REGIONAL TRAINING FACILITY
ON PREVENTION AND SUPPRESSION
OF SEXUAL AND GENDER BASED
VIOLENCE IN THE GREAT
LAKES REGION

CENTRE RÉGIONAL DE FORMATION
SUR LA PRÉVENTION ET LA SUPPRESSION
DES VIOLENCES SEXUELLES BASÉES
SUR LE GENRE DANS LA RÉGION
DES GRANDS LACS

REPORT ON TRAINING FOR ENHANCING CAPACITY OF PROFESSIONALS ON USING THE INTEGRATED MODEL ON COMBATING SEXUAL AND GENDER BASED VIOLENCE IN THE GREAT LAKES REGION HELD IN NAIROBI-KENYA HELD ON 14-16 APRIL, 2025

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1.0 BACKGROUND

This report on Training for Enhancing Capacity of Professionals on Using the Integrated Model on Combating Sexual and Gender Based Violence in The Great Lakes Region Held at Ole Sereni Hotel, Nairobi-Kenya On 14-16 April, 2025 has four parts, namely – first the Background; second the Introduction; third Deliberations and Recommendations; and finally, an Action Plan.

The International Conference on the Great Lakes Region – Regional Training Facility on the Prevention and Suppression of Sexual and Gender-Based Violence (ICGLR-RTF) in the Great Lakes Region based in Kampala-Uganda is one of the structures of the ICGLR which has its headquarters in Bujumbura-Burundi. The ICGLR was established by the Pact on Security, Stability and Development of the Great Lakes Region in 2006 (Pact).

According to this Pact, the twelve Member States which established the ICGLR are: the Republic of Angola, the Republic of Burundi, the Republic of Congo, the Democratic Republic of the Congo the Central African Republic, the Republic of Kenya, the Republic of Rwanda, the Republic of South Sudan, the Republic of Sudan, the United Republic of Tanzania, the Republic of Uganda, the Republic of Tanzania, the Republic of Uganda and the Republic of Zambia. The Pact also has 10 Protocols and Four Areas of Programme, the Protocol on Prevention and Suppression of Sexual Violence against Women and Children is one these Protocols.

The mandate of the ICGLR-RTF, derived from the Pact and in particular Article 6(9) of the Protocol on Prevention and Suppression of Sexual Violence against Women and Children, is to train and sensitize professionals, including judicial officers, police officers, social workers, doctors and other categories of people who handle cases of SGBV in the Great Lakes Region. Since its establishment in 2014, the ICGLR-RTF has adopted innovative models of training to strengthen prevention and response to SGBV in ICGLR Member States. These include the socio-ecological and holistic training models.

ICGLR-RTF developed a comprehensive Integrated Model, composed of the socio-ecological model and holistic model which has already been piloted in six ICGLR Member States of – *Burundi, Central African Republic, Democratic Republic of Congo, Rwanda, Uganda, and Zambia.* Given that professionals and different categories of persons handling cases of SGBV in Kenya have not been trained on this new Integrated Model, it was considered crucial to conduct a three-day training workshop which was conducted from April **14-16, 2025**, in Nairobi – Kenya.

2.0 INTRODUCTION

2.1 Purpose of the Capacity Building Training Workshop

The specific objectives of the Capacity Building Training Workshop were to:

1) Enhance the understanding of participants on the definition of SGBV and its different forms including physical, economic, sexual, psychological, harmful practices, and new forms of GBV such as technology facilitated GBV.
2) Increase knowledge, understanding, adoption of skills, behavioral change by sharing information on good practices including -victim centered and trauma informed approaches, self-care, Human Rights Based Approach; Positive Masculinity - using the Integrated Model on prevention and response to SGBV that encompasses medical, psychosocial, legal, and socio-economic interventions.
3) Build the capacity of participants by sharing information on the referral pathway and new models for enhanced coordination, data collection, documentation, and dissemination.

2.2 Methodology

The Capacity Building Training methodology was interactive and participatory, combining theoretical presentations, case studies, group discussions, role plays, video clips.

2.3 Participants

The Capacity Building Training Workshop was attended by 35 participants who work in institutions that prevent and respond to SGBV including professionals from different fields including: medical, police, prosecutors, judiciary, social workers, psychosocial experts, lawyers, media and those that work in socio-economic interventions. Experts, Master and National Trainers were provided an opportunity to share their knowledge and experience on prevention and response to SGBV; and the impact of their training since they were last trained by ICGLR-RTF in 2018. The Workshop was also attended by representatives from the Ministry of Foreign Affairs (National Coordinator); Gender, Culture, the Arts and Heritage (Gender Focal Person), and the ICGLR-RTF. *A Participant list is attached to this Report.*

2.4 Using the Integrated Model of Combating SGBV Training Sessions

- The Training encompassed the following Sessions:
- Opening Session – Welcome and Opening Remarks;
- Background on the Integrated Model on Combating SGBV in the GLR; Understanding SGBV;
- Pillars on Medical, Psychosocial, Socio-economic, Legal;
- Multi-Sectoral Approach: Prevention and Sensitization;
- Recommendations and Development of an Action Plan; Post Test and Evaluation.

A detailed Training Programme is attached to this report.

3.0 SESSION DELIBERATIONS AND RESOLUTIONS

3.1 SESSION ONE: OPENING SESSION AND INTRODUCTION

Welcome Remarks by Hon. Janviére Ndirahisha the ICGLR-RTF Regional Director,

The Regional Director welcomed all participants and noted that objective of the training workshop was to enhance knowledge, understanding, impart skills, and facilitate attitude and behavioral change in order adopt approaches that are victim centered, trauma informed and human rights based – while handling cases of SGBV. It was further noted that the space provides an opportunity to follow up on impact of previous training, learn and share good practices, enhance partnerships that will ensure achievement of a region free from SGBV.

Opening Remarks by The Republic of Kenya - represented by the Ministry of Gender, Culture, The Arts and Heritage – State Department for Gender and Affirmative Action noted that the Republic of Kenya has made significant strides in combating SGBV through policy, legal, and institutional reforms, including:

- The National Policy on GBV and Sexual Offences Act, the Protection against Domestic Violence Act, the National Policy on Gender and Development which provide a strong legal framework for addressing SGBV cases.
- The National Action Plan (NAP) on NSCR 1325, which integrates gender perspectives into peace and security interventions.
- The Establishment of GBV Recovery Centers and Safe Houses, shelters and hotlines across the country, ensuring access to justice and psychosocial support for survivors - which is done in partnership with community organizations and private sector.
- The implementation of gender – responsive budgeting to support prevention and response programs.

It was noted that challenges persist- underreporting of cases, stigma, inadequate resources, weak coordination mechanisms, the need to- enhance access to justice, strengthen community led initiatives; promote public awareness campaigns, leverage technology and data to improve service delivery and accountability.

Call to Action: Participants were called upon and embraced the Call to Action to be guided by the urgency of the task before us and all stakeholders were called upon to:

1) Strengthen policy implementation and accountability mechanisms to ensure effective enforcement of SGBV laws.
2) Enhance multi-sectoral coordination at national and regional levels to improve prevention and response efforts.
3) Invest in survivor-centered services, including shelters, legal aid, and economic empowerment programs.
4) Engage communities, including men and boys, in challenging harmful gender norms and fostering a culture of zero tolerance for SGBV.
5) Develop sustainable funding mechanisms to support long-term interventions against SGBV.

3.1.2 Introductions: Expectations, Overview of the Agenda, and Establishing Ground Rules

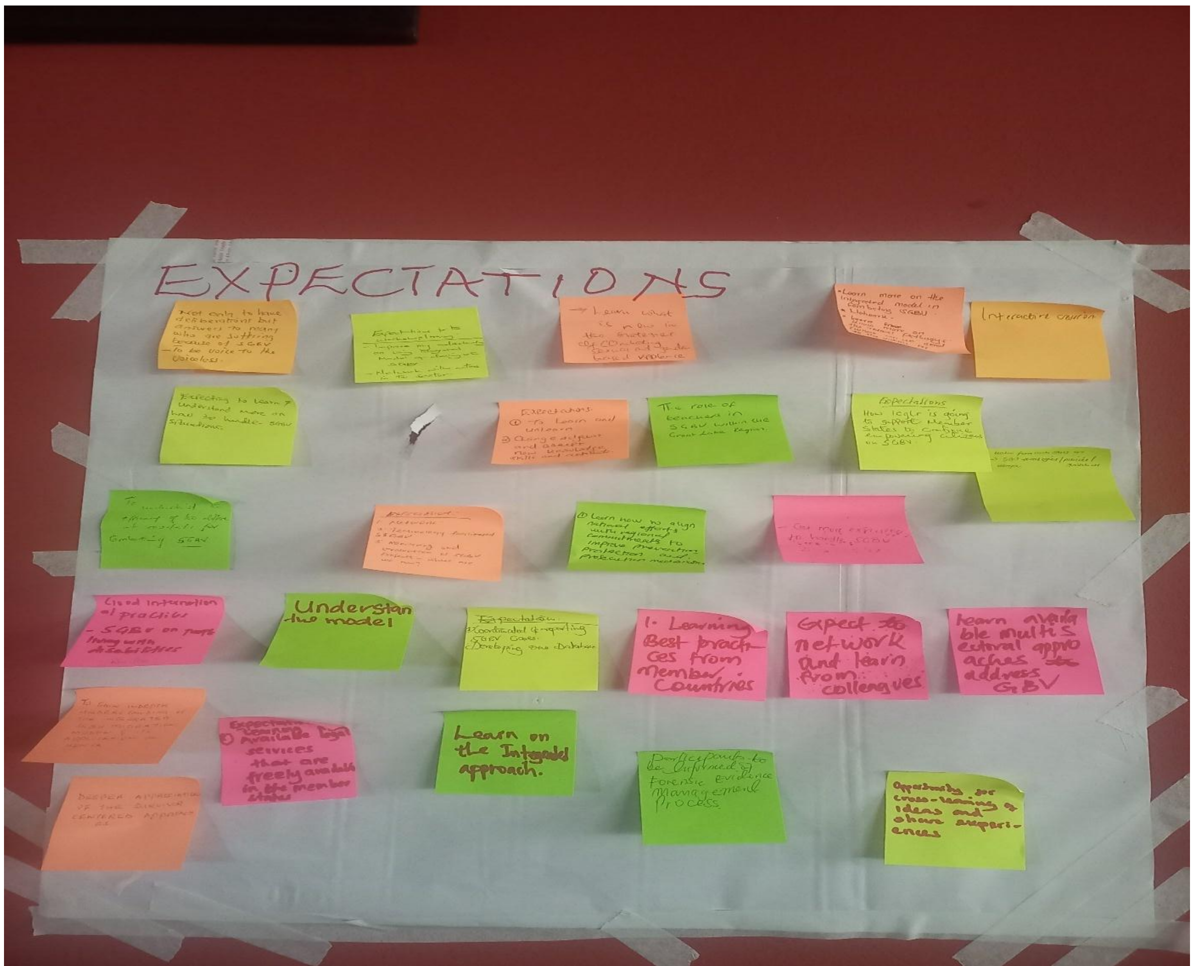
Introductions: Participants were provided with an opportunity to introduce themselves and to share information on the what they do in respect to do in respect to prevention and response of SGBV. *More specific information on this is provided in the participants list which is attached. A pre-test and post – test were conducted and the findings are captured and appended to this report.*

Overview of the Agenda, and Establishing Ground Rules – These two tasks were conducted in a participatory manner. Request to utilize pictures taken and emphasis that the Training Workshop provides a safe space for sharing information and ideas was and should always be made.

