interventions do not yet fully address the needs of abused women. The geographical reach of services is far from adequate, leaving most women in Kenya who are victims of violence (including girls and young women) with virtually no access to services of this kind. Government and NGOs need to work collectively to respond to the ever-increasing national crime statistics, while carefully monitoring and evaluating the effectiveness of existing government mechanisms.

This report presents the current situation on women, violence, and HIV and AIDS. The first part highlights the connections between violence against women and risk of HIV infection. The second part documents the existing responses and interventions to violence against women in Kenya, and the last section outlines recommendations for a way to move forward.

The report is based upon a review that was carried out between April and September 2005. The review comprised of desk study, the review of 22 governmental and NGO reports, and interviews and focus group discussions with representatives of key government agencies and NGOs. More than 40 organisations including government, the UN, development partners, academic and civil society validated the findings of this report.



The cost to society of neglecting the issue of violence against women and girls in the context of AIDS is great.

▲ It includes:

- * time spent in police stations making complaints and attending court;
- * expenses on psychological counseling and medical treatment (emergency room care, hospitalizations and treatment for sexually transmitted infections (STIs) and HIV.
- * cost of running rescue centers and shelters
- * cost of training and maintaining staff;
- * cost of lost labor due to women's stress and physical distress; and
- * cost of orphans and vulnerable children who are left by women who die of AIDS and violence¹¹.

The costs of continuing to neglect this issue will far exceed any investment today to deal with the issue. With government, NGOs and other partners working together, more power will be focused on a more efficient use of resources, and will result in a more effective response.

¹¹ Violence and Abuse of Women and Girls in Kenya.



Part one

The Situation: Women, Girls,
Violence and HIV and AIDS

Violence: the Pervasive yet Hidden Culprit

In Kenya, violence against women and girls—whether expressed by rape, coercion or physical or emotional intimidation—is the culprit, making all women and girls vulnerable to HIV infection. In Kenya’s traditionally patriarchal society, violence against women is ignored, tolerated, and even condoned¹². This traditional acceptance of violence has devastating implications today: women and girls’ AIDS rates are two to six times higher than those of men and boys. Beyond the already unacceptable neglect of women’s basic human rights, violence against women in today’s world of HIV and AIDS has fatal implications.

In the 2003 Kenya Demographic and Health Survey, 49% of Kenyan women reported experiencing violence in their lifetime; with one in four having experienced violence in the previous 12 months.¹³ A woman who is raped cannot negotiate safe sex. A young woman or a girl who is married or involved with an older man rarely has the sophistication and maturity to negotiate safer sex and, no matter how faithful, is exposed to her partner’s previous sexual history.¹⁴ A woman who lives in fear of abuse is less likely to insist on condom use by her partner.

Some cultural practices also undermine women’s power and contribute to the spread of HIV. A widow who is “inherited” by her husband’s eldest brother, a cultural practice called “widow inheritance”, is exposed to the sexual history of her brother-in-law. If her husband died of AIDS, she herself may be HIV positive, thus putting her brother-in-law at risk.¹⁵

Advocating for “abstain; be faithful; use a condom,” now commonly known as “ABC”, can be a powerful tool in the fight against AIDS. However, its

reach within Kenya’s population has limits. Unequal power relations between men and women, especially when expressed by coercion, abuse and violence, often deprive women and girls of the ability to insist on ABC. As has been noted, half of Kenyan women report experience of violence at some time in their lives; this means that half of all women in this country have not been able to call upon ABC alternatives, and thus have been unable to protect themselves from exposure to HIV at the time of their experience with violence.

Kenya has taken the first steps in addressing this largely ignored issue. Now, with a renewed government commitment and the responding surge of international support, it is time to follow through with promises and commitments. It is time to put the issue of violence, women and AIDS at the top of the public agenda and at the forefront of government policy. It is time to take action against violence against women and beat AIDS once and for all.

Power imbalance makes women and girls more vulnerable to HIV and AIDS

What makes women and girls so vulnerable to AIDS that their prevalence rates are twice as high as men’s, when their sexual behavior, traditionally, is more conservative? Why have current AIDS efforts largely failed to stem the epidemic among women and girls? The disproportionately high rates of HIV infection among women and girls in Kenya are starting to trigger a national awareness of violence against Kenyan women and its effects.

¹² The Physical Abuse of Kenyan Women and Girls.

¹³ Kenya Demographic and Health Survey 2003.

¹⁴ Violence against women: A Multidimensional Phenomenon.

¹⁵ Women’s Human Rights. http://www.amnestyusa.org/women/16days_hiv_background.html.

Traditional, deep-rooted gender inequalities in many Kenyan cultures are often expressed by violence, coercion or physical or emotional intimidation, especially when the people of these cultures are under economic strain.

Women may also give in to male demands for unprotected sex, despite the danger, as they often have nowhere to go, limited financial options (a Kenyan woman's average earnings is less than half of that of man), limited land rights, and fear of losing their children. Customary laws and procedures, and issues such as succession, child custody, marriage and matrimonial property, are outdated in today's Kenya.

Women must often survive under medieval legal conditions, leaving them without alternatives but to stay in an abusive relationship or suffer worse consequences. Kenya's failure to eliminate discriminatory property inheritance practices, for example, exacerbates the already unimaginable havoc caused by HIV and AIDS. In one report, women living with AIDS, virtually all of whom were infected by husbands or regular male partners, were essentially condemned to an early death when a majority of their homes, land, and other property was taken when they became widows.^{16,17}

¹⁶ AIDS Epidemic Update, 2004;

¹⁷ Kenya Review and Appraisal Final Report on the Implementation of Beijing Platform for Action Beijing +10.

¹⁸ Adolescence in Kenya: The Facts.

¹⁹ Kenya Demographic and Health Survey 2003.

²⁰ Kenya Demographic and Health Survey 2003.

²¹ AIDS Epidemic Update, 2004 p12.

