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**THE AUDITOR-GENERAL'S
PERFORMANCE AUDIT REPORT ON
PREVENTION AND RESPONSE TO
GENDER BASED VIOLENCE
BY THE STATE DEPARTMENT FOR GENDER
AND AFFIRMATIVE ACTION**

AUGUST 2023

VISION

Making a difference in the lives and livelihoods of the Kenya people

MISSION

Audit services that impact on effective and sustainable service delivery

CORE VALUES

Integrity

Credibility

Relevance

Accountability

Independence

MOTO

Enhancing Accountability

FOREWORD BY THE AUDITOR-GENERAL

I am pleased to present this performance audit report on the Prevention and Response to Gender Based Violence as implemented by the State Department for Gender and Affirmative Action. My Office carried out the audit under the mandate conferred to me by Article 229 (6) of the Constitution of Kenya, 2010, to confirm whether or not public money has been applied lawfully and in an effective way. In addition, Section 36 of the Public Audit Act, 2015 requires the Auditor-General to examine the economy, efficiency and effectiveness with which public money has been expended.

Performance, financial and continuous audits form the three-pillar audit assurance framework that I have established to give focus to the varied and wide scope of the audit work done by my Office. The framework is intended to provide a high level of assurance to stakeholders that public resources are not only correctly disbursed, recorded and accounted for, but that the use of the resources results in positive impacts on the lives of all Kenyans. The main goal of our performance audits is to ensure effective use of public resources and promote services delivery to Kenyans.

The report is submitted to Parliament in accordance with Article 229 (7) of the Constitution of Kenya, 2010 and Section 39 (1) of the Public Audit Act, 2015. In addition, I have remitted copies of the report to the Principal Secretary, State Department for Gender and Affirmative Action, the Principal Secretary, The National Treasury and the Chief of Staff and Head of Public Service.


CPA Nancy Gathungu, CBS
AUDITOR-GENERAL
23 August, 2023

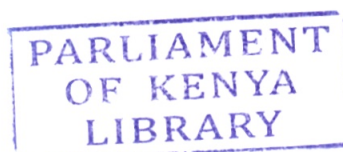


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DEFINITION OF TERMS

Term	Definition
Case Adjournment	Postponement of current court proceedings to a later date.
Duty Bearers	Actors who have a particular obligation or responsibility to respect, promote, and realize human rights and to abstain from human rights violations. It is most commonly used to refer to state actors, but non-state actors can also be considered duty bearers. The duty bearers include; State Department for Gender and Affirmative Action, Ministry of Health, the National Police Service, Director of Public Prosecution, the Judiciary and Safe Shelters Administrators.
Perpetrators	Any person, group, or institution that directly or indirectly inflicts or otherwise supports violence or other abuse inflicted on another against her/his will.
P3 Form	This is the Kenya Police Service Medical Examination form either issued at the police station or downloaded from the internet. It is filled by a police officer (Part I) and a health practitioner (Part II) as evidence that an assault has occurred.
Post Rape Care (PRC) forms/MoH 363 form	The PRC is a medical form filled when attending to a survivor of sexual violence. The form strengthens the development of an evidence chain of custody by having a duplicate that can be used for legal purposes and showing what specimens were collected, where they were sent, and who signed for them. The PRC form can be filled by a medical officer, a clinical officer or a nursing officer.
364 Register	Sexual and Gender Based Violence Summary form filled by medical practitioner and fed into the District Health Information System (DHIS) for reporting of GBV cases at health facilities.
365 Register	Register that records sexual violence at the health facility.

Term	Definition
Safe Shelters	These are places of temporary refuge that offer immediate protection, safety, psycho-social support and other services to GBV survivors and their families. They are professionally run following stipulated standard operating procedures (SOPs).
Sensitization	Sessions conducted for community members to create awareness about Gender Based Violence.
Survivor	A person who has experienced gender-based violence.
Vicarious trauma	It is an occupational challenge for people working in the field of victim services, law enforcement and medical services, due to their continuous exposure to victims of trauma and violence. It is the trauma that can occur after exposure to someone else's trauma or experience during work.
Witness Bonding	An order of the court requiring a witness to attend court failure to which the witness can be arrested and brought before the court.

LIST OF ABBREVIATIONS

Abbreviations	Full Description
CSOs	Civil Society Organizations
GBV	Gender Based Violence
GBVRCs	Gender Based Violence Recovery Centres
GBVMIS	Gender Based Violence Management Information System
HAK	Healthcare Assistance Kenya
NPS	National Police Service
ODPP	Office of the Director of Public Prosecutions
PRC	Post Rape Care Form
SDfGAA	State Department for Gender and Affirmative Action
SGBV	Sexual Gender Based Violence
SOA	Sexual Offences Act
SOPs	Standard Operating Procedures

Background of the Audit

1. Gender Based Violence (GBV) is any act that results in physical, sexual, mental and economical harm or suffering, inflicted in public or private against a person based on social attributes and opportunities associated with being male or female. It also includes threats of violence, coercion and manipulation.
2. Gender Based Violence can take many forms such as; sexual violence, domestic violence, intimate partner violence, emotional and psychological violence, female genital mutilation and trafficking in persons. It also includes socio-economic violence such as denial of access to family resources, violence against the elderly and child neglect or abandonment.
3. Globally, an estimated 736 million women—almost one in three—have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both at least once in their lifetime.
4. Gender Based Violence prevention involves efforts to increase gender equality and transformation of gender norms. This entails a shift from “victims” to “survivors”, with a focus on empowerment of women and girls. Further, prevention entails incorporating men and boys as perpetrators, survivors and as agents of change as they are often neglected as survivors of GBV. On the other hand, response to GBV encompasses ensuring survivors rights to protection and access to services are met, including safe shelters, health sector services and legal services.
5. In Kenya, the State Department for Gender and Affirmative Action (SDfGAA) is mandated with formulation of policy and programmes towards prevention and response to gender-based violence.

Motivation for the Audit

6. The factors that motivated the Office to conduct the audit included: -
 - i. The Kenya Demographic Health Survey, 2022, indicated that 34% of women had experienced physical violence, while 13% had experienced sexual violence. Similarly, 7% of men from the survey had experienced

physical violence, while 27% had experienced sexual violence. Further, data from the National GBV Toll-free hotline, has been indicating rising cases of GBV both in rural and urban areas.

- ii. Gender Based Violence has a heavy economic cost as it requires the involvement of medical, psychological, security or justice system and results in the loss of resources or loss employment by victims. According to GBV Costing Study, 2016, by the National Gender and Equality Commission (NGEC), the total loss arising from GBV injuries amounted to Ksh.46 billion annually, which translated to about 1.1% of Kenya's Gross Domestic Product. GBV therefore imposes tremendous costs on survivors and their families and is an economic burden to the affected families.
- iii. Target 5.2 of Sustainable Development Goals (SDGs) seeks to eliminate all forms of violence against women and girls in public and private spheres. It was therefore necessary to assess whether measures in place are working towards this.
- iv. Further the State Department for Gender and Affirmative Action has cumulatively spent Kshs.1.1billion towards activities aimed at prevention and response to Gender Based Violence in the Country. However, cases of GBV have not reduced as envisaged.

Objective of the Audit

7. The objective of the audit was to assess whether the measures put in place by the State Department for Gender and Affirmative Action and other state actors were effective towards prevention and response to Gender Based Violence (GBV).

Scope of the Audit

8. The audit covered the period between financial years 2018/2019 to 2021/2022 and examined; how the State Department for Gender and Affirmative Action coordinated the various actors in the GBV referral pathway, the institutional capacity of actors to provide services, the extent of support in the establishment and regulation of safe shelters and sustainability of donor funded programmes and activities in Kenya. The audit also examined how the actors in the criminal justice

system ensured timely dispensation of GBV cases. However, the audit did not examine the State Department's activities towards elimination of Female Genital Mutilation (FGM).

Summary of Audit Findings

a. Progress Towards Achievement of Generational Equality Forum Commitments

9. Kenya made twelve (12) Commitments in advancing gender equality and ending all forms of gender-based violence and female genital mutilation by 2026. This was done during the Nairobi Summit on 25th Anniversary of the International Conference on Population and Development (ICPD+25) in 2019. However, there were still notable gaps in the implementation of these commitments. For instance, commitment two (2) which required the government to invest Ksh.3.2 billion (USD 23 million) by 2022 and increase allocation of up to Ksh.7 billion (USD 50 million) through a co-financing model for prevention and response to GBV by 2026. The government has so far allocated only Ksh.1.13 billion (USD 8 million) inclusive of donor funding towards prevention and response to GBV. Inability to increase investment towards prevention and response mechanisms may result in slow implementation of GBV programs across the 47 counties.
10. Further Commitment six (6) required the government to invest Ksh.100 million (USD 714,215) annually for GBV research and innovation to boost evidence-based programming. However, the audit revealed that the government had not allocated any resources towards research which may hinder a stronger and broader knowledge base for prevention and response to GBV that can inform policy making.
11. Additionally, the State Department had not attained Commitment five (5) regarding developing a GBV Management Information System (GBVMIS) by 2022. Interviews with the National Gender and Equality Commission (NGEC) revealed that the Commission had established one but it was not operational due absence of modules from other state actors. Lack of a GBV Management Information System hindered the State Department from effectively monitoring progress of interventions towards prevention and response to GBV at all levels.

b. Ineffective Coordination of Actors towards Prevention and Response to Gender Based Violence

12. The Ministry in charge of Gender Affairs is required to take the leading role of coordinating all state and non-state actors at all levels in the Country for effective programming for GBV prevention and response, data collection, monitoring, evaluation and research. However, the audit revealed that the coordination measures employed by the State Department were not effective due to the following reasons: -

i. Absence of a Centralized Gender Data Management System

13. The Ministry in charge of Gender Affairs is expected to establish and operationalize a Gender Management System to collect, store, regularly update and disseminate gender data that would consequently inform policy, investments and budgeting.

14. However, the State Department had not set up a Gender Data Management System and solely relied on data from the toll-free hotline which did not give a true picture on prevalence of GBV.

ii. Emphasis Put on Sexual Gender Based Violence Leaving Out Other Forms of Gender Based Violence

15. The Anti-GBV Directorate is responsible for coordinating activities in the elimination of all forms of GBV. However, the duty bearers had only instituted reporting tools for SGBV and there were disparities in handling GBV survivors as discussed below:

Lack of Reporting Tools on Other Forms of Gender Based Violence

16. The Judiciary, National Police, Gender Based Violence Recovery Centres (GBVRCs), and Healthcare Assistance Kenya had reporting tools that captured SGBV data. However, it is only GBVRCs and Healthcare Assistance Kenya that had taken their own initiative to capture data on other forms of GBV, which included emotional, psychological, intimate partner violence and domestic violence.

17. Despite the actors not maintaining data on other forms of GBV, analysis of data obtained from the GBVRCs and the toll-free hotline indicated that there was a higher prevalence of other forms of GBV compared to SGBV. Cumulatively, between the years 2018-2022, the GBVRCs reported 21,979 cases of other forms

of GBV against 16,589 cases recorded for SGBV while the toll-free hotline reported 12,205 cases of other forms of GBV against 1,490 cases recorded for SGBV in the same period. This implied that the lack of a reporting tool for other forms of GBV made it difficult to establish the holistic trend of GBV and establish effective interventions to address GBV.

Disparities in Handling Survivors of Other Forms of Gender Based Violence Compared to Survivors of Sexual Gender Based Violence

18. The audit established that survivors of other forms of GBV were charged for treatment and filling of P3 forms, while SGBV survivors were not charged. Charging survivors for treatment and filling P3 forms placed an economic burden on survivors of other forms of GBV and in instances where the P3 forms were not filled in time, it led to delayed prosecution of cases, hence delayed justice.

iii. Lack of Structured Monitoring and Evaluation Mechanisms

19. The State Department for Gender is required to establish a comprehensive GBV monitoring and evaluation framework cutting across sectors at national and county levels. This would ensure efficient tracking and accurate reporting on the progress of implementation of GBV activities. However, the audit revealed that the State Department lacked a component on monitoring and evaluation and may not be able to effectively determine if the multi-sectoral response to GBV is following the agreed interventions and referral processes.

iv. Irregular Participation of Primary Duty Bearers in the Sector Working Groups Meetings

20. The County Gender Sector Working Group (CGSWG) meetings provide a platform where state actors as members and non-state actors as ex-officio members meet to develop joint implementation strategies for gender related activities and harmonize various initiatives to avoid duplications in the field. The platform also provides a forum for resource mobilization towards anti-GBV activities. However, the audit revealed that the Judiciary and the Office of the Director of Public Prosecution (ODPP) did not regularly participate in the quarterly Sector Working Group meetings, therefore depriving the Working Group valuable input on how all actors in the GBV referral pathway could contribute to timely dispensation of justice.

c. Delays in Dispensation of Justice

21. The Judiciary's Report of April 2015 on Institutionalizing Performance Management and Measurement recommends that cases should be determined within 360 days from the date of filing. This would ensure speedy determination of cases and dispensation of justice.
22. Analysis of sexual offenses cases in the eight (8) law courts visited in the period between 2018 to February 2023 revealed that out of 1,559 closed cases, 1,137 cases (72.9%) lasted more than the recommended time period, with some cases taking more than two (2) years to be concluded. The delays were mainly occasioned by adjournment of cases mainly due to delays by the investigating officers, the judicial and prosecution officers and in DNA analysis of samples by the government chemist. Other causes of delays were attributed to absence of accused persons, complainants and witnesses.

d. Inadequate Institutional Capacity of Duty Bearers to Effectively Carry out their Functions

23. Institutional capacity entails duty bearers receiving adequate training to perform their functions, facilitation to execute their functions and provision of psychological debriefing due to the nature of their work. The audit assessed whether the duty bearers received adequate training to perform their functions, how they were facilitated to execute their functions and whether they were offered psychological debriefing due to the nature of their work.
24. The audit noted that the State Department for Gender has not ensured adequate and regular training and capacity building of its county gender officers and the actors in the referral pathway. The budget allocation was inadequate to facilitate Gender Sector Working Group (GSWG) meetings, carry out anti-GBV campaigns and also facilitate movement within the county to implement anti-GBV activities and monitor activities, among others things.
25. Further, each county had only one (1) gender officer from the State Department to coordinate all the GBV activities in the county against the required four (4) gender officers per county as per staff establishment. As a result, they realigned

their activities with those of donors as they were not able to fully implement planned activities.

26. The Gender Based Violence Recovery Centres also experienced inconsistent supply of essential commodities such as HIV test kits, emergency pills and Post-Exposure Prophylaxis (PEP) to offer GBV survivors. Therefore, the survivors had to incur the expense. Survivors who could not afford to buy these commodities were at risk of getting unwanted pregnancies, contracting HIV and other infections.

Lack of Psychological Debriefing for Duty Bearers

27. According to the National Policy on Prevention and Response to GBV, 2014, the government through the State Department responsible for gender was required to put in place standards and mechanisms for debriefing service providers dealing with GBV across sectors.
28. The audit established that gender unit officers, GBVRC staff, government chemist staff, judicial officers, prosecutors and safe shelters staff did not have the much-needed debriefing sessions. This exposed them to vicarious trauma which left them drained and their mental health affected.
29. Failure to offer psychological debriefing to the duty bearers in the referral pathway was linked to lack of counsellors and prioritization of mental health to duty bearers. This significantly impacted on the duty bearer's mental health and ability to effectively provide quality care and support to GBV survivors.

e. Lack of Government Support for Safe Shelters

30. The government through the State Department for gender ought to work with the county governments to establish safe shelters to accommodate GBV survivors especially when safety of survivors is at risk if the survivor continues to stay where they are.

i. Failure of Government to Establish Safe Shelters

31. The audit revealed that both the State Department and county governments made minimum efforts to establish safe shelters, except for Kakamega and Kisii Counties which had established safe shelters. However, they were not operational, hence survivors were referred to private safe shelters. Lack of government safe shelters

and limited capacity of private safe shelters left some survivors with no choice but to return to a hostile environment where they faced continuous exposure to GBV.

ii. Lack of Registration and Regulation Guidelines for Safe Shelters

32. According to the Safe Spaces Model and Applicability Manual, the County governments were to develop context specific guidelines for regulation and accreditation of safe and protective spaces. The existing private safe shelters lacked registration and regulation guidelines which made it difficult to access government support and donor funding thus limiting their ability to provide services to survivors. Additionally, lack of these guidelines made it difficult for the State Department and county governments to ensure that private safe shelters met standards of quality and safety due to limited government oversight, thus putting the survivors at risk of further possible harm.

f. Over Reliance on Donor Support Affecting Sustainability of Donor Funded Programmes

33. The National Policy for Prevention and Response to GBV, 2014 requires the Government to improve sustainability of GBV prevention and response interventions by ensuring sufficient budgetary allocation for coordination, capacity development, awareness creation, evidence generation and M&E. However, the audit revealed that 75% of the funds were from donors, meaning that there was over reliance on donor funds which affected the State Department's authority to coordinate GBV activities in various counties. Further, the State Department and county governments had not put in place sustainability plans for donor funded programmes. This was attributed to lack of prioritization of GBV activities and lack of gender responsive budgeting. This affected allocation of resources for GBV activities in counties.

Conclusion

34. The State Department has not ensured effective coordination of actors towards prevention and response to GBV as they lack a gender data management system, and a structured monitoring and evaluation mechanism. This has hindered the State Department from developing effective interventions in the prevention and

response to GBV. It has also not ensured adequate institutional capacity of duty bearers to effectively execute their functions and they also lack psychological debriefing mechanisms which may affect their mental health and ability to effectively provide quality care and support to GBV survivors.

35. The State Department has not also facilitated the county governments in ensuring the establishment and operationalization of government safe shelters hence survivors are referred to private safe shelters and thus the State Department has no mandate to oversee their operations. The Judiciary and other actors in the criminal justice system have also not ensured timely dispensation of justice to GBV survivors.
36. The State Department has not put in place mechanisms to ensure sustainability of donor funded GBV activities, and as such; operations in GBVRCs, convening of sectoral working group meetings and capacity building among duty bearers may be disrupted in the event that donors withdraw.

Recommendations

37. In view of the findings and conclusion of the audit, the following recommendations are made for implementation by the State Department for Gender and Affirmative Action and other state actors. This will ensure that the measures put in place are adequate towards prevention and response to Gender Based Violence (GBV).
38. To ensure adequate coordination of actors towards prevention and response to GBV, the State Department should:
- i. Put in place measures to ensure collection and consolidation of data from various stakeholders;
 - ii. Formulate and implement policies and guidelines that ensure equitable treatment of the different forms of GBV to make the services more accessible to all survivors; and
 - iii. Develop and implement a monitoring and evaluation mechanism cutting across all sectors to track progress of implementation of activities towards prevention and response to GBV.
39. To ensure timely dispensation of justice to GBV survivors, the State Department in collaboration with:

- i. The National Police Service should ensure investigating officers and expert witnesses attend court sessions, police files are available in court and timely collection of government chemist reports for subsequent presentation in court;
- ii. The Judiciary should ensure its calendar is synchronized with that of court stations to minimize instances of court adjournments due to trainings; and
- iii. The government chemist should ensure availability of reagents for timely DNA analysis.

40. To ensure adequate institutional capacity of duty bearers to effectively execute their duties, the State Department in collaboration with other state actors should:

- i. Ensure regular capacity building of county gender officers and other duty bearers to enhance their capacity in prevention and response to GBV;
- ii. Adequately facilitate the duty bearers to enable them effectively implement, coordinate and monitor activities towards prevention and response to GBV; and
- iii. Put in place and implement standards and mechanisms for debriefing duty bearers in the GBV referral pathway for them to effectively respond to GBV cases.

41. To ensure that GBV survivors experiencing further threats by perpetrators are offered temporary accommodation, the State Department in collaboration with County governments should:

- i. Establish and operationalize safe shelters; and
- ii. Formulate context specific guidelines for registration, regulation and accreditation of safe shelters.

