

Gender-Based Violence Among Learners in the Coastal Region of Kenya: Voices from the Local Administration

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Abstract

The incidence of gender-based violence (GBV) against learners has been on the increase, particularly since the onset of the COVID-19 pandemic. It is important to explore GBV from local administrators especially because it is rooted within communities and in households. Documented literature highlights the difficulty of obtaining data on child marriages and teenage pregnancies as a form of GBV, making it difficult to institute follow-up mechanisms to bring the victims back to school. This is because, among other reasons, members of some households may conceal information during surveys or interviews. In other cases, data on GBV remains scanty and inaccessible in some cultural settings, particularly if it involves sexual abuse, child, and early marriage. This paper explores the role of the local administration in the mitigation of gender based (GBV) in the coastal region of Kenya. Purposeful sampling was used to select Tana River and Kilifi Counties. In-depth interviews with fourteen local administration chiefs selected randomly were conducted. The survey reveals the in-depth role of the chiefs and that ending GBV is not a one-stop step. It is a process that requires several stakeholders to come together and work as one coordinated and organized group. Well-coordinated and timely interventions are needed to complement the work of the local chiefs and focus progressively on the referral mechanism that needs to be redefined and strengthened.

Keywords: Gender Based Violence, Teenage Pregnancies, Chiefs, Kilifi, Tana River

Introduction

Gender-based violence (GBV) is a global social problem (WHO, 2019), which is gender-neutral with no social or economic boundaries; it affects men and women, boys, and girls of all walks of life in both developed and developing economies. It is estimated that it affects one out of three women in their lifetime (World Bank, 2019). Gender-based violence is an abuse of power. The perpetrator uses power, anger, and dominance to control the victim. Women and children are most victims of GBV at home, in school, and communities (Stanley, 2011) and globally, over one billion children experience physical, sexual, or emotional violence annually, almost half of 2.2 billion children (Ministry of Labor, 2019). Even though it is an offence for anyone in any authority to perpetrate any form of harassment (Constitution of Kenya, 2010), according to the Violence Against Children Survey report (Ministry of Labour, 2019), 48 per cent of boys and 49 per cent of girls aged 13–17 years have experienced physical violence; 4 per cent of boys and 11 per cent of girls have experienced sexual violence, respectively. This has continued to impact children's education and livelihoods negatively.

To mitigate and decrease violence against some members of society, especially the vulnerable; girls, children living with disabilities, and women, there is a need to create and sustain engagement with multiple stakeholders and innovatively design a local community-based, multi-pronged approach that is acceptable to all. This is because GBV is an entrenched cultural practice (Varalakshmi, (2019). Effective and

sustainable initiatives need to address the drivers of GBV and fundamental risk factors for violence, including societal norms regarding gender roles and the acceptability of violence (World Bank, 2019). Documenting and telling the narratives is an important way of educating people on what happens to victims in the silence of their voices. Research on GBV shows the complex nature of the cases, especially among school children who find it difficult to disclose any violence for fear of the consequences (Montserrat, et, al, 2017; Gorin, 2004). Many GBV cases have remained unreported in many circumstances. Even where they are reported, some cases are either ignored or lost for lack of follow-up and sometimes lack of evidence (Ndunda, 2022). This research brings out the lived experiences of victims from the voices of local administration.

2.0 Purpose of the Study and the Study Objectives

The purpose of this study was to explore gender-based violence mitigation strategies in Kenya from the local administration (chiefs) perspectives with twofold objectives:

- **Find out the level of GBV awareness among the local administration**
- **Assess the effectiveness of the approaches used in GBV management in the communities**

2.1 Justification of the Study

Every person has a right to live in dignity, health and in a secure environment devoid of gender-based violence, yet GBV is prevalent in communities, and it has been encased in a culture of silence (NGEC, 2016). Protecting children, youth, and other vulnerable groups is a basic right and it must be inclusive not to leave anybody behind regardless of race, gender social-economic status or age. In Kenya, significant gains have been made for adolescents, for example, boys and girls have almost equalled school enrolment at the primary school level, the transition from primary to secondary school policy has seen many children joining secondary schools and policy on return to school has enabled school-age girls to go back to school after childbirth or early marriages. Discouraging and adopting policy and legal measures against female genital mutilation, gender-based violence and child early and forced marriages have also helped in taking and maintaining girls to school.