Cultural Practices that May Increase Risk of HIV Infection



Female Genital Mutilation: 32% of women are circumcised in Kenya. The Children Act 2001 outlawed FGM, yet the practice continues unabated in many places. The average age of girls at the time of "cutting" in most districts is between 7-14 years.¹⁸

Polygamy: 16% of currently married women in Kenya live in polygamous unions.¹⁹

Early marriage: 20% of 15-19 year old girls in Kenya are currently or have been married (compared to 1.3% of boys). Often, girls are married to older men, leaving them vulnerable to unequal power dynamics and their husband's sexual history.²⁰

Widow inheritance: For a widow in many Kenyan communities, initiation of a new sexual relationship with a male partner, known as "widow inheritance", is an accepted and sometimes required practice. In other communities, when a woman's husband dies, his eldest brother may inherit his wife and property. In western Kenya, women have been forced to marry, even when their husbands have died of AIDS, when they themselves are infected, or when their future husband has AIDS. From 2001 - 2004, half of the 1,866 widowers (who may re-marry younger women), and 56% of the 7,724 widows, who came for voluntary counseling and testing were HIV infected. Overall, HIV prevalence was three times higher among widowed clients than among non-widowed clients. There are no laws to address the practice of widow inheritance in Kenya.²¹

Violence Against Women and Girls and its link to HIV and AIDS

The evidence highlights that there are direct and indirect connections between violence and HIV and AIDS.

- Women with a history of partner violence may not be able to negotiate condom use;
- Childhood sexual abuse, coerced sexual initiation and current partner violence may increase sexual risk taking (e.g. having multiple partners, engaging in transactional sex);
- Women who experience violence may be in partnerships with older men who have a higher likelihood of being infected with HIV;
- Violence or fear of violence may deter women from seeking HIV testing, prevent disclosure of their status and delay their access to AIDS treatment and other services;
- Such women who test positive for HIV are vulnerable to violence from their partners as well as discrimination within their families and communities:^{22, 23}

Available research provides empirical evidence of the connection between violence and the likelihood of HIV infection²⁴. Studies in Rwanda and Tanzania revealed that HIV-positive women are more likely than un-infected women to have had a history of, or to currently experience, physical and sexual violence from a male partner.²⁵ Equally disturbing, a study in South Africa showed that women who experienced intimate partner violence were two to three times more likely to engage in transactional sex than women who did not experience violence.²⁶

²² Double Standards: Women's Property Rights Violations in Kenya <http://www.hrw.org> pg 9.

²³ Violence Against Women: A Multidimensional Phenomenon.

²⁴ Human Rights Watch March 2004, Vol. 16, No. 3 (A) Deadly Delay: South Africa's Efforts to Prevent HIV in Survivors of Sexual Violence.

²⁵ Violence against women and AIDS Critical Intersections: intimate partner violence and HIV/AIDS Info Bulletin Series no 1.

Rape

Though rape is an acknowledged widespread problem in Kenya, statistics are hard to come by. The culture of silence surrounding rape makes collection of data on this sensitive topic particularly challenging.²⁷ The reporting of rape is difficult and intimidating and many women do not have the economic or educational capacity to negotiate the legal system. Despite the challenges of reporting rape, however, cases are increasingly being reported.

The connection between rape and HIV is more complex than the risk of transmission during non-violent sex. Violent or forced sex is more likely to result in HIV transmission than non-violent sex. Forced vaginal penetration creates abrasions and cuts facilitating the entry of the virus—when it is present—through the vaginal mucosa.

- In 2003, 2,308 cases of rape were reported to the authorities.²⁸
- In Kenya, 25% of 12-24 year olds lost their virginity by force.
- Four out of ten girls who have been raped suspect that they may have HIV/AIDS.²⁹

Domestic Violence

Rape is often assumed to be a violent attack by strangers. In Kenya, two-thirds of women who are physically or sexually abused report their abusers to be husbands or other relatives.³⁰ Among married, divorced or separated women, 26% had experienced emotional violence by their current or most recent husband; 40% experienced physical violence;

²⁶ AIDS Epidemic Update 2004, p12.

²⁷ Kenya Demographic and Health Survey 2003 pp 239.

²⁸ Kenya Police Crime Reports 1997-2003. 2004.

²⁹ Violence and Abuse of Women and Girls in Kenya, p12 – 13.p28.

³⁰ Kenya Demographic and Health Survey (2003) p 23.

and 16% experienced sexual violence.³¹ Yet there is only one shelter for women running away from domestic violence in Kenya.

In many Kenyan cultures, husbands are deemed justified in beating their wives and marriage is considered blanket consent to intercourse. (These cultural conditions are so ingrained that two out of three women agree that a husband is justified in beating his wife.³²) Tragically, no law exists on preventing domestic violence in Kenya and abused wives have no viable means of recourse. Wives also have no guarantee of protection from rape by their husbands, as there is no law prohibiting spousal rape.

What constitutes intimate partner violence?

- **Physical violence:** slaps, punches, kicks, assaults with a weapon, homicide.
- **Sexual violence:** rape, coercion and abuse, including use of physical force, verbal threats, and harassment to have sex, unwanted touching or physical advances, forced participation in pornography or other degrading acts that often persist over time and are accompanied by threats on part of the perpetrator.
- **Psychological violence:** belittling the woman, preventing her from seeing family and friends, intimidation, withholding resources, preventing her from working or confiscating her earnings.

There is a compelling case to put an end to the acceptance of domestic violence. It is not only to protect women's basic human rights, but also to reduce women's and girls' vulnerability to HIV and AIDS.

In a nationwide study of women aged 12 to 24 years, 25% said they lost their virginity because of force.³³ This was confirmed by a recent study, which found that among sexually experienced respondents, 21% of females had experienced sex under coercive conditions.³⁴ As noted earlier, the risk of HIV transmission during sexual coercion or violence toward girls or young women is higher because girls' vaginal tracts are immature and tear easily during sexual intercourse.³⁵

Members of their immediate and extended families, 66% of whom are uncles, brothers and male cousins most often perpetrate sexual abuse against girls in Kenya. Abusers beyond the family tend to be peers, priests and other religious leaders and teachers, who comprise over half of all abusers.³⁶

Keeping girls in school and well educated is a top priority in the fight against AIDS and against gender violence. Schools, however, are not necessarily a safe environment for girls to thrive, as older boys and teachers (public as well as religious) make up the majority of those who violate a girl's rights³⁷.