42. The State Department in collaboration with other state actors should develop and implement a sustainability plan for all donor funded programmes and interventions towards prevention and response to GBV. This will ensure continuity of service delivery in the event that donors withdraw.

1.0 BACKGROUND TO THE AUDIT

Introduction

- 1.1 Gender Based Violence (GBV) is any act that results in physical, sexual, mental and economical harm or suffering, inflicted in public or private against a person based on social attributes and opportunities associated with being male or female. It also includes threats of violence, coercion and manipulation.¹
- 1.2 Gender Based Violence can take many forms such as; sexual violence (defilement and rape), domestic violence, intimate partner violence, emotional and psychological violence, female genital mutilation, trafficking in persons. It also includes socio-economic violence such as denial of access to family resources (due to disability, gender, widowhood, or loss of parents), violence against the elderly, and child neglect or abandonment.²
- 1.3 Globally, an estimated 736 million women—almost one in three—have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both at least once in their lifetime (30 per cent of women aged 15 and older).³ Additionally, the African Development Bank's Gender Data Index 2019 suggests a prevalence of intimate partner sexual or physical violence ranges from a little over 10% to close to 40% across Africa, which is one of the highest globally.⁴
- 1.4 Gender Based Violence prevention involves efforts to increase gender equality and transformation of gender norms. This entails a shift from “victims” to “survivors” with a focus on empowerment of women and girls. Further, prevention entails incorporating men and boys as perpetrators, survivors and as agents of change as they are often neglected as survivors of GBV. On the other hand, response to GBV encompasses ensuring survivors rights to protection and access to services are met, including safe shelters, health care services and legal services.⁵
- 1.5 In Kenya, the State Department for Gender and Affirmative Action (SDfGAA) is mandated with formulation of policy and programmes towards prevention and response to gender-based violence.

¹ UN Declaration on Elimination of Violence against Women.

² The National Policy for Prevention and Response to Gender Based Violence, 2014.

³ [Facts and figures: Ending violence against women | What we do | UN Women – Headquarters](#)

⁴ Africa Gender Index Report, 2019

⁵ Preventing and Responding to Gender-Based Violence: Expressions and Strategies. [sida61848en-preventing-and-responding-to-gender-based-violence-expressions-and-strategies.pdf](#)

Motivation of the Audit

1.6 The factors that motivated the Office to conduct the audit included: -

The Auditor-General authorized the audit after considering the following factors:

- i. According to the Kenya Demographic Health Survey, 2022, out of 16,926 women, 5,755 (34%) had experienced physical violence while 2,200 (13%) had experienced sexual violence. Further, out of 5,583 men from the survey, 390 (7%) had experienced physical violence while 1,508 (27%) had experienced sexual violence.
- ii. There have been rising cases of GBV both in rural and urban areas as a total of 5,000 GBV cases occurred during the COVID-19 period. This is according to data from the Healthcare Assistance Kenya (HAK) National GBV Toll-free hotline ⁶. In addition, an article by Nation Newspaper dated 8th March 2022 indicated that 41% of women in Kenya reported violence cases with the figure still increasing. Further, the Star Newspaper of May 2022, indicated that around 9,484 children aged between 12-17 years were defiled in 2021 with many affected with STIs and HIV. Of these cases, only 43% presented themselves to health facilities within 72 hours. The media⁷ has also reported other GBV cases.
- iii. Gender Based Violence has a heavy economic cost as it requires the involvement of medical, psychological, the police or justice system and results in the loss of employment by victims. According to GBV Costing Study, 2016, by the National Gender and Equality Commission (NGEC), the total loss arising from GBV injuries amounted to Ksh. 46 billion annually, which translated to about 1.1% of Kenya's Gross Domestic Product. GBV therefore imposes tremendous costs on survivors and their families thus an economic burden to affected families.
- iv. The Kenya Response to the Special Rapporteur on Violence Against Women, its Causes and Consequences, 2015, highlighted a number of challenges that needed to be addressed in order to prevent and respond to GBV. ⁸These included:
 - a. Challenges with evidence collection to ascertain access to justice to GBV survivors;

⁶ Statement by Former Cabinet Secretary for Gender, April 2021.

⁷ In October 2022, a businessman was allegedly killed by his wife, In October 2021, Kenyan athletics world record holder was found stabbed to death in her home.

⁸ Ministry of Public Service, Youth and Gender Affairs

- b. Low level of awareness by duty bearers on National laws and policies enacted on prevention and response to GBV;
 - c. Ineffectiveness of the GBV referral system;
 - d. Unavailability and accessibility on essential GBV services such as safe shelters;
 - e. Limited resources to effectively respond to GBV and implement anti-GBV programmes; and
 - f. Lack of harmonized and centralized data management system to guide policy and gender programming in the country as gender statistics remain a challenge.
- v. Goal 5 of the Sustainable Development Goals (SDGs) seeks to achieve gender equality and empower all women and girls. Specifically, target 5.2 seeks to eliminate all forms of violence against women and girls in public and private spheres. GBV cases therefore limit the government from achieving gender equality and empowerment of women and girls. Further, Goal 3 seeks to ensure healthy lives and promote well-being for all at all ages. However, GBV causes death and disability and this affects the health and well-being of women and children.
- vi. Kenya has ratified various international treaties highlighting the importance of safeguarding human rights and freedoms. These included; the Universal Declaration of Human Rights, 1948, the Convention on the Elimination of Discrimination against Women, 1979, the Beijing Platform for Action, 1995, among others. An audit on this area is therefore necessary to ascertain the progress of implementation of activities towards prevention and response to GBV in line with the above ratified treaties and conventions.
- vii. Prevention and response to GBV is one of the flagship projects under the Medium-Term Plan III (2018-2022) of Vision 2030. Further, the State Department for Gender and Affirmative Action has cumulatively spent Kshs. 1.1Billion in the financial years 2018/2019 - 2021/2022 towards activities aimed at prevention and response to Gender Based Violence in the Country. However, cases of GBV have not reduced as envisaged.

- viii. Gender Based Violence directly violates 23 rights and fundamental freedoms of citizens contained under the Bill of Rights of the Constitution of Kenya, 2010. Specifically, Article 27 ingrains the right to equality and freedom from discrimination while Article 29 (c) and (d) provides that every person has the right to freedom and security of the person, which includes; the right not to be subjected to any form of violence from either public or private sources and the right not to be subjected to torture in any manner, whether physical or psychological respectively.

The audit was therefore necessary to assess whether the measures put in place by the State Department for Gender and Affirmative Action and other state actors were adequate towards prevention and response to Gender Based Violence.

2.0 DESIGN OF THE AUDIT

Audit Objective

- 2.1 The audit objective was to assess whether the measures put in place by the State Department for Gender and Affirmative Action (SDfGAA) and other state actors were effective towards prevention and response to Gender Based Violence (GBV).

Audit Questions

- 2.2 The main audit question was, were the measures put in place by the State Department for Gender and Affirmative Action and other state actors effective towards prevention and response to GBV?
- 2.3 The audit sub questions were:
- i. To what extent has the State Department made progress in implementation of Generation Equality Forum commitments?
 - ii. To what extent had the State Department ensured effective coordination of actors towards prevention of and response to GBV?
 - iii. To what extent had the actors in the criminal justice system ensured timely dispensation of GBV cases?
 - iv. To what extent had the State Department ensured adequate institutional capacity of the actors?
 - v. To what extent had the State Department supported the establishment and regulation of safe houses/shelters?
 - vi. To what extent had the State Department ensured sustainability of donor funded GBV programmes and activities?

Audit Scope

- 2.4 The audit examined; how the State Department for Gender and Affirmative Action coordinated the various actors in the GBV referral pathway, the institutional capacity of actors to provide services, the extent of support in the establishment and regulation of safe shelters and sustainability of donor funded programmes and activities in Kenya. The audit also examined how the actors in the criminal justice system ensured timely dispensation of GBV cases.

- 2.5 The audit covered the period between financial years 2018/2019 to 2021/2022 since the mandate to formulate policies and programmes on GBV was bestowed to the State Department through Executive Order No. 1 of 2018.
- 2.6 However, the audit did not examine the State Department's activities towards elimination of Female Genital Mutilation (FGM). This was because implementation of activities towards elimination of FGM is carried out by the Anti FGM board, which is a semi-autonomous government agency within the State Department. Further, activities geared towards prevention and response to FGM were too broad to be audited alongside GBV thus warranting its own audit.

Sampling Criteria

- 2.7 Purposive sampling was used in selection of the counties visited and this involved consideration of factors such as regional balance, presence of key actors in the GBV referral pathway, presence of GBV focal persons and counties that had Gender Based Violence Recovery Centres (GBVRCs) and safe shelters. Based on the aforementioned factors, the team sampled 7 out of 47 counties headed by State Department County gender officers. The counties selected included Kiambu, Kajiado and Makueni which were visited during the pre-study phase of the audit. Kisumu, Kakamega, Kisii, Nakuru, Mombasa, Kilifi and Garissa counties were sampled for the main study. In the 7 counties sampled, the team further sampled 9 law courts, 7 GBVRC's ,9 police stations, 2 regional government chemist offices, 7 offices of the Director of Public Prosecution and 6 private safe shelters.

Sources of Audit Criteria

- 2.8 The assessment criteria were drawn from the Sessional Paper No. 2 of 2019, National Policy on Gender and Development, the State Department for Gender Strategic Plan 2018 – 2022, Intergovernmental Consultation Framework for Gender Sector, National Policy for Prevention and Response to Gender Based Violence, 2014, the Judiciary's Report of April 2015 on Institutionalizing Performance Management and Measurement and Safe Spaces Model and Applicability Manual among others. The assessment criteria for each of the audit questions is as detailed in [Appendix I](#).

Standards used to Conduct the Audit

- 2.9 The audit was conducted in accordance with International Standards of Supreme Audit Institutions (ISSAIs) relevant to performance auditing. These are: ISSAI 100- Fundamental Principles of Public-Sector Auditing, ISSAI 300- Fundamental Principles of Performance Auditing, and ISSAI (3000-3100) - Performance Audit Guidelines. The standards require that the audit is planned and performed to obtain sufficient and appropriate evidence. In addition, the standards require that the audit should provide a reasonable basis for the findings and conclusions, based on the audit objectives.

Methods Used to Gather the Audit Evidence

- 2.10 The audit team reviewed various documents to assess the activities and interventions carried out by the State Department and other actors. Documents reviewed included; Work Plans for the various county gender officers, Gender Based Violence Case Files in Court and Minutes for gender sector working groups. Details of the documents reviewed are listed in [Appendix II](#).
- 2.11 The team also conducted interviews to assess the level of coordination between the various actors, obtain information on the specific areas audited and to get clarification on the issues reported. Persons interviewed included; State Department county gender officers, county government directors for gender, staff at various GBVRCs, gender unit officers, judiciary officers, Government Chemist staff, prosecutors, representatives of survivors' network and safe shelters administrators in the sampled counties. Detailed reasons for conducting the interviews aforementioned is highlighted in [Appendix III](#).
- 2.12 Physical verification was carried out to ascertain the presence, status and operations of State Department gender offices, GBVRC's at health facilities, gender units at police stations and safe shelters.

Methods of Data Analysis

- 2.13 The audit team gathered quantitative and qualitative data that helped in answering the audit objectives and questions. The team used content analysis to analyse qualitative data while descriptive statistics and trend analysis through graphs, was used to analyse quantitative data.

3.0 DESCRIPTION OF MEASURES TOWARDS PREVENTION AND RESPONSE TO GENDER BASED VIOLENCE

Legal and Institutional Framework

a. Statutory Mandate of the State Department for Gender and Affirmative Action

- 3.1 The State Department for Gender and Affirmative Action under the Ministry of Public Service, Gender and Affirmative Action is mandated to promote gender mainstreaming in national development processes and champion for the socio-economic empowerment of women. The Department derives its mandate from the Executive Order No. 1 of June 2018 which tasks it with; formulation of policies and programmes on Gender Based Violence (GBV), coordination of programmes for elimination of incidences of SGBV and monitoring prevalence of Sexual and Gender Based Violence (SGBV). Additionally, the State Department is responsible for development and maintenance of gender disaggregated data and management information systems, community mobilization and domestication of International Treaties/Conventions on Gender.

b. Anti-Gender Based Violence Directorate

- 3.2 The Anti-Gender Based Violence Directorate under the State Department focuses on accelerating efforts towards the prevention and response to Gender Based Violence (GBV) in the Country. The roles of the Directorate include:
- i. Coordination of programmes and activities for prevention of and response to Sexual and Gender Based Violence (SGBV);
 - ii. Sensitization of communities and other stakeholders on SGBV and gender related issues;
 - iii. Hosts the National GBV Toll-free hotline 1195 which aids in collecting, collating and analysing data on GBV;
 - iv. Facilitate establishment of GBVRC's and safe shelters for GBV survivors;
 - v. Collaboration with organizations and other service providers on SGBV issues;
 - vi. Follow-up with gender violence victims for the expediency of justice for conclusive resolution;
 - vii. Referral, guiding and counselling of GBV survivors to relevant service providers;
 - viii. Monitoring prevalence of Sexual and Gender Based Violence; and

- ix. Establish and maintain complaints and grievance mechanisms for monitoring sexual and gender violence incidences in ministries, departments, commissions and agencies.

The Coordination Mechanism of State Department for Gender and Affirmative Action

- 3.3 The State Department for Gender and Affirmative Action has adopted a multi-sectoral approach to prevention and response to GBV which brings together both state and non-state actors. The state actors include; Ministry of Health, National Police Service, Ministry of Interior and Coordination of National Government and the National Treasury and Planning. The Government Chemist, Office of Director of Public Prosecution (ODPP) and the Judiciary are also major state actors in line with their mandates to respond to GBV. The non-state actors include Civil Society Organizations (CSOs), Faith-Based Organizations (FBOs), Non- Governmental Organizations (NGO), donors and development partners. This approach is expected to enhance multi-sectoral coordination and effective implementation of GBV prevention and response programs.
- 3.4 To enhance this multi-sectoral approach, the Inter-governmental Consultation Framework for Gender Sector was adopted in 2019. The framework provides a mechanism for consultation and cooperation between National and County Government on issues of gender equality and has the following tiers:

a. Tier 1: Inter-Governmental Forum on Gender

- 3.5 The Intergovernmental Forum on Gender (IGF) brings together the National and County Governments. The IGF's key purpose is to provide a platform for consultation and cooperation among stakeholders in the gender sector and a space to generate recommendations on policy matters within the gender sector.
- 3.6 To provide this platform for follow-up, review, and implementation of GBV programmes, IGF has a framework that has structures including; the National Gender Sector Working Group (GSWG) and County-based Gender Sector Working Groups.

b. Tier 2: National Gender Sector Working Group (GSWG)

- 3.7 This sector-working group brings together both state and non-state actors to enhance coordination mechanism of gender activities at national level. The working group also provides a platform where actors share on progress towards achievement of Generation Equality Forum (GEF) commitments. The GSWG has a Gender Based Violence thematic area that has technical working groups both at the national and county levels that coordinates activities in prevention and response to GBV in terms of advocacy, response, primary prevention and referral mechanism.

c. Tier 3: County Gender Sectoral Working Groups (CGSWG)

- 3.8 The County Gender Sectoral Working Group deliberates on technical thematic issues that relate to the specific working groups at the county level. The County GBV sub sector-working group is expected to conduct quarterly review meetings for the gender sector-working group and submit quarterly thematic group reports to the secretariat for deliberation by the National Gender Sector Working Group.

Generation Equality Forum (GEF) Commitments

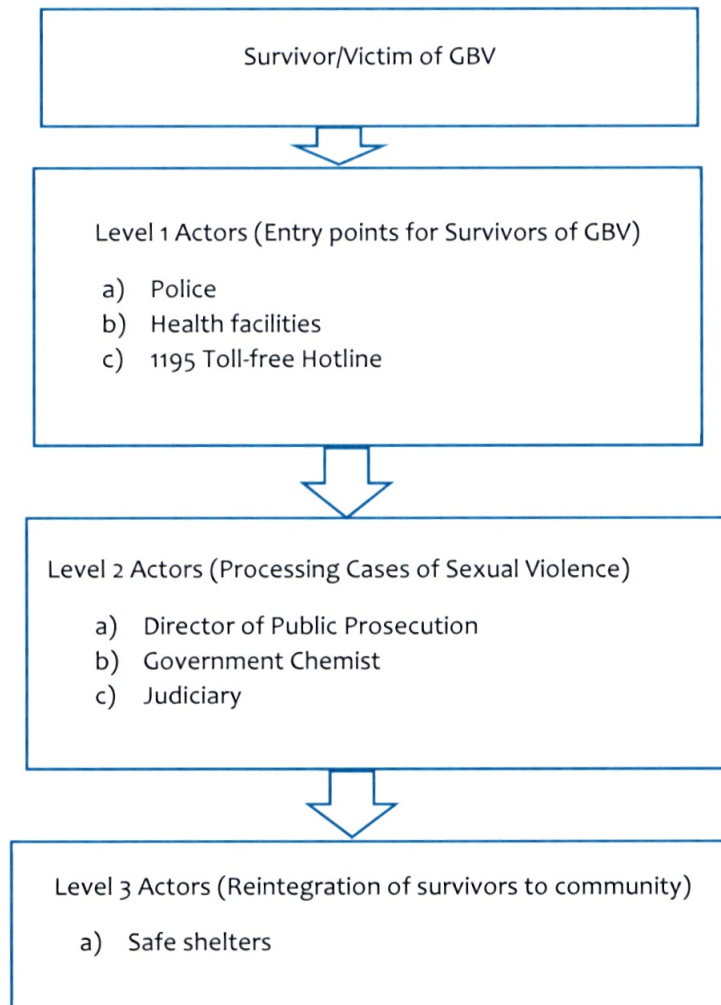
- 3.9 Generation Equality is an international platform that seeks to accelerate the implementation of the gender equality commitments in the Beijing Declaration and Platform for Action of 1995 to achieve transformative change. Kenya made commitments related to ending GBV during the Nairobi Summit on 25th Anniversary of the International Conference on Population and Development (ICPD+25) in 2019 during the Nairobi Summit.
- 3.10 The GEF provides a roadmap with 12 commitments in advancing gender equality and ending all forms of gender-based violence and female genital mutilation by 2026 as detailed below:
- a. Commitment 1: Full implementation of GBV laws and policies,
 - b. Commitment 2: Investing USD 23 million for GBV prevention and response by 2022 and increase resource allocation up to USD 50 million by 2026 through a co-financing model.
 - c. Commitment 3: Ratification and implementation of the ILO Convention 190 on elimination of Gender Based Violence and Harassment in the world of work by 2026 in close partnership with the private sector, the relevant stakeholders are still undertaking consultations.

- d. Commitment 4: Introduction of a module on GBV in the 2022 Kenya Demographic Health Survey (KDHS),
- e. Commitment 5: Developing a GBV management and information system (GBVMIS) by 2022 to strengthen GBV prevention and response programming
- f. Commitment 6: Investing Kshs.100 million annually for GBV research and innovation to boost evidence-based programming.
- g. Commitment 7: Integrating GBV services- medical, legal, and psychological support services into the essential minimum package of the Universal Health Coverage (UHC) by 2022.
- h. Commitment 8: Scaling up the National Police Service Integrated Response to GBV' (Policare)' and establishing Gender-Based Violence Recovery Centers and shelters in all 47 counties.
- i. Commitment 9: Establishment of a GBV survivors fund through a co-financing model in partnership with private sector, civil society, and other stakeholders for economic empowerment of GBV survivors.
- j. Commitment 10: GBV prevention and response in crises such as COVID-19 pandemic response, humanitarian contexts and electoral related GBV.
- k. Commitment 11: Strengthening collaboration with non-state actors at the national and county levels.
- l. Commitment 12: Adoption and institutionalization of the multi-sectoral GEF Leadership structure to guide the implementation of Kenya's GEF Commitments in the GBV Action Coalition up to 2026.