Despite legislative efforts, awareness-raising campaigns, and the programmes and resources that have been developed, antinodal statistics continue to reflect an increase in children's victims. The incidence of GBV against learners has been rising especially since the beginning of 2020 when the COVID-19 pandemic was first reported in Kenya¹. Documented literature highlights the

difficulty of obtaining data on child marriages and teenage pregnancies as households tend to conceal this information, and issues do not typically appear during surveys or interviews. In some instances, data on girls is not a priority, particularly if it involves sexual abuse and early marriage (Megha-Bongnkar, Gichuhi, & Khalayleh, 2021). Such cases usually go unreported and are only brought to light when a clan negotiation mechanism of payment fails, and the issue is brought to the authorities². This can sometimes compromise the integrity of teachers, chiefs, and parents who have protective responsibility over the children.

The most recent national data on GBV was published in 2014 and it reported mainly on men and women but not children (Kenya: DHS, 2014). Since then, documented antidotal data has raised alarming headlines on GBV in various regions. For example, the coastal region of Kenya has had alarming headlines and public pronouncements. Some of these are; "367 underage girls raped by relatives in Kilifi this year", "Sixty per cent of girls suffer domestic violence in Kilifi", "alarm as Kilifi records 200 gender-based violence cases", and "Gender violence cases unreported in Tana River", "Rape was the fourth form of GBV and was most reported to be prevalent in Kilifi (97.9%)" (National Crime Research, 2014; Masha, 2016; Kenya News Agency, 2020; Onyango, 2022). Kilifi and Tana River Counties share a boundary,

¹ Presidential Policy and Strategy Unit (Kenya) and Population Council. 2021. "Promises to Keep: Impact of COVID-19 on Adolescents in Kenya." Nairobi: Presidential Policy and Strategy Unit (Kenya) and Population Council.

² Megha-Bongnkar, G., Gichuhi, L., & Khalayleh, A. (2021). *Policymakers and Girls' Education in Emergencies in Kenya* (Report on Policymakers and Girls' Education in Emergencies in Kenya No 2

and they have homogenous lifestyles. Despite the alarming headlines, data on school enrolment is not significantly divergent and not significantly different from national data (RoK, 2019). Tana River has a GER of 74.4% in the primary and a 30.2 % in the secondary sub-sector, while Kilifi has 106.8 % and 56.0 % in the primary and secondary sub-sector respectively. The national data is 99.6 % and 71.2 % in primary and secondary sub-sectors respectively (RoK, 2019). Nevertheless, 17 % of girls in Kilifi didn't re-enrol in school in 2021 after school reopening (Presidential Policy and Strategy Unit (Kenya) and Population Council, 2021) as well as in Tana River, though data is antidoted (NMG,2020).

After the alarming numbers of teenage pregnancies during the 2020 COVID-19 period (Mohammed, 2020; Presidential Policy and Strategy Unit (Kenya) and Population Council, 2021), the Ministry of Education and the Ministry of Interior and Coordination of National Government collaborated to train chiefs on child protection and GBV in December 2020 and September 2021 with the hope of creating a local-level capacity and representation to mitigate GBV which has remained a silent pandemic with both short-term and long-term ramifications on the victims. Kilifi and Tana River were part of the targeted counties for training. This strengthens and rationalises the need to explore the GBV situation from some of the trained chiefs and amplify their voices.

3.0 Related Literature Review

Globally, an estimated 736 million women have been subjected to intimate partner violence, non-partner sexual violence, or both at least once in their lifetime (WHO, 2021). Gender-based violence is a harmful act of violation of human rights and a life-threatening health and protection issue for an individual based on their gender that is rooted in gender inequality, the abuse of power and harmful norms. Division of International Protection, UNHCR (2021), documents that GBV is underreported but known to happen in all contexts where women and girls everywhere are disproportionately affected and are at heightened risk. The impact of violence on women (and girls) is life-threatening: high rates of depression, anxiety disorders, unplanned pregnancies, sexually transmitted infections, and HIV, as well as many other health problems that can last even after the violence, has ended (UN Women, 2021). Global Partnership for Education (GPE) (2015), reports that a major obstacle to universal schooling and the right to education for girls in many developing countries is school-related gender-based violence (that is perpetrated on girls in school environments, on the way to school and by peers). UN Women (2021), further reports, one in three students, aged 11–15 globally, have been bullied by their peers at school, with girls and boys equally likely to experience bullying. Girls are more likely to experience psychological bullying, and they report being body shamed more frequently than boys, while boys are more likely than girls to experience physical bullying (UNESCO, 2018; UNESCO UNGEI,2015; UNGEI, 2014; UNESCO, 2015).