Expectations (*include the picture of sticky notes in the report; and the Group Photo)*

Expectations **of** participants were shared using stick notes and these in a nutshell included the expectation to learn, unlearn, secure information, network, and specifically the following:

- Not only to have deliberations but answers to many who are suffering because of SGBV – To be a voice to the voiceless. **Learn and understand** more on how to handle SGBV situations; Get more experience to handle SGBV. Understand the efficiency of the different models for combating SGBV. Improve my understanding on using Integrated model of dealing with SGBV.
- **Deepen appreciation** of the Survivor Centered Approach; Technology facilitated SGBV.
- **Monitoring and Evaluation of SGBV projects** – where are we now.
- **Learn and unlearn; change, adjust and accept new knowledge and skills and attitude**. The **role of teachers in SGBV within the Great Lakes Region**. Learn how to align national efforts with regional commitments to improve prevention, protection and prosecution mechanism.
- **Learn more on - the integrated model in combating SGBV; referral pathways** (when can we send the victims for psychological support). To learn from each other on new GBV strategies, policies, guidelines in Kenya; Learn about available multi-sectoral approaches to address GBV; opportunity for cross learning and share experiences.
- **How ICGLR is going to support Member States to continue empowering citizens on SGBV**. **Good international practices; how to handle SGBV on Persons with Disabilities**;
- Understand, **gain more in-depth and understanding on the Integrated Model** and its application in Kenya;
- **Address matters stigmatization – how to ensure empowerment of victims, sustainably.**
- **Learn about available legal services that are freely available in Member States**;
- **Understand what SGBV entails**. Get to know what do in cases of occurrence and how to deal with it. To **be informed about forensic evidence management process**. Learn best practices from Member Countries; Coordinated reporting SGBV cases; **Developing One Data Based**; Network, learn and enjoy.



3.1.3 Ground Rules

- Ground Rules included the following:
- All phones should be in silent or vibrate mode in order to minimize distractions.
- This is a safe space -respect each other's opinion.
- Minimize movements.
- One speaker at a time.
- Avoid/minimize side conversations.
- Disagree respectively.

3.2 SESSION TWO: THE INTEGRATED MODEL ON COMBATING SEXUAL AND GENDER BASED VIOLENCE IN THE GREAT LAKES REGION facilitated by Hon. Dora C. Kanabahita Byamukama

3.2.1 Presentation on the Integrated Model on Combating SGBV in the Great Lakes Region

The presentation highlighted the fact ICGLR-RTF initially utilized the Socio-Ecological Model or framework in its training and sensitization interventions. The SEM was developed by a psychologist Urie Bronfenbrenner in the late 1070s as a way to recognize that individuals are affected by a complex range of social influences and nested environmental interactions. This model was introduced in ICGLR-RTF in 2018 under a Project funded by the Netherlands Initiative for Capacity Enhancement in Higher Education (NICHE) which was executed by Maastricht School of Management (MSM) and facilitated Rutgers University and Living Peace. During the course of its operations ICGLR-RTF was also exposed the holistic model of addressing SGBV which is operationalized by Panzi Hospital and Dr. Mukwege Foundation. This is a comprehensive approach that provides medical, psychosocial, socio-economic, and legal support to victims/survivors. The two models/approaches were merged with the support of GIZ to produce the Integrated Model of Combating SGBV in the Great Lakes Region.

The Socio-Ecological Model (SEM) is a framework used to understand and address Sexual and Gender-Based Violence (SGBV). It recognizes that SGBV is influenced by multiple factors at various levels of society. Levels of the Socio-Ecological Model are:

- Individual level: Factors such as attitudes, beliefs, and behaviors that contribute to SGBV.
- Relationship level: Factors such as family dynamics, peer relationships, and intimate partner relationships that influence SGBV.
- Community and *Organizational* level: Factors such as social norms, cultural values, and community resources that shape SGBV.
- Societal level: Factors such as laws, policies, and social structures that impact SGBV.

Addressing SGBV using the SEM includes the following interventions:

- Prevention: Implementing prevention strategies at each level, such as education and awareness-raising.
- Support services: Providing support services for survivors, including healthcare, counselling, and legal assistance.
- Policy and legislation: Advocating for policies and laws that protect survivors and hold perpetrators accountable.
- Community engagement: Engaging with communities to promote positive social norms and values.

The benefits of the SEM are: **Comprehensive approach** – the SEM recognizes that SGBV is a complex issue requiring a comprehensive approach. **Multi-level interventions** – the SEM promotes interventions at multiple levels, increasing the effectiveness of SGBV prevention and response efforts. **Context-specific**

solution - the SEM allows for context-specific solutions, taking into account the unique needs and circumstances of different communities.

3.2.2 Holistic Model of Addressing SGBV

The Panzi Hospital and Dr. Denis Mukwege's holistic model of addressing Sexual and Gender-Based Violence (SGBV) has key components of:

Medical care: Provides emergency medical treatment, including surgery, ongoing healthcare services.

Psychological support: Offering counselling, therapy, and psychiatric care to address trauma and mental health needs.

Socio-economic support: Provides economic empowerment, education, and vocational training to help survivors rebuild their lives.

Legal support: Assists survivors in accessing justice, including legal representation and advocacy.

The Panzi Hospital and Dr. Denis Mukwege's holistic model employs a Holistic Approach which has:

- An Interdisciplinary team: A team of medical professionals, psychologists, social workers, and legal experts work together to provide comprehensive care.
- A Survivor-centered approach: The model prioritizes the needs and well-being of survivors, ensuring that they receive tailored support.
- Community engagement: The model engages with local communities to raise awareness about SGBV, promote prevention, and support survivors.

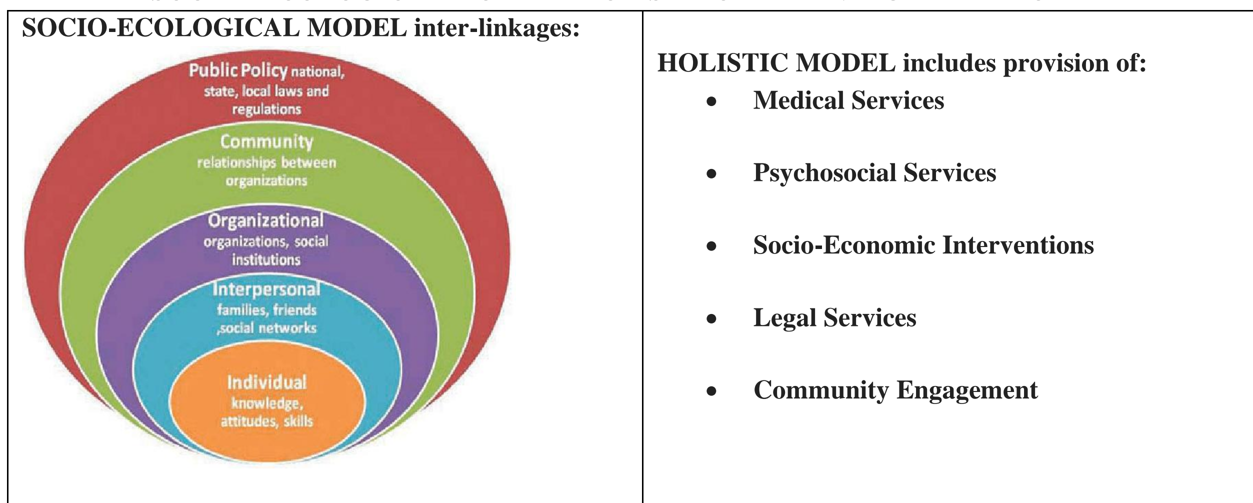
The Panzi Hospital and Dr. Denis Mukwege's holistic model have been recognized globally for their innovative approach to addressing SGBV and promoting the rights and well-being of survivors an its impact, which includes:

Comprehensive care: The model provides comprehensive care, addressing the physical, emotional, and socio-economic needs of survivors.

Empowerment: The model empowers survivors to rebuild their lives, regain control, and access justice.

Advocacy: The model advocates for policy changes and increased support for SGBV survivors, contributing to a broader impact.

PREVENTION AND RESPONSE TO SGBV:
SOCIAL ECOLOGICAL MODEL + HOLIST MODEL = INTEGRATED MODEL



3.2.3 Background of the Integrated Model on Combating SGBV in the Great Lakes Region Deliberations and Recommendations.

Participants highlighted the following during deliberations and recommendations session:

a) The Integrated Model should be continually unpacked, disseminated and utilized in prevention and response interventions in order for professionals and communities to appreciate the causes of SBV and effective ways of responding to it.

b) Interrogation of factors that perpetuate SGBV at individual, family, community, organization, and society level should be done continuously in order to identify new forms such as technology engineered SGBV.

c) Apart from providing support out to surviviors/victims, there is need to provide treatment and rehabilitation to perpetrators of SGBV in order to ensure that the cycle of violence does not persist; and noting that some may in some cases be victims.

d) Monitoring, Evaluation, Accountability and Learning on the impact of the Integrated Model on Combating **SGBV in the Great Lakes Region** should be undertaken periodically in order ensure improvement in programming and address challenges which may arise.

3.3 SESSION THREE: Understanding SGBV: Root causes; Contributing Factors; Consequences. A survivor centered approach, Key Rights and Principles *facilitated by Anastacia Olembo*

The Session on Understanding SGBV was facilitated by using a power point presentation; and plenary discussions. The following points were highlighted:

3.3.1 Root cases of SGBV

- The root causes of Sexual and Gender-Based Violence (SGBV) are complex and multifaceted – the main causes of SGBV stem from: abuse of power, gender inequality, and disrespect for human rights.

3.3.2 Types of SGBV

- SGBV types include: Physical, Sexual, Emotional/psychological, Economic and Sexual Violence; and harmful practices such as Female Genital Mutilation.

3.3.3 Contributing factors of SGBV

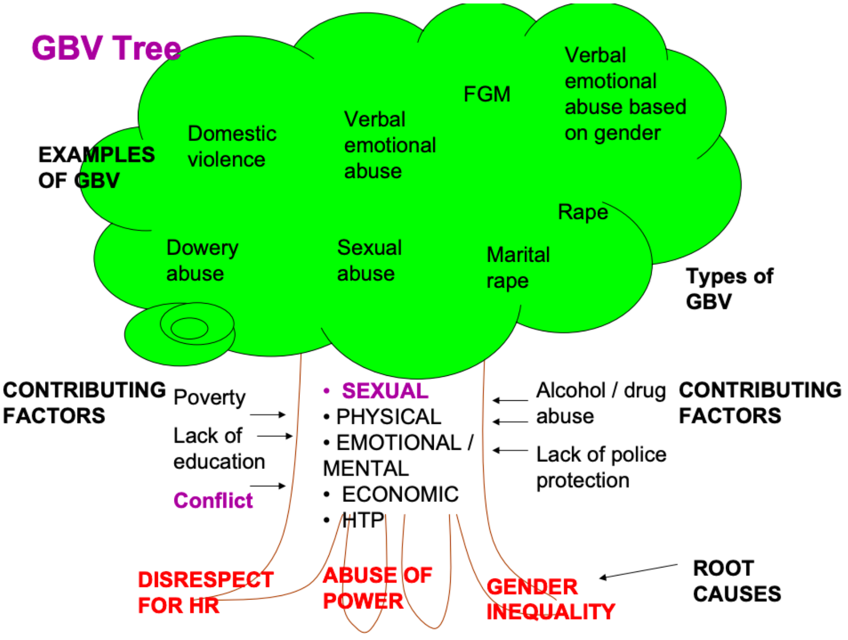
- Some key contributing factors include: Social and Cultural Factors which include patriarchal societies: Societies with deeply ingrained patriarchal norms and values can perpetuate SGBV. Gender inequality: Unequal power dynamics between men and women can contribute to SGBV.
- Cultural norms: Cultural norms that condone or tolerate violence against women or certain groups such as children and Persons with Disabilities can perpetuate SGBV. Social norms that condone or tolerate violence can perpetuate SGBV.