Levels of Actors involved in Gender Based Violence Supportive Services

3.11 The levels of actors involved in the various stages of gender-based violence supportive services offered to survivors can be illustrated in **Figure 1**:

Figure 1: Process Flow of Stages Involved in Seeking Supportive Services



Source: OAG Review of GBVRC Resource Pack

Roles of Other Actors in Prevention of and Response to Gender Based Violence

a. Level One Actors

Ministry of Health

3.12 The mandate of the Ministry of Health (MoH) is to provide health services, create an enabling environment, and regulate and set standards and policy for health service delivery. The MoH is also responsible for overseeing the establishment and operation of Gender Based Violence Recovery Centres (GBVRC) in the health facilities where GBV survivors receive medical services.

National Police Service

3.13 The National Police Service (NPS) has a central responsibility to respond to and prevent GBV. The NPS is endowed with investigative, arrest and charge powers. The NPS through the gender units are often the first place where incidents of GBV are reported. They also refer cases of GBV to other service providers within the criminal justice system.

Healthcare Assistance Kenya (HAK) 1195 Toll-free Hotline

3.14 The HAK 1195 hotline is a 24-hour rapid response system initiated in collaboration with the State Department that supports survivors of GBV from grassroots to quickly access GBV services such as the police and the health care system. The helpline has tele-counsellors who provide counselling services to survivors; promptly coordinate and facilitate their rescue and refer the survivor to the other GBV service providers in the referral pathway.

b. Level Two Actors

The Government Chemist

3.15 The Government Chemist provides analytical services in forensic investigations conducted by the police. The Government Chemist thus assists in the dispensation of justice and plays an important part in deterring perpetrators and responding to GBV.

The Office of Director of Public Prosecution

3.16 The Office of the Director of Public Prosecutions (ODPP) is involved in the prosecution of all cases in Kenya including GBV cases.

The Judiciary

3.17 The Judiciary - Judges and magistrates have the authority to dispense justice on GBV cases presented before the courts.

c. Level Three Actors

Actors Providing Safe Shelters

- 3.18 A safe shelter is a place that provides an alternative and temporary shelter to survivors of violence, especially when safety of survivors is at risk if the survivor continues to stay where they are. The intended purpose of a shelter is to keep the survivors from any further potential harm from the alleged perpetrator/s with an aim of supporting him/ her in dealing with the traumatic experience, as well as preparation for the legal process. The shelter must be viewed as a temporary protection placement while efforts are made for safety of the survivors to either return home or pursue other alternatives. The State Department in collaboration with county governments are responsible for establishing and regulating the operations of safe shelters. Survivors can also be accommodated in privately owned safe shelters registered as NGO's, CBO's and Charitable Children Institutions.
- 3.19 Detailed roles and responsibilities of the various state and non-state actors are as shown in [Appendix IV](#).

Organizational Structure for the State Department for Gender

- 3.20 The Ministry of Public Service, Gender and Affirmative Action is headed by the Cabinet Secretary (CS) who is assisted by the Chief Administrative Secretary (CAS) to run the affairs of the Ministry. The Principal Secretary State Department for Gender and Affirmative Action is the Accounting Officer of the State Department. The Secretary Gender is responsible for overseeing four directorates one of which is the Anti-GBV Directorate headed by a Director. County Directors for Gender oversee implementation of activities in the 47 counties in the Country. The detailed organogram is illustrated in [Appendix V](#).

Description of Gender Based Violence Prevention Activities

- 3.21 The State Department for Gender and Affirmative Action in collaboration with the respective county gender officers carries out engagements with stakeholders including Civil Society Organizations (CSOs), development partners, National Government Administration Officers (NGAO) and health facilities to sensitize communities on prevention of GBV. These actors engage in awareness creation through community dialogues with various groups such as men, adolescents, youths

and those in the transport sector (*boda boda* riders, *matatu* drivers) to be champions against GBV. The champions create awareness, report incidences of GBV and act as role models for mind-set change.

3.22 Further, at individual, institutional and community levels, the State Department engages in advocacy and awareness campaigns on GBV, teenage pregnancies and child marriages through local/vernacular radio stations, television and social media platforms. They also use influencers in social media in such campaigns.

3.23 Additionally, in collaboration with state and non-state actors, the State Department coordinates the celebration of international gender days such as 16 days of activism which is an annual international campaign held from 25th November (International Day against Violence Against Women) to 10th December (International Human Rights Day). The campaign brings together all duty bearers, development partners, civil society and women organizations, private sector, media associations and individuals to raise awareness on the devastating impact of GBV on women and children.

Process Description of the Referral Pathway for Gender Based Violence Survivors

3.24 The referral pathway describes the process that safely and confidentially links GBV survivors to supportive services such as health care, psychosocial support, security service, legal assistance and economic support as illustrated in the **Figure 2**.

Figure 2: Description of How GBV Survivors Access Services in the Referral Pathway



Source: Review of Documents from Anti-GBV Directorate

- 3.25 The referral pathway facilitates primary duty bearers⁹ and actors with information on how to respond to GBV cases and to guide the victims or survivors of GBV on where to seek assistance and what services are available at different entry points. The survivors of GBV have two entry points to the referral pathway depending on the type of service they require, that is, health care and police services. The survivors can also access the police and the health care system through reporting to the toll-free hotline and other toll-free lines in counties and health facilities.
- 3.26 Gender Based Violence survivors visit GBVRCs in the health facilities to receive treatment for physical injuries and medication to prevent pregnancy (within 120 hours), HIV infection (within 72 hours) and Sexually Transmitted Infections. At the health facility the clinician takes the history of the survivor, carries out head to toe examination and fills the PRC and P3 forms to document the nature and extent of injuries as shown in [Appendix VI](#) and [Appendix VII](#) respectively. The clinician also appears as an expert witness in court. For SGBV cases requiring further DNA

⁹ Duty bearers include; Ministry of Health, National Police Service, Judiciary, County Government, Office of Director of Public Prosecution, Government Chemist and Civil Society Organizations.

analysis, the clinician also takes samples and packages them for collection and preservation by the investigating officer for analysis at the government chemist. The report from the government chemist, duly filled P3 and PRC forms are used as evidence in the criminal justice system. Additionally, the GBVRCs provide emotional, psychosocial support to gain necessary stability for rational decision-making and psychological counselling to overcome stress, trauma and depression.

- 3.27 The survivors can also seek assistance through the gender units at police stations that are manned by a police officer trained and sensitized on GBV issues to offer survivors confidentiality and privacy in reporting cases. The officer records the incidence of violation or abuse in the Occurrence Book (OB) and records a comprehensive witness statement from the survivor and their witnesses if any. A P3 form is issued to the survivor for free for filling by a clinician at GBVRC to document nature and extent of bodily harm on the survivor. The officer is also expected to arrest, charge and investigate the suspect/perpetrator.
- 3.28 To maintain the chain of custody, the investigating officer should escort the SGBV survivor to the nearest health facility/GBVRC within 72 hours, or as soon as the violation is reported. A clinician collects samples that are taken by the investigating officer to the Government chemist for DNA analysis. The investigating officer then compiles a police file consisting of charge sheet, exhibits, duly filled P3 and Post Rape Care (PRC) forms, witness and survivor statement and the government chemist report for use as evidence in the criminal justice system.
- 3.29 The investigating officer delivers the police file to the prosecutor for review and charging based on Decision to Charge Policy issued by the Office of the Director of Public Prosecution. The prosecution and police also facilitate witness protection while the case is ongoing. The judiciary is expected to promptly dispense justice to the survivors by prioritizing GBV cases.
- 3.30 In situations where the survivors are vulnerable and at risk of further violence, they are referred to shelters/safe houses whose location is confidential. These shelters provide immediate security, temporary refuge and support to the survivors escaping abusive situations until the survivors are re-integrated back to the community.

Sources of Funding

3.31 The State Department for Gender and Affirmative Action receives funding from exchequer (government) allocation and external allocations from donors towards Anti-GBV Activities. In the financial year 2018/2019 to 2021/22, the State Department received a total allocation of Ksh. 1.1Billion being funds received from the government and donors. This amount represents 20.4% of the total allocation of Ksh. 5.4Billion¹⁰ to the State Department. Additionally, 75% of funds allocated for GBV activities were funded through donor support while the government allocated 25% for the activities. This is as illustrated in **Table 1**:

Table 1: Budgetary and Spending Trend for Financial Years 2018/19 to 2021/22

State Department for Gender and Affirmative Action Allocations and Expenditures for Anti-GBV Directorate						
Financial Years		Recurrent		Development		
		Approved Allocation	Expenditure		Approved Allocation	Expenditure
2018/19	GoK	7,044,494	7,044,494		-	-
					-	-
2019/20	GoK	15,272,243	15,272,000	UN-Women	37,652,764	37,650,000
				UNFPA	12,000,000	12,000,000
				GoK	2,000,000	2,000,000
2020/21	GoK	208,525,985	200,432,320	UNFPA	12,000,000	-
				FINLAND	640,000,000	-
2021/22	GoK	26,453,268	26,400,620	UNFPA	30,440,757	30,392,710
				FINLAND	120,000,000	45,207,050
				GOK	18,950,000	16,334,700
	Total	257,295,990	249,149,434		873,043,521	143,584,460
				Total Donors Support	852,093,521	75%
				Total GoK	278,245,990	25%
				Total Allocation	1,130,339,511	

Source: OAG Analysis of State Department for Gender and Affirmative Action Budgets

¹⁰ Review of budget for State Department for Gender and Affirmative Action for the period 2018/2019 to 2021/2022

4.0 FINDINGS OF THE AUDIT

- 4.1 The State Department for Gender and Affirmative Action (SDfGAA) and other state and non-state actors have made effort in the prevention and response to Gender Based Violence (GBV) as discussed below: -

1. Progress Towards Achievement of Generational Equality Forum (GEF) Commitments.

- 4.2 Kenya made 12 commitments in advancing gender equality and ending all forms of gender-based violence and female genital mutilation by 2026 during the Nairobi summit on the 25th anniversary of the International Conference on Population and Development (ICPD+25) in 2019.
- 4.3 As of June 2023, considerable progress had been made towards the achievement of the GEF commitments as shown in [Appendix VIII](#). However, there were still notable gaps in the implementation of these commitments. For instance, The Government is yet to achieve Commitment two (2) that required the government to invest USD 23 Million (Ksh.3.2 billion) by 2022 and increase allocation of up to USD 50 million (Ksh.7 billion) through a co-financing model for prevention and response to GBV by 2026. The government has so far allocated only Ksh.1.13 billion (USD 8 million) inclusive of donor funding towards prevention and response to GBV. Inability to increase investment towards prevention and response mechanisms may result in slow implementation of GBV programs across the 47 counties.
- 4.4 Commitment six (6) required the government to invest Ksh.100 million (USD 714,215) annually for GBV research and innovation to boost evidence-based programming. However, review of budgets for the State Department revealed that the government had not allocated the aforementioned resources towards research. This may hinder the State Department from having a stronger and broader knowledge base for prevention and response to GBV that can inform policy making.
- 4.5 Additionally, the audit revealed that the State Department had not attained Commitment five (5) regarding developing a GBV Management Information System (GBVMIS) by 2022. However, interviews with the National Gender and Equality Commission (NGEC) revealed that they had established one but was not operational due to absence of modules from other state actors. Lack of a GBV Management Information System hindered the State Department from effectively monitoring

progress of interventions towards prevention and response to GBV at all levels. This poses a challenge in consolidation of GBV data from the actors in the referral pathway and ultimately difficult for the government to fully understand the magnitude of GBV and develop effective interventions.

- 4.6 Review of the GEF Annual Report for June 2022 indicated lack of financial stability as anti-GBV activities are not well resourced therefore implementation and fast tracking GBV programs like GBVRCs and policare at the national and county level has been challenging. Additionally, interviews with county gender officers in 3 of the 7 sampled counties revealed their lack of awareness on GEF commitments. Further, the 4 county gender officers who were aware of the GEF commitments indicated that they were unable to implement the commitments partly due to financial constraints and lack of a trickle-down of national-level discussions on implementation of GEF commitments. This resulted in minimal implementation of the commitments at the grassroots level.
- 4.7 Despite the efforts made, there were still a number of challenges hindering the State Department, other state and non-state actors in implementation of activities towards prevention and response to GBV as discussed below:

2. Ineffective Coordination of Actors towards Prevention and Response to Gender Based Violence

- 4.8 Coordination requires the State Department to oversee the functioning of the GBV working groups both at the national and county levels. It also entails strengthening collaboration and linkages between state and non-state actors, facilitating networking with development partners and developing a gender management system. Coordination enhances close collaboration and consultation of all actors in ensuring effective GBV prevention, response and support for victims/survivors, their families and community.
- 4.9 Sessional Paper No. 02 of 2019, on Implementation of the National Policy on Gender and Development, requires the Ministry in charge of Gender Affairs to take the leading role of coordinating all state and non-state actors at all levels in the country so as to enhance harmony and avoid duplication.
- 4.10 Additionally, the National Policy on Prevention and Response to GBV, 2014, requires the State Department to improve coordination for effective programming for GBV

prevention and response through coordination of actors, data collection, monitoring, evaluation and research.

- 4.11 The audit noted that the State Department had put in place measures to enhance coordination through a multi-sectoral approach involving joint action by state and non-state actors. The State Department county gender officers constituted County Gender Sector Working Groups (CGSWG's) that met quarterly or as needed to deliberate on GBV issues affecting their counties and possible solutions. However, review of working group minutes, annual work plans and reports and interviews with the state and non-state actors involved in the prevention and response to GBV revealed that the coordination measure employed by the State Department were not effective due to the following reasons:

a. Absence of a Centralized Gender Data Management System

- 4.12 The Sessional Paper No. 02 of 2019 on National Policy on Gender and Development directs the Ministry in charge of Gender Affairs to establish a Gender Management System to collect, store, regularly update and disseminate gender data. The data is expected to inform policy, investments and budgeting. In addition, the State Department in their Strategic Plan for 2018-2022, had planned to establish and operationalize a gender data management system to inform policy formulation and decision making. Further, the system would disaggregate data by sex, age, socio-economic status, geographical region for targeted response.
- 4.13 The audit noted that the State Department had not set up a Gender Data Management System to enable easy consolidation of GBV data from the actors in the referral pathway. This was attributed to lack of funding and technical expertise as developing the system is costly.¹¹ The system was to improve collection, analysis and use of data and research to enhance GBV prevention and response efforts. It would also strengthen existing monitoring and evaluation and data management systems on GBV across sectors¹².
- 4.14 It was also noted that the State Department solely relied on data from toll-free hotline which only captured GBV cases through the hotline. Reliance on HAK data, however, did not give a true picture on prevalence of GBV as cases reported through gender

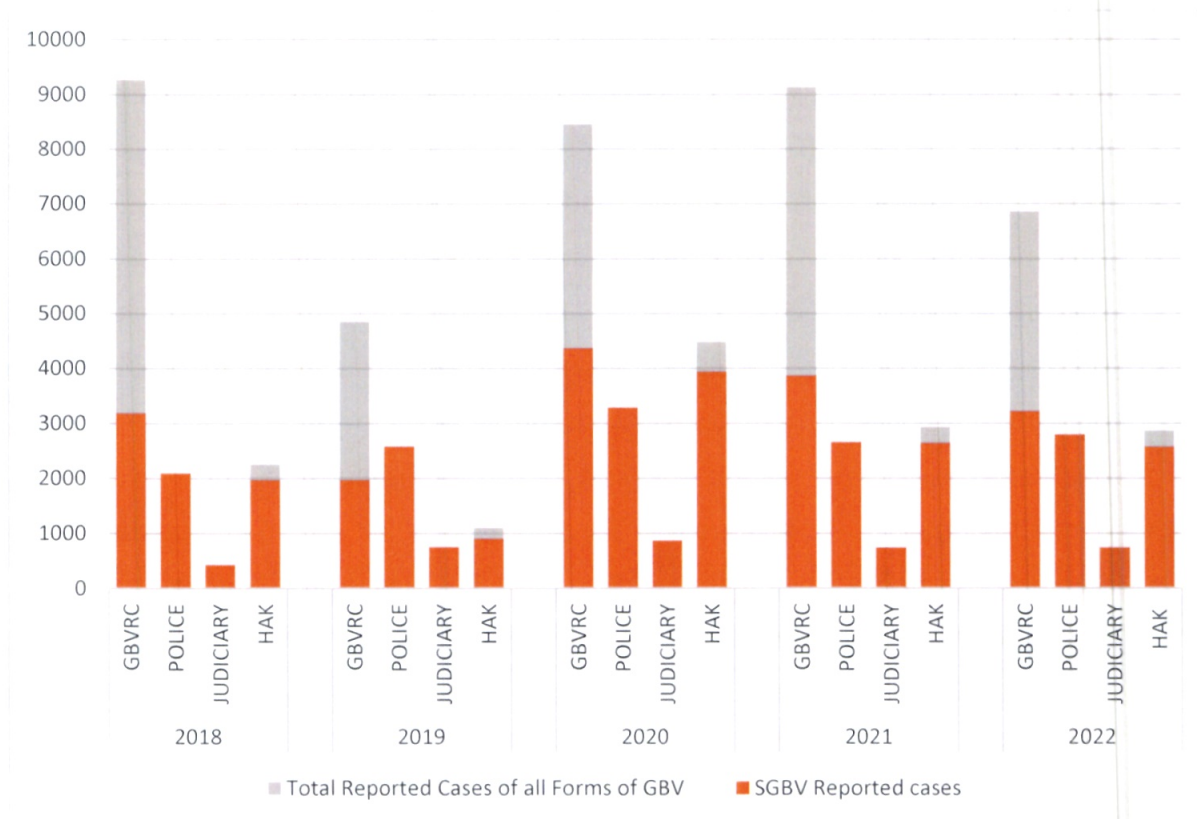
¹¹ Interview with Director Anti-GBV Directorate

¹² Review of National Policy for Prevention and Response to GBV.

units at police stations and Gender Based Violence Recovery Centres (GBVRCs) in health facilities were not included in the reports generated. Additionally, county governments relied on data from the District Health Information System (DHIS) which only captured GBV cases reported at the GBVRCs.¹³

4.15 The audit further noted that actors in the referral pathway maintained their own GBV data which was fragmented and not recorded on a singular platform for ease of consolidation. For instance, GBVRC's recorded GBV cases in the District Health Information System (DHIS), county police commanders maintained GBV data in their system while the judiciary had a Case Management Tracking System. This resulted in variance in numbers reported as shown in **Figure 3**.

Figure 3: Comparison of GBV Cases Reported by Different Actors



Source: OAG analysis of data collected from various actors

¹³ Interviews with staff at GBVRCs, State Department and County Government Gender Officers

b. Disparities in GBV Cases Reported by Different Actors

4.16 The audit noted that many cases are reported in GBVRCs, police and Judiciary but very few cases end up in court pointing to a lack of effective coordination among actors in the criminal justice system as shown in **Table 2**.

Table 2: Comparison of Reported Cases in GBVRC versus Judiciary

Year	GBVRC	Police	Judiciary
2018	3,182	2,087	422
2019	1,965	2,574	746
2020	4,363	3,283	864
2021	3,861	2,651	737
2022	3,218	2,788	736

Source: OAG Analysis of GBVRC and Judiciary Data

4.17 Table 2 represents the number of GBV cases reported by various actors in the referral pathway, that is, the GBVRC, the National Police Service and the Judiciary. The variance in cases was due to the fact that not all GBV survivors who reported at the GBVRC were willing to pursue justice hence did not have their cases captured by the police and subsequently the judiciary. The reasons for survivors not pursuing justice included; intimidation and threat by the perpetrator and vulnerability of the survivor due to poverty resulting in them being compromised financially. In addition, some perpetrators were the bread winners hence survivors did not follow up the case as their welfare depended on them.¹⁴

4.18 The few numbers of cases that end up in the judiciary implied that justice is not served to majority of the GBV cases that are reported. Consequently, perpetrators are not held accountable for their actions hence survivors may remain traumatized leaving the consequences of GBV unaddressed in the society.