The threat of GBV has been reported to significantly increase for girls and women during a crisis³. Globally, families have been affected by the impact of the COVID-19 pandemic which has left significant marks on communities; many people have lost their jobs and business and have increased dependency syndrome among many people, particularly those who were vulnerable even in the pre-COVID-19 period. Many people were locked down at home with no food or income. With the economic lockdown and schools' closure, girls, and women face prominent levels of sexual and physical domestic violence without help due to mobility restrictions to access available protection, treatment services, and justice (HRW,2021). It took 6 months to integrate prevention and response to violence against women and girls into COVID-19 response strategic plans in 52 countries and the adoption of measures to strengthen services for women survivors of violence during the global crisis in 121 countries (UN Women and UNDP, 2020). This left many victims with untold experiences in the hands of perpetrators some of which were within the households (HRW,2021)

Both boys and girls experience insufferable rates of sexual, emotional, and physical violence at home, in the community, and school (HRW, 2021). Data from the national gender-based violence hotline 1195, indicated an increase in calls by 301 per cent that were made in early 2020 during 2 weeks of lockdown. The calls were reporting violence against women and girls at home

and in the neighbourhoods (Roy et.al. 2021). According to Human Rights Watch (2021), the total number of GBV cases reported by the National Crime Research Centre (NCRC) increased by 87.7 per cent during the 3-month-long (April–June 2020) Covid-19-related restrictions on assembly and mobility. The National Crime Research Centre further noted that at least 30% of cases recorded in the form of GBV against women and girls were emotional abuse, verbal, and sexual abuse, child marriage and physical abuse (HRW, 2021). Over a period of 3 months, children in Kilifi alone had experienced emotional violence at 9 %, physical violence at 4 % and sexual violence at 2% (Presidential Policy and Strategy Unit (Kenya) and Population Council, 2021).

Numerous adolescent girls faced teenage pregnancies and early marriages in the wake of the prolonged school closures; girls had too much idle time and parents were not available to offer the much-needed guidance. Parents were busy trying to make the best of their economic livelihoods during the pandemic. The Ministry of Health records indicated that over 328,000 girls got pregnant in 2020 and about 250,000 girls and 125,000 boys did not reopen and sit for national examinations many citing lack of school fees and unintended pregnancies (Presidential Policy and Strategy Unit (Kenya) and Population Council, 2021). This necessitated the Ministry of Education to launch policy guidelines “*National Guidelines for school Re-Entry in Early Learning and Basic Education, 2020*”. These guidelines were

³ UNHCR, Gender Based Violence <https://www.unhcr.org/gender-based-violence.html>

important to try and bring back to school more than 100,000 of 15–19-year-olds that were married off as shown in Table 1.

Table 1: Reasons for Getting Married

Reason for getting married	Percentage (%)
After covid started due to idleness	32
Due to pregnancy	44
Not my choice	24
Pandemic pressure	16

Source: Presidential Policy and Strategy Unit (Kenya) and Population Council, 2021).

When a child drops out of school it becomes a significant loss not only to the child but to the family and society at large [(Psacharopoulos & Woodhall, 1993; Psacharopoulos & Patrinos 2004)) which if not mitigated can lead to an intergenerational poverty cycle that denies the girls to fully exploit their potential and ensure the education and health benefits of future generations (Presidential Policy and Strategy Unit (Kenya) and Population Council, 2021). Cultural beliefs, practices and poverty may also put young girls and boys in great danger of dropping out of school. In Kilifi and Tana River Counties, for example, available data indicates that among girls aged 10–19 years, pregnancy remains a major problem (Presidential Policy and Strategy Unit (Kenya) and Population Council, 2021).

4.0 Methodology

This study is based on qualitative data collected through a combination of policy documents review and semi-structured key informant interviews (KIIs) with the local administration. The desk review examined

national policies, plans, and reports, as well as policy and planning documents developed specifically in response to the GBV situation in Kenya. The review was used to design the key informant interview guide, as well as to inform the thematic analysis of findings. Purposive sampling was used to identify 2 counties: Kilifi and Tana River. To identify 20 key informant interview participants, 10 from each of the 2 Counties, both purposive and snowball methods were used subject to individuals' availability.