- Economic Factors which include Poverty and economic instability can increase vulnerability to SGBV; Economic inequality can exacerbate power imbalances, contributing to SGBV.
- Political and Institutional Factors which include: - Weak laws and policies, Inadequate laws and policies can fail to protect individuals from SGBV, Lack and poor enforcement of laws and policies can perpetuate SGBV.
- Institutionalized discrimination-this includes discrimination within institutions, such as law enforcement or healthcare, can contribute to SGBV.
- Individual Factors which include Trauma and mental health; unaddressed trauma and mental health issues can contribute to SGBV. In addition to this substance abuse can increase the risk of SGBV.
- Other Factors which cause and contribute to SGBV include conflict and crisis leading to displacement, and humanitarian crises which can increase the risk of SGBV.

3.3.4 Consequences of SGBV are physical, psychological, socio-economic.

- Addressing SGBV requires a comprehensive approach that tackles these root causes and promotes a culture of respect, equality, and accountability.

3.3.5 GBV Tree: Source UNFPA



3.3.6 Survivour Centered Approach.

Definition of Concepts

The deliberations focussed on Gender and Gender Centered Concepts such as Gender, Sex, Gender Equality, Gender Equity, Sexual Violence, Intersectionality, Gender – Based Violence, Conflict Related Sexual Violence, Consent in Sexual Matters. Victim/Survivor which term victim has been defined by the United Nations General Assembly as "persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or serious violations of their fundamental rights through acts or omissions that violate the criminal laws in force in a Member State [...] or internationally recognized human rights standards".

It was noted that some specialists prefer the term "victim" of gender-based violence to "survivor" because the person has ceased to suffer the harm and has survived the violence suffered. Some survivors also believe that the term 'victim' is important to recognise that their rights have been violated. The term "survivor" is used to underline the strength of the person and his or her refusal to be a victim.

SGBV, GBV, CRSV, and sexual violence are sometimes used interchangeably by practitioners. It is important to understand how these concepts have specific meanings but may also overlap.

Forms of Sexual and Gender Based Violence include: Physical violence, Emotional/Psychosocial violence, Economic Violence, Sexual Violence, and harmful cultural practices such as Female Genital Mutilation. sexual harassment, Rape, Intimate partner violence, including marital rape which refers to rape perpetrated by the individual's spouse or intimate partner. It was noted that marriage does not guarantee consent; Forced sodomy/ anal rape; Paedophilias, Sexual abuse, and child sexual abuse.

A Survivor-Centred Approach based on Carl Roger's belief that every human being strives for and has the capacity to fulfil his or her own potential despite the problems he/she has encountered in life. Survivor centredness cannot take place without survivor participation. Survivors are best equipped to speak about their own lived experiences, priorities, and concerns. A Survivor-centered approach prioritizes the rights, needs, and wishes of the survivor by putting the survivor at the center of all the decisions and processes. This approach purposes to guarantee dignity, respect, and safety, promoting their recovery, reducing further harm, and empowering the survivour (Unicef, 2023)

A survivor-centered approach in the context of Gender-Based Violence (GBV) means prioritizing the rights, needs, and agency of survivors of GBV throughout the process of response and support. It focuses on empowering survivors, ensuring their safety and dignity, and fostering a supportive environment for healing. This approach recognizes that survivors are experts in their own experiences and should be actively involved in decisions that affect them. This means:

Prioritizing Rights and Needs: A survivor-centered approach ensures that survivors' rights to safety, confidentiality, and dignity are respected and protected.

Empowerment and Agency: It empowers survivors to regain control over their lives by providing them with the information, resources, and support they need to make informed decisions.

Safety and Confidentiality: Ensures the physical and emotional safety of survivors is paramount, and their confidentiality must be respected. Confidentiality must be maintained but can be broken if there is a risk

of harm to self or others; where there is suspicion of child or vulnerable person abuse; in respect to a court order or subpoena; or for insurance or billing purposes, but only to the extent necessary. if there is there is suspicion of crime or attempt to commit crime – a counsellor may break confidentiality.

Respect and Non-Discrimination: Treat all survivors with respect and dignity, regardless of their background, identity, or situation, is essential.

Active Involvement: Survivors should be actively involved in the design and implementation of GBV programs and services.

Holistic Support: Provide survivors with a range of services, including health care, psychological support, legal assistance, and safety planning, is crucial for their recovery.

Trauma-Informed Care: Recognize the potential impact of GBV on survivors' mental health and well-being, and providing support that is sensitive to their needs, is essential.

Informed consent –Before any action, consent must be obtained from the survivor, making sure they have full information and are in a position to make informed decisions without coercion.

Respecting Autonomy- making their own decisions about their recovery and support.

Non-discrimination- providing equal and fair treatment to all survivors regardless of their background and other characteristics

3.3.7 Deliberations and Recommendations

1) Use of terminology in respect to survivours and victims attracts different treatment during adjudication of cases. Under the law, the term ‘victim’ is used in order to ensure reparation, and appropriate sentencing. Terminologies used under SGBV should be made uniform and their definition shared in order to ensure impactful advocacy to prevent and respond to it.
2) Handling survivors at the courts requires partnership with Probation and Social Welfare Officers, as well Civil Society Organizations who in most cases provide services at the Shelters/Recovery Centers. The case PoliCare Centers which provide holistic services at Police Stations was highlighted, these are provided in Nanyuki and will be rolled out to other areas of the country.
3) The need for continued sensitization in order to prevent SGBV was noted and it was recommended that the different actors adopt an advocacy strategy which can be effectively used to relay information through all forms of media and in particular social media.
4) Currently the law does not include activities such as *cunnilingus* which is oral sex Some SGBV crimes such as an oral sex act consisting of the stimulation of the vulva by using the tongue and lips. Advocacy for its inclusion should be undertaken in order to address it as a crime when it is done without consent.
5) Research should be continuously undertaken to identify and address new forms of SGBV especially those that technologically engineered and those that occur during emergencies, pandemics, conflict and other humanitarian situations.
6) Research findings can also be used to address the significant challenge of under-reporting of SGBV cases due to various reasons such as fear, stigma, and limited access justice.

3.4 SESSION FOUR 4: MEDICAL PILLAR

The Session on the Medical Pillar facilitated by John Kimani Mungai, MSc (forensic Science) - ICGLR-RTF National Trainer, covered:

3.4.1 Reception and accompaniment of victims; Clinical Examination; Collection and documentation of forensic evidence; Special considerations for children in forensic examination; Good practices established in handling SGBV cases.

FORENSIC SCIENCE: Science and crime; Modern science and technology has revolutionized the field of crime solving and has made the process much faster and more reliable.

The aim of Forensic Management System is to manage the large volumes of data that are produced in the process of solving crimes by the application of scientific methods and modern technology.

3.4.2 Medical Forensic Examination of Survivors

As part of the reception of the victim, it is critical to understand their experience and their needs in order to ensure that he or she is welcomed and that the process of seeking assistance does not contribute to re-traumatization.

What Does the Victim Experience?

A feeling of war and permanent danger, a life where at any moment everything can turn into horror: a state of panic that is impossible to calm nor comprehend. A life without hope, where death may seem the only way out. A life of loneliness, where the victim feels alien, different, abandoned, where nobody can help them. A feeling that no one can understand them, where one no longer understands oneself.

What Does the Victim Need?

- To be believed, accepted and listened to with kindness.
- To be protected, removed from harm's way.
- To be understood, not to be judged, to be recognized as victim.
- To know that their suffering is taken into account.
- To be informed about all the steps to take, about the law, about all her rights.
- To be informed of all the services available, according to a holistic care model.
- To be taken care of, treated, referred to specialized professionals, treated, and relieved of their burden/trauma

What are the key steps in a clinical examination by a medical professional after a sexual assault?

- Obtain informed consent (form to be signed),
- Ensure a good rapport with the victim,
- Examine the victim from head to toe in a confidential, thorough and non-judgmental manner,
- Perform a thorough genital-anal examination (as required),
- Collect forensic evidence (incl. photographs) , assessing and documenting injuries
- Collect samples for diagnostic and forensic purposes,
- Write the medical report, documenting all the lesions (photos etc),

- Maintain the chain of custody of evidence,
- Assess and prevent STI/AIDS risk, pregnancy risk and vaccination needs,
- Assess and treat injuries and other medical problems,
- Organize the follow-up of medical and psychological care, refer to other specialized care,
- File and securely store documentation.

3.4.3 Why collect and document forensic evidence?

A forensic medical examination is a medical examination conducted with the knowledge that a medical opinion may be required for immediate or future legal proceedings.

Forensic medicine is a medical specialization which determines the causes of a victim's injuries.

Proof is the demonstration of the facts of the event/crime that serves as the basis for the accusation or the allegations.

3.4.4 What is Forensic Evidence?

Forensic evidence is criminal evidence acquired through scientific methods

The purpose of forensic expertise is to enable **Health care professionals (medical and psychosocial)** to care for victims of sexual violence while collecting and documenting evidence of the assault in order to:

- Prove or contest any link between persons and/or between persons and objects or places.
- Confirm recent sexual contact
- Demonstrate that force or coercion was used
- Identify aggressors or exonerate suspects
- Support / corroborate the victim's story/testimony
- To determine the seriousness of the damage suffered by the victim:

3.4.5 Judicial and Legal Purposes – What is expected a medical professional?

The medical professional is expected to: Restore the health and well-being of the victim; provide medical treatment and Care; Collect forensic evidence and document injuries; Respond to any specific medical or expert requests (while respecting the rights of the victim, notably to confidentiality); Refer the survivor to other care and mental health services; Provide this care in a confidential and non-judgmental manner; Assess and treat STIs, pregnancy risk and pregnancy prevention; and conduct Manual or electronic archiving / storage (chain of custody of evidence).

Key Take aways: There are several types of forensic evidence, including victim testimony and narratives. Most sexual assaults do not involve the use of force – evidence is not only limited to what can be collected during the physical examination

3.4.6 Physical examination of minor victims

Physical examination of minor victims takes into account the following: Ensure that a trusted person is present at the examination (often the mother); No forced examination of any kind; Use appropriate examination methods to put the child at ease; Explain everything, ask questions about things that worry him or her; Start with a calm and methodical examination, going from head to toe - follow the same order as the physical examination of an adult; Leave the child with as much clothing as possible; Continue to talk to the child during the examination; **NO vaginal, anal or speculum examination of a child/minor victim.**

Genital-anal examination of a minor victim

Crucial Points to take into account during the genital-anal examination of a minor victim include:

- The amount of hymenal tissue and the size of the vaginal opening are not significant indications of penetration.
- Check for the presence of vaginal discharge in girls. In boys, check for the possible presence of lesions of the foreskin, as well as anal or urethral discharge; if necessary, take samples.
- Reflex anal dilatation (opening of the anus as a result of lateral traction on the buttocks) can be symptomatic of anal penetration, but also of constipation.

3.4.7 Forensic Examination Process includes the following:

- Reference samples are used by the crime laboratory to determine whether or not specimens of evidence collected are foreign to the survivor or alleged offender.
- Blood, buccal (inner cheek) swabbing's, should be collected from the survivor or alleged offender for DNA analysis to distinguish their DNA.
- Samples for DNA include: semen, blood, vaginal secretions, bone, trace elements(sweat) hair roots. Limited from vomit, urine, faeces.

3.4.8 Handling, Collection and Preservation of Evidence

The following practices must be followed when handling any specimen:

- Protect the exhibit from weather and contamination;(a room with minimal/no human or animal traffic);
- Use sterile instruments and containers;
- Wear gloves (powder free and sterilized) and the protective gear when appropriate;
- Change gloves when handling/collecting different specimens;
- Package, transport and store exhibit safely and securely;
- Take special care with fragile and perishable specimens;
- Call on an expert if you lack adequate training to handle a particular type of specimen.