¹⁴ Interviews with GBVRC staff, the National Police and the Judiciary.

c. Emphasis Put on Sexual Gender Based Violence Leaving Out Other Forms of Gender Based Violence

4.19 According to the State Department for Gender Strategic Plan, 2018 – 2022, elimination of GBV is a thematic area that guides the Department's operations. To achieve this, the Anti-GBV Directorate is responsible for coordinating activities in the elimination of all forms of GBV. Data from the toll -free hotline revealed that the most prevalent forms of GBV were Psychological Abuse (9,301), Child Neglect (5,008), Physical Assault (4,887) and Defilement (1,210) as shown in **Table 3**.

Table 3: Prevalent Forms of GBV

Type of Abuse	Number of Cases Reported
Psychological Abuse	9,301
Child Neglect	5,008
Physical Assault	4,887
Defilement	1,210
Denial of Resources	527
Child Abduction	509
Rape	444
Child Abandonment	395
Denial of Opportunity	345
Child Marriage	154
Female Genital Mutilation	120
Custody and Maintenance	109
Sodomy	99
Sexual Harassment	78
Sexual Assault	68
Child Labor	53

Source: OAG Analysis of 1195 toll-free hotline Data

4.20 Additionally, from the counties sampled, the most prevalent forms of GBV were Defilement, Female Genital Mutilation, Rape and Physical Violence as shown in **Table 4.**

Table 4: Prevalent Forms of GBV in Sampled Counties

No	Name of County	Forms of GBV Prevalent
1.	Kisumu	• Defilement (most prevalent) • Rape leading to teenage pregnancies • Widows disinheritance of land • Domestic Violence
2.	Kakamega	• Physical violence • Defilement -teenage pregnancies • Rape • Incest
3.	Kisii	• Female Genital Mutilation • Rape • Defilement which lead to teenage pregnancies • Land disputes which leads to abuse • Killing of elderly women suspected to be witches
4.	Nakuru	• Female Genital Mutilation • Defilement leading to teenage pregnancies • Illegal groupings targeting young ladies in business
5.	Garissa	• Female Genital Mutilation • Defilement
6.	Mombasa	• Domestic Violence • Intimate partner Violence • Defilement – teenage pregnancies • Child neglect • Rape • Sodomy • Incest
7.	Kilifi	• Defilement • Teen pregnancies • Intimate Partner Violence • Elderly killings • Child exploitation and Child labor • Economical violence which is intertwined with elderly killings

Source: OAG Analysis of Interviews with State Department County Gender Officers

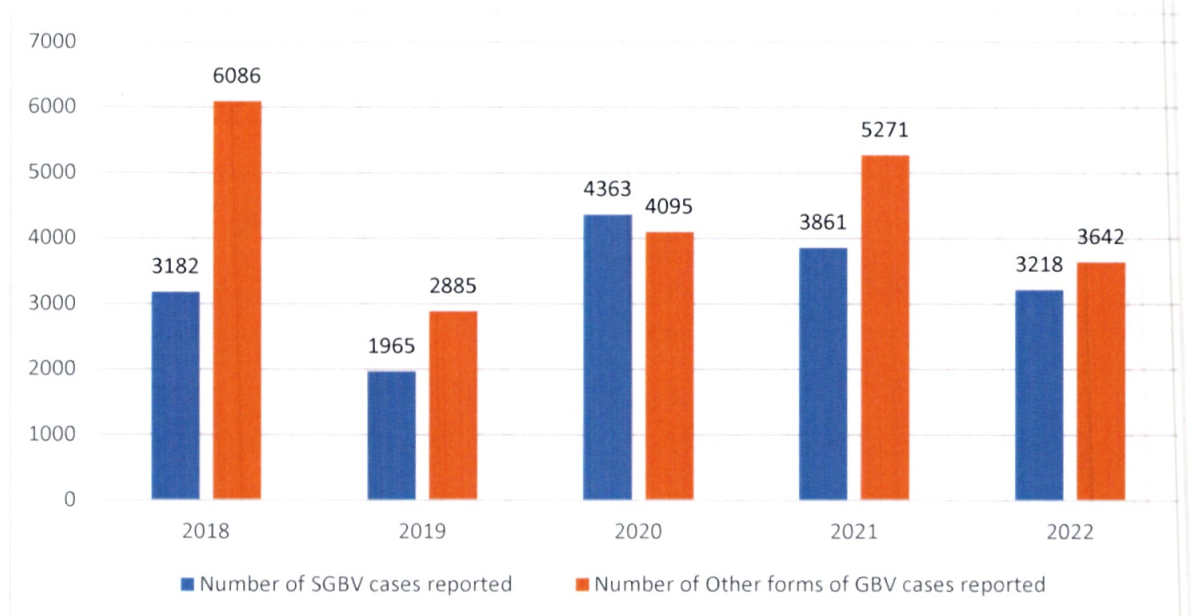
From the two tables above, other forms of GBV were most prevalent compared to SGBV. Despite this, emphasis was put on SGBV leaving out other forms as discussed below.

Lack of Reporting Tools on Other Forms of Gender Based Violence

4.21 The audit established that duty bearers maintained data for SGBV cases as the actors had reporting tools that captured SGBV data. However, only GBVRCs had developed a reporting tool that captured other forms of GBV which included emotional, psychological, intimate partner violence and domestic violence. For instance, SGBV and other forms of GBV cases were recorded in the MoH 365 and 364 registers in the GBVRC. Further, the Judiciary recorded SGBV cases as sexual offences in the case tracking system while the National Police recorded SGBV cases as sexual offences in the occurrence book from which they compiled reports on SGBV periodically.

4.22 Despite the actors not maintaining data on other forms of GBV, analysis of data obtained from the GBVRCs indicated that there was a higher prevalence of other forms of GBV compared to SGBV as demonstrated in **Figure 4** below.

Figure 4: Comparison of Forms of Gender Based Violence Reported from GBVRC



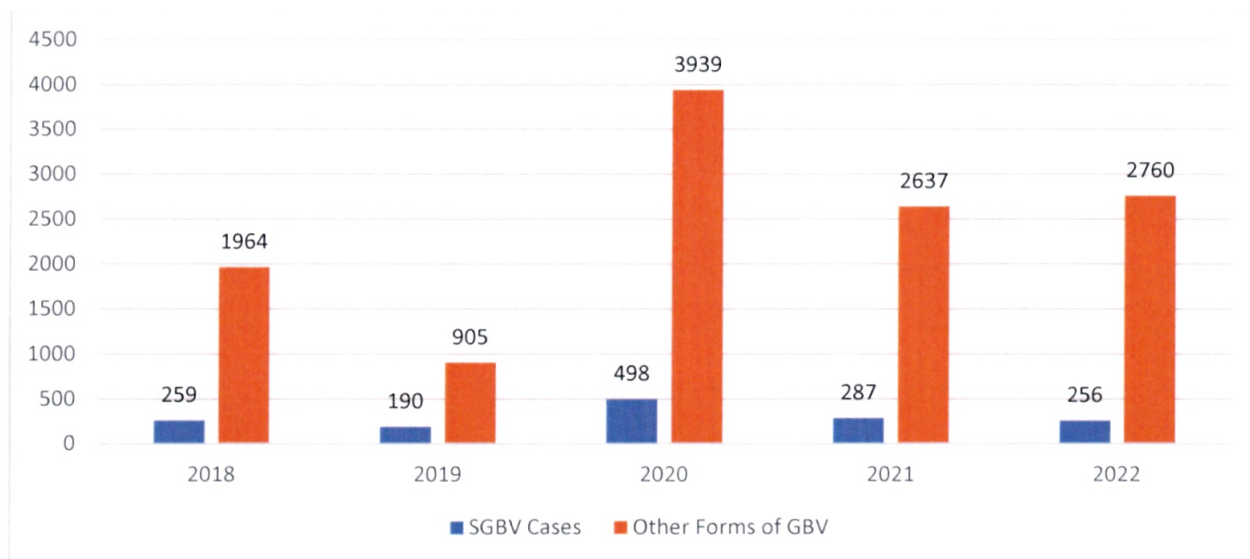
Source: OAG Analysis of GBVRC Data

4.23 From the figure, it can be observed that there was a significant number of other forms of GBV cases reported such as intimate partner violence, domestic violence, psychological and emotional abuse. Cumulatively, between the years 2018-2022, the GBVRCs reported 21,979 cases of other forms of GBV against 16,589 cases recorded for SGBV.

4.24 Further, analysis of data obtained from HAK also showed that cases of other forms of GBV were higher compared to SGBV. Notably, between the years 2018-2022, HAK

reported 12,205 cases of other forms of GBV against 1,490 cases recorded for SGBV as demonstrated in **Figure 5** below.

Figure 5: Comparison of Forms of Gender Based Violence Reported from the Toll free Line



Source: OAG Analysis of HAK Data

4.25 This implies that the lack of a reporting tool for other forms of GBV made it difficult to establish the holistic trend of GBV and establish effective interventions to address GBV. Additionally, failure to address the aforementioned forms of GBV may lead to low self-esteem among the survivors, mental health problems and suicide.

Disparities in Handling Survivors of Other Forms of Gender Based Violence Compared to Survivors of Sexual Gender Based Violence

4.26 The audit revealed that there were disparities in how survivors of other forms of GBV were handled by the actors in the referral pathway. For instance, three (3) out of the seven (7) GBVRCs sampled, charged survivors of other forms of GBV for treatment while SGBV survivors were not charged for the same. Further, in four (4) out of the seven (7) GBVRCs, filling of a P3 form was charged between Ksh. 1,000 and Ksh.1,500 for survivors of other forms of GBV¹⁵ as depicted in **Table 5**. Further, survivors in Kisumu and Kakamega Counties who are members of Survivors Network also confirmed having been charged for filling P3 forms in the GBVRCs.

¹⁵ Interviews with GBVRC staff

Table 5: Comparison of Charges in Treatment and Filling of P3 Forms for Survivors in Sampled GBVRCs

GBVRC	Treatment of survivors	Filling of P3 forms
Garissa County Referral Hospital	Free for SGBV.	Free for SGBV; Ksh.1,000 for other forms of GBV.
Nakuru County Referral Hospital	Free for SGBV.	Free for SGBV; Ksh.1,200 for other forms of GBV.
Kakamega County Teaching and Referral Hospital	Free for SGBV.	Free for SGBV; Ksh.1,500 for other forms of GBV.
Jaramogi Oginga Odinga Teaching and Referral Hospital	Free for all.	Free for SGBV; Ksh.1,000 for other forms of GBV.
Coast Provincial General Hospital	Free for all.	Free for all.
Kilifi County Referral Hospital	Free for all.	Free for all.
Kisii Teaching and Referral Hospital	Free for all.	Free for all.

Source: OAG Analysis of Interview Data from GBVRCs

4.27 Lack of reporting tools and charging of survivors of other forms of GBV was due to absence of policies and guidelines that would inform data management and standard treatment procedures for other forms of GBV. Charging survivors for filling P3 forms placed an economic burden on survivors of other forms of GBV and in instances where the P3 forms were not timely filled led to delayed prosecution of cases hence delayed justice.

d. Lack of Structured Monitoring and Evaluation Mechanism

4.28 A structured monitoring and evaluation (M&E) mechanism would provide the State Department for Gender and Affirmative Action with necessary information to guide design and implementation of actions and to enable efficient resource allocation. Additionally, it will enable them make necessary adjustments in the strategies put in place in the prevention and response to GBV.

4.29 The National Policy for Prevention and Response to GBV, 2014, advocates that the State Department for Gender establishes a comprehensive GBV monitoring and evaluation framework cutting across sectors at national and county level.

- 4.30 The audit however revealed that the State Department lacked monitoring and evaluation mechanisms to effectively monitor implementation of activities towards prevention and response to GBV. Further, review of the State department work plans and annual reports lacked a component of monitoring and as such,¹⁶ they depended on reports from members of the sector working groups to monitor progress of activities. The reports generated by CSOs were in most of the cases meant to fulfil the donor's objectives and could be subjective hence not reliable.
- 4.31 The State Department did not carry out M&E as they had not developed tools to be used as a result of budgetary constraints experienced¹⁷. Without a monitoring and evaluation mechanism, the State Department was unable to efficiently track and accurately report on the progress of GBV activities. Ultimately, they may not be able to effectively determine if the multi-sectoral response to GBV is following the agreed interventions and referral processes.

e. Irregular Participation of Primary Duty Bearers in the Sector Working Groups Meetings

- 4.32 The County Gender Sector Working Group (CGSWG) meetings provide a platform where state and non-state actors meet to develop joint implementation strategies for gender related activities and harmonize various initiatives to avoid duplication in the field. The platforms also provide a forum for resource mobilization towards anti-GBV activities.
- 4.33 The Intergovernmental Consultation Framework for Gender Sector, 2019 directs that the CGSWG shall have state actors as members while representatives from development partners, Civil Society Organizations (CSOs), Faith Based Organizations (FBO) and private sector to attend as ex-officio members.
- 4.34 Ideally, county sector working group meetings should be held quarterly or on need basis. However, from the sampled sector working group minutes, it was noted that some state actors especially the Judiciary and ODPP did not regularly participate in the sector working group meetings that were convened quarterly as shown in **Table 6**.¹⁸

¹⁶ Document review of work plans and reports

¹⁷ Interviews with the State Department Anti-GBV Director

¹⁸ Document review of County Gender Sector Working Group minutes

Table 6: Participation of ODPP and Judiciary in Sector Working Group Meetings

Participation in County Gender Sector Working Groups				
County	Number of Minutes reviewed	Number of meetings attended by Judiciary Representative	Number of meetings attended by ODPP Representative	
Kisumu	3	0	0	
Kakamega	3	0	0	
Kisii	3	0	0	
Nakuru	4	0	1	
Mombasa	4	0	1	
Kilifi	6	1	2	
Garissa	2	1	0	

Source: OAG Review of Sector Working Group Minutes

4.35 The table indicates that Judiciary representatives did not participate in the gender sector working group meetings in 5 out of the 7 counties sampled while ODPP representatives did not participate in 4 out of the 7 counties.

4.36 Further, the audit noted that the Judiciary and ODPP were inclined towards the Court Users Committee (CUC) which is an alternative platform for actors and users in the justice sector at local and regional level to discuss issues affecting court users including GBV.¹⁹ Non-participation of the Judiciary and ODPP in the sector working group meetings deprived the working group valuable input on how all actors in the GBV referral pathway contribute to timely dispensation of justice.

4.37 The audit established that non-state actors such as CSOs and development partners were ex-officio members yet they dominated the working group meetings as they were actively involved²⁰. For instance, they attended meetings regularly, shared progress reports of their implemented GBV activities, facilitated majority of the meetings and co-sponsored gender events such as 16 Days of Activism. As non-state actors are not the primary duty bearers in the referral pathway, irregular participation of state actors in the meetings may lead to lack of seamless provision of services to GBV survivors.

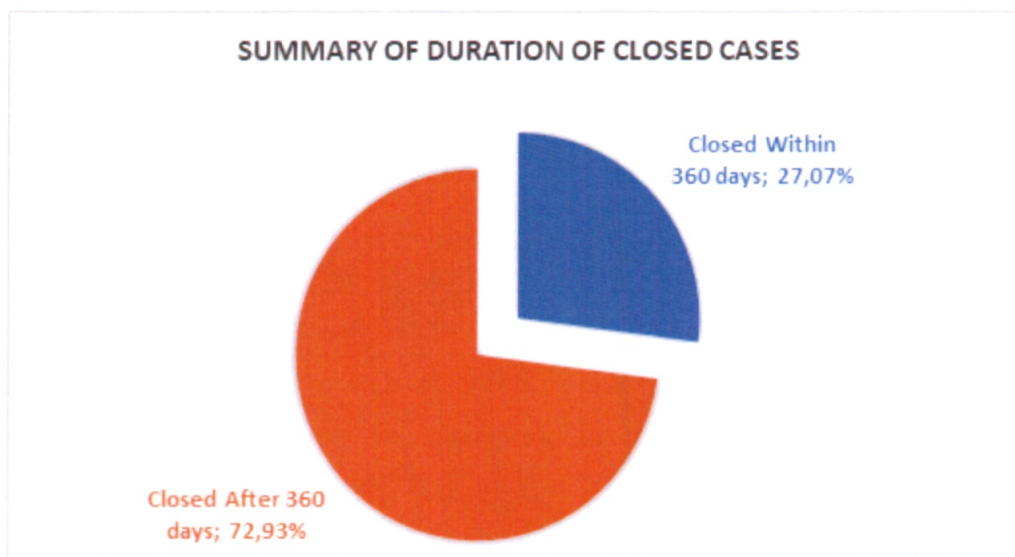
¹⁹ Interviews with Judiciary and ODPP representatives

²⁰ Document review of County Gender Sector Working Group minutes

3. Delays in Dispensation of Justice for GBV Cases

- 4.38 According to the National Policy for Prevention and Response to Gender Based Violence, 2014, the Judiciary is expected to ensure speedy determination of cases. Additionally, the Judiciary's Report of April 2015 on Institutionalizing Performance Management and Measurement recommends that cases should be determined within 360 days from the date of filing.
- 4.39 Analysis of sexual offense cases in the eight (8) law courts visited revealed that the courts filed a total of 3,578 sexual offenses in the period between 2018 to 2022. However, 2,863 sexual offenses were used in the analysis as cases filed in 2022 had no chance of being active for more than 360 days as at the time of audit, February 2023. Out of the 2,863 cases, 1,559 (54.5%) were closed and 1,304 (45.5%) remained active.
- 4.40 Further analysis of the 1,559 closed cases revealed that 422 (27.1%) cases were finalized within the recommended 360 days while 1,137 (72.9%) cases lasted more than the recommended time period as shown in the **Figure 6**. This therefore gave an indication of delays in dispensation of justice to GBV survivors as 72.9% of the cases took more than 360 days. Additionally, analysis of the cases filed between 2018 and 2022 revealed that, 471 cases took at least 2 years, 424 cases took at least 3 years and 242 cases took at least 4 years.

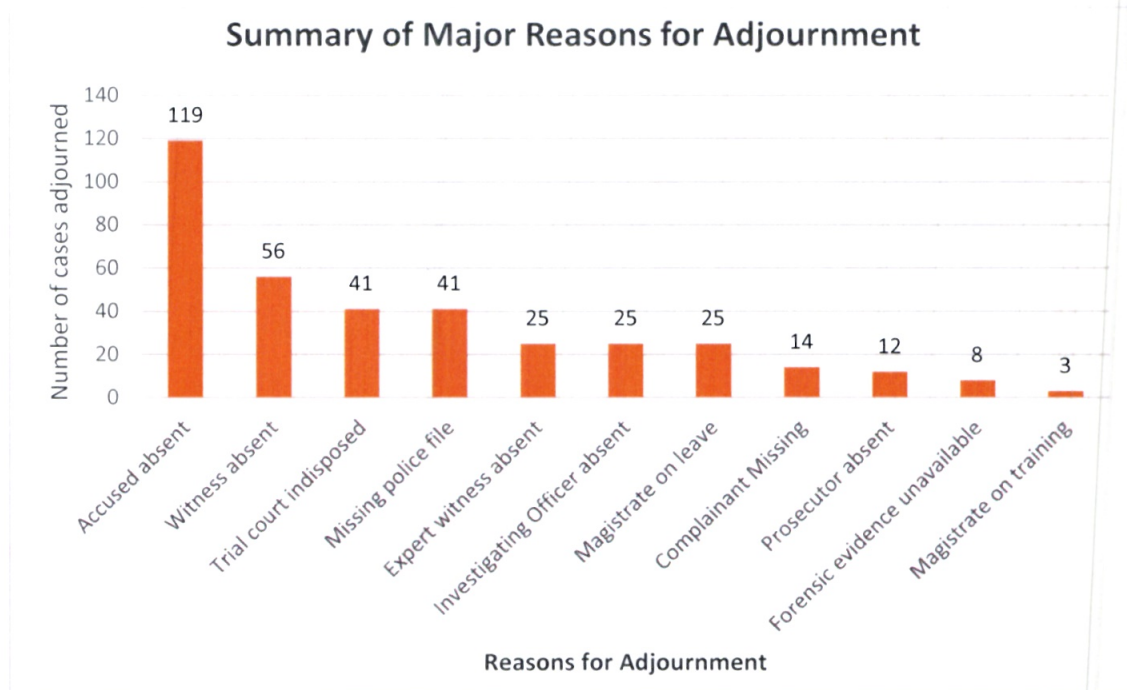
Figure 6: Summary of Closed Cases Duration



Source: OAG Analysis of Data Collected

4.41 The timely completion of cases was a challenge for the judiciary as a result of adjournment of cases due to various reasons occasioned by all parties in the criminal justice system as presented ²¹in **Figure 7**.

