KENYA RESPONSE TO THE SPECIAL RAPPOTEUR ON VIOLENCE AGAINST WOMEN, ITS CAUSES AND CONSEQUENCES

1. Main challenges to addressing violence against women in its various forms

Despite the positive strides made by Kenya towards addressing Gender Based Violence, a number of challenges still need to be addressed. Such challenges include:

- **Cultural and Religious beliefs:** Various cultural and religious beliefs persist around women and girls, these attitudes continue to perpetuate harmful practices such as female genital mutilation and contribute to the normalisation of GBV.

- **Drivers of GBV:** There are certain factors that contribute to the vulnerability of women and girls to be subjected to gender based violence such as poverty, unemployment, illiteracy, alcohol and substance abuse.

- **Implementation and enforcement of GBV responsive laws:** Kenya has very progressive laws on gender based violence the challenge, is in the implementation of the laws across the various agencies.

- **Collection of evidence:** Evidence collection is a major challenge as proper collection of evidence is crucial to ascertain access to justice for survivors of GBV. There is a need to strengthen and clarify aspects of the chain of custody, among duty bearers as this is a crucial element in the handling and collection of evidence.

- **Low levels of awareness:** Duty bearers and right holders have low awareness on the National laws and policies that have been enacted on prevention and response to gender based violence.

- **Coordinated referral system:** The GBV referral system is not effectively utilized by the different stakeholders in terms providing services to the
survivors. It needs to be coordinated among all the duty bearers and information shared with the right holders.

- **Availability and accessibility, on essential GBV services:** GBV services are limited and not accessible. The right holders are also not aware of the services that they should receive. An example of this is shelters, they are limited and not sufficiently allotted to meet the demand of the survivors.

- **Resources:** The health, security and justice sectors have limited resources to effectively respond to GBV and implement anti-GBV programmes.

- **Data Collection:** GBV data is captured separately by different stakeholders. Therefore, there is need for harmonised and centralized data management system to guide policy and gender programming in the Country. Gender statistics also remain a challenge as we need regular statistics to be collected on GBV.

2. Kenyan perception on the mandate of the Special Rapporteur on violence against women and its contribution to empowerment of women in addressing GBV.

The mandate the Special Rapporteur is to:

(a) Seek and receive information on violence against women, its causes and consequences from Governments, treaty bodies, specialized agencies, other special rapporteurs responsible for various human rights questions and intergovernmental and non-governmental organizations, including women's organizations, and to respond effectively to such information;

(b) Recommend measures, ways and means at the local, national, regional and international levels to eliminate all forms of violence against women and its causes, and to remedy its consequences;

(c) Work closely with all special procedures and other human rights mechanisms of the Human Rights Council and with the treaty bodies, taking into account the request of the Council that they regularly and systematically integrate the human rights of women and a gender perspective into their work, and cooperate closely with the Commission on the Status of Women in the discharge of its functions;

(d) Continue to adopt a comprehensive and universal approach to the elimination of violence against women, its causes and consequences, including causes of violence against women relating to the civil, cultural, economic, political and social spheres.
Kenya considers the above mandates of the Special Rapporteur to be sufficient in empowering women in addressing Gender Based Violence.

3. **Measures to strengthen the role of the mandate of the Special Rapporteur to accelerate prevention and elimination of violence against women.**
   a) Formation of GBV liaison offices in all member counties to aid the Special Rapporteur in collection and compilation of reports and coordination of implementation of recommendations.
   b) Sharing of Special Rapporteur’s periodic reports to member states for inter-state experience sharing and best practices.

4. **Steps to be taken to ensure that the mandate of the Special Rapporteur can effectively contribute to better institutional coordination across the various international and regional violence against women and gender equality mechanisms for the elimination of violence against women.**
   a) The special rapporteur should have a focal point situated in each National gender machinery in member states to enhance coordination and implementation of the international and regional frameworks.
   b) Institute a regional database for sharing of best experiences between clustered member states on combating gender based violence.
   c) Organise regional conferences on gender based violence to raise awareness and monitor implementation of the international and regional frameworks between member states.