Though the movement restrictions, due to the COVID-19 pandemic, had been waived by the data collection period, many key informants expressed the willingness to have telephone interviews rather than in person. Initially, the researcher had planned for a blended mode of interviews; with some virtual and others face-to-face, however, it was not feasible. Twelve chiefs cited health and safety reasons for choosing virtual instead of face-to-face and the rest were in far-flung regions that seemed difficult to reach given the logistics. Issues of internet connectivity, power, and lack of smartphones

for use of Zoom or Google- meet platforms additionally presented challenges for securing participation and conducting in-depth interviews, despite the goodwill and generosity with the time of those who were able to be interviewed. These limitations narrowed the scope of the analysis and the range of perspectives informing it and made it more challenging to create the buy-in and rapport that often facilitate discussion of more sensitive issues like GBV. The researcher, however, was able to interview 14 chiefs: 5 from Tana River County and 8 from Kilifi County. Though gender was not of interest in the survey, there were 3 women chiefs; 1 from Tana River and 2 from Kilifi. understand gender-based violence mitigation strategies in Kenya from a local administration (chiefs') perspective, thematic analysis was used to analyze the interview data.

5.0 Findings and Discussion

To understand gender-based violence mitigation strategies in Kenya from a local administration (chiefs') perspective, the discussions are categorized into 4 areas:

5.1. The level of GBV awareness among the local administration (chiefs)

From the interviews, the level of awareness of GBV among the local administrators was high. It was noted that the chiefs are knowledgeable on GBV matters and were able to categorize the cases with ease as shown in table 2. Only 3 out of 14 chiefs showed a level of difficulty in categorizing the cases, though they agreed the cases are many.

Table 2: Common types of GBV

Neglect	Economic	Sexual	Religious	Cultural	Physical	Verbal	Emotional
Not providing for a child adequately as per a child's developmental need	Selling partner's property with the consent Denial of food	Fondling of breasts/bottoms Touching of private parts Sexual assault exhibitionism Pornography voyeurism Kissing Marital rape Forced sex in relationships	Religious violence occurs when someone uses an individual's religious belief to manipulate or dominate or control that person and is forced	Forced/early marriage FGM	Pushing Biting slapping hitting pinching beating throwing objects Assigning a child task beyond their	Yelling Insults Humiliation	Use of vulgar Language and Making demeaning remarks ✓ about a child's weaknesses/inabilities/ ✓ Physical appearance • Extramarital affairs and Control by the spouse • Laughing at a child for making a mistake • Stripping a child or

According to one chief, these types of GBV are common mainly in households and schools and they form some of the major cases dealt with daily.

“On average the number of cases reported to my office is more than 50. These range from beating, lack of spouse support on food money, marital rape, spouse beating, children neglect and teachers insulting children”
Chief, Tana River

It was noted that physical, verbal, and emotional abuse majorly affects learners followed by harmful cultural practices, sexual and neglect. The chiefs also noted sexual cases involving young children and underage girls have increased in both Counties, especially during the COVID-19 period and over the school holidays. This has not only affected young girls’ education but has left them emotionally traumatized due to early, organized or forced marriages and teenage pregnancies (Presidential Policy and Strategy Unit (Kenya) and Population Council, 2021). In the two targeted Counties, teenage pregnancies and early marriages have increased and “unless the situation is checked, more girls will drop out of schools in many numbers”

“Girls in my area of authority have suffered a double tragedy, teenage pregnancies, and school dropouts. We are collaborating with the local school’s headteachers to bring them back to school. But in many cases, parents are not supportive. Parents negotiate dowry for the young girls before they even reach age 10”. Chief, Kilifi County

According to a chief from Kilifi County, “due to the sensitivity and stigma of teenage pregnancies and forced, organized early marriages, some parents try to hide information from the public and the girls are hidden at home or married off without the knowledge of teachers”. This creates information and data gaps among the headteachers who the custodians of school-level data are and ensures the Ministry of Education receive timely and updated data. This not only makes it difficult for the affected girls but planning for them becomes difficult if they are not accounted for. There is a concern among the chiefs that the GBV cases are noted to be reported for fear of repercussions especially if it involves relatives. The girl’s (victim) voice is not heard

“These cases are too many and many go unreported for fear of more violence, especially among women and girls. Sometimes, women think when they are beaten by their husbands it is a sign of love and a man’s commitment to the family”
Chief, Kilifi County

Wife beating among young couples is prevalent and this is affecting the smooth learning of children as there are many distractions especially when the mother chooses to relocate from her locality for some time. According to local administrators, young couples with young children are the most affected.