Figure 7: Summary of Reasons for Adjournment of Cases



Source: OAG Analysis of Judiciary Sexual Offenses Court Files

a. Delays Occasioned by Absence of Accused Person, Complainant and Witnesses

4.42 The most prevalent reason for adjournment of cases was due to unavailability of the accused mostly after paying bail and bond terms. According to the Judiciary Bond and Bail Policy Guidelines, 2015, the judicial officers have the powers to impose appropriate bond and bail terms. These should not be too low that the accused persons will be enticed into forfeiting the bond and fleeing and should be appropriate to the offense committed.

4.43 However, the audit noted that some judicial officers granted low bond and bail terms and as such the accused persons forfeited the bond, fled and failed to appear in court. ²²It was noted that some bond terms were as low as Ksh. 2,000 which were meagre for sexual offenses and the accused would easily pay so as to be released from custody and consequently not appearing in subsequent court sessions.

²¹ Review of sexual offenses court files.

²² Interviews with the investigating officer and prosecutors

4.44 Additionally, complainants and their witnesses failed to show up during court hearings due to intimidation by the perpetrator given that the perpetrators are people known to them and live in the same environment as shown in **Table 7**.

Table 7: Data on Relationship of Survivors with Perpetrators

Perpetrator Relationship	Female	Male	Grand Total
Intimate Partner	1,370	10,245	11,615
Parents	769	5,911	6,680
Relative	346	1,165	1,511
Neighbour	157	963	1,120
Unknown Perpetrator	63	673	736
Employer	41	94	135
Friends	12	84	96
Teachers	20	57	77
Land lady	12	33	45
Pastor	10	29	39
Work mate	3	31	34
Local Administration	10	25	35
Guardian	5	3	8
Police Officers	1	12	13
Grand Total	2,819	19,325	22,144

Source: OAG Analysis of 1195 Toll-free hotline Data on Perpetrators

4.45 As can be observed above, perpetrators are people known to survivors with the leading cases being those of intimate partners, parents, relatives and neighbours. Further, the lack of government safe shelters where the complainants would be temporarily accommodated also left them exposed to threats and intimidation from the perpetrators. Out of court settlements between the accused and complainants kins also contributed to the complainant and witnesses failing to show up in court.

4.46 For instance, in Garissa County, instances of Alternative Dispute Resolution through *Maslaha*²³ hindered prosecution of GBV cases in court as complainants relocated due to these negotiations as their family ended up being compromised. Further, in Kajiado County, complainants were intimidated by their clan elders that they would be cursed or ex-communicated from the community if they were determined to follow up the cases to its completion.

²³ Maslaha – This is an alternative dispute resolution mechanism in Islamic Culture where the clan elders settle a case between an accused and a complainant out of court

4.47 It was further established that there were instances where investigating officers failed to timely notify the accused and complainants on the next hearing date hence, they did not show up. Absence of the accused persons, complainants and witnesses led to court adjournments resulting in delays in determination of cases and eventual withdrawal of cases by the prosecutor.²⁴

b. Delays occasioned by the Investigating Officers

4.48 The audit established that there were delays emanating from the investigating officers. These included; absenteeism of investigating officers during court hearings due to transfers to other distant stations and missing of police files due to improper handover of the files in case of transfers and external interference with the cases.²⁵ Untimely bonding of expert witnesses by investigating officers to secure witnesses attendance in court also contributed to delays.²⁶ The aforementioned reasons resulted in frequent adjournment of cases and ultimately caused delays in their hearing and conclusion.

4.49 Collection of forensic report from the government chemist is restricted to the investigating officer who delivered the samples or any other officer with a certificate of appointment from the Officer Commanding police Station (OCS). The audit also noted delays in collection of forensic reports by the investigating officers for subsequent presentation in court as illustrated in **Table 8**. This was occasioned by instances where an investigating officer was transferred and failed to properly hand over the case file to the new officer.²⁷

Table 8: Analysis of Uncollected Forensic Reports at the Government Chemist

Year Forensic Report was Ready	Number of Uncollected Forensic Reports
2018	1
2019	14
2020	10
2021	21
2022	66

Source: OAG Analysis of Government Chemist Reports

²⁴ File review of Judiciary sexual offenses case files and Interviews with court administrators, judicial officers and prosecutors.

²⁵ Interviews with investigating officers

²⁶ File review of Judiciary sexual offenses case files

²⁷ Interviews with staff at Government Chemist.

4.50 Additionally, the investigating officers experienced challenges in facilitation in terms of transport for them to collect the forensic reports from the government chemist. Failure to collect the analyzed forensic reports and the corresponding exhibits further stretched the limited exhibit storage capacity at the government chemist. Moreover, the uncollected forensic reports led to their unavailability during court sessions resulting in court adjournment.²⁸

c. Delays occasioned by the Judicial and Prosecution Officers

4.51 The audit revealed that there were delays arising from the part of the judiciary and prosecution officers. These included; magistrate being away on training or on leave. This was due to lack of synchronization of the judiciary calendar with the court station diaries. In addition, transfer of judicial officers to other court stations stalled cases until another judicial officer was assigned to the case. This loophole made some accused persons request for a retrial of the case, that is, seeking for the matter to be heard afresh leading to re-traumatizing of the survivor and further delays of the case.²⁹

4.52 Further, instances of prosecutors being away on leave, on other official duties or on transfer made it difficult for the smooth progression of court hearings. In some instances, the cases would not proceed normally due to courts being indisposed as a result of sickness, bereavement and other personal reasons on the part of the judicial officer and the prosecutor.³⁰

d. Delays in DNA Analysis of Samples by the Government Chemist

4.53 DNA analysis should ideally take 21 days subject to availability of reagents to analyze the samples and reference samples to enable comparison of samples from perpetrator with that of the survivor. However, the audit noted that 205 out of the 1,742 samples delivered at the government chemist for the period 2018-2022 had not been analysed as shown in **Table 9**²⁷. Additionally, analysis of government chemist data on GBV cases reported indicated an increase across the period under review.

²⁸ Interviews with the gender unit officers in the police stations.

²⁹ Interviews with court administrators, judicial officer and prosecution counsel

³⁰ File review of Judiciary sexual offenses case files

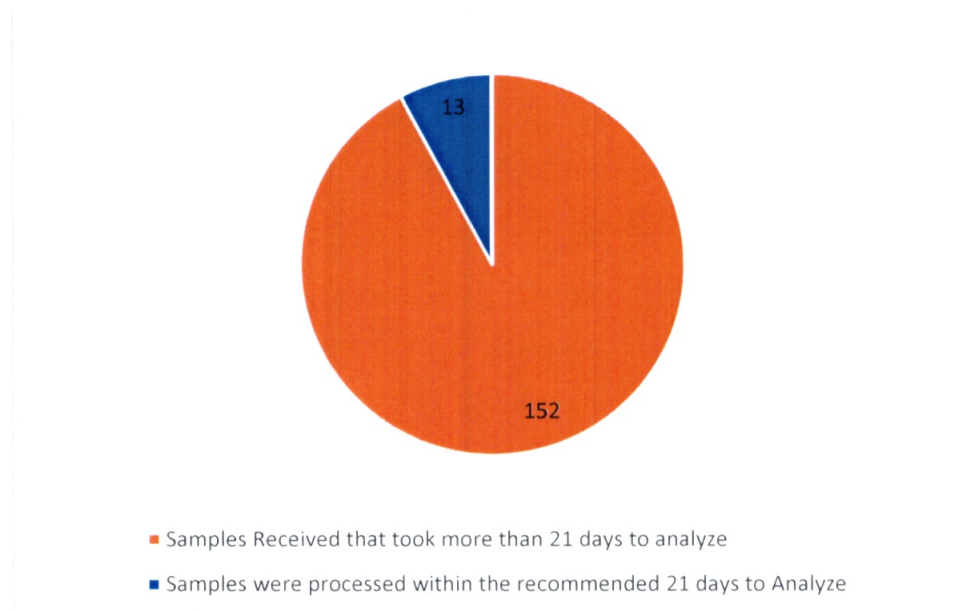
Table 9: Cases of Samples Received Versus Samples Not Analyzed at Government Chemist

Government Chemist Cases		
Year	Number of Samples Received	Numbers of Samples not analysed
2018	215	11
2019	258	25
2020	288	36
2021	433	48
2022	548	85
Total	1,742	205

Source: OAG Analysis of Government Chemist Data

4.54 Analysis of duration taken to analyze samples at the government chemist revealed that there were delays in analysis. For instance, in Nairobi and Mombasa Regional Offices, out of 167 samples analyzed, 15 samples were analysed within the recommended duration of 21 days as shown in **Figure 8**.

Figure 8: Duration taken to Analyse Samples at Government Chemist



Source: OAG Analysis of Government Chemist Data

4.55 Further analysis of the government chemist data revealed that delays in duration for analysis of samples ranged from 22 days to 1,758 days as shown in **Table 10**. Out of the 167 samples that were received by the government chemist, 117 samples took more than 120 days to analyze. These delays in analysis of the samples was attributed to lack of reagents occasioned by insufficient allocation of funds that are required to procure the same. Additionally, there were also delays in procurement of reagents and shortage of reagents caused by the possibility of having to carry out repeat tests due to mishandling of samples. Interviews further revealed that delays were occasioned by unavailability of reference samples from survivors and perpetrators for comparison. These delays resulted in backlog and the unavailability of forensic reports during court sessions consequently leading to delays in hearing and conclusion of cases.

Table 10: Duration Taken to Analyze Samples at Government Chemist

Duration (Days)	Number of cases
21-30	7
31-60	20
61-90	8
91-120	2
120-1758	117

Source: OAG Analysis of Government Chemist Data

e. Withdrawal of Cases due to Delays in Dispensation of Justice

4.56 A case that is withdrawn is considered closed since the court cannot proceed with the case due to unavailability of witnesses, complainants and accused persons and efforts to locate them were futile. Review of sexual offence cases filled in the courts visited revealed that there were delays in dispensation of justice which led to withdrawal of cases from courts. An accused person is therefore discharged if the case is withdrawn before they give their defence, that is, the case will proceed subject to availability of witnesses, complainants and the accused person.

4.57 For instance, out of the 1,559 closed cases, 746 (47.9%) of the cases were withdrawn by the prosecutor in the sampled courts. Further analysis of the withdrawn cases

indicated that the cases spanned different durations ranging from 2 to 5 years as shown in **Table 11**:

Table 11: Duration in Years Before Cases were Withdrawn

Number of Cases	Duration before case was withdrawn (Years)
332	2
195	3
91	4
16	5

OAG Analysis of Judiciary Data

4.58 Additionally, the cases may be withdrawn due to the unwillingness of the complainants to proceed with the case as a result of out of court settlements and being compromised. Further, accused persons may fail to show up to court as they are at large after been released on bond or bail terms. The audit also revealed that cases would be withdrawn where a minor survivor attains a majority age (18 years) while the case is still ongoing therefore choosing not to proceed with the matter.³¹

4. Inadequate Institutional Capacity of Duty Bearers to Effectively Carry out their Functions

4.59 Institutional capacity entails the competence of an organization to perform its function and having resources in terms of human, technical and financial to deliver on the same. It involves strengthening the capacity of institutions and service providers handling GBV across the health sector, social sectors and criminal justice systems. It also ensures adequate supplies, commodities and equipment for facilities providing services for GBV response.³²

4.60 The audit team assessed whether the duty bearers received adequate training to perform their functions, how they were facilitated to execute their functions and whether the duty bearers were offered psychological debriefing due to the nature of

³¹ Interviews with judiciary officers, investigating officers and court administrators.

³² National Policy on Prevention and Response to GBV.

their work. The audit noted that the State Department and other state actors had not ensured adequate institutional capacity of the duty bearers as discussed below:

a. Inadequate Capacity Building of Duty Bearers

- 4.61 The National Policy for Prevention and Response to Gender Based Violence, 2014 directs the government to facilitate partnership building and inter-agency cooperation among all key stakeholders through training and capacity building. In addition, the State Department for Gender Strategic Plan, 2018 – 2022 planned to strengthen capacity on elimination of GBV and harmful practices to duty bearers. Capacity building among duty bearers builds a strong and reliable pool of personnel who will provide quality and coordinated services to GBV survivors.
- 4.62 The audit revealed that the State Department had not ensured adequate and regular training of its county gender officers and the actors in the referral pathway. The Third Quarter Review of Gender Activities Reports in Counties, 2021/22, also highlighted lack of capacity building for county gender officers.³³ The State Department county gender officers had only received induction training upon deployment which was not adequate to effectively execute their duties.³⁴
- 4.63 It was further noted that donors occasionally facilitated training to State Department county gender officers and other actors. However, these trainings were dependent on availability of donors and whether the training component was part of the donors' program and as such, the State Department had no influence on the frequency and training needs.³⁴
- 4.64 Further, the audit revealed that gender unit officers in 6 out of 9 of the police stations visited, attended sensitization seminars on how to handle survivors, maintaining chain of custody of exhibits and proper sample handling. Despite the sensitization seminars, it was noted that transfers among the national police service affected operations at the gender unit. This was because the gender unit officers sensitized were at times deployed to other units such as traffic and crime when transferred to other police stations. Additionally, the incoming officers transferred to the gender unit might not have received any training on how to handle survivors and maintaining chain of custody of exhibits.

³³ Document review of 3rd Quarter Review of Gender Activities Reports in Counties, 2021/22

³⁴ Interviews with the State Department County gender officers and actors in the referral pathway

4.65 Lack of adequate and regular capacity building to duty bearers may pose a risk of not providing seamless referral of survivors and provision of quality and coordinated services to GBV survivors. Also, duty bearers might not be able to deal with emerging issues on GBV as they learn on the job.

b. Inadequate facilitation of Duty Bearers

4.66 The National Policy on Prevention and Response to GBV 2014 tasks the government with ensuring sufficient budgetary allocation for coordination, capacity development and awareness creation. This will ensure GBV prevention and response mechanisms will be successfully implemented by the various duty bearers for the benefit of survivors.

Inadequate Facilitation of State Department County Gender Officers

4.67 The audit revealed that State Department gender officers had limited capacity and resources to effectively prevent and respond to GBV in the counties. For instance, in the financial year 2021/2022, they received a budget allocation of Ksh. 54,378 on a quarterly basis in form of Authority to Incur Expenditure (AIE) which amounted to Ksh. 208,004 and was equal across all the counties visited.³⁵ This allocation was meant to facilitate GSWG meetings, acquire stationery and carry out anti-GBV campaigns, purchase office furniture and fittings among others. It was also to facilitate their movement within the county to implement anti-GBV activities and monitor activities.

4.68 The AIE to the county gender officers was insufficient to enable them effectively coordinate the various anti-GBV activities in the counties. For instance, the work plan for the gender officer for Garissa County for the financial year 2021/2022 indicated a budgeted amount of Ksh.1.48 Million against Ksh. 208,004 received in AIE as illustrated in **Table 12**.³⁶

³⁵ Review of Field Services AIE schedule for State Department for Gender

³⁶ Review of work plan and AIEs and interview with State Department county gender officers

Table 12: State Department Annual Work Plan, Garissa County

Activities/Actions	Budget (Resources Required)
Coordinate the 16 days of Activism Against GBV	Ksh.1,000,000
Coordinate Community Dialogues on GBV	Ksh. 200,000
Launch the Youth Anti FGM Network (YANK) Garissa County Chapter.	Ksh. 260,000
Regular reporting on the progress of the Programme of eliminating all forms of GBV in the entire County.	Ksh. 5,000 per quarter (Total Ksh.20,000)
Total	Ksh. 1,480,000

Source: OAG Review of Work Plan and AIEs

4.69 Due to the insufficiency of funds allocated to the State Department County gender officers, their ability to achieve the planned activities as per work plan was limited. As a result, they realigned their activities with those of donors as they were not able to fully implement planned activities.³⁷

4.70 The audit further revealed that each county had one (1) gender officer from the State Department to coordinate all the GBV activities in the county.³⁷ However, the in-post staff were not sufficient to cover all the 47 counties hence the need for additional staff as indicated in the proposed establishment in **Table 13**.³⁸ This implied that there was staff shortfall to effectively coordinate anti-GBV activities in the counties.

Table 13: Proposed Staff Establishment for Field Services Division

Designation	Authorised Establishment	In-post	Shortfall	Proposed Establishment
Deputy Director, Gender	0	0	0	10
Assistant Director, Gender	27	24	3	47
Principal Gender Officers	0	0	0	47
Senior Gender Officers	27	8	19	47
Gender Officer II/I	20	0	20	94
Driver	-	-		10

Source: OAG Analysis of Staff Establishment for Field Services Division

4.71 Review of the proposed staff establishment showed that a county would require four (4) officers comprising of Assistant Director Gender, Principal Gender Officers, Senior

³⁷ Interviews with State Department County gender officers

³⁸ Document review of Staff Establishment for Field Services Division

Gender Officers and Gender Officer II/I. The Senior Gender Officer and Gender Officers would coordinate anti-GBV activities at the sub-county level which was still insufficient owing to the vastness of the sub-counties. Additionally, recruitment of the proposed officers is a challenge due to budgetary constraints.³⁹

- 4.72 Further, officers at county and sub-county level lack vehicles and drivers to facilitate their movement and this is not factored in in the proposed staff establishment.

Inadequate Facilitation of National Police Service

- 4.73 The audit established that all gender units were not adequately equipped to enable the gender desk officers effectively serve GBV survivors. For instance, they lacked stationery, computers and printers to prepare case files to facilitate prosecution. Further, they lacked dedicated vehicles to ensure ease of rescue operations, escort of survivors to hospital including delivery of samples to government chemist for analysis. Further, the gender units were unable to provide dignity kits that contain hygiene and sanitary items offered to survivors seeking services at the gender unit. It was further observed that gender desks were not conducive to offer privacy to GBV survivors reporting cases and they lacked adequate storage space for exhibits.⁴⁰
- 4.74 The challenges mentioned above were attributed to lack of a specific budgetary allocation to the Officers Commanding Stations (OCS) to facilitate activities conducted at the gender units. This was due to the fact that the Gender Units are not recognised as a separate department in the National Police Command structure.⁴¹
- 4.75 The lack of facilitation for the gender unit resulted in gender unit officers incurring out of pocket expenses to print P3 forms, purchase dignity kits and buy food for minor survivors who were accommodated at the station. In other instances, the survivors were forced to eat food meant for offenders held temporarily at the station. Further, lack of a dedicated GBV vehicle resulted in delayed rescue of GBV survivors, delayed delivery and collection of samples to the government chemist and arrest of perpetrators. This consequently resulted in delayed justice to the survivors.

³⁹ Interviews with State Department County gender officers

⁴⁰ Interviews with gender unit officers at police stations and observation of gender units.

⁴¹ Interviews with Officers Commanding Stations and gender unit officers at police stations.