5. **Measures to be taken to support the initiative of the Special Rapporteur to encourage States to establish femicide watch and/or observations.**

Femicide is generally understood to involve intentional murder of women because they are women, but broader definitions include any killings of women or girls. Femicide is usually perpetrated by men, but sometimes female family members may be involved. Femicide differs from male homicide in specific ways. For example, most cases of femicide are committed by partners or ex-partners, and involve ongoing abuse in the home, threats or intimidation, sexual violence or situations where women have less power or fewer resources than their partner. The best approaches to ending femicide include:

   a) **Strengthen data collection of femicide and intimate partner violence:** There is a need to strengthen collection and analysis of mortality data, disaggregate this data by sex and, in the case of murders,
ensure documentation of the relationship between the victim and perpetrator. This data can be complemented by information from other sources (e.g. police, mortuaries, courts and medical examiners).

b) **Institute a campaign on femicide to raise awareness**: Awareness-raising and advocacy will be critical to inform the duty bearers and right holders on what constitutes femicide and ways to mitigate and report cases of femicide.

c) **Train and sensitize health staff**: Training and sensitization of health workers, medical and forensic examiners could enable personnel to improve the documentation and evidence collection of cases of femicide. Moreover, there is a need to improve health-care providers’ capacity to identify intimate partner violence and risk of femicide. Improving detection of severe partner violence within health systems, particularly during pregnancy, has been suggested as a means of reducing the risk of femicide. A number of assessment tools for detecting risks for intimate partner violence and femicide need to be developed.

d) **Train and sensitize law enforcement agencies**: Law enforcement agencies are critical players in ensuring access to justice in the criminal justice system. They need to receive training and sensitization to identify and document cases of femicide, including the reporting of victim–perpetrator relationships. Training for police should also include instruction related to cases of family violence. In conjunction with child protection services, policies and training should include identification and support of children affected by intimate partner violence and femicide. The laws should ensure timely prosecution of perpetrators.

e) **Conduct research**: Overall, the best way to reduce femicide is by reducing intimate partner violence. Research is needed with a focus on perpetrators and potential perpetrators – for example, in relation to risk and protective factors. Studies are also needed to investigate cases of intimate partner violence, and various social norms. The research component is vital to understand the early warnings and characteristics of perpetrators, to effectively mitigate and prevent femicide.

6. **Opportunities and challenges for strengthening and using the mandate of the Special Rapporteur under the international and regional frameworks to eradicate violence against women and girls, and to accelerate that elimination.**

**Opportunities**
• Enhanced multi-sectoral coordinated approach where state and non-state actors work together towards gender responsive programming to raise awareness on gender based violence and enhance coordination. Kenya is in the process of implementing the intergovernmental consultation framework on gender between National and County Governments.

• Embedding GBV services into the healthcare system. Kenya is implementing the big four action plan and has included GBV treatment into the universal healthcare coverage.

• Leveraging in resources so as to be more effective in the delivery of GBV services to right holders. The UN-Kenya joint program on GBV is a good initiative that bolsters collective efforts and resources from UN agencies and Government.

• Instituting awareness campaigns to share information on gender based violence so as to combat the negative stereotypes and normalisation of gender based violence.

• Empowering the girl child through education and enhancing women’s economic emancipation. Knowledge and resources would enable women to understand, assert and claim their rights.

• Development and implementation of gender responsive policies and laws to address economic empowerment of women and prevent and respond to gender based violence.

• Enhanced male involvement in the fight against gender based violence. The narrative on GBV should not demonize men and boys rather, programming should incorporate them as agents of change as well as respond to their needs as victims/survivors.

• Advocating for implementation of gender responsive legislation e.g. in the Kenyan context the ‘not more than two thirds’ gender rule would ensure women are fully and effectively incorporated in decision making.

• Training of duty bearers and rights holders on prevention and response to GBV.

• Distribution of essential amenities e.g. in the Kenyan context the Government distributes free sanitary towels to school going children to reduce vulnerability and retain them in school.

• Strengthen key partnerships e.g. with the media to enhance awareness creation on GBV, policy dissemination and gender responsive coverage of GBV interventions.

• Special rapporteurs should be able to share the State reports with the member states before it is made public.
Challenges

- Need for proper funding and administrative support for the special rapporteur.
- GBV eradication challenges various social and cultural norms, and this requires behaviour change. The results of these initiatives may be slowly realised and not measureable over a short period of time.