Young women often marry men significantly older than themselves, and these men are more likely to have had previous sex partners and thus are more likely to have been exposed to HIV. Relationships with older men are also more likely to be premised on unequal power relations, leaving girls vulnerable to abuse. And even when a young woman is faithful to her husband, she remains at risk of infection. Among sexually active girls aged 15-19 years in Kisumu, a multi-center study reported that HIV-infection levels were 10% higher for married girls than for sexually active unmarried girls. One South African study revealed that women with older partners (of three or more years) were one and a half

³¹ Kenya Demographic and Health Survey (2003) p 23.

³² Violence Against Women and AIDS Critical Intersections: intimate Partner Violence and HIV/AIDS Info Bulletin Series no 1.

³³ Mainstreaming Gender in the Kenya National HIV/AIDS Strategic Plan 2000-2005 p2.

³⁴ Experience of Sexual Coercion among Young People in Kenya.

³⁵ Intimate Partner Violence and HIV/AIDS Gender Series: Violence and Abuse of Women and Girls in Kenya.

³⁶ The Sexual Abuse of Kenyan Women and Girls. (2002).

³⁷ AIDS Epidemic Update 2004, p.10.

times more likely to experience physical and sexual violence, and had one and a half times higher odds of being HIV infected, than women with peer partners.³⁸

A total of 3,097 cases of child defilement had been reported nationwide between 2003- 2004.³⁹

Female Sex Workers, Violence, HIV and AIDS

Strengthening STD/HIV control programme in Kenya is a programme run by the University of Nairobi and works with over 9,000 female sex workers in 14 “Hotspots” sites across Kenya and about 4,000 clients of sex workers. Findings from this programme indicate that all kinds of sex work exists in Kenya- Homebased, Hotel/barbased, brothel based - They add that sex work is characterized by a certain informality and fluidity. Many women move in and out of sex work. Some sex workers are on full-time basis, and some are on part-time.

The social development review, December 2002/Mar. 2003 Vol 7, No.1
<http://www.icsw.org/publication/sdr/2003-march/kenya.html>



The programme adds that sex workers suffer from physical and sexual violence. They add that in western province over a 6 month period 12% were forced into sex (raped) and their clients to avoid payment beat 15%. Across their sites, female sex workers report being subject to police swoops, financial and sexual extortion.

The programme further notes that most sexworkers are HIV infected through their work in sub saharan Africa, between 70-80% of faithful wives/partners are infected by their husbands.

³⁸ Intimate Partner Violence and HIV/AIDS Gender Series: Violence and Abuse of Women and Girls in Kenya.

³⁹ Daily Nation, 9th December 2004 3,097 Child rape cases reported in two years. Reported by Muriithi Muriuki and Julius Bosire.



Part two

The Existing Response

Introduction

There are many organizations and agencies in Kenya today that address violence against women, and many that are working in the fight against HIV and AIDS. However, coordination between the two is lacking and the result is parallel approaches, inefficient use of resources, and interventions that are not optimally effective. Both groups, however, acknowledge the need to forge stronger links and work together.

NGOs that address women's needs recognize that HIV and AIDS are crucial issues for women. Such organizations engage in interventions such as home-based care for those living with HIV and AIDS, lobbying and supporting access to HIV and AIDS treatment, caring for orphaned children, employment issues, and issues related to property and inheritance rights. Girls, young women and women exposed to violence, however, are generally referred to other organizations, because HIV and AIDS organizations don't have the capacity to address violence. This adds to the emotional and financial burden of women who would benefit from a one-stop response to their concerns. It would be more economical and beneficial if these organizations were assisted to develop the capacity to respond to the multiplicity of concerns.

There is a national strategic framework to address HIV and AIDS in Kenya (Kenya National HIV and AIDS Strategic Plan 2005/6 - 2009/10 KNASP), and women are acknowledged in this guiding document as a vulnerable group. The framework does not, however, address violence against women and girls as a contributing factor in the transmission of HIV.

Organizations that address violence against women do not have the benefit of an overall national guiding framework and therefore in Kenya today:

- the response to gender violence is inadequate, and interventions do not meet demand;
- the existing responses do not address HIV and AIDS aspects adequately;
- the existing AIDS responses do not address violence;
- existing responses to violence are often ad hoc, and are generally not evidence-based;
- most services are in Nairobi, well beyond the reach of the rural population;
- few operation research studies or evaluations have been conducted to determine the extent of success and challenges in the existing response;
- there is neither a national strategy nor national definition for addressing violence against women and girls, and as a result the responses are varied and disparate;
- the response is largely implemented through the efforts of civil society organizations, with little government leadership.

The Response: The Partners

Government Response

Kenyan women today have no constitutional guarantees of or institutional safeguards for their fundamental human rights.⁴⁰ The Government of Kenya has acknowledged that although Kenya's current constitution outlaws discrimination on the basis of sex, some laws undermine the constitution by permitting discrimination in personal and customary laws.⁴¹ Customary laws tend to neglect women's rights and give men authority over women.⁴² Women's organizations have criticized the state for its poor enforcement of the constitution with regard to protection of women's rights.

The Government of Kenya has boldly started the process to reverse its previous inaction, for example by signing CEDAW in full and introducing domestic violence bills and the Sexual Offences Bill into Parliament. These initial steps must now be followed up with concrete action to assure the effective enforcement of these agreements and laws.

Relevant obligations of international agreements such as CEDAW have not yet been transformed into domestic law. For example, the prohibition of gender-based violence remains largely unimplemented in Kenyan law. Other initiatives to combat violence against women have not been enthusiastically enforced. A National Action Plan for Combating Violence against Women developed in 2000 through support of the Commonwealth Secretariat was barely implemented due to lack of funds and poor institutional support. The Family Violence Prevention Bill 2001 makes provision for women to be protected from domestic

violence, and addresses property rights and access to resources in case of marriage breakdown, but is pending debate and enactment. A draft of a Family Violence Prevention Bill was presented and debated in Parliament in 2002, but was not enacted into law.

Governance, Justice, Law and Order Sector

The effects of poor governance, financial insecurity, limited access to justice, and disrespect for the rule of law, affecting the well-being of all Kenyans and weakening the economy as a whole, were the predominant issues of the election manifesto of National Rainbow Coalition (NARC), which formed a new government in January, 2003. The government's response is the Economic Recovery Strategy for Wealth and Employment Creation (ERSWEC), which identifies reforms of the Governance, Justice, Law and Order Sector (GJLOS) as a top priority to create wealth and employment and reduce poverty. The GJLOS Reform Programme Medium Term Strategy (MTS) for 2005-2009 proposes interventions to improve access to justice for Kenya's poor.