Inadequate Facilitation of Gender Based Violence Recovery Centres

- 4.76 A Gender Based Violence Recovery Centre (GBVRC) is a facility domiciled in public hospitals aimed at bringing back meaning to the lives of survivors and their families. They do this through the provision of comprehensive free medical treatment and psychosocial support to survivors who have suffered any form of violence such as sexual, physical, psychological or emotional abuse.⁴²
- 4.77 The audit revealed that staff at GBVRCs were at times overstretched given the sensitive nature of GBV that required one clinician to handle the survivor through history taking, trauma counselling and treatment. These activities took a substantial amount of time and clinicians were equally mentally and emotionally draining due to vicarious trauma. For instance, four (4) out of seven (7) GBVRC staff interviewed, reported inadequate staff and heavy workload. Moreover, clinicians who filled P3 and PRC forms were required to appear as expert witnesses in court. However, due to the heavy workload experienced and shortage of staff and lack of facilitation to attend distant court stations, the clinicians were unable to attend most court sessions.⁴³ This resulted in delayed justice as the clinicians were not able to testify in a timely manner.
- 4.78 In addition, it was observed that six (6) out of the seven (7) GBVRCs were integrated where patients were referred to other departments within the hospital to receive the GBV services required. This made follow up of survivors difficult as some would not seek services in the referred departments and in some instances, staff in the other departments were not sensitized to handle the GBV survivors. Further, it caused re-traumatization as survivors had to narrate their experiences.
- 4.79 The GBVRCs also experienced inconsistent supply of essential commodities such as HIV test kits, emergency pills and PEP to offer GBV survivors. This therefore forced the survivors to incur this expense.⁴³ Survivors who could not afford to buy these commodities were at risk of getting unwanted pregnancies, contracting HIV and other infections. Further, inadequate facilitation of GBVRCs resulted in delayed justice as the clinicians are not able to testify on a timely manner for speedy determination of cases.

⁴² GVRC website: <https://gvrc.or.ke/>

⁴³ Interviews with GBVRC staff.

c. Lack of Psychological Debriefing for Duty Bearers

- 4.80 According to the National Policy on Prevention and Response to GBV, 2014, the government through the State Department responsible for gender was required to put in place standards and mechanisms for debriefing service providers dealing with GBV across sectors. These types of debriefings should be informal, peer-facilitated, in small-group meetings where participants have an opportunity to give voice to the difficult nature of their work and discuss issues that negatively affect their resiliency.
- 4.81 The audit revealed that there was no psychological debriefing for the duty bearers handling GBV survivors.⁴⁴ Duty bearers in the referral pathway were exposed to vicarious trauma⁴⁵ which left them drained and their mental health affected. Gender unit officers, government chemist and safe shelters revealed that they did not have the much-needed debriefing sessions to provide effective support to GBV survivors.⁴⁴
- 4.82 Failure to offer psychological debriefing to the duty bearers in the referral pathway was linked to lack of counsellors and prioritisation of mental health to duty bearers. This significantly impacted on the duty bearer's mental health and ability to effectively provide quality care and support to GBV survivors. For instance, in one of the safe shelters visited, staff experienced mental and emotional exhaustion and had to close down operations for a month to enable them recover from the traumatic experiences shared by the survivors. Consequently, survivors were transferred to other shelters.⁴⁶

5. Lack of Government Support for Safe Shelters

- 4.83 The government through the State Department for gender ought to work with the county governments to establish safe shelters to accommodate survivors of violence, especially when safety of survivors is at risk if the survivor continues to stay where they are. Additionally, they ought to establish regulations to guide the operations of the safe shelters. The second objective of the Safe Spaces Model and Applicability Manual was to provide a reference point for the National and County Governments and partners to establish safe and protective spaces. Further, the Manual provides that Safe and protective spaces should be anchored within National and County Government development priorities to ensure that they are sufficiently budgeted for

⁴⁴ Interviews with duty bearers in the referral pathway.

⁴⁵ Vicarious trauma is an occupational challenge for people working in the field of victim services, law enforcement and medical services, due to their continuous exposure to victims of trauma and violence.

⁴⁶ Interviews with duty bearers in the referral pathway.

and actualized. There should also be deliberate effort to allocate a significant proportion towards establishing safe spaces for the protection of vulnerable groups. Safe spaces should link beneficiaries to relevant TVETs to develop knowledge and skills to enable them attain economic independence and reduce their vulnerabilities.

4.84 The audit revealed that both the State Department and county governments made minimum efforts to establish safe shelters and develop regulations to guide their operations as discussed below:

a. Failure of Government to Establish Safe Shelters

4.85 According to the State Department for Gender Affairs Strategic Plan, 2018 – 2022, the State Department's core function includes facilitating the establishment and operationalization of safe shelters.

4.86 The audit established that there were no government safe shelters in all the counties visited save for Kakamega and Kisii Counties which had established the safe shelters though not operational. The Safe shelters/rehabilitation centre for Kisii County was established with the help of National Government Affirmative Action Fund (NGAAF) although there were operationalization challenges given that there was a land tussle between the County Government and the land owner. Kakamega County had established a safe shelter in Shinyalu Sub-County and plans were underway to operationalize it. However, the State Department had developed guidelines for the establishment of safe shelters.

4.87 The lack of government safe shelters in majority of the counties visited was as a result of lack of prioritization for gender matters by the county governments hence no budgetary allocation for the establishment of government safe shelters. **Table 14** indicates the number of GBV cases reported through the various channels implying that there were survivors who needed temporary accommodation but would not access safe shelters.

Table 14: Data on GBV Cases Reported by Various Duty Bearers

Year	GBVRC	Police	HAK
2018	3,182	2,087	1,963
2019	1,965	2,574	905
2020	4,363	3,283	3,939
2021	3,861	2,651	2,367
2022	3,218	2,788	2,570
Total	16,589	13,383	11,744

Source: OAG Analysis of Data from Various Duty Bearers

4.88 From the number of cases reported in **Table 14**, there is a possibility that a proportion of survivors may have needed temporary accommodation in safe shelters. Therefore, gender units, Children' Department, GBVRCs or courts had no option but to refer survivors to private safe shelters. Given that private safe shelters had limited capacity to accommodate these survivors, it may have resulted in survivors in need of accommodation being denied admission.

4.89 Further, private safe shelters had their own admission criteria for survivors which targeted different categories based on age and gender. In the safe shelters sampled, some shelters did not accommodate women with children, boys, men and women above 40 years. One (1) shelter accommodated women with children.⁴⁷ Details on capacity and admission criteria for each of the safe shelters are as shown in **Table 15**.

Table 15: Capacity of Private Safe Shelters in Various Counties

County	Name of Safe shelter	Capacity	Criteria for Admission
Kisumu	KMET	4	Young girls below 19 years, children
Kisumu	C-FAGHS	10	Children, teenage girls
Nakuru	Emily Martins	12	Women 40 years and below, children not exceeding 10years
Nakuru	Filadelphia	12	Women, children, women with children (age limit of 35 years)
Mombasa	Okoa Sasa	45 (have two branches)	For children (age limit is 18years)
Garissa	Kamuthe	81	For women and children

Source: OAG Analysis of Capacity of Private Safe shelters

⁴⁷ Interviews with private safe shelter administrators and physical observations of private safe shelters

4.90 Lack of government safe shelters, selective admission criteria and limited capacity of private safe shelters left some survivors with no choice but to return to hostile environment where they faced continuous exposure to GBV.⁴⁸

b. Lack of Registration and Regulation Guidelines for Safe Shelters

4.91 According to the Safe Spaces Model and Applicability Manual, the County governments were to develop context specific guidelines for regulation and accreditation of safe and protective spaces.

4.92 The audit revealed that private safe shelters lacked registration and regulation guidelines and thus were registered as Community Based Organizations (CBO), Faith Based Organizations (FBO) or Non- Governmental Organizations (NGO) which hindered them from receiving government support for their operations. All administrators of safe shelters cited that lack of these guidelines to distinguish them as safe shelters made it difficult to access government and donor funding thus limited their ability to provide services to survivors.

4.93 Lack of these guidelines made it difficult for the State Department and county governments to ensure that private safe shelters met standards of quality and safety. This put survivors at risk of further harm. Over and above, it led to lack of accountability due to limited government oversight thus made it harder to detect any misconduct that occurred in the shelters.

4.94 Further, lack of law on registration of private shelters meant that the shelters could not receive state support for their operations as they are registered as Non-Governmental Organizations and as such considered fully funded. For instance, survivors encountered challenges in a bid to access education as they could not be easily registered to nearby government schools due to lack of requisite documents for admission. Further, the audit revealed that one (1) private safe shelter incurred expenses related to post-natal care of teenage mothers due to lack of identification document for registration into the Linda Mama programme⁴⁹.

4.95 Consequently, the private safe shelters had to rely on donors, well-wishers, churches and donations from the community to enable the survivors access these services.⁵⁰

⁴⁸ Interviews with the State Department county gender officers and county government gender officers and GBVRC in charge

⁴⁹ A government programme that offers free maternity services to both mother and child.

⁵⁰ Interviews with private safe shelters administrators

6. Over Reliance on Donor Support Affecting Sustainability of Donor Funded Programmes

- 4.96 The National Policy for Prevention and Response to GBV, 2014 requires the government to improve sustainability of GBV prevention and response interventions by ensuring sufficient budgetary allocation for coordination, capacity development, awareness creation, evidence generation and M&E.
- 4.97 The audit revealed that the State Department over relied on donor funds to coordinate GBV activities. For instance, review of the budget for the State Department for the financial years 2018/19-2021/22 indicated that 75% of the funds were from donors while the Government allocated 25% of the funds towards GBV activities. This affected the State Department's authority to coordinate GBV activities in various counties.
- 4.98 The State Department county gender officers could not independently convene Gender Sector Working Group (GSWG) meetings due to budgetary constraints. This led to over reliance on donor support as the directors had to mobilize resources through donor support. In addition, donors financed capacity building sessions for duty bearers and supported the State Department during GBV sensitization campaigns and organization of celebration of gender days.
- 4.99 Moreover, donors have also established and supported the operations of the GBVRCs such as employment of staff, child friendly rooms, provision of information, education and communication (IEC) materials such as flyers, banners and brochures to help disseminate information on GBV to the communities as shown in **Table 16**.

Table 16: Comparison of Donor Against Government Support for Various GBVRCs

No.	GBVRC	Donors	Government supported functions	Donor supported functions
1.	Jaramogi Oginga Odinga Teaching and Referral Hospital, Kisumu	CDC KEMRI and Centre for International Health Education and Biosecurity (CIHEB)	Staff remuneration of 5 nurses and 1 medical officer	Day to day operations, staff remuneration of 3 clinicians, 1 nurse, HIV testing officer. Data officer, Pharmaceutical technologist, Laboratory Technologist, Social worker, Psychologist and Paralegal officer.
2.	Kakamega Teaching and Referral Hospital	USAID Afya Halisi	Staff remuneration, drugs and operations at facility.	Renovated and equipped the GBVRC.
3.	Kisii Teaching and Referral Hospital	National Government.	Remuneration, training of clinical officers, provision of dignity kits and examination kits.	Facilitated expert witnesses.
4.	Nakuru Teaching and Referral Hospital	Liverpool Voluntary Counselling and Testing Centre (LVCT) and Physicians for Human Rights (PHR).	Staff and pharmaceuticals and non-pharmaceuticals.	Training staff on forensic evidence handling and clinical management of GBV cases. Renovation of a child friendly room.
5.	Garissa County Referral Hospital	Refugee Consortium Kenya through UNICEF.	Staff remuneration for nurse and clinician.	Provided a psychological counsellor, sanitary towels and solar lamps for survivors, pro-bono advocates and pharmaceuticals and non-pharmaceuticals.
6.	Mombasa -Coast Provincial General Hospital	International Centre for Reproductive Health (ICRH) through DANIDA.	Day to day operations and pharmaceuticals and non-pharmaceuticals.	Staff remuneration of nurse-in-charge and paralegal officer. Renovation of child friendly rooms.
7.	Kilifi County Teaching and Referral Hospital	Collaborative effort between MoH and UNFPA. Kenya Red Cross, USAID- Stawisha	Staff remuneration and pharmaceuticals and non-pharmaceuticals.	Facilitate trainings, develop monitoring tools and disseminate IEC materials.

Source: OAG Analysis of Interview Responses of GBVRC Personnel

- 4.100 Inquiry by the audit team on existence of a sustainability plan in the event that donors withdrew their support revealed that no actor had put in place such a plan. The lack of sustainability plans for the donor funded programs was attributable to lack of prioritization of GBV activities by the State Department and county governments. Also, this was attributable to lack of gender policies in some counties for example in Kisii, Mombasa, Nakuru and Kilifi counties. Failure to develop gender responsive budgeting also affected allocation of resources for GBV activities in the counties.⁵¹
- 4.101 Additionally, donors do not liaise with the State Department county director for gender on their intended activities while in the county hence the director is unable to include a sustainability plan in their projects. Further, one of the county directors alluded that GBV is a social issue that is more appealing to donors and as such, bulk of the government's resources are allocated to entities implementing projects with tangible outputs such as roads as opposed to social issues.⁵²
- 4.102 Consequently, the lack of sustainability plans for the donor funded programs may result in disruption of services that support GBV survivors. Further, the programs may have a short-term impact in the community should the donors withdraw their support.

⁵¹ Interviews with State Department and the County Directors

⁵² Interviews with State Department County gender officers

5.0 CONCLUSION

- 5.1 The State Department for Gender and Affirmative Action (SDfGAA) and other state actors have to some extent put in place measures towards prevention and response to Gender Based Violence (GBV). For instance, they have made progress towards achievement of the twelve (12) Generation Equality Forum commitments by adopting gender sector working groups in all counties that strengthens collaboration with actors in the national and county level.
- 5.2 They have also facilitated domestication of sexual gender-based violence policies in nine (9) counties and establishment of Gender Based Violence Recovery Centres (GBVRC's) in all the main referral hospitals. However, the measures instituted by the State Department and other state actors have not been able to adequately prevent and respond to cases of GBV in the society.
- 5.3 The State Department has not ensured effective coordination of actors towards prevention and response to GBV as they lacked a gender data management system, a structured monitoring and evaluation mechanism and they did not ensure regular participation of all actors in the working group meetings. This hindered them from fully understanding the magnitude of GBV, tracking progress, identifying gaps in the provision of quality services and developing effective interventions in the prevention and response to GBV.
- 5.4 The Judiciary and other actors in the criminal justice system have not ensured timely dispensation of justice to GBV survivors. This was occasioned by numerous court adjournments that resulted in prolonged court appearances, increased financial burden, increased trauma, out of court settlements and ultimately delayed or no justice to the survivor.
- 5.5 The State Department has not ensured adequate institutional capacity of duty bearers as they had not received adequate training, lacked a gender responsive budget and lacked adequate facilitation in terms of staff, vehicles, stationery for them to effectively execute their functions. They also lacked psychological debriefing mechanisms which may affect their mental health and ability to effectively provide quality care and support to GBV survivors.
- 5.6 The State Department has not facilitated the county governments in ensuring the establishment and operationalization of government safe shelters hence survivors are referred to private safe shelters and thus the State Department has no mandate

to oversee their operations. Further, county governments have not developed registration and regulation guidelines for safe shelters which made it difficult to access government funding thus limiting their ability to provide quality standards of services to survivors.

- 5.7 The State Department has not put in place mechanisms to ensure sustainability of donor funded GBV activities, and as such; operations in GBVRCs, convening of sectoral working group meetings and capacity building among duty bearers may be disrupted in the event that donors withdraw.

6.0 RECOMMENDATIONS

6.1 In view of the findings and conclusion of the audit, the following recommendations are made for implementation by the State Department for Gender and Affirmative Action and other state actors. This will ensure that the measures put in place are adequate towards prevention and response to Gender Based Violence (GBV).

6.2 To ensure adequate coordination of actors towards the prevention and response to GBV, the State Department should:

- i. Put in place measures to ensure collection and consolidation of data from various stakeholders;
- ii. Formulate and implement policies and guidelines that ensure equitable treatment of the different forms of GBV to make the services more accessible to all survivors; and
- iii. Develop and implement a monitoring and evaluation mechanism cutting across all sectors to track progress of implementation of activities towards prevention and response to GBV.

6.3 To ensure timely dispensation of justice to GBV survivors, the State Department in collaboration with:

- i. The National Police Service should ensure investigating officers and expert witnesses attend court sessions, police files are available in court and timely collection of government chemist reports for subsequent presentation in court;
- ii. The Judiciary should ensure its calendar is synchronized with that of court stations to minimize instances of court adjournments due to trainings; and
- iii. The government chemist should ensure availability of reagents for timely DNA analysis.

6.4 To ensure adequate institutional capacity of duty bearers to effectively execute their duties the State Department in collaboration with other state actors should:

- i. Ensure regular capacity building of county gender officers and other duty bearers to enhance their capacity in prevention and response GBV;
- ii. Adequately facilitate the duty bearers to enable them effectively implement, coordinate and monitor activities towards prevention and response to GBV; and
- iii. Put in place and implement standards and mechanisms for debriefing duty bearers in the GBV referral pathway for them to effectively respond to GBV cases.

6.5 To ensure that GBV survivors experiencing further threats by perpetrators are offered temporary accommodation, the State Department in collaboration with County governments should:

- i. Establish and operationalize safe shelters; and
- ii. Formulate context specific guidelines for registration, regulation and accreditation of safe shelters.

6.6 The State Department in collaboration with other state actors should put in place a sustainability plan for all donor funded programmes and interventions towards prevention and response to GBV. This will ensure continuity of service delivery in the event that donors withdraw.

Appendix I: Sources of Audit Criteria

Audit Sub-questions	Audit Criteria
To what extent has the State Department ensured adequate coordination of actors towards prevention and response to GBV?	Sessional Paper No. 02 of 2019, on Implementation of the National Policy on Gender and Development, requires the Ministry in charge of Gender Affairs to take the leading role of coordinating all state and non-state actors at all levels in the country so as to enhance harmony and avoid duplication.
To what extent have the actors in the criminal justice system ensured timely dispensation of GBV cases?	According to the National Policy for Prevention and Response to Gender Based Violence, 2014, the Judiciary is expected to ensure speedy determination of cases. Judiciary's Report on Institutionalizing Performance Management and Measurement of April 2015, recommends that cases should be determined within 360 days from the date of filing.
To what extent has the State Department ensured adequate institutional Capacity of Duty Bearers?	The National Policy for Prevention and Response to Gender Based Violence, 2014 directs the government to facilitate partnership building and inter-agency cooperation among all key stakeholders through training and capacity building. In addition, the State Department for Gender Strategic Plan, 2018 – 2022 strategized to strengthen capacity on elimination of GBV and harmful practices to duty bearers and rights holders.
To what extent has the government supported the establishment and regulation of safe shelters?	According to the State Department for Gender Affairs Strategic Plan, 2018 – 2022, the State Department's core function includes facilitating the establishment and operationalization of safe shelters. According to the Safe Spaces Model and Applicability Manual, the County governments were to develop context specific guidelines for regulation and accreditation of safe and protective spaces.

Audit Sub-questions	Audit Criteria
To what extent has the State Department ensured sustainability of donor funded GBV programmes and activities?	The National Policy for Prevention and Response to GBV, 2014 requires the government to improve sustainability of GBV prevention and response intervention by ensuring sufficient budgetary allocation for coordination, capacity development, awareness creation, evidence generation and M&E.