“Almost every day, there are reported cases of wife beating. This is common among young families and to a great extent low-income households where they are struggling to put food on the table.” Chief, Tana River County

Chiefs in both Counties singled out Bodaboda riders as major culprits and are reported as perpetrators of sexual harassment, “most cases of teenage pregnancies and defilement and even rape are perpetrated by Bodaboda riders, who often take advantage of young girls whose negotiation skills are poor.” One chief noted, “I have observed a worrying trend where parents who have sons in the Bodaboda business are reluctant to report GBV cases or take community sensitization against GBV seriously and thus complicate chiefs’ and communities fighting GBV.” Another chief had this to say,

“In my location girls are bought for phones (smallest) and they are instructed when to call or receive messages. This makes them vulnerable, and the parents are unaware of any dealings until the girl either misses school or is pregnant” Chief, Tana River County

Distance and the route taken to school are of major concern among the local chiefs. Children travel for many kilometres every day to school; some riders have taken advantage and negotiated for sex favours with young girls. This was reported in Tana River County.

“Bodaboda riders offer rides to young girls who travel far distances to and from school, and then force them into sex or are raped to compensate for the ride” Chief, Tana River County

5.2 What GBV referral mechanism is available for the communities in support of GBV?

According to the interviewees, there is a perceived theoretical organized referral mechanism that is available. The referral network among the key actors such as chiefs, headteachers, child welfare officers and Non-Government Organizations varies between and within surveyed counties, depending on who is reporting. While only 4 interviewees reported a functional referral mechanism, 9 interviewees reported very weak networks

that remain uncoordinated. It is always confusing to know the first point of contact when an incident occurs. Several entry points sometimes make the cases delayed or weakened in the process. Some of the entry points include chiefs, children's officers, police stations, "Nyumba Kumi", village elders, child protection officers and school headteachers/teachers. One chief noted, "depending on whom the case is reported to, the case can either be escalated or can be lost. This demolishes and leaves the victims without justice. According to the chiefs, the line of command dictates they report the case to Assistant County Commissioner who can deal with the case at his/her level or can also escalate to Deputy County Commissioner who can either deal with the case or can present it at the Sub-County Stakeholders Committee meeting for discussion and action. Some chiefs think that bureaucracy and protocols end up delaying some cases that are sometimes urgent and require an immediate response. Therefore, depending on the entry points, the referral mechanism can be very complex and frustrating to the victims.

"I have a challenge in handling rape cases as they are complex and require much documentation and follow-ups. Sometimes the distance to hospitals and police stations delays the process and I am left with a victim who needs a solution that I cannot offer in the short term" Chief, Kilifi County

Other challenges experienced by various chiefs are the lack of clear protocols on who is to do what. Even though there are gender desks in many police stations and child protection officers, information sharing remains a challenge, especially where the matter is extremely sensitive, "sometimes cases just get lost due to lack of information or evidence". In many cases where the case involves a minor, parents give up easily due to the bureaucracy involved and "laborious steps needed to get justice, especially where data is not available in good time and where the child is presumed out of danger."

The cost of the following GBV cases is a major barrier to the GBV justice system. According to the Ministry of Health (2014) National Guidelines, P3s and Emergency Contraception are provided free for sexual GBV survivors, any other cost incurred for services offered is not documented. From a GBV costing study (NGEC (2016), the average medical expenditure was KES 13,225, while the average cost of transport to seek services per person was KES 3,209. This means that if a household or a survivor and their family are not able to raise about KES 16,500 per GBV incident and extra transport costs for those who accompany the victim, chances are the case is delayed or lost somehow. The median medical expense for the entire sample was KES 1,375, with a median transport cost of KES 1,000. This according to a local administration is a tall order for some households and victims of GBV.

“Some parents are willing to withdraw the cases where money is involved, especially cases where there are no public clinics to examine the victims. They withdraw the cases if you suggest a private clinic which is within reach”. Chief, Kilifi County

Since GBV cases are sensitive, reporting must be handled with utmost care to prevent further violence that is likely to occur like emotional violence, hence with a weak referral mechanism, data management is often problematic.

“When I collect data from victims or the family members, it is difficult to pass the same data quickly as a hard copy. Mostly, there are no uniform reporting tools to facilitate coordinated data. This complicates the cases when crucial information is lost or contradicted at various levels”. “I have many files in my office of very sensitive data” Chief, Kilifi County

5.3 The effectiveness of the strategies used in GBV management in the communities

Working within and with the communities has helped a lot to minimize and mitigate GBV cases. According to the chiefs, where the “Nyumba Kumi” initiative is strong and active, the number of cases reported has increased which initially would have remained hidden and unreported. This not only worsened the situation for the victims but also the work of the chiefs.