3.4.9 Principles to be adhered to during specimen collection for forensic analysis:

Avoid contamination: Ensure that specimens are not contaminated by other materials. Store each exhibit separately. Wear gloves at all times for your own protection and to ensure that the exhibit is not contaminated.

Collect early: Try to collect forensic specimen as soon as possible. The likelihood of collecting evidentiary material decreases with the passing of time. Ideally, specimen should be collected within 24 hours of the assault; after 72 hours, yields are reduced considerably but specimen is still collected. Collect the same before requiring the victim to bathe.

Handle appropriately: Ensure that specimens are packed, stored and transported correctly. As a general rule, some of the fluids (e.g. urine) should be refrigerated; anything else should be kept dry. In some instances, blood can be dried on gauze and stored as such. Biological evidence material (e.g. body fluids, soiled clothes) should be packaged in PAPER BAGS after drying, avoid plastic bags.

Label accurately: All specimen must be clearly labelled with the survivor's name and date of birth, the health worker's name (use full names and not initials), the type of specimen, and the date and time of collection

Ensure security: Specimen should be packed to ensure that they are secure and tamper proof. Only authorized personnel (anyone authorized by the relevant authorities to handle the specimens) should be entrusted with specimens.

Maintain continuity: Chain of custody MUST be maintained. Provision of specimens to survivors for any reason is strictly prohibited

3.4.10 Points to remember when handling exhibits

- Specimens should not be exposed to direct light and sunshine. If wet, exhibits are dried under shade or dark rooms
- Specimens should be marked properly and signed for immediately upon receipt and stored;
- All specimens, including documents filled (must be secured in places that guarantee safety and confidentiality).

Conclusion:

Forensic evidence is only as good as the skills of the people who collect it.

DEDICATION: *The presentation was dedicated to those men and women who through the application of science and technology bring criminals to justice and protect those wrongfully accused*

3.4.11 Medical Pillar Deliberations and Recommendations

1) ***Noting that "Forensic evidence is only as good as the skills of the people who collect it" t***here is need for joint training all actors in the criminal justice including the public and first responders to be continuously trained and sensitized how to handle evidence in order to ensure proper handling and chain of custody.

2) Forensic experts should continue to be trained and supported with the requisite resources to do their work professionally; and they should simplify the language used and be provided with time to properly explain procedures used in order for the information to be utilized effectively for successful prosecution of cases.

3) Forensic Experts should be trained thoroughly, for example to collect several samples at different points of the vagina in order to ensure that the samples adduced can facilitate prosecution of cases.

4) Forensic Experts are very few and thus need to be prioritized considering the pressure of work, there is need to support training of more forensic experts and to provide them with the necessary equipment and resources in order to enable them perform their functions effectively.

5) DNA laboratories are not readily accessible in most areas which points to the need to provide mobile DNA labs services, and to ensure that the chain of custody of exhibits is properly handled in order to avoid contamination and ensure that they can be used effectively during prosecution.

6) More resources need to be invested in the use of forensic evidence given that it has capacity to facilitate the threshold of proof beyond reasonable doubt which is mandatory for prosecution of criminal cases which form the majority of SGBV cases.

7) An inventory of perpetrators of SGBV should be maintained and continuously updated in order to match specimen found at crime scene especially where the perpetrators have served their sentence and have been re-integrated into the community.

8) Prosecution of cross border crimes and mutual legal assistance agreed upon should be enhanced by continuous joint training, exchange of information and sharing of good practices by forensic experts in the Great Lakes Region.

3.5 SESSION FIVE: PSYCHOLOGICAL PILLAR facilitated by Praxedes Ndindi Mutisya

The objective of the Psychosocial Session promoted understanding and definition of concepts related to-psychosocial support; basic and specific therapeutic approaches; basic psychosocial skills and methods; and psychosocial support for caregivers and also for perpetrators of violence.

3.5.1 Key Psychosocial Terms

Psychosocial support is a process that helps individuals and communities to heal psychological wounds and rebuild social structures after an emergency or a critical event. It can help change people into active survivors rather than passive victims.

Counselling is a **Relationship** (safe, client-centred, dynamic) within which a range of **Skills and Techniques** are used to facilitate a **Process** of helping positive change from: Dissatisfaction to satisfaction; Pain to comfort; Low esteem to high esteem; and Low social skills to high social skills.

Counselling aims to help people to: Understand their situation more clearly; Identify a range of options for improving the situation; Make choices that fit their values, feelings, and needs; Make their own decisions and act on them; Cope better with an issue; Develop life skills such as being able to talk about sex with a partner; and Provide support for others whilst preserving their strength.

Transference refers to the projection of emotions and feelings onto other persons.

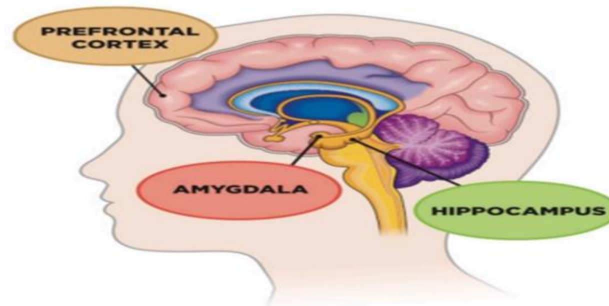
Countertransference refers to the displacement of therapist/caregiver's emotions and feelings towards a client.

Catharsis is a sudden, dramatic outpouring of emotions or emotional release that occurs when the traumatic experience is resurrected. A person is able to process what they have been through and look forward with a greater sense of hope and meaning. It relieves stress or pain. ***That box of tissues at the end of the table is not for decoration.***

Trauma-is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Long-term reactions include: unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea.

Insight is being aware of the source of the emotion of the original traumatic event. When catharsis and insight happen, the major portion of the therapy is completed.

3.5.2 PARTS OF THE BRAIN AFFECTED BY TRAUMA



3.5.3 HOW TRAUMA REWIRES THE BRAIN

Trauma alters the brain structure and functions in measurable ways.

- After a traumatic experience, your brain may become stuck in fight-or-flight mode, constantly watching for threats and releasing cortisol even in the absence of a stressor (Yao and Hsieh, 2019).
- The areas in the image are implicated in stress response. Numerous studies on the brains of Post Traumatic Stress Disorder (PTSD) patients show that several regions differ structurally and functionally from those of healthy individuals (Portella et al., 2012).
- **Hippocampus**- This part of the brain is in charge of short- and long-term memory. The most significant impact of trauma occurs here.
- PTSD patients show a considerable reduction in the volume of the *hippocampus.*
- These patients lose the ability to discriminate between past and present experiences or correctly interpret environmental context.
- The particular neural mechanisms involved trigger extreme stress responses when confronted with environmental situations that only remotely resemble something from their traumatic past.

For example, this is why a sexual assault victim may be terrified of parking lots because she was once raped in a similar place; their hippocampus cannot minimize the interference of past memories.

- **Amygdala:** It's responsible for detecting fear and preparing for emergency events. It helps us to process emotions. Trauma appears to increase activity in the amygdala
- PTSD patients exhibit hyperactivity in the amygdala in response to stimuli that are somehow connected to their traumatic experiences.
- They exhibit anxiety, panic, and extreme stress when they are shown photographs or presented with narratives of trauma victims whose experiences match theirs, or if they listen to sounds or words related to their traumatic encounters
- **Prefrontal cortex:** This part of the brain, having received information from the amygdala about a threat, signals the amygdala whether the alarm is justified.
- It regulates emotional responses triggered by the amygdala, specifically fear.
- PTSD patients show a marked decrease in the volume of the prefrontal cortex and the functional ability of this region.
- That's why people with PTSD tend to exhibit fear, anxiety, and extreme stress responses even when faced with stimuli not connected—or only remotely connected—to their experiences from the past.

Therefore, psychological aspects affect our learning abilities, perceptions, understanding, and relationships. SGBV traumatizes a victim/survivor and disorients the cognitive faculties of a survivor by compromising psychological capital (hope, efficacy, resilience, and optimism).

3.5.4 RECEPTION AND PSYCHOSOCIAL ACCOMPANIMENT OF VICTIMS: A SURVIVOR CENTERED PROCESS

Survivor-centered therapy

- A survivor-centered approach ensures that support, services, and interventions prioritize the rights, dignity, and choices of survivors of violence or trauma to facilitate personal growth and development, eliminate or mitigate feelings of distress, increase self–esteem and openness to experience.
- Survivors are empowered to make informed decisions and to take lead in their recovery process.
- Confidentiality and the principle of do-no-harm must be observed

A survivor-centered approach reflects the behaviour of the therapist toward the victim and is embodied by the following three key principles:

1) Genuineness;
2) Non – judgmental attitude that provides unconditional positive regard/respect; and
3) Empathetic understanding.

Survivor-centered therapy Techniques:

Be non-directive: Let the victim lead by telling his or her story; Show unconditional positive regard (UPR)-acceptance of the survivor; Be genuine/real; Show empathy; Accept negative emotions; Active listening; Use reflective skills (paraphrasing and restating); Observe body language

Survivors come to us when they are in a state of despair, their minds are disoriented, they feel guilty, and they are doubting whether they will be attended to or listened to. They sometimes feel ashamed of sharing their story with anyone because they fear that they will be judged

3.5.5 CORE COUNSELLING SKILLS

These are basic counselling skills to help a counsellor/caregiver to support a survivor emphatically:

- **Active listening** – listen/hear well and recall all the client's information;
- **Be aware of non-verbal communication**; **Build rapport**;
- **Attending skills**-greeting, politeness, kindness, be available.
- **Apply SOLER**- *a counselling technique that stands for Sit squarely, Open Posture, lean towards, eye contact, and relax.* This is a non-verbal communication method used in active listening to build rapport and encourage clients to open up. *Developed by Gerard Egan as part of his "Skilled Helper" model, SOLER focuses on the listener's body language to show engagement and attentiveness*.
- **Silence**-there is no verbal communication, but the therapist is still there
- **Paraphrasing**-giving back to the client what s/he has said in the counsellor's own words without distorting the client's meaning.
- **Questioning** - use open-ended questions. *"I notice you're looking away as you talk about that — I wonder what's happening right now between us?" I'm sensing some tension in our conversation. Can we explore that?"*

Core Counselling Skills

- Focus- redirect the client when they deflect from topic of discussion.
- Summarize - 'sum up' the main themes that emerge from what the survivor shares.
- Immediacy-bring awareness to what's happening in the "here and now" between the counsellor and client – the client-counsellor relationship.

Counselling is a process that requires patience. A counselling process is conceptualized in a "U" model of three stages: Exploration, Understand, and Action.

3.5.6 COUNSELLING Key principles: -

a) Establish a therapeutic relationship- build trust and rapport (welcoming the client, introduction, explaining their role, etc.)

b) A therapeutic relationship that may not be formed at the beginning. Walk at the pace of the survivor…let them lead the session

c) approach patients with gentleness, empathy, unconditional acceptance, and a non-judgmental attitude to accompany them in the decision-making process

d) Sitting position- face to face, diagonally/by the bedside (for bedridden patients)-counsellor can read the non-verbal, gestures, and emotions.

There are many different therapeutic approaches that a caregiver can employ with a victim or patient. The choice of approach or approaches depends on the particular case and their individual needs.

3.5.7 THEORETICAL APPROACHES THEORIES

Counselling theories are frameworks that guide how counsellors understand people, their challenges, and how change happens. They also explain why humans behave the way they do and how they can be helped to change their behaviour. Each theory offers a unique lens and set of techniques.

Cognitive Behavioural Therapy (CBT):

This approach helps the survivor replace irrational beliefs about self and the surroundings with rational ones (cognitive restructuring), e.g., self-talk. It stresses the role of thinking, deciding, questioning, doing, and redoing.