Appendix II: List of Documents Reviewed

Source	Reasons for Review
Executive Order No.1 of 2018	To understand the mandate of the State Department of Gender.
State Department for Gender Affairs Strategic Plan (2018-2022)	To understand the framework that guides the State Department for Gender with regards to GBV.
National Policy on Prevention and Response to Gender Based Violence, 2014	To understand the measures put in place to accelerate efforts towards the elimination of all forms of GBV in Kenya by ensuring a coordinated approach in addressing GBV and effective programming; enhanced enforcement of laws and policies towards GBV prevention and response; increase in access to quality and comprehensive support services across sectors; and improved sustainability of GBV prevention and response interventions.
Sessional Paper No. 2 of 2019 on National Policy on Gender and Development.	To understand the multi-sectoral approach in the elimination of GBV cutting across both the state and non-state actors at all levels.
Safe Spaces Model and Applicability Manual (2019)	To understand the minimum standards that duty bearers should adhere to while establishing safe shelters.
GBV Training Resource Pack	To understand the roles of all duty bearers in the referral pathway in the prevention and response to GBV.
Intergovernmental Framework for Gender Sector (2019)	To understand the mechanism for consultation and cooperation between National and County Governments on issues of Gender.
Multisectoral Standard Operating Procedures for Prevention of and Response to Sexual Violence on Kenya	To understand the minimum package of care to be accorded to survivors across sectors-health, legal and psychosocial, and to further understand referral pathways in cross-sectoral management of survivors.
National Guidelines for Management of Sexual Violence in Kenya (2009).	To understand the management of Sexual Violence survivors in Kenya and importance of availing services to address all their needs: trauma, medical, psychosocial, humanitarian and legal aid.
Kenya National Health Sector Standard Operating Procedures on	To understand the role of the health sector as per the National Guidelines for Management of Sexual Violence in Kenya (2009).

Management of Sexual Violence in Kenya-2014	
The Judiciary's Report of April 2015 on Institutionalizing Performance Management and Measurement	To establish the recommended duration that court cases should be determined.
Safe Spaces Model and Applicability Manual	To understand the minimum standards which duty bearers should adhere to in establishing safe shelters.
Gender Sector Working Group Minutes	To understand how stakeholders coordinate activities, formulate action plans and do follow up of resolutions towards prevention and response to Gender Based Violence.
Workplans and Annual Reports for Gender Officers in the Counties	To understand the various activities formulated to prevent and respond to Gender Based Violence.
Gender Based Violence Case Files in Court	To establish whether there are delays in prosecution of GBV cases and ascertain reasons for the same.

Appendix III: Interviews Conducted

Stakeholder Interviewed	Purpose of Interview
SDfGAA County Director for Gender/ County Director for Gender	To understand they coordinate GBV activities in their respective counties. To understand the interventions that they have put in place against GBV. To understand how they work with each other in implementing anti-GBV activities in the county. To establish the challenges that exist and recommendations to improve their services.
GBVRC staff	To understand the services the GBV survivors receive at the GBVRC. To understand the referral channels for survivors and how they help them access justice. To gather data on the number of survivors of various forms of GBV treated. To establish the challenges that exist and recommendations to improve their services.
Regional police commanders	To gather data on GBV cases at County level.
Gender unit officers at police stations	To gather data on the number of survivors of various forms of GBV handled in the police station. To understand how they coordinate with other actors in the referral pathway in the dispensation of justice. To establish the challenges that exist and recommendations to improve their services.
Judiciary staff (Court administrators and Magistrates)	To gather data on the number of survivors of various forms of GBV handled in the police station. To understand how they coordinate with other actors in the referral pathway in the dispensation of justice. To establish the challenges that exist and recommendations to improve their services.

Prosecutors	To gather data on the number of survivors of various forms of GBV handled in the police station. To understand how they link with other actors in the referral pathway in the dispensation of justice. To establish the challenges that exist and recommendations to improve their services.
Staff at safe shelters	To establish how safe shelters are registered and regulated. To understand what services and activities are offered to survivors at the safe shelter. To establish whether they receive government support. To establish the challenges that exist and recommendations to improve their services.
Staff at Government chemist	To understand the extent of delays in processing of samples and collection of results. To establish the challenges that exist in processing of samples and recommendations to improve their services.
Survivors Network	To understand their experience while seeking for various services in the referral pathway. To establish the challenges that survivors faced and recommendations to improve the services.

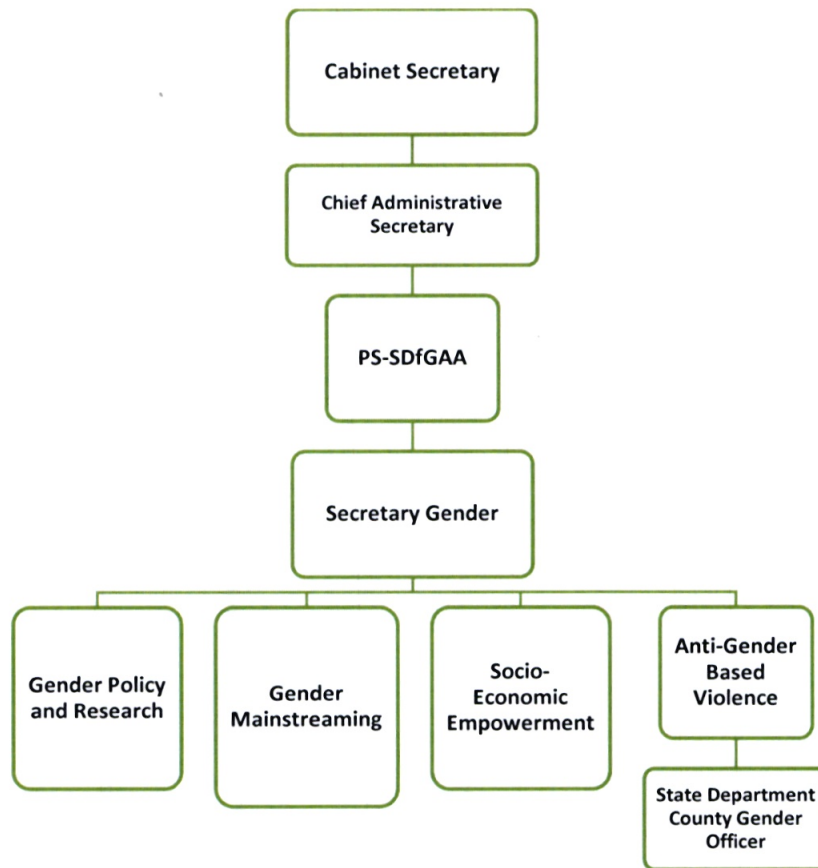
Appendix III: Roles of Various Stakeholders

Stakeholder	Roles
National Police Service	i. Conduct in-service training for serving police officers and new recruits on GBV; ii. Educate the community on various aspects of GBV through community policing and Nyumba Kumi initiatives; iii. Collect and disseminate data on GBV that will inform policies, legislation, and programming; iv. Regularly consult with other structures/departments/agencies to prevent gender-based violence; v. Establish and operationalize functional and accessible gender units at police stations, police posts, outposts, camps, and patrol bases; vi. Maintain a register for GBV within the gender unit; vii. Swiftly arrest and charge suspects when there are reasonable grounds; viii. Establish emergency toll-free numbers for all police stations; ix. Provide a Kenya Police Service Medical Examination Report (P3 form) to all survivors at no cost; x. Collect and properly preserve exhibits; improve the capacity of officers in the collection, handling, and preservation of forensic evidence, and provide adequate equipment for the collection of forensic evidence for DNA testing. xi. Ensure security for the survivor, witnesses and suspects; xii. Submit and collect exhibits from the government chemist; xiii. Make available exhibits and witnesses for the prosecution when required; xiv. Give evidence in court as and when required; ensure that all police officers required in court to testify are released and facilitated to attend court; xv. Advise any complainant of domestic violence of all relief measures available to the complainant, including access to shelter and medical assistance, or assist the complainant in any other suitable way; xvi. Enforce protection orders;

	xvii. Discourage kangaroo courts; and - xviii. Use alternative dispute resolution mechanisms strictly in accordance with the law—sexual violence is not subject to adjudication by alternative dispute resolution.
Ministry of Health	i. Providing medical treatment and psychosocial care to GBV survivors; ii. Developing national policies, guidelines, standards, protocols, and training curricula for GBV service delivery; iii. Disseminating and ensuring the implementation of GBV policies within all the tiers of the health system; iv. Ensuring compliance with and enforcement of GBV polices and regulations; v. Building the capacity of health service personnel through training and mentorship on clinical management of GBV; vi. Providing supportive supervision through the county and sub-county health providers to ensure quality service delivery on GBV; vii. Creating public awareness on GBV; and viii. Ensure government chemist have data bank for tracking GBV cases.
Government Chemist	i. Capacity building to service providers (Health workers and police) on collection, documentation and preservation of evidence – chain of Evidence); ii. Receiving samples from GBV cases from police; iii. Accurate and timely Analysis of forensics evidence specimens from Gender Based Violence survivors; iv. Ensure professional gathering, transportation and storage of evidence; v. Preparation of a scientific report by the analyst; and vi. Expert Witness in court.
Office of Director of Public Prosecution (ODPP)	i. Complementing the police in the investigation of GBV offences; ii. Ensuring the correct charges are drafted; iii. Meeting and preparing survivors and witnesses of GBV cases for the court process; iv. Presenting evidence in court – both exonerating and incriminating evidence; v. Examining and cross-examining witnesses in court;

	vi. Making relevant applications in court – for example, protection of vulnerable witnesses, counselling of survivors, treatment of offenders, assessing the survivors or witnesses, and sentencing of the convict; vii. Educating the community on the provisions of the Sexual Offences Act, the Penal Code, and other laws that address GBV; and viii. Support in the development and review of existing policies and pieces of legislation relevant to addressing GBV.
Judiciary	i. Support in the development and review of existing policies and pieces of legislation relevant to addressing GBV; ii. Adjudicate cases involving GBV and implement the various provisions of the law, especially the Sexual Offences Act and the Prevention of Domestic Violence Act, in a specific case; iii. Sentencing convicted GBV offenders; iv. Granting orders that safeguard those who are vulnerable or at risk of GBV; v. Address concerns of service providers to be able to adequately respond to GBV through the Judiciary's various structures, including the Court User Committees; vi. Create new procedures/practices by providing interpretation on the various legal provisions in appropriate cases; and vii. Sensitizing the community on legal provisions.
Safe Shelter	The intended purpose of a shelter is to keep the survivors from any further potential harm from the alleged perpetrator/s with an aim of supporting him/her in dealing with the traumatic experience, as well as preparation for the legal process.

Appendix IV: Organizational Structure of State Department for Gender





MINISTRY OF HEALTH

POST RAPE CARE FORM (PRC)
MOH 363

PART A & B

County: _____

Sub-County: _____

Facility: _____

Start Date: _____ End Date: _____

PART A

MOH 363

PHC FORM IS NOT FOR SALE



MOH 363

Day		Month		Year		County Code		Sub-county Code		Facility Name		EP-IP No.		MPL Code																																																																																						
Name(s) (Three Names)						Date of birth		Day		Month		Year		☐ Male ☐ Female																																																																																						
Contact (Residence and Phone number)																																																																																																				
Disabilities (Specify)										Marital Status (specify)																																																																																										
Orphaned/vulnerable child (OVC) ☐ Yes ☐ No										Citizenship																																																																																										
Date and time of Examination				Date and Time of Incident				No. of perpetrators																																																																																												
Day		Month		Year		Hr		Min		AM/PM		Day		Month		Year		Hr		Min		AM/PM																																																																														
Alleged perpetrator(s)										☐ Male ☐ Female		Estimated Age																																																																																								
☐ Unknown ☐ Known (specify the relationship)																																																																																																				
Where incident occurred																																																																																																				
Administrative location: Country				Sub-county				Landmark																																																																																												
Chief complaint: Indicate what is observed																																																																																																				
Indicate what is reported																																																																																																				
Circumstances surrounding the incident (survivor account) remember to record penetration (how, where, what was used? Indication of struggle?)																																																																																																				
Type of Sexual Violence: ☐ Oral ☐ Vaginal ☐ Anal ☐ Other (specify)																																																																																																				
Use of condom?				Incident already reported to police?																																																																																																
☐ Yes ☐ No				☐ No ☐ Yes (indicate name of police station)																																																																																																
Date and time of report																																																																																																				
☐ Unknown																																																																																																				
Attended a health facility before this one?				Were you injured?				Were you given referral name?																																																																																												
☐ No ☐ Yes (Indicate name of facility)				☐ Yes ☐ No				☐ Yes ☐ No																																																																																												
☐ Yes ☐ No																																																																																																				
Significant medical and/or surgical history																																																																																																				
Comments: Indicate additional information provided by the client or observed by clinician																																																																																																				
PHYSICAL EXAMINATION [indicates sites and nature of injuries/trauma and marks outside the genitalia] Please use the body map below to indicate injuries, inflammation, marks on various body parts of the survivor																																																																																																				
BODY MAP Anterior View  Posterior view  Female Genitalia  Male Genitalia  Comments																																																																																																				
FORENSIC Did the survivor change clothes? ☐ Yes ☐ No State of clothes (stains, torn, color, where were the worn clothes taken)?																																																																																																				
How were the clothes transported? ☐ a) Plastic Bag ☐ b) Non Plastic Bag ☐ c) Other (Give details)																																																																																																				
Were the clothes handed to the police? ☐ Yes ☐ No Did the survivor go to the toilet? ☐ Long call? ☐ Short call?																																																																																																				
Did the survivor have a bath or clean themselves? ☐ No ☐ Yes (Give details)																																																																																																				
Did the survivor leave any marks on the perpetrator? ☐ No ☐ Yes (Give details)																																																																																																				
GENITAL EXAMINATION OF THE SURVIVOR indicate discharges, inflammation, bleeding Describe in detail the physical status Physical injuries (mark in the body map)																																																																																																				
Outer genitalia Vagina Hymen Anus Other significant orifices Comments																																																																																																				
Immediate Management: PEP 1st dose ☐ No ☐ Yes (No of tablets) ECP given ☐ No ☐ Yes Suctioning/surgical toilet done ☐ No ☐ Yes (Comment) STI treatment given ☐ No ☐ Yes (Comment)																																																																																																				
Any other treatment / Medication given /management?																																																																																																				
Referrals to: ☐ Police Station ☐ HIV Test ☐ Laboratory ☐ Legal ☐ Trauma Counseling ☐ Safe Shelter ☐ OPD/CCC/HIV Clinic ☐ Other (specify)																																																																																																				
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By: Name of Examining Officer (Doctor/Nurse/Clinical officer) Signature: _____ Day: _____ Month: _____ Year: _____																																																																																																				
To: Police Officer's Name Signature: _____ Day: _____ Month: _____ Year: _____																																																																																																				
PSYCHOLOGICAL ASSESSMENT Complete psychological assessment section in Part B																																																																																																				

PSYCHOLOGICAL ASSESSMENT

DDC

PSYCHOLOGICAL ASSESSMENT



SECTION 263

Part B is intended to assess the mental status of a client in order to be able to offer holistic care. This should inform the management and subsequent follow up of the client and hence should be filled in at presentation.

Psychological assessment should be done by trained health care providers including Medical Officers, Nurses, Clinical Officers, Psychiatrists, Psychological Counselors and Medical Social Workers duly recognized by the Ministry of Health.

The Medical Officers and other persons designated by law as expert witnesses in court (Nurses and Clinical Officers) should be the ones to sign off both the Part A and B of the PRC form.

General appearance and behavior

Note appearance (appear older or younger than stated age), gait, dressing, grooming (neat or unkempt) and posture.

[it support](#)

Easy to establish, initially difficult but easier over time, difficult to establish

How he/she feels most days (happy, sad, hopeless, euphoric, elevated, depressed, irritable, anxious, overly easily upset).

Affect

Physical manifestation of the mood e.g. labile (emotions that are freely expressed and tend to alter quickly and spontaneously like sobbing and laughing at the same time), blunt/ flat, appropriate/ inappropriate to content.

Search

Rate, volume, speed, pressured (tends to speak rapidly and frenziedly), quality (clear or mumbly), impoverished (monosyllables, hesitant).

Prevention

Disturbances e.g. Hallucination, feeling of unreality (corroborative history may be needed to ascertain details)

Thought content

Suicidal and Homicidal Ideation (Ideas but no plan or intent; clear/unclear plan but no intent; ideas coupled with clear plan and intent to carry it out); any preoccupying thoughts.

Thought process.

Goal-directed/ logical ideas, loosened associations/ flight of ideas/ illogical, relevant, circumstantial (drifting but often coming back to the point), ability to abstract, perseveration (constant repetition, lacking ability to switch ideas).

(For children use wishes and dreams, and art/ play therapy to assess the thought process and

- Through drawing and play (e.g. use of toys). Allow the child to comment on the drawing and repeat verbatim.

- Assess the unconscious world of the child by asking about feelings e.g. ask the child to report the feeling that he/she commonly experiences and ask what makes him/her feel that way

Cognitive function:

a. **Memory:** Recent memory, long-term and short term memory (past several days, months, years).

b. Orientation: to time, place, person i.e. ability to recognize time, where they are, people around e.t.c.

c. **Concentration:** ability to pay attention e.g. counting or spelling backwards, small tasks

d. Intelligence: Use of vocabulary (compare level of education with case presentation; above average, average, below average).

e. Judgment: Ability to understand relations between facts and to draw conclusions; reasonable in social situations.

Insight level: Realizing that there are physical or mental problems; denial of illness, ascribing blame to outside factors, recognizing need for treatment (Indicate whether insight level is: present, fair, not present)

Recommendation following assessment		Referral point/s			
Referral uptake since last visit e.g. other medical services, children's department, police, legal aid, shelter e.t.c.					
By	Name of Examining Officer (Doctor/Nurse/Clinical officer)	Signature	Day	Month	Year
By	Police Officer's Name	Signature	Day	Month	Year

Appendix VII: P3 Form



THE KENYA POLICE MEDICAL EXAMINATION REPORT

P3

PART 1-(To be completed by the Police Officer Requesting Examination)

From.....Ref.....
.....Date.....
To the.....Hospital/Dispensary
I have to request the favour of your examination of:-
Name.....Age.....(If known)
Address.....Date and Time of the alleged offence.....
.....
Sent to you/Hospital on the.....20.....under escort of.....
.....and of your furnishing me with a report of the nature and
extent of bodily injury sustained by him/her.
Date and time report to police.....
Brief details of the alleged offence.....
.....
Name of Officer Commanding Station.....Signature of the Officer Commanding Station

PART II-MEDICAL DETAILS - (To be completed by Medical Officer or Practitioner carrying out examination)

(Please type four copies from the original manuscript)

SECTION 'A'-THIS SECTION MUST BE COMPLETED IN ALL EXAMINATIONS

Medical Officer's Ref.NO.....

1. State of clothing including presence of tears, stains (wet or dry) blood, etc.
.....
.....

2. General medical history (including details relevant to offence).....
.....
.....

3. General physical examination (including general appearance, use of drugs or
Alcohol and demeanour)
.....
.....

**SECTION 'B'-. TO BE COMPLETED IN ALL CASES OF ASSAULT,
INCLUDING SEXUAL ASSAULTS, AFTER THE
COMPLETION OF SECTION 'A''**

1. Details of site, situation, shape and depth of injuries sustained:-

- a) Head and neck.....
 - b) Thorax and Abdomen.....
 - c) Upper limbs.....
 - d) Lower limbs.....
2. Approximate age of injuries (hours, days, weeks).....
3. Probable type of weapon(s) causing injury.....
4. Treatment, if any, received prior to examination.....
5. What were the immediate clinical results of the injury sustained and the assessed degree, i.e. 'harm', or 'grievous harm'. *

DEFINITIONS:-

'Harm' Means any bodily hurt, disease or disorder whether permanent or temporary.

'Maim' means the destruction or permanent disabling of any external or organ, member or sense

'Grievous Harm' Means any harm which amounts to maim, or endangers life, or seriously or permanently injures health, or which is likely so to injure health, or which extends to permanent disfigurement, or to any permanent, or serious injury to external or organ.

.....
Name & Signature of Medical Officer/Practitioner

.....
Date.....

**SECTION "C"-TO BE COMPLETED IN ALLEGED SEXUAL OFFENCES
AFTER THE COMPLETION OF SECTIONS "A" AND "B"**

1. Nature of offence.....Estimated age of person
examined.....

2. FEMALE COMPLAINANT

a) Describe in detail the physical state of and any injuries to genitalia with
special reference to labia majora, labia minora, vagina, cervix and
conclusion.....

b) Note presence of discharge, blood or venereal infection, from genitalia or
on body externally.....