The GJLOS MTS acknowledges that women are the majority of the poor and that Kenya's traditional inequalities make it difficult for women to own land and other assets, achieve a good education, secure an adequate livelihood, or move geographically and socially to take advantage of opportunities. Compared to men, women have limited economic opportunities to change their fate. Their access to justice is constrained due to legal costs; complex and alien procedures; deficiencies in traditional justice systems; and discrimination.

⁴⁰ State Violence in Kenya.

⁴¹ United Nations Convention on the Elimination of All forms of Discrimination against Women, 1979.

⁴² FIDA Kenya, Annual Report, 1996.

In response, the MTS has prioritized the removal of discriminatory legislation, policies and regulations; promotion of gender-sensitive and pro-poor legislation, policies and regulations; and recognition of vulnerable groups, women in particular, as equal participants in society. The MTS will improve access to justice by: recognizing informal and community justice systems; allowing the use of vernacular language in trials; setting up help desks at courts; establishing victim-friendly facilities at police stations; and strengthening family justice by decentralizing the Family Division to the magistrate level and setting up special children's courts and courts that deal exclusively with sexual offences and gender violence. The MTS proposes that the government and NGOs work together to carry out these interventions, and that both the government and development partners commit substantial funds and resources to realize the proposed reforms.

Health Sector

In 2004, the Ministry of Health produced the *National Guidelines for the Medical Management of Rape and Sexual Violence* in order to implement a protocol to address rape and sexual violence. The guidelines direct how to respond to the needs of survivors of sexual violence, such as unintended and unwanted pregnancy, transmission of HIV and other sexually transmitted infections, psychological trauma, and physical injuries. The guidelines establish government standards of service provision to include counseling, treatment and management of injuries, sexually transmitted diseases, PEP, HIV care and pregnancy preventions.⁴³

⁴³ National Guidelines Medical Management of Rape and Sexual Violence 2004.

Kathurima M'Inoti of the Kenya Law Reform Commission points out that current laws on sexual abuse, enacted prior to the recognition of human rights instruments that protect women's rights such as CEDAW, date to the 1930s. Sexual offences are still classified as offences against morality. This risks undermining the seriousness of sexual abuse crimes and their devastating effects on the survivor.⁴³

Challenges in addressing violence against women in the health system⁴⁴

- fragmentation of service provision.
- lack of effective management of physical and emotional needs of the complainant.
- lack of insight and subsequent frustrations of service providers, incorrect notions of blame and responsibility.
- poor/inefficient referral systems between criminal justice system and health sector.
- difficulty in accessing services.
- health care workers lack information and training.
- poor intersectoral collaboration between the health sector and non-governmental organisations (NGOs), and community based organisations (CBOs).
- problems with regard to resource allocation.
- women's experiences and barriers to access health and other services need to be heard and inform change.

⁴⁴ Tanya Jacobs 2002, Sexual Violence by LVCT and Population council.

With such challenges, health care workers must be supported professionally and personally to maximize assistance to women.

Legal Response

Many women who are abused suffer silently, either unaware that legal recourse is available, unable to access it, or they lack confidence in the justice system. A lack of awareness and understanding of legal provisions and limited understanding of the procedures required to report cases of violence, also hinders women from taking action against abuse. Several women's organizations offer legal services, but they are primarily in urban areas and their resources are strained. Sadly, when women do report violence, the response of law enforcement agencies and the judicial system is often discouraging and inept, ultimately leading to a denial of justice.

As noted earlier, there is no law against marital rape, and wife beating is prevalent and largely condoned by much of society. Traditional culture permits a man to physically "discipline" his wife and, under the current legal instruments and practice, married women have no guarantee of protection from rape, because marriage is considered blanket consent to intercourse.

When a woman is assaulted, should she choose to take legal recourse she must navigate her way through an often intimidating, unwieldy and inefficient institutional infrastructure. The police receive complaints, investigate and prosecute. The Attorney General supports the police in prosecuting complaints, and the Judiciary dispenses justice based

Women, Violence, AIDS and Labor

A survey conducted in the commercial agriculture and textile manufacturing sectors in Kenya – where women form the bulk of employees (80%) and over 70% of supervisors are men—found that women between the ages of 20 to 40 years are constantly harassed sexually, at risk of contracting sexually transmitted infections, and suffer from low self esteem.

In the survey conducted in tea and coffee picking sectors in Ruiru, Thika and Kericho, women in the 20-30 age bracket were the most sexually harassed in the tea-picking sector; 15-30 year olds—and sometimes girls between 10 and 14—were cited as the most vulnerable in the coffee estates. In the Export Processing Zones, 93% of respondents said sexual harassment occurred among young women between 17 and 30 years old.⁴⁵

Neglecting the issue of violence, women and AIDS in the tea picking industry (for example) has implications beyond respecting the human rights of the workers. It is in the best interests of the industry itself to address this problem as AIDS reduces productivity of the labor force. "HIV positive workers plucked less tea in the 18 months preceding AIDS-related termination. The tea output per the positive person was less by between 4.11 kg and 7.93 kg per day. Furthermore these workers utilized more leave days in the three years preceding termination of employment."⁴⁶

⁴⁵ East Standard 8th Dec 2004, "16 Days of Activism".

⁴⁶ The Role of Men in the Fight Against HIV/AIDS.

on the case presented. The Ministry of Health oversees the medical response to violence.

Senior Deputy Commissioner of Police, Mrs. Alice Kagunda, admits, “Domestic violence and gender issues are yet to receive adequate attention by the police.” She has also stated that violence against women is still considered a societal tradition, hence the failure to receive adequate police attention.

The police have been known to trivialize complaints of a domestic nature, and have even been known to subject women to further violence. Police officers have ridiculed women, turned them away or requested bribes in order to attend to their cases.⁴⁷ Women are thus reluctant to report offences to them. Police officers have been reported in the media as being themselves, perpetrators of sexual abuse and other forms of violence and torture, further undermining women’s faith in their services.

Women who report being raped or violated must then prove the offence. Corroboration is not mandatory in cases of rape but in practice, judicial attitude subjects a rape victim’s evidence to strict rules. The general rule is that it is risky to convict on uncorroborated evidence of the victim. This leads to injustice, as it is a fact that rape offences are generally committed out of the public eye.