Survivor Centered Therapy: from Carl Rogers 1940's person-centred theory

Clients have the potential to gain insight in their issues and can resolve them. The therapist is not an expert and does not direct or interpret issues for the client. A warm environment and three qualities are observed: Empathy, genuineness, and a non-judgmental attitude are vital.

Narrative Exposure Therapy: by David Epson and Michael White (1970s)

This form of therapy helps survivors re–story old memories and, in the end, it helps them change their traumatic beliefs.

For example, a trauma survivor might be asked to remember the moment of their trauma when they believed 'I'm going to die' and would be asked 'What do you know now?' Thus introducing the incompatible information, 'I survived.

Logo therapy: (Victor Frankl 1940's)

Life has meaning under all circumstances, even in the most miserable ones. The human drive comes from pursue of meaning in life. A person has the freedom to find meaning in what he/she does and what he/she experiences. A person can lose everything but not attitude.

Survivor of Trauma: A person who has survived a traumatic event, such as war or genocide (like Frankl himself in concentration camps), may find meaning by telling their story, advocating for peace, or helping others cope with similar trauma. Even though they cannot change the past, their ability to find purpose in survival empowers them.

3.5.8 PSYCHOEDUCATION

Psychoeducation provides therapeutic education to patients in order to give them the means to manage, as autonomously as possible, their illness and problems and their social consequences by equipping them with coping mechanisms and related skills. Key aspects of psychoeducation includes:

Information about the condition or illness: Psychoeducation provides learners with accurate information about the specific mental health condition or issue they are facing or learning about.

Skill development: It focuses on teaching practical skills, such as problem-solving, communication, and self-assertion, to help individuals cope with challenges.

Cognitive-Behavioural Therapy (CBT) elements: Many psychoeducational approaches incorporate elements of CBT, helping individuals understand and change negative thought patterns and behaviors.

Group and individual learning: Psychoeducation can be delivered through group settings, individual sessions, or a combination of both, allowing for peer support and personalized learning experiences.

Active learning methods: Psychoeducational approaches often utilize active learning techniques like role-playing, group discussions, and problem-solving tasks to enhance engagement and retention.

3.5.9 CLINICAL INTERVIEW

Based on verbal and non-verbal communication. A clinical interview is a structured conversation between a mental health professional and a client, used to gather information for diagnosis, treatment planning, and establishing a therapeutic relationship**-** to gather information about a client's psychological, emotional, behavioural, and sometimes physical health. It is often the first step in the assessment, diagnosis, and treatment planning process**.**

3.5.10 PSYCHOSOCIAL SUPPORT FOR PERPETRATORS OF VIOLENCE

Perpetrators of SGBV may be driven by various motivations: unequal and/or damaging attitudes/perceptions towards women or men; Militarized masculinities; unequal power dynamics, etc.

Research indicates that many perpetrators of SGBV may also have been victims/survivors of violence themselves. Perpetrators are often seen as bad people, as criminals who must be punished and isolated by society. *While there is a need to ensure that impunity does not prevail and that victims and survivors have access to justice, it is important to give perpetrators a chance to recover, to reconcile, and to change wrong behaviors and beliefs, it is important to address the person behind the perpetrator.*

Questions to consider: What were the main drivers of using violence? How is the violence linked to perceptions and expectations of masculinity or to personal experiences with violence? Has there been violence in the perpetrator's childhood or history, etc.?

There is no justification for the use of violence, and perpetrators should be punished, but they also need to be helped to change negative behaviors and perceptions of masculinity and violence. Perpetrators of SGBV also need a person-centred approach- they need to be listened to, and be guided/educated to reflect on negative aspects of manhood, gender norms, and to learn non-violent communication styles.

3.5.11 VICARIOUS TRAUMA AND BURNOUT

Burn Out: This is a state of emotional, mental, and physical exhaustion & loss of motivation brought on by prolonged or repeated stress. Its cause includes high workload, problematic workplaces, and emotional demands of the work, especially for counsellors, service providers, and caregivers.

Psychological and Physical Symptoms include:

Psychological -constant demotivation with work, feelings of hopelessness and helplessness, guilt, marked irritability, frequent crying, feelings of incompetence, feelings of isolation, feelings of failure, loss of self-confidence, constant worry, difficulty concentrating, indecision, and confusion.

Physical -Persistent fatigue, pain: headache, back pain, muscle pain, disturbed sleep, weight loss or gain, frequent infections.

Vicarious Trauma also known as secondary traumatic stress refers to emotional and psychological distress experienced by people who are indirectly exposed to the traumatic experience of others, commonly therapists and first responders, and social workers. It consists of indirect exposure through hearing about, witnessing or being exposed to the traumatic experience of others; repeated or prolonged exposure to traumatic experience (building up stress and emotional distress).

Vicarious trauma can have an impact on self-perception and worldview (changes in belief of oneself, trust issues, etc). Its **symptoms** include: intrusive thoughts, nightmares, flashbacks, and hypervigilance.

In order to manage burn out and vicarious trauma – there is need to manage VT; embrace self-care which included prioritizing mental and emotional health, healthy eating, exercise, hobbies; setting boundaries; seeking support; and therapy.

3.5.12 PSYCHOSOCIAL PILLAR DELIBERATIONS AND RECOMMENDATIONS

1) All professionals and other actors that handle cases of SGBV should all be provided with basic information under the psychosocial pillar so that they can better appreciate the psyche of victims/survivours and perpetrators.

2) Basic services and security should be readily available and the referral pathway for SGBV service provision should clearly articulate on where psychosocial services can be accessed – for the example the role of social workers and probation and welfare officers needs to be properly articulated.

3) Perpetrators of SGBV should be provided with rehabilitation services since they are likely to be re-integrated into communities after they have served their sentences. This will ensure that the perpetrators do no repeat the offences, serve as role models, and campaign agents against SGBV.

4) Psychosocial interventions are critical to support survivors' mental health, promote recovery, and reduce long-term psychological harm. As such interventions under this pillar should be survivor-centred, trauma-informed, and culturally appropriate.

5) **Under the referral pathways, there should be immediate Psychological First Aid (PFA) and service providers should - o**ffer non-intrusive, practical care and support; ensure safety, dignity, and confidentiality; and help the survivor access basic needs and services.

6) **Services provided to victims/survivours of SGBV under the psychosocial pillar should include: - Individual Counselling and Psychotherapy; Group Therapy and Peer Support which include provision of s**afe spaces for mutual healing and empowerment; **Community-Based Support which supports training of** community health and social workers to offer psychosocial support, and **engage religious, cultural, and traditional leaders to reduce stigma**;

7) There should be i**ntegration of psychosocial interventions with Health and Security Services, these should e**mbed psychosocial care in police stations, health clinics, and ensure that security and health providers are trained to identify and refer cases.

8) Other recommendations included **Child and Adolescent-Specific Interventions which involve play, art, story telling, i**nvolve caregivers, and provide safe education environments and reintegration support.

9) **There should be continuous capacity building for Service Providers where** frontline staff are trained trauma-informed care and victim centred approaches.

10) **Monitoring, Evaluation, and Follow-Up are critical in order to r**egularly assess survivors' mental health and recovery, implement feedback mechanisms to improve services, and maintain long-term follow-up support as needed.

11) **Consistent community education, advocacy and Awareness-Raising is important because it addresses harmful perceptions**, stigma, and survivors’ rights; and can be utilized to promote gender equality and respectful relationships.

3.6 SESSION SIX: SOCIO-ECONOMIC PILLAR

The Socio-Economic Pillar was facilitated by Mr. Daniel Wathome with the aim of defining socio-economic assistance as a component of a holistic and multi-sectoral response to SGBV; explaining key concepts related to socio-economic reinsertion/reintegration; and explaining the MUSO approach to socio-economic assistance.

3.6.1 Introduction

It was noted that SGBV can negatively impact the economic capacity of victims/survivors and that lack of opportunities for economic self-reliance can push SGBV survivors to remain in abusive or vulnerable situations to meet basic needs, exposing them to further risks. Thus, the need to connect victims/survivors to opportunities and resources combined with skills building enables them to earn income and be self-reliant was highlighted.

Reference was made to the Generation Equality Forum (GEF) Action 3 Commitment 8 "…scale-up the National Police Service's integrated response to Gender-Based Violence (GBV), known as "Policare…" Reference was also made to GEF Action 3 Commitment 9 *"...establish 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."*

Participants were invited to fully participate and share experiences; and the scope of the topic included: - Socio-economic and the holistic and multi-sectoral response to SGBV; Key concepts related to socio-economic reinsertion/reintegration; Explanation of the MUSO and VSLA approach to socio-economic assistance; discussion of the Kenyan approach to socio-economic empowerment of SGBV survivors.

The topic also covered justification for why socio-economic support can be key to ensuring survivors' reintegration into their communities. The process of creating sustainable livelihoods to end vulnerability in a sustainable way that allows SGBV survivors to achieve a social status similar to other members of the community.

3.6.2 MUSO (mutuelle de solidarité) or Mutual Solidarity Fund and Village Savings and Loan Association (VSLA) were used as examples of socio-economic interventions used by victims/survivours of SGBV. MUSO are utilized in Senegal, Burkina Faso, Mali, Rwanda, Burundi, the Democratic Republic of the Congo, Madagascar, and Haiti. These respond to the economic dependence of women survivors of violence and are a popular financing tool and a self-help group.

A MUSO is a group of people (20-25) from the same background, who know each other, who have almost the same socio-economic problems, who agree to unite in solidarity, and who pool their efforts and financial resources to find consequent solutions to their problems.

The overall objective is to help beneficiaries improve access to financial and social services through the structuring of communities into mutual societies and/or into groups and cooperatives whose members can, in turn, help and support each other. MUSO have specific objectives which are to:-

- Manage money autonomously, without having to deal with external actors;
- Improve members' living conditions by pooling their efforts;
- Ensure the security of their savings;
- Promote solidarity in their community; and
- Learn from shared experiences.

3.6.3 Organization of MUSO:

MUSO are organized around 3 safes: - Green safe; Red safe; and Blue safe**.**

Green Safe: Members contribute a uniform and regular amount of money agreed upon; Money contributed is then distributed equitably in <u>credits</u> among the members who have requested it; Members repay their loans with a contribution to costs (interest); Resources of the green safe/fund are thus constantly increasing; and funds are recoverable.

Red Safe: This is the MUSO emergency fund; Members contribute uniformly and regularly a pre-determined amount; Money contributed is then used to help or rescue one or more members in the event of a serious event; Money issued from the red safe is not recoverable. As such it is advisable to establish safe fund first.

Blue Safe: This is an external relations fund basket; it is used to receive external funds that can boost the loan capacity of the green fund to grant medium- and long-term loans to members.

Principles for Organizing a MUSO include: Uniform and regular contributions; Keys and separate cash registers; Collective and autonomous decisions taken at the General Assembly; Personalization of the rules of the MUSO by its members; and Resources should be in constant progression.

3.6.4 Village Savings and Loan Association (VSLA) – this idea was initiated by Moira Eknes in CARE's Mata Masa Dubara (Women on the Move) project in Niger in 1991. The model of 10-25 members has spread to 77 countries with over 20 million active participants worldwide. *On average, for each 'foundation' group in Kenya and Uganda, 2-3 years later there are two more groups, mostly formed by the members themselves.*

The Aim of VSLA is to offer self-managed savings, insurance and credit services in urban slums and remote rural areas. VSLAs Managed by members.

Programme teams, field and **Village Agents (VA)** train the members, but they never: Manage the VSLAs; Write in the account books nor touch the money belonging to the members. Role of Village Agents is to: Assist the VSLAs they have trained when they want assistance between cycles; Deliver additional training when needed; and assist in conflict resolution.