3. MALE COMPLAINANT

b) Describe in detail the physical state of and any injuries to
genitalia.....

c) Describe in detail injuries to anus.....

d) Note presence of discharge around anus, or/ on thighs, etc.; whether recent
or of long standing.....

Appendix VIII: Progress of Implementation of the 12 GEF Commitments

Commitment	Progress
Commitment 1: Full implementation of GBV laws and policies,	The National Policy on Prevention of and Response to Gender Based Violence (GBV) 2014 has been reviewed. The new policy is awaiting the necessary approvals. So far, County specific GBV Policies have been enacted developed in Samburu, Isiolo, Narok, Kisii, Migori, Kajiado, Garissa, Meru and Kisumu Counties.
Commitment 2: Investing USD 23 million for GBV prevention and response by 2022 and increase resource allocation up to USD 50 million by 2026 through a co-financing model.	The Government allocated Kshs. 302 million towards elimination of GBV and FGM programming in FY 2020/2021 and a further Kshs. 110 million for the financial year 2021/2022. Additionally, the Government of Finland has allocated Kshs. 120 million in the Kenya–Finland Programme on GBV. In this programme, the Government of Kenya has set aside Kshs. 18.9 million as counterpart funds. UNFPA also allocated Kshs. 28million for GBV and FGM programming for FY 2021/2022.
Commitment 3: Ratification and implementation of the ILO Convention 190 on elimination of Gender Based Violence and Harassment in the world of work by 2026 in close partnership with the private sector, the relevant stakeholders are still undertaking consultations.	-Government of Kenya has initiated the process for ratification and implementation of International Labour Organization (ILO) Convention 190 on elimination of GBV and harassment at the work place. - Central Organization of Trade Unions (COTU) trained and sensitized Gender champions on ILO C190. - Kenya Private Sector Alliance launched Private Sector Gender Mainstreaming Policy with strategies for eliminating GBV at the work place.
Commitment 4: Introduction of a module on GBV in the 2022 Kenya Demographic Health Survey (KDHS),	FGM and GBV indicators captured in Kenya Demographic and Health Survey (KDHS) 2022 questionnaires to strengthen the utilization of gender statistics and inform evidence-based policy and programming.
Commitment 5: Developing a GBV management and information system (GBVMIS) by 2022 to strengthen GBV prevention and response programming	A GBV Information Management System established by National Gender and Equality Commission (NGEC).
Commitment 6: Investing Kshs.100 million annually for GBV research and innovation to boost evidence-based programming.	-Consultations ongoing between Kenya and the United Kingdom government on investing in what works to prevent violence against women and girls to inform evidence-based programming.
Commitment 7: Integrating GBV services- medical, legal, and psychological support services into the essential minimum package of the	Guidelines for the establishment of Gender Based Violence Recovery Centres (GBVRC's) developed.

Universal Health Coverage (UHC) by 2022.	Sexual and Gender Based Violence (SGBV) integrated centres (Tumaini clinics) established in County health facilities in Nairobi to address SGBV cases. 38 Tumaini clinics are currently operational. 54 Private shelters and GBV rescue centres operational in 18 Counties- Kiambu, Nairobi, Nakuru, Nyeri, Kajiado, Kisumu, Tharaka Nithi, Murang'a, Kwale, Makueni, Mombasa, Machakos, Kilifi, Samburu, Migori, Laikipia, Busia and Meru.
Commitment 8: Scaling up the National Police Service Integrated Response to GBV' (Policare)' and establishing Gender-Based Violence Recovery Centers and shelters in all 47 counties.	Policare Policy Statement and Standard Operating Procedures launched by Her Excellency the former First Lady of the Republic of Kenya, Margaret Kenyatta. -Establishment of Nairobi and Nanyuki Policare centres. All the counties have so far established GBVRCs in their referral hospitals.
Commitment 9: Establishment of a GBV survivors fund through a co-financing model in partnership with private sector, civil society, and other stakeholders for economic empowerment of GBV survivors.	The Collaborative Centre for Gender and Development (CCGD), Master Card, GROOTS Kenya and Centre for Rights Educations and Awareness (CREAW) Kenya collectively established Jasiri fund to support GBV survivors in 10 counties: Busia, Kajiado, Kwale, Mandera, Tana River, Kiambu, Kakamega, Nairobi, Mombasa and Kilifi.
Commitment 10: GBV prevention and response in crises such as COVID-19 pandemic response, humanitarian contexts and electoral related GBV.	County GBV and FGM working groups activated in all 47 counties.
Commitment 11: Strengthening collaboration with non-state actors at the national and county levels.	- Gender Sector Working Groups established in all the Counties.
Commitment 12: Adoption and institutionalization of the multi-sectoral GEF Leadership structure to guide the implementation of Kenya's GEF Commitments in the GBV Action Coalition up to 2026,	i) A Three tier leadership structure has been operationalized as follows: National Advisory Committee – Chaired by the Cabinet Secretary and Co-chaired by Deputy Chief of Staff – Executive Office of the President to provide overall guidance of GEF implementation. National Steering Committee – Chaired by the Principal Secretary, Gender and Co-chaired by the UN Women Country Representative leads the technical implementation of the GEF Commitments. Secretariat – Led by the Coordinator support the National Steering Committee in coordinating the implementation of the GEF Commitments ii) The leadership structures have linkages with the National and County GBV/FGM committees.

APPENDIX IX: The State Department for Gender and Affirmative Action Response to Audit Findings, Conclusion and Recommendations

FINDING	The State Department Response to Audit Findings	Auditors Comments
1. Progress Towards Achievement of Generation Equality Forum (GEF) commitments		
4.3 Funding gaps for implementation of commitment 2 and investment in GBV prevention and response by 2026 yet to be achieved.	There has been significant progress achieved in the commitment to invest in the prevention and response to gender-based violence (GBV), as outlined below: i. Enhanced Financial Investment: In the Fiscal Year 2021/2022, the Government allocated Kshs. 129M to combat GBV and Female Genital Mutilation (FGM). This financial commitment underscores the prioritization of GBV eradication within the national agenda. ii. Bilateral Collaborative Endeavours: Noteworthy advancements include an additional allocation of Kshs. 760M as a counterpart fund for the GBV Prevention and Response spreads across three financial years for the programme duration co-funded by the governments of Kenya and Finland for the period 2021-2024. iii. Strengthened Budgetary Allocation: In the Fiscal Year 2023/2024, the Government took substantial steps to fortify the budgetary allocation for GBV eradication. Notably, the allocation for the Anti-FGM Board increased significantly from Ksh. 102 million to Ksh. 245 million, reflecting a robust financial commitment to addressing FGM-related challenges. iv. Non-State Actor Engagement: Non-state actors have also actively been engaged in plugging gaps in the financial commitment to GBV prevention and response. Specifically, entities such as UNFPA and UN Women have contributed	The Audit acknowledges the investment made by government and through other co-financing models. However, there still exists funding gaps as evidenced from the observations made in the report. Additionally, no evidence of funding to support the mentioned allocations has been provided. However, the finding remains as reported.

FINDING	The State Department Response to Audit Findings	Auditors Comments
	significantly, allocating Ksh. 21.3 million and Ksh. 23 million, respectively to the Anti-FGM board for the Financial Year 2023/24. This collaboration underscores the multi-faceted approach toward resource mobilization for GBV eradication. v. The department still requires more funds to facilitate both headquarters and field activities.	
4.4 Requirement for the Government to invest Kshs 100 million annually for GBV research and innovation to boost evidence-based programming. (Commitment 6)	The advancements in fulfilling this commitment are outlined below: i. Existing Research Agencies: The Government Structure is equipped with established research agencies that serve as valuable resources for GBV research and innovation, and therefore the financial support that is allocated to these agencies are part of the contributions to the Ksh. 100 million committed under GEF to support research. ii. Notably, the National Crime Research Centre and other semi-autonomous bodies such as NCPD, KIPPRA, and KNBS contribute to a robust research ecosystem. iii. Gender Research and Documentation Centre: Within the SDGAA framework, the Gender Research and Documentation Centre plays a pivotal role. This centre enhances the research capacity specifically focused on gender dynamics, thereby contributing to evidence-based programming. iv. Mobilization of Funds for Research and Innovation: The mobilization of funds for anti-GBV research and innovation is exemplified through the following: Ongoing Consultations: Collaborative discussions between Kenya and the United Kingdom government highlight a commitment to invest in	Progress is noted. However, no evidence for such allocation to the mentioned entities for GBV research and innovation has been provided. Therefore, finding remains as reported.

FINDING	The State Department Response to Audit Findings	Auditors Comments
	effective strategies to prevent violence against women and girls through financial and other support. These consultations aim to inform evidence-based programming and interventions. v. Investment Case for Transformative Results: Kenya's Investment Case for the Transformative Results serves as an accountability framework for realizing Commitments made during the International Conference on Population and Development+25 (ICPD+25). This framework encompasses aspirations to among others to eradicate Gender-Based Violence and harmful practices. vi. Academic Partnerships: the academia actively engage in partnerships with both state and non-state actors to conduct in-depth research on GBV and gender-related matters across diverse sectors of development. This collaborative approach extends to initiatives like the "CampusMeToo" movement, which spans across 18 universities in Kenya. vii. Regional Collaboration: "CampusMeToo" has furthered its impact by establishing a regional hub in Kenya, Uganda, and Tanzania. This hub facilitates the sharing of community practices and experiences related to sexual harassment within higher learning institutions, fostering therefore a collective response to this critical issue.	
4.5 The State Department for Gender and Affirmative Action has not attained Commitment on developing a GBV Management Information System by 2022;	In addition to the Gender Based Violence Information Management System established and being managed by National Gender and Equality Commission (NGEC), the SDG Kenya Forum has created a dashboard that can be used to track achievement of commitments at the county level. The State Department for Gender further seeks support in the operationalization of the GBVIMS under NGEC. The State Department requires additional funding to implement this.	Engagement with state and non-state actors involved in prevention and response to GBV indicated that there is no singular system/platform where data from the various actors in the referral pathway can be consolidated to inform policy formulation and decision making.

FINDING	The State Department Response to Audit Findings	Auditors Comments
		Despite the existence of an SDG Kenya Forum dashboard, there still remains a challenge in reporting and consolidation of GBV cases in the Country. Therefore, the finding remains as reported.
4.6 Lack of financial stability for fast tracking GBV programmes like GBVRCs and Policare centers at the County and National level. (Review from the GEF annual report)	Health is a devolved function of the County Governments as per our Kenyan Constitution. The National Government develops policies and guidelines and protocols for receiving and managing GBV cases and referrals, psycho-social support, preservation of evidence and training of health workers. These are cascaded and customized at the County level. It is therefore the role of respective County Governments to ensure health facilities to put in place mechanisms for implementing the guidelines and protocols for ensuring access to essential and quality GBV services, as well as establishment, management and sustainability of GBVRCs. The Ministry of Public Service and Gender, specifically the State Department for Gender and Affirmative Action is currently responsible for gender issues in the Country. The role of the State Department for Gender in relation to the establishment of GBVRCs in the counties are; i. Advocating for the establishment of GBVRCs in all County health facilities and to this effect the State Department for Gender and Affirmative Action continuously engages Counties through sensitization on existing guidelines for establishment of GBVRCs in all health facilities in Kenya. ii. Supporting multi-sectoral coordination of GBV (through the Gender Sector Working Group at National and County level). iii. Undertaking ongoing research on prevention and response to GBV, formulation of policies and guidelines. iv. Updating and dissemination of information on the various	Even though Health is a devolved function as indicated, the State Department has the sole mandate of coordination of GBV activities particularly advocating for the establishment of GBVRCs in all health facilities. It was observed that most GBVRCs were stationed at County Referral Hospitals. Additionally, policare were only established Nairobi and Laikipia counties. Therefore, the finding remains as reported.

FINDING	The State Department Response to Audit Findings	Auditors Comments
	actors dealing with GBV cases through the SGBV Service Providers Directory. Policare is a multi-sectoral approach conceived and designed by and for NPS for prevention and response to SGBV. Policare is a reform strategy to complement the existing structures in the NPS for elimination of barriers to accessing justice for both victims and perpetrators. The State Department for Gender and Affirmative Action supports in its operationalization and is also a member of the National Policare Steering Committee. The State Department needs more resources to fast track and coordinate GBV programmes in Counties.	
4.8 – 4.11 Ineffective Coordination of Actors towards prevention and response to GBV;		
4.8 – 4.11 Ineffective Coordination of Actors towards prevention and response to GBV;	Gender is a cross cutting issue and brings many actors on board, internationally, regionally and nationally and at local level. The Legal provisions - The Constitution of Kenya 2010 under Article 6 (2) stipulates that Governments at the national and county levels are distinct and inter-dependent and shall conduct their mutual relations on the basis of consultation and cooperation. Article 189 provides for Cooperation between two levels of government. We have in place the Intergovernmental Framework on Gender that provides a strengthened coordination mechanism between the two levels of Governments. To effectively implement the Intergovernmental Framework on Gender the State Department requires more resources both at the headquarters and counties.	
Absence of a centralized Gender Data Management System	To ensure collection and consolidation of data from various Stakeholders the State Department for Gender and Affirmative Action is in its initial stages of developing the Kenya Gender Data hub to ensure that GBV data collection, analysis, and reporting by different stakeholders is consolidated on a central repository to avoid	We acknowledge the plans by the State Department to ensure data collection analysis, and reporting by different stakeholders is consolidated on a central

FINDING	The State Department Response to Audit Findings	Auditors Comments
	duplication and multiple reporting, ensure comprehensive collection, analysis, and data sharing mechanisms are in place. More resources required to actualize the development and implementation of a Centralized Gender Data Management System.	repository to avoid duplication and multiple reporting. However, finding remains as reported.
Emphasis put on Sexual Gender Based Violence leaving out other forms of Gender based violence	The State Department for Gender and Affirmative Action employs a holistic approach to reporting and management of all forms of gender based violence. However, it is true that form most of the available data, more emphasis is put on collection of Sexual Gender Based Violence.	The State Department agrees with the finding. Therefore, it remains as reported.
4.21 – 4.25 Lack of Reporting Tools on other forms of Gender Based Violence;	It is true that currently there are no reporting tools on other forms of Gender Based Violence. In consultation with stakeholders, the State Department for Gender and Affirmative action is in the process of developing a standard reporting, monitoring and evaluation tools in line with the national existing national frameworks including the National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya (NGEC, 2014), National Monitoring & Evaluation Policy (Ministry of State For Planning, National Development And Vision 2030, 2012)	The State Department agrees with the fin ding. The Audit acknowledges the plans by the State Department to develop standard reporting tools for reporting, monitoring and evaluation. Therefore, the finding remains as reported.
4.26 & 4.27 Disparities in handling survivors of other forms of Gender Based Violence compared to survivors of Sexual Gender Based Violence.	It is true that there are disparities in handling survivors of other forms of Gender Based Violence. The Government of Kenya has issued a circular guiding that P3 form is free of charge to survivors of GBV among others. The State Department for Gender and Affirmative Action is in consultation with the National Police Service to ensure that this is applied and adhered to.	The State Department agrees with the finding. The audit acknowledges the State Department's efforts to ensure uniformity in providing P3 forms to survivors. Therefore, the finding remains as reported.
4.28- 4.31 - Lack of structured Monitoring and Evaluation Mechanism		As responded to in 4.21-4.25. The finding remains as reported
Refer to 4.21-4.25		

FINDING	The State Department Response to Audit Findings	Auditors Comments
4.32-4.37 Irregular participation of primary duty bearers in the sector working groups meetings	The offices of the Judiciary and ODPP are critical members of the GSWG on account of being duty bearers in the criminal justice system and access to justice for survivors. However, the department is in consultation with the respective offices to ensure that the said offices are represented consistently both at the county and national level.	The State Department agrees with the finding. Therefore, the finding remains as reported.
4.38 – 4.58 - Delays in dispensation of Justice for GBV cases	The State Department for Gender and Affirmative action as the coordinating mechanism in gender matters in the country is continuously in consultation with the relevant duty bearers to ensure timely delivery of justice to GBV survivors. In addition, the department is engaging community leadership and survivors through capacity building in regard to kangaroo courts and withdrawal of ongoing cases.	The State Department agrees with the finding. Therefore, the finding remains as reported.
4.59 – 4.65 Inadequate institutional capacity of duty bearers to effectively carry out their functions	The State Department for Gender and Affirmative action employs a multisectoral, multi-stakeholder approach in addressing gender issues in the country. In the face of scarce and finite national resources, the department collaborates with partners and local CSOs is addressing duty bearer capacity gaps through continuous education and sensitization. Given the role of coordination played by the State Department, there is need to allocate the department more resources for coordination both at the headquarters and the counties.	The State Department agrees with the finding. Therefore, the finding remains as reported.
4.67 – 4.72 Inadequate Facilitation of State Department County Gender Officers	It is true that there is inadequate facilitation of the State Department both at the headquarters and the counties. The State Department for Gender and Affirmative action is lobbying the national treasury to provide adequate financial resources to support gender related activities in the counties. The department is in the process of recruiting additional staff to plug the existing capacity gap as indicated in the Staff Establishment structure.	The State Department agrees with the finding. The audit acknowledges plans by the State Department to lobby The National Treasury for additional financing and also their efforts to recruit additional staff. However, the finding remains as reported.

FINDING	The State Department Response to Audit Findings	Auditors Comments
4.73 - 4.75 Inadequate facilitation of National Police Service	The State Department for Gender and Affirmative action is supporting the National police service and other relevant authorities to operationalize the gender desks as well as facilitating establishment and operationalization of GVRs.	No evidence has been provided to support the State Department's efforts to operationalize the gender desks and GBVRCs. Therefore, the finding remains as reported.
4.76 – 4.79 Inadequate facilitation of Gender Based Violence Recovery centers	It is true that there is inadequate facilitation of Gender Based Violence Recovery Centres. The State Department for Gender and Affirmative action is working closely with the County Government in establishment of GBVRCs. The county governments have constitutional mandate to set up, equip, deploy and train designated staff and ensure sustainability of the facilities.	The State Department agrees with the finding. Therefore, it remains as reported.
4.80 – 4.82 - Lack of Psychological debriefing for duty bearers	It is true that there is lack of Psychological Debriefing for Duty bearers as confirmed by the audit due to lack of counsellors. The State Department for Gender and Affirmative action in consultation with the State Department for Public Service will seek authority to recruit more counsellors.	The State Department agrees with the finding. The audit acknowledges their effort to recruit more counsellors. However, the finding remains as reported.
4.83- 4.95 - Lack of Government support for safe shelters	Under the Executive order No.1 of 2023, The State Department for Gender and Affirmative action has been given the mandate to establish Gender Based Violence Protection Centres. The department therefore is consulting with stakeholders including legal experts in execution of this mandate.	The State Department agrees with the finding. The audit acknowledges the State Department's new mandate of establishing Gender Based Violence protection centers. However, the finding remains as reported.
4.96- 4.102- Over reliance on Donor support affecting sustainability of donor funded programmes	It is true that most of the programme activities implemented by the State Department for Gender are supported by donors. The State Department for Gender and Affirmative action is lobbying The National Treasury and Parliament to provide adequate financial resources to support gender related activities and ensure sustainability of programmes and projects in the counties.	The State Department agrees with the finding. The audit acknowledges plans by the State Department to lobby The National Treasury for adequate financial resources to support gender related activities and ensure sustainability of programmes. However, the finding remains as reported.

Conclusions and Recommendations	The State Department Response to Conclusions and Recommendations	Auditors Comments
Conclusions and Recommendations	We agree with all the conclusions and recommendations and hope that the recommendations will be implemented to improve on prevention and response to Gender Based Violence in the Country.	The State Department agrees with the conclusions and recommendations. Therefore, they remain as reported.

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