The trial process of rape cases also often amounts to a travesty of justice, as the victim is forced to undergo what has been referred to as yet another rape ordeal in the telling of the crime.

Existing Legal Terms and Conditions

Assault is guilty of a misdemeanor and, if the assault is not committed in circumstances for which a greater punishment is provided in (the) Penal Code, one is liable to imprisonment for one year.

Section 139 of the Penal Code (Cap.63) defines rape: ‘Any person who has unlawful carnal knowledge of a woman or girl, without her consent, or with her consent if the consent is obtained by force or by means of threats or intimidation of any kind, or by fear of bodily harm, or by means of false representations as to the nature of the act, or in the case of a married woman, by personating her husband, is guilty of the felony termed rape.’

Sections 166 and 167 of Penal Code define incest as having “carnal knowledge of a female person with knowledge that she is the accused person’s granddaughter, daughter, sister or mother. If the female person is under the age of thirteen years, the punishment is imprisonment for life. The act provides that it is immaterial that there is consent of the female person.”

⁴⁷ Kenya: Rape The Invisible Crime. Amnesty International
[http://www.amnesty international Kenya.](http://www.amnestyinternationalkenya.org)

The law carries penalties up to life imprisonment for rape, although actual sentences are usually no more than ten years. Women fear retribution when the rapist, if convicted, gets out. The rate of prosecution and completed cases also remains low because of cultural inhibitions against publicly discussing issues of sex, victim's fear of retribution, slow and inefficient criminal justice system and unavailability of doctors who could provide the necessary evidence for conviction.

Non-Governmental Response

Where the government has failed or neglected to respond to the issue of violence against women, civil society organizations consisting of women's groups, religious organizations, and human rights groups have taken initiative to provide services, undertake civic education, provide shelter and halfway houses, and advocate for legislative and policy reforms.

Just as these NGOs and CBOs have diverse objectives, however, so too are their interventions and activities. Women's organizations focus on raising public awareness. They also provide services such as legal aid and representation for cases of domestic violence, sexual violence, property rights and child custody. FIDA Kenya, Kituo Cha Sheria, Coalition on Violence Against Women (COVAW), Kenya Human Rights Commission and Women's Rights Awareness Programme (WRAP) are among the leading institutions undertaking interventions to safeguard women's rights through public interest litigation, activism and collaborative advocacy efforts that target policy makers.

NGOs that address women, HIV and AIDS include the Kenya Network

of Women with AIDS (KENWA), Women Fighting AIDS in Kenya (WOFAK), and the Society for Women and AIDS in Kenya (SWAK) among others. AIDS-related organizations are dealing with issues such as home-based care for those living with HIV and AIDS, lobbying and supporting access to HIV and AIDS treatment, caring for orphaned children, employment issues, and issues related to property and inheritance rights. Girls, young women and women who experience violence are referred to other organizations because HIV and AIDS organizations often don't have the capacity to help.

CARE/Kenya supports community-based awareness programmes on gender violence and HIV and AIDS for refugees, the internally displaced and host communities. CARE/Kenya works in Northern Kenya where FGM is rife.

Women fear retribution when the rapist, if convicted, gets out. The rate of prosecution and completed cases also remains low because of cultural inhibitions against publicly discussing issues of sex, victim's fear of retribution.



Other organizations offer specialized and community-focused interventions. For example, the Medical Legal Unit has provided non-government forensic science expertise services for cases of state institution violence. Men's networks also are working alongside women's organizations in the fight against violence. The Men for Gender Equality Initiative in Kenya is one such initiative: a collaborative effort between the African Women's Development and Communications Network (FEMNET) and national organizations working with men for gender equality in Ethiopia, Kenya, Malawi, Namibia and South Africa.⁴⁸

The Response: The Actions

Advocacy and Lobbying Endeavors

- **FIDA Kenya** engages parliamentarians in dialogue on issues concerning women's rights, including hosting parliamentarians for consultations and deliberations on emerging policy and legislative issues. FIDA has also prepared fact sheets on violence against women to make parliamentarians aware of its prevalence in their own constituencies as well as in the country as a whole.
- **COVAW** gets the media involved in the campaign against violence against women, creating public awareness of the issue.

- **The National Council of Women of Kenya (NCWK) and Population Communications Africa** (with support from Canadian International Development Agency and the Ford Foundation) have conducted thorough, high-quality research on the subject of sexual abuse and violence against women and children in Kenya. The publications have helped to provide evidence of the extent of this severe social issue.

Despite these organization's admirable activities, the lack of a collaborative framework, networking or communications between civil society and the government leads to frustrations. Although most organizations work with a government department or section, many lose valuable time and effort due to government bureaucracy that holds up progress of joint programmes. For example, NCWK pointed out that despite extensive research that proved sexual abuse by teachers, the Ministry of Education Science and Technology (MOEST) and the Kenya National Union of Teachers (KNUT) have so far done little to respond. FIDA Kenya and CRADLE have spent vast resources to train and connect with parliamentarians on bills that would improve women's status, yet parliamentarians have not effectively responded to the advocacy efforts.

Domestic Violence Shelters

There is only one shelter for women who are victims of domestic violence in Kenya, run by the Women's Rights Awareness Programme (WRAP). Established ten years ago, the shelter receives women who are escaping abusive relationships. WRAP also assists the women to access post-rape therapy, access ARVs for those with HIV, and provides

⁴⁸ The Role of men in the fight against HIV and AIDS

counseling and support for women who go to court. FIDA and COVAW have indicated their interest in establishing shelters, but are constrained by lack of resources.

There are no shelters that specifically address the needs of young women and girls concerning abuse or violence. The Dada Rescue Center in Nairobi responds to the needs of street girls, some of who are exposed to violence.

Legal Support

Public interest litigation refers to legal services that represent cases that have the potential to change law and policy. The Cradle, COVAW, CREAW and FIDA are all involved in public interest litigation that seeks to highlight specific areas of gender discrimination.

Legal Aid

FIDA Kenya, the CRADLE and CREAW provide professional legal aid services to women. COVAW and WRAP have trained staff with counseling skills to accompany survivors to police stations and attend court. But public legal services lack adequate resources, trained staff, and the seriousness in their response to violence against women, and present long waiting periods in police stations and courts. Thus, the demand for quality legal services is high, far exceeding the capacities of the few organizations that provide it. As a result, there is burnout among the organizations' legal staff, and sadly organizations must cut back on services from time to time due to the high demand.