3.6.5 Formation of VSLAs: The process of forming VSLA includes: -

- The first cycle of a VSLA is a training and supervision cycle of 36 weeks or more - during the first cycle, the Associations meet weekly.
- Members can buy between 1 and 5 shares at each meeting; and the value of a share is decided by the VSLA at the beginning of each cycle.
- Members of a VSLA may decide to have a Solidarity Fund which is used to provide small grants when members are in distress. This solidarity fund is obligatory during the first cycle but optional in subsequent cycles;
- Members have the right to borrow up to a maximum of 3 times the value of their savings.
- At the end of each annual cycle, all outstanding credits are recovered, and the Credit Fund is distributed. Each member then receives their portion of the fund based on the number of units they have purchased.

3.6.6 KENYA'S CASE STUDY ON SOCIO-ECONOMIC EMPOWERMENT OF SGBV SURVIVORS

During the plenary discussion examples of socio-economic interventions for victims/survivours of SGBV were noted as follows: -

- Master Card Foundation's Jasiri Programme (CREAW, GROOTS, CCGD, CDTD, Adsock);

- Jasiri = bold and the Aim - to empower girls in marginalized parts of the country and those at risk of gender-based violence to recover and get into thriving economic activities that help them escape the injustice**.**

Jasiri Programme Activities include: -

- Training opportunities to enable them access work opportunities;
- Supporting and collaborating with community skilling partners (Shelters, master craftsmen) and Technical, Vocational Education and Training (TVET) institutions to provide skilling opportunities to GBV survivors and most at risk girls and young women;
- Funding (loans), at friendly terms, to start businesses and livelihood activities;
- Engaging financial service providers and the State Department of Gender to build transformative and inclusive financial services that cater to the full range of needs of young women and GBV survivors; and
- Enhancing the capacity and resilience of shelters and other GBV service providers to provide timely, safe, and confidential services to support the short- and long-term healing and empowerment of GBV survivors.

3.6.7 Other socio-economic interventions noted included:

- NGAAF from Trash to Cash; Mukuru kwa Njenga;
- Come Together Widows – Skilling; Environmental Conservation;
- CREAW: Jasiri Fund; Master Card Foundation;
- Samburu Livestock;
- Women Peace and Climate - Table Banking;
- NGEC/JICA;
- Catholic Church – Education;
- Key Populations – LGBTQI+; IDYs; CSWs;
- Refugee – EA$E – IRC; VSLA; Entrepreneurship;
- SHOFCO;
- WVK-VSLA;
- NGEC – School return Policy; Skilling/Vocational Studies; and
- POLYCOM (Kibera)

3.6.8 **Deliberations and Recommendations:**

A variety of socio-economic interventions addressing needs of SGBV survivors exist.

1) The interventions aim to address the long-term consequences of violence by empowering survivors to rebuild their lives and achieve economic stability.
2) Services include access to financial and in-kind support, skilling and linkage to job opportunities.
3) Additionally, interventions focus on creating safe spaces, providing essential health services, and offering psychosocial support to help survivors heal and regain their well-being.
4) This information of socio-economic interventions should be properly research on, compiled and disseminated continuously and widely – so that rights holders and duty bearers can effectively utilize them in the referral pathway.

3.7 SESSION SEVEN: MULTI-SECTORAL APPROACH: PREVENTION AND SENSITIZATION

The multi-sectoral approach used to address SGBV in the Kenyan context was discussed by groups which responded to the following thematic areas:

- Partnerships and the Role of the Media in Preventing and Responding to SGBV;
- Community engagement and positive masculinity;
- Data Management of SGBV Cases;
- The Gender Based Violence Referral Pathway

3.7.1 Partnerships and the Role of the Media in Preventing and Responding to SGBV

It was noted that the role of the media is primarily to Educate, Inform, and Entertain. The scope of covering gender issues including SGBV has mainly remained sensational and in some cases insensitive to the emotional state of victims, thus the need to train and advocate for change of this trend.

It was further noted that prevention and response to SGBV through partnership with the media requires several interventions, including: - awareness creation; capacity building; advocacy; and to ensure accountability.

It was recommended that all media practitioners adopt professional journalism practices at all times and continue searching for good practices that have been identified when covering SGBV cases.

It was further recommended that good practices such as use sensitive language, protection of identity, and avoidance of reinforcing gender stereo types should be adopted.

3.7.2 Community Engagement and Positive Masculinity as a way of addressing SGBV

Discussions highlighted the fact that several organizations utilize Community engagement and promotion of positive masculinity are used as strategies for addressing SGBV. Organizations engaged in the campaigns include: KEMEA – Kenyan Men Engaged Alliance; HE 4 SHE; MenKenya; White Ribbon; Thriving Communities Africa; SASA! Together; and EMAP

The approach used under community engagement included working with community members to identify SGBV problems and finding collective solutions; Breaking the Silence; and provision of support to networking.

Examples of community engagement provided included:

- Community dialogue and forum;
- Training local leaders;
- Creating safe spaces for reporting abuse;
- Use of IEC materials and the media; school debates and clubs.

3.7.3 Positive Masculinity is an intervention that was cited as critical and its importance highlighted as follows:

- **It c**hallenges harmful gender norms, confronts toxic masculinity and power-based behaviour;
- Promotes empathy and responsibility; supports and promotes men as allies and change agents;
- Provides role models through influential men leaders;
- Facilitates men accountability to other men; and builds a network of men standing against violence.

Examples of positive masculinity provided included: -Male led peer education group on gender equality; Involving men in care giving and household responsibility; and public campaigns featuring men speaking out against violence

Gaps in utilizing positive masculinity as an effective intervention in response and prevention of SGBV were identified as follows:

- Religious institutions mainly focus on spirituality rather than men's ministry tackling SGBV;
- Lack of centralized data management system – GBVIMS, CPIMS, KDH;
- Lack of coordinated mechanism between the different actors;
- Poor implementation of GBV related policies; and
- Inadequate government good will and leadership.

3.7.4 Data Management of SGBV Cases was defined as:- a systematic and multipronged approach to: Data Collection; Data analysis; Data storage; Data sharing related to SGBV incidences and victim/survivour support.

It was noted that the purpose for data management of SGBV cases was to:

- Refer and secure appropriate support for the Data Management of SGBV Cases which would be used to support victim/survivours;
- Inform prevention and response strategies;
- Map crime – ensure and sustain proactive interventions.

Complexities of SGBV Data Management were highlighted as follows: there are different actors along the referral pathways who include: - Civil Society Organizations, Community Based Organizations, The National Police Service (NPS); Hospitals; Donors; Media; and the Private sector. Disintegration of these actors leads to: Data inconsistency; Data which is not authenticated; and Unethical use of social media

Opportunities under data management of SGBV cases: In respect to data management, some of the opportunities noted, included: Unification or integration of data from: National Data Management Centre; National Gender Equality Commission; Policare (National Police Services); Kenya Demographic Health Survey; and Kenya Bureau of Statistics.

A Call to Action was made for the "Formulation of a Universal National Policy to guide data Management specifically on SGBV".

3.7.5 The Gender Based Violence Referral Pathway

It was noted that the GBV referral pathway guides survivors of GBV to access necessary services. It begins with a survivor seeking help, potentially through a family member, friend, or community member, who then accompanies the survivor to an "entry point" like a police station, community center or a specialized health facility. Initial Response and assessment require application of principles of safety and confidentiality, emotional support, and information provision.

From there, the survivor can access a range of services, including specialized health care which includes medical treatment for injuries and providing sexual and reproductive health services, mental health and psychosocial support, legal assistance such as filing complaints with the police or seeking protection orders. Protection services are provided, these include: - safe housing, security, and other measures to protect the survivor from further harm. Follow up and continued support is provided which includes **Case Management: a** case manager can coordinate the survivor's access to services and ensure that their needs are met; and victims/survivours can also be referred to other relevant services, such as economic empowerment program; and long-term support that may be need to help the survivor heal, rebuild their lives, and reintegrate into their communities.

Key Organizations and Resources in the GBV referral pathway include: **1195:** Kenya's national GBV hotline; **1190:** Counselling hotline; **1517:** UNHCR toll-free help line; **0800-720600:** Tele-counselling AMANI counselling Center; **Kenya Police:** Provides a crucial entry point for survivors seeking justice and protection; **Gender Violence Recovery Centre (GVRC):** A pioneer organization on GBV management in Kenya.

It was noted that in operationalizing the GBV referral pathway, important considerations include:

- **Survivor's Choice:** The survivor's choices should be respected throughout the process.
- **Confidentiality:** Maintaining confidentiality is crucial to build trust and ensure the survivor feels safe.
- **Safety and Security:** The survivor's safety and security should be prioritized.
- **Collaboration:** A collaborative approach involving various service providers, including health, law enforcement, and social work, is essential.

3.5.8 Resolutions and Recommendations

1) Information on the GBV Referral Pathway should be widely disseminated in all languages and structures put in place and supported to provide the requisite services in a trusted and professional manner.
2) Under the Multi-Sectoral Approach of handling SGBV cases, a recommendation was to continuously implement and revise the existing Referral Pathways periodically, monitor and evaluate their effectiveness with the aim of ensuring that they are operational and impactful.
3) A Call to Action was made for the “Formulation of a Universal National Policy to guide data Management specifically on SGBV”.

3.8 SESSION EIGHT: THE LEGAL PILLAR facilitated by Hon. Dora C. Kanabahita Byamukama

3.8.1 International Instruments that prevent and respond to SGBV

The importance of international instruments that prevent and respond to SGBV includes - setting standards for addressing SGBV, promoting human rights, and protecting vulnerable populations; provision of guidance in policy development and implementation at national, regional, and international levels; and promotion of accountability for SGBV perpetrators, and duty bearers.

Some of the instruments that address SGBV include: the Universal Declaration of Human Rights (UDHR); Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); UNSCR 1325; the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT); the International Covenant on Civil and Political Rights (ICCPR); International Covenant on Economic, Social and Cultural Rights (ICESCR); Convention on the Rights of the Child (CRC); Sustainable Development Goals (SDGs); the African Charter on Human and Peoples' Rights Protocol on Rights of Women (Maputo Protocol); the African Charter on Welfare of the Child; and AU Convention on Ending Violence Against Women and Girls 2025.

3.8.2 ICGLR Legal Framework on SGBV includes:

The Pact on Security Stability and Development in the Great Lakes Region, 2006 (ICGLR Pact); the ICGLR Protocol on Prevention and Suppression of Sexual Violence Against Women and Children, 2006 (Protocol on Sexual Violence); The Declaration of the Heads of State and Government of the Member States of the ICGLR at the Fourth Ordinary Summit and Special Session on SGBV of 2011 (Kampala Declaration on SGBV of 2011); and Model Laws: Prevention of Sexual Violence; Special Courts Sessions and Procedures.

The ICGLR Pact has ten Protocols and four areas of programme. **The Protocol on Sexual violence** provides: - Definition of Sexual Violence; Objectives; Principles for addressing Sexual Violence. This Protocol also states that: - Persons convicted of SV shall be subjected to social correction and rehabilitation whilst serving sentences Art. 5(2); Procedures for lodging complaints should be simplified, criminal procedures shall be sensitive to emotional state of victims Art. 6(5); No statutory limitation shall apply to

Sexual Violence crimes; victims should be compensated by perpetrators Art. 6(6)); Member States to establish legal and medical procedures for assisting victims and a fund for sensitizing perpetrators of the wrongfulness of their sexual behaviour Art. 6(7); Creation of a special facility under the Fund for reconstruction & development to provide social and legal assistance, medical treatment, counselling, training, rehabilitation and reintegration of victims, including those who may not be able to identify perpetrators Art. 6(8); and obliged Member States to set up a special facility for training and sensitizing judicial officers, police units, social workers, medical officers and other categories of persons who handle cases of Sexual Violence in the Great Lakes Region Art. 6(9) – this is the legal basis for establishing the ICGLR-RTF in 2014.