“I work closely with the “Nyumba Kumi” and this has helped me to understand the dynamics of GBV and how it remains hidden under secrecy and hypocrisy” Chief, Kilifi County

According to the chiefs, mainly from Kilifi, many people are aware of their rights and can raise voices when their rights are violated; most women and girls are sensitized by the local groups and report cases as they happen. This is, however, not true for all the victims of GBV, “there remain pockets of locations where the GBV prevalent rates have remained high, and the local community seems reluctant to report”. Reporting occurs when the local village elders are active and have developed strategies to resolve matters affecting the community. Nevertheless, the chiefs have noted how village elders have “started retrogressive methods like coming up with “Kangaroo courts” to prosecute the perpetrators of GBV. This “has left the victims in more danger and traumatized if the cases are dropped or few shillings are exchanged”. According to some chiefs, “the cases reach their offices when the exchange of money fails to materialize. In other locations, the local administrators’ work is weakened by a lack of a feedback process. They collect and share the bulk of data but “we get no feedback on the cases unless a chief chooses to follow-up”. This, according to the chiefs, de-motivates them to work harder. The cost incurred in the follow-up and referral is a deterrent to the effectiveness of the referral mechanism “since the costs are not reimbursable”. The lack of rescue centres

in many of the locations continuously affects the victims and “our work because some of the cases are sensitive and the victims are in worse situations if not safeguarded or rescued”.

5.4. Ways local administration collaborates with schools to mitigate GBV and document their experiences

Schools are places where parents and guardians entrust their children to learn and exploit their talents and potential for a better life. Schools are environments that are expected to provide a protective environment for inclusive learning and safeguard rights and freedom from violence, discrimination, and physical and emotional abuse. It is also a place where there should be well-trained teachers, textbooks, and curricula free from biases that help learners to realize their potential. To mitigate GBV cases, parents, teachers, and the local administration need to work together. Ninety per cent of the chiefs interviewed reported that they recognize that schools do not exist in a vacuum; the schools exist within a larger community, and they must mirror the norms, values, virtues, and ethos that the community members hold. Chiefs are part of the local group organizations; parents, community members, faith-based leaders, community-based organizations, local NGOs, teachers, students, education officials and civil society organizations that bring them together for a common agenda. This collaborative framework “has lessened and effectively helped the work of mitigating GBV to a certain extent as common strategies are designed and implemented. However, this has not worked in all the County locations,

“especially where some organizations are not cooperative, and the agenda is somehow lost”. The chiefs welcome this approach as it brings everybody to a dialogue table in an incredibly open manner. Perpetrators of GBV have small spaces to operate in as many stakeholders are on alert.

6.0 Conclusions

Although this survey is done in Kilifi and Tana River and targets only 14 chiefs, it reveals significantly that ending GBV is not a one-stop step. It is a process that requires several stakeholders to come together and work as one coordinated and organized group. Chiefs operate at the lowest and most important structure of community administration where sensitive matters are reported. GBV in all its forms and the contextual determinants are still rampantly prevalent across the two counties despite the myriad of efforts to stem the vice. Chiefs have a great mandate in the day-to-day affairs of the local communities but sometimes are ignored by the same community members. There is a need to have deliberate strategies and actions to prepare communities and schools to respond to and prevent community and school-related gender-based violence. Well-coordinated and timely interventions are needed to complement the work of the local chiefs and focus progressively on the referral mechanism that needs to be redefined and strengthened.

7.0 Recommendations

For the local chiefs to mitigate GBV among learners in their respective areas of jurisdiction, several recommendations are made:

- **Government and other relevant stakeholders can have:**
 - **A continuous capacity building on the role of the chiefs in the fight against GBV**
 - **Mapping all the organizations working on GBV in different regions and creating contact details that can be distributed to all locations and schools.**
 - **Referral mechanism to be redefined and each stakeholder sensitized on their role**
 - **Effective mechanisms to share data effectively for accountability and transparency**
 - **A country-wide survey can be done to guide policy formulation and implementation strategies to mitigate GBV**
- **Both National and County governments should**
 - **establish fully operational rescue centres.**
 - **Creating an enabling environment for the school and the community to work together and work with men, boys, and community leaders to be sensitised on the rights of women through community mobilisation activities**

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