Prosecution Support

The preparation of cases, the collection and presentation of evidence, and the availability of expert witnesses are crucial elements to a successful prosecution. Several organizations have started programmes to help women understand how the criminal justice system works. WRAP, CRADLE and FIDA Kenya provide women with prosecution support services: advising clients of court process and procedures; and providing counseling services to assist women cope with the stress and trauma as a result of seeing their violator in court.

In conclusion, due to capacity constraints, it is impossible for NGOs and CBOs alone to meet all the legal needs of Kenyan women. The responsibility to develop effective, responsive legal services rests with the Director for Legal Services and Ministry of Justice and Constitutional Affairs. Ultimately advocacy efforts should focus on encouraging this office to respond more effectively to the problems of provision of fair legal services to women.

Public Awareness and Community Mobilization

One promising response to violence against women and girls is initiatives that are run by men that raise men's awareness of their role in combating gender violence. The Men for Gender Equality Network is a pan-African initiative, housed at FEMNET in Kenya, whose contribution to the national campaign has been to lobby and advocate for changes in men's attitudes towards violence against women.

COVAW works with communities to prevent violence against women and girls before it happens. This approach, currently underway in Kajiado, Taita Taveta and Nanyuki, involves community awareness-raising and building community links.

AMWIK and African Women and Child (AWC), Feature service and COVAW have collaborated with the mainstream media to raise profile of violence against women especially through events such as the 16 Days of Activism Against Women, which is a welcome development in the national response.

The Nation and The Standard newspapers, Kenya Broadcasting Corporation, Nation TV and KTN have all joined the campaign, providing free airtime and media space during the 16 Days of Activism.

Overall, additional media attention has raised public awareness of the fact and consequences of violence against women and girls and AIDS. The 16 Days of Activism is now a national event, and, on the whole, media coverage of rape and domestic violence cases is increasing in frequency and consistently fair.

Health Care Response to Violence against Women and Girls

The Ministry of Health through the Division of Reproductive Health has developed National Guidelines on the Medical Management of Sexual Violence launched in 2005. In addition they have supported the violence response unit within Kenyatta National Hospital. The Nairobi Women's Hospital, in operation since 2001, is a private institution that specializes in obstetric and gynecological care, but also provides general medical services. The Gender Violence Recovery Centre (GVRC) Unit has been operational since 2001 and caters for women and children who have been subjected to abuse by strangers or people close to them. The GVRC offers medical care, rehabilitates women victims of all forms

of violence including rape through specialized trauma counseling and administers PEP (post exposure prophylaxis) and several other tests for STIs or other infections resulting from the ordeal. According to the Programme Manager, the GVRC receives an average of 18 cases daily of violence against women, specifically rape and incest. As demand for these services grows, the hospital is considering franchising its response protocol to other public and private services.

In preparation for this process, the hospital has entered partnership agreements with several health service providers in Kisumu, Mombasa and sections of Nairobi.

The Liverpool VCT (LVCT) and Care Kenya supports the government in operational research for voluntary counseling and testing (VCT) and in sexual violence and AIDS in order to support change in health policy and actions in response pandemic. They support integration of post-rape services into government health facilities. This is through training of both clinical and laboratory staff in rape, trauma counseling, they equip the facilities with STI and PEP drugs, and emergency contraception. In addition they support the strengthening of the health systems. To date they have expanded the services to six districts and to one provincial hospital. They are currently strengthening the response at the Kenyatta National Hospital.



Part three

How to Respond More Effectively.

Build a cohesive response

Recent substantial increases in the flow of resources to Kenya to fight AIDS (in response to political commitment and local action) is welcome, but they create challenges in coordinating the growing number of stakeholders; activist, civil Society, government, and development partners. Building a cohesion and increasing collaboraion will maximize efficiency and minimize duplicity of efforts.

Collaboration between government and civil society toward a more a cohesive response to violence against women, girls and the AIDS pandemic will allow for more efficient use of valuable resources, and will ultimately enhance the effectiveness of interventions. Closer collaboration could start with the following types of interventions:

- establish a national framework including a national plan of action and national response guidelines. The framework should be owned and led by the relevant government ministries but with contribution from a wide range of stakeholders developed in a highly consultative way;
- coordinate existing NGO efforts, and streamline diverse objectives, interventions and activities;
- coordinate government and NGOs: merge priorities; engage with each other; establish work plans, cut down on government bureaucracy delays to ease project implementation;
- link AIDS organizations with NGOs addressing women's needs; link organizations that deal with violence against women and children to organizations that fight AIDS.

Engage Policy Makers and Government

It is the government, through the Ministry of Health, Ministry of Justice and Constitution Affairs, and the Office of the President that has the legal authority and the resources to establish systems and programmes that protect women from violence and AIDS. There are many ways to influence policy makers to action, including but not limited to:

- workshops on violence against women and AIDS;
- petitions before the parliamentary house committees;
- street demonstrations;
- dialogue with parliamentarians on women's rights and the impact of violence on the HIV/AIDS epidemic;
- lobbying parliamentarians to revise the existing definition of rape to be non-gender specific and encompass the various kind of violations that constitute rape.⁴⁹

Educate and Involve Men

In many Kenyan cultures, men are encouraged to take risks and express their manhood, often in ways that can lead to violence and spread of AIDS, including having sex with multiple partners, use of alcohol and drugs, and display of dominant sometimes violent behavior to women. But social change can allow men—and especially young men—to let go of these pressures.⁵⁰

Programmes that involve men without blaming them are crucial if violence against women is to end. And it's not just adolescents or husbands that can contribute: fathers can be encouraged to raise their

⁴⁹ All Under One Law. Daily Nation, Pg 7.

⁵⁰ Gendering AIDS: Women, Men, Empowerment, Mobilisation, p. 38).

sons and daughters with the self-respect to prevent violence in the next generation. To engage men more effectively:

- Support or establish men-run initiatives that raise awareness, lobby and advocate;
- Address violence in programmes conducted in bars, churches, and the workplace;
- Involve boys in the issue at schools, during sporting practices and events, and through the media.