The Kampala Declaration on SGBV of 2011 was made and signed during a Special Summit on SGBV convened by ICGLR Heads of State and Government. It took into account a report on sexual violence submitted by the First Ladies of the Great Lakes Region. It sets timelines for implementation of commitments; and addresses men and boys who are victims of SGBV. The Declaration has commitments under three main areas on Prevention of SGBV; Ending Impunity for SGBV; Providing support to victims; and General resolutions.

Prevention of SGBV focuses on: - Eradication of armed groups and full domestication of the Pact & Protocol on Sexual Violence; Increase finance and technical support for SGBV eradication; Strengthen national level structures for early warning, reporting documentation; Integration of SGBV in national planning frameworks and allocate budget lines; and Establishment of Gender Desks and allocation of relevant budget to fight against SGBV.

Ending Impunity for SGBV focuses on Declaration of Zero Tolerance; Launch of national campaigns include men; Establishment and strengthening of special courts, sessions & procedure to fast track SGBV cases; and Establishment of appropriate mechanisms to investigate and investigate Sexual Violence cases.

Providing Support to Victims focuses on:- Fast tracking contribution to ICGLR Special Fund for reconstruction & development – to provide assistance to victims of SGBV; Fast tracking the establishment & scale up Recovery Centers that provide comprehensive free services-medical, psychosocial, forensic, judicial/prosecution & user friendly to women, youth, children, PWDs and men; and Establishment and strengthening income generating programmes and initiatives to support women especially SGBV victims and those in cross borders

General Resolutions include: - Putting in place a national & regional media strategy to expose atrocities of SGBV, facilitate sensitization & fight against SGBV; Strengthening interlinkages between Regional Initiatives on Natural Resources and Regional Initiative on SGBV by supporting mainstreaming of gender into national policies; Empowerment of Professional CSOs that provide support to victims of SGBV; and directs the ICGLR Secretariat to follow up implementation of the Declaration.

Actors are chain linked and their roles impact on successful prosecution of perpetrators – these include: Community leaders – Local Government; Religious; Teachers; Media; CSOs; Government Agencies such as - Probation and Social Welfare Officers; Community Development Officers; Police; Prosecutors/State Attorneys; the Judiciary; Experts such as Forensic Experts, Amicus Curiea/Friends of Court, Defence Lawyers, Assessors, and Prison Services which include corrections, penitentiary services, custody and care; rehabilitation; public protection; and reintegration.

3.8.3 The Human Rights Based Approach

It was noted that a human rights-based approach (HRBA) is a framework that uses international human rights standards and principles to guide development programming and policy-making. It emphasizes the rights of individuals and groups (rights holders), the responsibilities of duty-bearers (like governments and organizations).

It was further noted that the core elements of HRBA are: - Participation, Accountability, Non-discrimination, Empowerment, Legality (PANEL). **Participation**: Ensuring the active participation of rights holders and affected communities in decision – making processes. **Accountability**: Holding duty-bearers accountable for their obligations to respect, protect, and fulfil human rights; and Ensuring transparency in decision-making processes and access to information. **Non-discrimination**: Addressing discrimination and promoting equality for all individuals, particularly marginalized and vulnerable groups – Differently abled. **Empowerment**: Empowering rights-holders to claim their rights and duty – bearers to fulfil their obligations. **Legality**: refers to the compliance with applicable laws and regulations; ensuring legal advice, opinions, and services provided adhere to relevant statutes, case law, and ethical guidelines; operating within the bounds of the legal framework, avoiding any activities that could be considered illegal or unethical.

3.8.4 Good Practices adopted in prevention and response to SGBV include the following:

- The need to undertake Continuous review of the legal framework to address lacuna & ensure adherence to human rights principles; secure sustainable funding mechanisms for implementation of the law.
- Establish Recovery Centers/One Stop Centers that provide – medical, legal aid, socio-economic, psychosocial support –victim friendly. Provide safe places and child friendly services – use anatomical dolls to explain body parts.
- Establish - special Courts, Sessions & Procedures Prioritize Experts & Vulnerable Groups; Gender Desks that promote gender equality & Equity; and Sensitivity to Needs of services.
- Do No Harm-risk assessment, minimize risk analysis, benefit-risk analysis, accountability; Confidentiality in the media; promote use ICT -Video Conferencing; Witness Protection; Forensic Evidence; Canines;
- Communicate in language understood clearly – braille, taking into account hearing impairment; Adopt of an advocacy strategy which includes simplification, translation into local language, use different communication medium to inform and educate.
- Promote Male engagement, positive masculinity, gender responsive adjudication guidelines, sensitivity to victims, perpetrators, children – language, dress down, conduct hearing in camera.
- Undertake Monitoring Evaluation Accountability and Learning for increased & sustained impact.
- Support continuous Joint Training/Capacity Building to promote implementation of Referral Pathway and chain linked services; Promote Self-Care, Continuous Self Improvement for duty bearers.

3.8.5 NATIONAL POLICY AND LEGAL FRAMEWORK THAT ADDRESSES SGBV IN THE REPUBLIC OF KENYA

MINISTRY OF GENDER, CULTURE, THE ARTS AND HERITAGE

STATE DEPARTMENT FOR GENDER AND AFFIRMATIVE ACTION

An overview of Existing Legislation on Sexual and Gender Based Violence in Kenya was presented by Ms. Emily Opati.

Introduction: SGBV is a violation of human rights, a barrier to gender equality, and a major threat to peace and development. Tackling it requires robust legal and policy frameworks at both national and international levels. The presentation focussed on the national laws and policies that have been put in place to address SGBV in the Republic of Kenya.

National Legal Frameworks Addressing SGBV

The Constitution
The Kenyan constitution it guarantees the right to equality, freedom from discrimination, and protection from inhuman and degrading treatment. Article 27 of the Constitution of Kenya (2010) provides for equality and freedom from discrimination. Article 28 guarantees human dignity.
These constitutional provisions form the foundation for all laws addressing SGBV.

The Penal Code (Cap.63)
The Penal Code criminalizes various forms of sexual violence, including rape, defilement, incest, and sexual assault. Key highlights of the **Penal Code of Kenya** in relation to **Sexual and Gender-Based Violence (SGBV) include**:

- **Criminalization of Sexual Offences**:
  The Penal Code criminalizes acts such as rape, defilement, incest, indecent assault, and other forms of sexual violence. Although some provisions have been supplemented by the Sexual Offences Act (2006), the Penal Code remains an important legal tool.
- **Assault and Bodily Harm**:
  Under sections such as **Section 250–254**, the Penal Code criminalizes physical assault and causing grievous harm, which are often elements of gender-based violence.

- **Prohibition of Indecent Acts**:
  The law criminalizes indecent acts such as sexual harassment and exploitation, especially against vulnerable groups like children and persons with disabilities.
- **Offences Related to Harm and Coercion**:
  Acts involving threats, intimidation, and coercion—common in domestic and intimate partner violence—are addressed under various provisions dealing with assault, threats, and use of force.
- **Punitive Measures**:
  The Penal Code provides for significant penalties, including imprisonment, for those convicted of SGBV-related crimes, aiming to deter offenders and offer justice to survivors.

The Sexual Offences Act (No.3 of 2006)
In Kenya, the **Sexual Offences Act (2006)** is a landmark law specifically targeting sexual violence.
It defines sexual offences comprehensively and prescribes stringent penalties.
It also includes provisions for protection, medical examination, and support for survivors.

The Protection against Domestic Violence Act (No.2 of 2015)-and the rules-2022 This law provides a broader definition of domestic violence to include emotional, psychological, and economic abuse...

The Children Act (No, 29 of 2022)
This law protects children from all forms of abuse, including sexual and gender-based violence.
It aligns with international standards such as the Convention on the Rights of the Child (CRC).

Counter-Trafficking in Persons Act (No. 8 of 2010)

The **Counter-Trafficking in Persons Act** is a key piece of legislation enacted to combat human trafficking in Kenya. It provides a comprehensive legal framework for the prevention of trafficking in persons, the protection of victims, and the prosecution of offenders.

The Act criminalizes all forms of trafficking, including labour and sexual exploitation, and imposes severe penalties on traffickers. It also outlines procedures for the identification, rescue, and rehabilitation of victims, emphasizing a victim-centered approach.

Additionally, the Act mandates coordination among government agencies, civil society, and international partners to effectively address the multifaceted nature of human trafficking. Through this legislation, Kenya reaffirms its commitment to upholding human rights and aligning with international standards such as the Palermo Protocol.

Victim Protection Act (No. 17 of 2014): The Victim Protection Act, 2014 is a landmark law in Kenya aimed at safeguarding the rights and well-being of individuals, particularly women, from domestic abuse. The Act defines various forms of domestic violence—including physical, sexual, psychological, and economic abuse—and provides mechanisms for victims to seek protection, such as protection orders and the right to emergency assistance. It recognizes the unique vulnerabilities faced by women and children in domestic settings and places an obligation on both state and non-state actors to prevent violence, protect survivors, and promote access to justice. By enacting this law, Kenya strengthened its commitment to gender equality, human dignity, and the protection of women from all forms of violence in line with constitutional principles and international human rights instruments.

The Prohibition of Female Genital Mutilation (FGM) Act (No.32 of 2011)
This law criminalizes FGM and provides for community sensitization, rescue centers, and protection for girls at risk. It also holds accountable those who aid, abet, or fail to report the practice; and provides penalties for offenders

National Policies and Strategies
National Policies and Strategies that address SGBV, include:

- **The National Gender and Development Policy (2019):** This policy promotes gender equality and addresses the root causes of SGBV, such as power imbalances and cultural norms. It guides sectors in mainstreaming gender issues.

- **The National Policy on the Prevention and Response to SGBV (2014) (finalized review):** **T**his comprehensive policy outlines the government's commitment to prevention, protection, prosecution, and partnership. It calls for a multi-sectoral approach involving health, justice, education, and social services.
- **National Action Plan on UN Security Council Resolution 1325:** This Action Plan focuses on women, peace, and security. It includes SGBV as a key issue under protection and ensures women's participation in conflict prevention and resolution.

- **National Policy for the Eradication of Female Genital Mutilation (2019):** The **National Policy on the Eradication of Female Genital Mutilation (FGM)** in Kenya provides a strategic framework for eliminating the practice of FGM, which is recognized as a violation of the rights of women and girls. Launched in line with the Constitution of Kenya and international human rights commitments, the policy focuses on prevention, protection, prosecution, and partnership. It emphasizes community-led approaches, education, and Behavior change to shift social norms that perpetuate FGM. The policy also outlines the roles of government agencies, civil society, cultural and religious leaders in coordinating efforts to end FGM. It prioritizes the empowerment of girls and women, promoting their rights to health, education, and calls for comprehensive support services for survivors. Ultimately, the policy aims to create a Kenya free from FGM by fostering a culture of zero tolerance and upholding the dignity and rights of all girls and women.

- **National Adolescent Sexual and Reproductive Health Policy (2015):** This Policy which was developed in 2015**,** provides a comprehensive framework to address the unique sexual and reproductive health (SRH) needs of adolescents and young people aged 10–19 years. It aims to enhance access to accurate information and adolescent-friendly services to improve health outcomes, reduce teenage pregnancies, curb the spread of sexually transmitted infections (STIs) including HIV, and elimination of harmful practices such as female genital mutilation (FGM) and child marriage.

  It emphasizes the importance of a multisectoral approach, involving health, education, legal, and community-based systems, and promotes meaningful youth participation in policy development and implementation. The policy also seeks to create an enabling environment through supportive laws, capacity building, and evidence-based programming, ensuring that adolescents can exercise their rights to health and well-being.

National Guidelines on the Management of Sexual Violence (2014)

The **National Guidelines on the Management of Sexual Violence in Kenya (2014)** provide a standardized framework for the prevention and effective response to sexual violence across the country. These guidelines aim to ensure that survivors receive timely, comprehensive, and survivor-cantered care, including medical treatment, psychosocial support, legal assistance, and referral services.

National Reproductive Health Strategy (2009-2015)

The **National Reproductive Health Strategy for Kenya (2009–2015)** was developed to provide a comprehensive framework for improving reproductive health outcomes across the country. The aim of the Strategy is to address key challenges such as high maternal and infant mortality, unmet need for family planning, unsafe abortions, and inadequate access to reproductive health services. The strategy emphasized the importance of equitable, affordable, and quality reproductive health care for all, with a focus on vulnerable populations including adolescents, women in rural areas, and people living with disabilities.

This Strategy promotes an integrated and rights-based approach, strengthening service delivery systems, human resource capacity, and community involvement. The strategy also highlights the need for stronger policy and legal frameworks, improved data collection, and increased resource allocation to ensure sustainable progress in reproductive health and rights.

Related SGBV Laws:

- Borstal Institutions Act (Cap. 92)
- Computer Misuse and Cybercrimes Act (No. 5 of 2018)
- Employment Act (No. 11 of 2007)
- Health Act (No. 21 of 2017)
- HIV and AIDS Prevention and Control Act (No. 14 of 2006)
- Mental Health Act (Cap. 248)
- National Coroners Service Act (No. 18 of 2017)
- Prevention of Torture Act (No. 12 of 2017)
- Prisons Act (Cap. 90)
- Probation of Offenders Act (Cap. 64)
- Public Officer Ethics Act (No. 4 of 2003)
- Compensation Act

- **Other Laws:**
- Independent Policing Oversight Authority Act (No. 35 of 2011)
- Media Council Act (No. 46 of 2013)
- Office of the Director of Public Prosecutions Act (No. 2 of 2013)
- Witness Protection Act (No. 16 of 2006)

Policies:

- Bail and Bond Policy Guidelines
- Education and Training Sector Gender Policy
- Education Gender Policy
- Kenya Adolescent Reproductive Policy
- Kenya Health Policy
- Model County Government Policy on Sexual and Gender-Based Violence
- National Prosecution Policy
- Sentencing Policy Guidelines

3.8.6 Resolutions and Recommendations

1) Review and strengthen the legal framework on prevention and response to SGBV by fully domesticating and implement commitments made.

2) Continuously build capacity building of all actors in the justice sector on topics that include: - the policy and legal framework at national, regional and international level; international principles such as Human Rights Based Approach; good practices adopted in prevention and response to SGBV.

3) Provide adequate resources to facilitate for full implementation of the legal framework; and structures such as Recovery Centers, Witness and Victim Protection.

4) Monitor and Evaluate implementation of the law periodically; and

5) Support research on emerging forms of SGBV which information and data should be utilized in review and implementation of the law.

4.0 PROPOSED ACTION PLAN						
OBJECTIVE	**ACTIVITY**	**TIME FRAME**	**INDICATORS**	**ACTOR(S)**	**RESOURCES**	**OUTCOME(S)**
1.Enhance the understanding of participants on the definition of SGBV and its different forms including physical, economic, sexual, psychological, harmful practices, and new forms of GBV such as technology facilitated GBV.	1. Conduct a Baseline survey. 2. Undertake awareness creation through community forums, media, chief barazas, campaigns. 3. Cascade Training and sensitization systematically. 4. Review and develop training materials.	Annually Quarterly/ Continuous. Annually	Baseline survey/TNA No. of awareness programmes No. of trainings Updated Training Manual and No. of TOTs	State – Government of Kenya; and Non - State actors such as religious leaders, FBOs, CSOs, CBOs,	Technical support Financial support Qualified trainers Conference facilities - IEC materials, Curriculums/manuals	Change of Knowledge, skills and attitude of the participants. Development/revision of policies, guidelines Increased knowledge, reporting, and Accountability
2. Increase knowledge, understanding, adoption of skills, behavioral change by sharing information on good practices including -victim centered and trauma informed approaches, self-care, Human Rights Based Approach; Positive Masculinity - using the Integrated Model on prevention and response to SGBV.	1) Research and documentation of best practices on SGBV. 2)Adoption and integration of evidence-based approaches such as INSPIRE, RESPECT; Crime mapping; Data Analysis. 3) Exchange visits to benchmark Pre and post assessment. 4) Development of training curriculum/manual for capacity strengthening/enhancement.	Quarterly Annually Once per cohort Bi-annually	No. of research conducted; No, of arrests made No. of convictions No. of reports produced with Gender disaggregated data. No. of policies developed or reviewed.	State and non-state actors	Technical support Financial support	Improvement in case management Decrease in crime Enhanced jurisprudence Reskilled/upskilled practitioners.
3. Build the capacity of participants by sharing information on the referral pathway and new models for enhanced coordination, data collection, documentation, and dissemination.	1.Develop or enhance implementation IEC materials, Standard SOPs manual. 2.Monitor and evaluate implementation existing SGBV policies 3. Develop SOPs on a multi-sectoral approach. 4. Undertake Capacity building and develop information sharing protocols that support Data protection SOPs.	Annually Co		State and Non - State Actors	Technical support Financial support	Standardization of GBV services. Improved delivery of GBV services. Standardization of tools and materials. Enhanced coordination, data collection, documentation, and dissemination

5.0 CLOSING CEREMONY

The closing ceremony was presided over by a representative of the National Coordinator from the Ministry of Foreign Affairs of the Government of Kenya. He expressed appreciation to the ICGLR-RTF for convening the training on the Integrated Model of addressing SGBV in Kenya and congratulated the participants upon successful completion of the training. The Guest of Honour reiterated the commitment of the Republic of Kenya to fully support ICGLR activities and to domesticate all commitments undertaken. He called upon participants to share the knowledge gained and to put into practice the good practices learned in order to ensure that Kenya and the ICGLR becomes a region free of SGBV. ICGLR-RTF was re-assured of support and requested to conduct more training for the different actors engaged in prevention and response to SGBV in the Republic of Kenya.

The closing ceremony was also attended by Ms. Emily Opati a representative of the Ministry of Gender, Culture, the Arts and Heritage who re-emphasised the Ministry's Call to Action – *requesting all participants to be guided by the urgency of the task before us and to: ensure effective enforcement of SGBV; enhance multi-sectoral coordination at national and regional levels; invest in survivor-centered services; engage communities, including men and boys, in challenging harmful gender norms and fostering a culture of zero tolerance for SGBV; and develop sustainable funding mechanisms to support long-term interventions against SGBV.*

Hon. Dr. Janviére Ndirahisha, the ICGLR-RTF Regional Director, congratulated participants on successfully completing the three days training on Enhancing the Capacity of Professionals on Using the Integrated Model on Combating Sexual and Gender Based Violence in the Great Lakes Region. She expressed appreciation to participants for their active, enthusiastic, and constructive participation and noted that the information shared was designed to increase Knowledge, Understanding, enhance Skills, result in change of Attitude and Behaviour, and create a network with capacity to expediate the attainment of a Great Lakes Region free from Sexual and Gender Based Violence.

The ICGLR-RTF Regional Director requested the participants to you implement what was learnt from the Training, put into action what has been planned, and cascade this information to other actors engaged in prevention and response to SGBV. She informed the participants that their contacts would be maintained in the ICGLR-RTF data base in order to continue sharing information, utilize their expertise, assess the impact of the training, and facilitate a continued partnership.

6.0 Recommendations and Conclusion

Understanding SGBV

1) Use of terminology in respect to survivours and victims attracts different treatment during adjudication of cases. Under the law, the term 'victim' is used in order to ensure reparation, and appropriate sentencing. Terminologies used under SGBV should be made uniform and their definition shared in order to ensure impactful advocacy to prevent and respond to it.
2) Handling survivors at the courts requires partnership with Probation and Social Welfare Officers, as well Civil Society Organizations who in most cases provide services at the Shelters/Recovery Centers. The case PoliCare Centers which provide holistic services at Police Stations was highlighted, these are provided in Nanyuki and will be rolled out to other areas of the country.
3) The need for continued sensitization in order to prevent SGBV was noted and it was recommended that the different actors adopt an advocacy strategy which can be effectively used to relay information through all forms of media and in particular social media.
4) Note that the law does not include sexual activities such as *cunnilingus* which is oral sex consisting of the stimulation of the vulva by using the tongue and lips. Advocacy for its inclusion in law should be undertaken in order to address it as a crime when it is done without consent.
5) Research should be continuously undertaken to identify and address new forms of SGBV especially those that technologically engineered and those that occur during emergencies, pandemics, conflict and other humanitarian situations.
6) Research findings can also be used to address the significant challenge of under-reporting of SGBV cases due to various reasons such as fear, stigma, and limited access justice.

Psychology Pillar

7) All professionals and other actors that handle cases of SGBV should all be provided with basic information under the psychosocial pillar so that they can better appreciate the psyche of victims/survivours and perpetrators.
8) Basic services and security should be readily available and the referral pathway for SGBV service provision should clearly articulate on where psychosocial services can be accessed – for the example the role of social workers and probation and welfare officers needs to be properly articulated.

9) Perpetrators of SGBV should be provided with rehabilitation services since they are likely to be re-integrated into communities after they have served their sentences. This will ensure that the perpetrators do no repeat the offences, serve as role models, and campaign agents against SGBV.

10) Psychosocial interventions are critical to support survivors' mental health, promote recovery, and reduce long-term psychological harm. As such interventions under this pillar should be survivor-centred, trauma-informed, and culturally appropriate.

Socio-Economic Pillar

11) A variety of socio-economic interventions addressing needs of SGBV survivors exist.

12) The interventions aim to address the long-term consequences of violence by empowering survivors to rebuild their lives and achieve economic stability.

13) Services include access to financial and in-kind support, skilling and linkage to job opportunities.

14) Additionally, interventions focus on creating safe spaces, providing essential health services, and offering psychosocial support to help survivors heal and regain their well-being.

15) This information of socio-economic interventions should be properly research on, compiled and disseminated continuously and widely – so that rights holders and duty bearers can effectively utilize them in the referral pathway.

Multi-sectoral approach: Prevention and Sensitization

16) Information on the GBV Referral Pathway should be widely disseminated in all languages and structures put in place and supported to provide the requisite services in a trusted and professional manner.
17) Under the Multi-Sectoral Approach of handling SGBV cases, a recommendation was to continuously implement and revise the existing Referral Pathways periodically, monitor and evaluate their effectiveness with the aim of ensuring that they are operational and impactful.
18) A Call to Action was made for the "Formulation of a Universal National Policy to guide data Management specifically on SGBV".

The Legal Pillar

19) Review and strengthen the legal framework on prevention and response to SGBV by fully domesticating and implement commitments made.

20) Continuously build capacity building of all actors in the justice sector on topics that include: - the policy and legal framework at national, regional and international level; international principles such as Human Rights Based Approach; good practices adopted in prevention and response to SGBV.

21) Provide adequate resources to facilitate for full implementation of the legal framework; and structures such as Recovery Centers, Witness and Victim Protection.

22) Monitor and Evaluate implementation of the law periodically; and

23) Support research on emerging forms of SGBV which information and data should be utilized in review and implementation of the law.

CONCLUSION

Participants embraced the Call to Action to be guided by the urgency of the task before us and all stakeholders engaged in prevention and response to SGBV were called upon to:

1) Strengthen policy implementation and accountability mechanisms to ensure effective enforcement of SGBV laws.

2) Enhance multi-sectoral coordination at national and regional levels to improve prevention and response efforts.

3) Invest in survivor-centered services, including shelters, legal aid, and economic empowerment programs.

4) Engage communities, including men and boys, in challenging harmful gender norms and fostering a culture of zero tolerance for SGBV.

5) Develop sustainable funding mechanisms to support long-term interventions against SGBV.

Annex 1: PICTORIALS

Opening Ceremony

A snapshot of participants

Representatives of the Republic of Kenya

Group Photo of Participants