Tighten Existing National Networks, Forums and Coalitions

National networks and forums, and coalitions that work to stop violence, include but are not limited to COVAW, Medico-legal Network, The Laikipia Network against Violence against Women, Komesha Unajisi, and Women's Agenda. The Juvenile Justice Network coordinated by CRADLE, monitors and reports incidences of abuse against girls. The Girl Child Network (GCN) coordinates agencies that work on issues and concerns of girls.

Coalitions such as the Women's Agenda, Komesha Unajisi and the Laikipia Network against Violence against Women adopt radical feminist agendas of collective resistance to oppression and violations. The networks have made great gains in changing and influencing public perceptions. However, the current networks are not invincible, and tend to dissolve once the immediate case or issue of concern is addressed. These existing networks can be strengthened and used to organize a response.

Address Legal System

- Enforce existing laws and pass legislation on sexual offences;
- Establish new, and support existing, organizations that provide women with prosecution support services: advise clients on the courts' processes and procedures, offer counseling services to help women cope with the stress and trauma of going to court with this sensitive subject and seeing their violator in court;
- Educate police;
- NGOs, CBOs and government work together to: recognize informal and community justice systems; allow vernacular language in trials; establish help desks at courts; establish victim-friendly facilities at police station, and set up children' courts and courts that exclusively deal with sexual offences.

Develop a national approach and standards for hospitals, shelters

- **PEP:** The risk of HIV transmission from rape is diminished if the rape victim has access to Post-exposure Prophylaxis (PEP). PEP awareness and availability is a priority in fighting the spread of AIDS. PEP is offered by several private and public hospitals, including the Kenyatta National Hospital, Thika and Malindi district hospitals, a few health centres, private health centres and NGOs. The government through the Ministry of health hopes to ensure

PEP is available in all centres providing aniretroviral therapy.

- **Services that help girls and young women specifically:** There are currently no shelters, or clinics that address the needs of girls and young women specifically, yet girls are the most vulnerable to violence and AIDS rates among young women are higher than that of other groups. It is crucial to establish services or specific time slots for girls at school clinics; address the issues of violence and HIV in girls' groups and girls sports.
- **Develop a national approach to services:** Disseminate acceptable standards on violence against women and girls and HIV and AIDS to psychological and reproductive health services and shelters. Necessary interventions that respond to the needs of young women and girls should be separate guidelines.
- **Integrate response to violence in health services:** Health services, including those focused on AIDS, are a potential entry-point for identifying and helping women who experience violence. First, cross-train employees who work on HIV counseling and those who deal with domestic violence so they are aware of the dynamics of both epidemics. Health workers can treat patients for sexual and reproductive health problems that are associated with violence (e.g. STI, pelvic pain, unwanted pregnancies), and also refer them to other services that they may need. In voluntary counseling and testing clinics, counsellors can be trained to identify women who have experienced violence, and offer appropriate advice on disclosure to HIV positive women. It is important that health services develop context-specific

responses to violence against women based on existing resources, level of staff training, referral options, and availability of other services.⁵¹

- **Build Consensus on the definition of "Gender Based Violence"**. Today, the definition of what constitutes gender-based violence varies among stakeholders. For example, COVAW interprets gender-based violence to affect both women and men, and designs intervention strategies for both sexes. Maendeleo ya Wanawake does not have a working definition of gender-based violence, FGM being its primary concern in the area of violence.

There is no current analysis if or whether Kenyan women's experience of sexual abuse and domestic violence defined appropriately in existing laws and practice. What is the experience of young women and girls experience with sexual violence today? Organizations and agencies currently working against violence must document their experiences, undertake operational research, and make critical analyses to guide advocacy.

⁵¹ Intimate Partner Violence and HIV/AIDS Gender Series: Violence and Abuse of Women and Girls in Kenya.

The Next Steps

Government planners and economists must first acknowledge that violence against women and girls is a national problem contributing to the spread of HIV. This urgent situation requires a national multi-sectoral response, matched with public funding. It is the government's responsibility to incorporate issues of violence against women and girls in the fight against AIDS.

Broad Principles

- Design interventions with a long-term perspective in which civil society and government agencies work together. Address the geographical distribution of responses.
- Design interventions that invite the participation of many sectors such as education, health, and business. Conduct programmes that will reach the population, such as in bars, on the streets, and in churches. All organizations working in the fight against AIDS must address violence against women as part of their mandates.
- Support research and evaluation on violence and AIDS. Document experiences in establishing programmes on violence and AIDS and share the implications for policy and legislative review and to disseminate knowledge throughout the region.
- Give women and girls access to services that help in cases of abuse and/or HIV and AIDS including access to legal services and the criminal system; reproductive health and support; and PEP and counseling in all health centers. Streamline existing complicated bureaucracy regarding rape response.

Specific Recommendations

National Strategy on Violence against Women and HIV and AIDS

The next step in the fight against violence against women in the context of HIV and AIDS is for the Kenyan government, civil society, development partners and other stakeholders to coordinate and collaborate in their collective response. A national strategy, developed with long-term goals to combat violence against women and the spread of AIDS, can be their first collaborative effort.⁵² *The National Strategy against Violence Against Women and the Spread of HIV and AIDS* will establish a broad-based, multi-sectoral national response. The role and expected contributions of each stakeholder involved will be clearly defined. Below is a list of some of the key participants in the fight against violence and the spread of AIDS, and their possible roles in the national strategy.

Government Agencies

Ministry of Gender, Sports, Culture and Social Services

- Collaborate with the National AIDS Control Council (NACC) to develop a national strategy to respond to violence against women and girls, HIV and AIDS.
- Engage with the current political and economic development agenda; ensure that interventions are multi-sectoral and

⁵² An integrated approach to combating violence against women

include the participation of all relevant ministries.

- The National Gender Commission: monitor reforms by the Kenya Police and Administration Police services to ensure that violence against women is an issue that is considered at all levels of strategic planning, operations and crime prevention strategies.
- Make sure that crime figures and data from government agencies is age and gender disaggregated.
- Develop a mechanism to coordinate the national efforts towards addressing Gender based Violence in Kenya.
- Investigate and review the government previous efforts to develop an action plan to address GVB and based on this review, agree on the way forward. This include establishing a national framework with a national plan of action and national response guidelines.

Office of the President

- Support the Ministry of Gender, Sports, Culture and Social Services in the development of a national strategy to respond to violence against women and HIV/AIDS.
- Monitor the reforms by the Kenya Police services and Administration Police as they mainstream violence against women into crime strategy and operations.
- Ensure that crime data is age and gender disaggregated.

National AIDS Control Council (NACC)

Spearhead and support processes to strengthen meaningful links between violence against women, girls and HIV and AIDS.

- Ensure that organisations that work against violence against women are represented on HIV and AIDS policy and decision making forums; Co-opt them in the gender and AIDS working group
- Work with the ministry of Gender, Sports, Culture and Social Services to develop a national strategy to address violence against women and girls in the context of AIDS
- Develop programme guidelines on how to intergrate AIDS issues into violence against women and girls progr ammes and vice versa

Ministry of Education

- Develop a protocol that prohibits violence against girls by teachers in primary and secondary schools, and develop a policy of the Ministry of Education's response to violence against girls in school.
- Create campaigns that raise awareness of young girls about sexual violence and abuse, how to stop it, and what to do if it occurs.
- In collaboration with teacher-training colleges and the Kenya National Union of Teachers (KNUT), disseminate the Ministry of Education's policy of violence against girls in school.
- Update the National School Curriculum and incorporate the

issue of violence against girls in school.

Ministry of Health

- Disseminate the Protocol for Management of Rape Survivors to every district hospital. Also disseminate to all public and private health centers the National Guidelines on Medical Management of Rape and Sexual Violence (2004), which communicates how to implement that protocol for the management of rape survivors. Teach hospital and clinic staff the protocol, make sure they know the protocol and have access to the guidelines.
- Write new protocols that address all forms of violence against women: issues of domestic violence, child sexual abuse and violence, emotional/psychological abuse, and physical assault against women and girls.
- In collaboration with the police services, create public awareness about the protocols, and educate the public to encourage reporting crimes.
- Link AIDS-related government programmes and NGOs to organizations and programmes that work to stop violence against women and girls.

Ministry of Justice and Constitutional Affairs

- Through the ongoing Governance Justice Law and Public Order Sector Reforms, reform the justice process to better address issues of violence against women and girls, and to improve women's access to justice.

- The Director for Legal Services under the Ministry of Justice and Constitutional Affairs has the mandate to implement a nationwide legal aid service. Link with women's organizations to take over the existing load of cases, and focus on public interest litigation that will bring awareness to the issue of violence against women, and will change policy and legislation. Establish programmes that provide legal aid services for women.

Ministry of Labor

- Establish protocols and write guidelines against sexual harassment of women laborers and employees, and against gender abuse in the work place.
- Collaborate with the Federation of Kenya Employers (FKE) and Central Organisation of Trade Unions (COTU) to disseminate the above protocols and guidelines that protect women against violence in the workplace.

Ministry of Planning and National Development

- Commission a report to quantify the extent to which violence against Kenyan women and girls is hindering the economy.
- Insist that data from the Ministry's research agencies (for example Central Bureau of Statistics, National Council for Population and Development) is age and gender disaggregated.

Ministry of Agriculture

- Support and contribute to developing the national strategy to address violence against women.
- Collaborate with the Ministry of Labor to develop protocols and guidelines that will protect women laborers and casual workers from violence on agricultural plantations and farms.

Civil Society Organisations

In addition to supporting the Government's efforts Civil Society Organisations, the general recommendations apply:

- NGOs working on interventions to stop violence against women: monitor the government's stated objectives of institutional reforms that respond to violence against women. Lobby to make sure the objectives are being met.
- Take advantage of the changing policy interventions. For example, how does community policing, implemented by the Administration Police and Kenya Police, work to protect women from violence? To what extent does the Governance Justice Law and Public Order Sector Reforms, implemented by the Ministry of Justice and Constitutional Affairs, address the fight against violence against women?
- Conduct needs assessment of organizations working on AIDS with regard to their capacity related to violence, and of organizations working on violence with regard to AIDS.

- NGOs working on violence and those that address HIV and AIDS collaborate and establish a system that responds efficiently and effectively to women who are violated and may be HIV-infected
- Continue to lobby the Parliament for passage of the Family Protection Bill and Sexual Offence Bill.

Service Delivery Interventions

- Coordinate the legal, reproductive and post-rape services to minimize the cost of service provision for victims of violence: integrate services. For example, KENWA and FIDA Kenya work together.
- Lobby for the government to allocate funds to the services that support the recovery of victims of violence.
- Collaborate and network with NGOs and government agencies.

United Nations Agencies and development partners

- Support the Government of Kenya in developing a national strategy that responds to violence against women and Girls, HIV and AIDS, and that coordinates all stakeholders in the fight against violence against women.
- Support the Government of Kenya's efforts to deal with violence against women and Girls including institutional, technical and organizational support.
- UNFPA supports reproductive health education and services for refugee communities in Northern Kenya, this should

- continue.
- Continue to raise awareness on the prevalence of violence and its link to AIDS.
- Commission and support research to quantify violence, AIDS and their links.

Priority Research and Documentation Areas

- Government agencies, such as the National Centre for Crime Research (under the office of the Attorney General Kenya), The Kenya Institute for Public Policy Research and Analysis (KIPPRA) do research and document on how interventions will make a difference to victims of violence. Highlight how women's experiences with current interventions are empowering and contribute to life changes.
- Such organizations should also quantify the cost of violence against women in Kenya. Nationality, different sectors and for girls and the young.
- Document best practice in violence against women protection, and how these practices can be replicated.
- Quantify and qualify the links between violence against girls and women and AIDS.

Funding and Resource Mobilization

- The Ministry of Gender, Sports, Culture and Social Services, the Office of the President, and the Ministry of Finance must provide more funding for the fight against violence against women and girls. NGOs lobby for better funding toward this issue, and advocate for increased budgetary allocations

to the national responses to violence against women. (As part of the lobbying process, link the cost of violence against women to the economy, and the need for economic development.)

- Government agencies and NGOs need better financial support for stopping violence against women and girls. Donors must respond.
- Fund service delivery where there are no services; and fund proposals that link government and NGO collaboration.

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on Women and AIDS**

**UNAIDS Kenya
Block Q, Room 117
UN Complex, Gigiri
P.O. Box 30218 – 00100 GPO, Nairobi
Telephone: 254 20 7624391
Fax: 254 20 7624390**