



SMS and Walk-In Data Analysis 2020

Working Towards Restoring Dignity to
Survivors of Sexual Violence and Their Families

ANALYSIS OF REPORTED CASES OF SEXUAL AND GENDER BASED VIOLENCE CASES TO WANGU KANJA FOUNDATION (WKF) FROM JANUARY 2019 TO OCTOBER 2020

BACKGROUND & INTRODUCTION

Wangu Kanja Foundation (WKF) is a nonprofit organization founded in 2005 and it focuses on promoting prevention, protection and response towards ending Sexual and Gender Based Violence. WKF envisages a society that is safe and free from all forms of violence. WKF convenes the Survivors of Sexual Violence in Kenya Network that brings together a unified voice of the survivors to address all forms of sexual violence and to amplify their voices across the country. The movement is anchored within the already existing community structures for purposes of ensuring innovation and sustainability.

Kenyan society remains staunchly patriarchal and is dominated by traditions and cultural beliefs which mean women have unequal access to income, physical assets and education, and a lack of negotiating power in relationships and in their homes. Violence against women and girls is socially acceptable and, despite there being laws in place to prevent it, over 80% of women and girls in Kenya report having experienced physical abuse in childhood and almost 50% report one or more episodes of sexual abuse. Only 8.7% of victims report this abuse to the police (*National Crime Research Center*). These figures are also backed up by the Violence Against Children Survey Report of 2019. The lack of awareness of the legal, psychosocial and medical support available to women and girls keeps them trapped in silence.

Globally, one in three women is affected by violence, making it one of the most widespread human rights abuses. Sexual violence happens in every community in Kenya and affects people of all genders, ages, religions, cultures, ethnicities, professions, abilities and sexual orientations. However, social inequalities can heighten the risk. Additionally, sexual violence is a serious human rights and public health problem with both short- and long-term ramifications on a survivor's physical, mental, and sexual and reproductive health. Whether sexual violence is committed by non-partners or occurs in the context of an intimate relationship, within the larger family or community structure, or during conflict times, it is an extremely violating, traumatizing and painful experience for the survivor. ***One constant fact is that: it's never the survivor's fault.*** It is worth noting that sexual violence (SV) impacts one's (1) reproductive health (unwanted and unplanned pregnancies, sexually-transmitted infections, and HIV & AIDS), (2) mental health (drugs, alcohol and substance abuse, depression, low self-esteem, and post-traumatic stress disorder) and (3) physical well-being (mortality and morbidity), (4) children's developmental outcomes (low birth weight, diminished school performance, and violent and delinquent behaviours), and (5) insecurity and high rates of social ills with huge costs to society which can lead to death and lost productivity, job and revenue loss.

In Kenya, a limited understanding of women's rights and insufficient knowledge of services

available prevent women and girls from seeking help when they experience violence. Mobile phone use and connectivity has risen dramatically in Kenya in the last decade with about 75% of the population now having access to a mobile phone. WKF built on this experience to pilot a new approach of using mobile phone technology to increase access to justice, comprehensive care and support for survivors of sexual violence especially women and girls in Kenya.

In 2016, ActionAid International Kenya and Wangu Kanja Foundation through **“Access to Justice and Security”** Project, worked with communications company Databit to set up a free text messaging helpline for reporting cases of Sexual and Gender Based Violence in the informal settlements of *Mukuru Kwa Ruben* and *Mukuru Kwa Njenga* in Nairobi. Through the helpline (referred to herein as the *SMS Platform*) all one needs to do is to text the word **‘HELP’** to **21094**, and well-trained personnel would be at hand to receive and respond to their message. The trained personnel are volunteers who include system operators, health workers, paralegals and counselors. They engage with the survivors and link them up with service providers including the law enforcement agencies, medical and psychosocial support services. In April 2017, the *SMS Platform* was rolled out and expanded to cover other parts of the country where ActionAid has active programmes on ending violence against women and girls.

The **“Access to Justice and Security”** Project sought to engage in efforts to prevent, protect and respond to cases of Sexual and Gender Based Violence (SGBV) through community mobilization and institutional capacity strengthening. The text messaging service is also used to pass on information to help in prevention, protection

and response to sexual violence via bulk text messaging and up to 1,232,277 messages have been sent out since the platform was initiated. Consequently, to ensure long term, transformative change WKF in collaboration with Action Aid Kenya and also work with survivors of sexual violence and gender-based violence (SV/GBV) to improve their household income through economic empowerment initiatives.

This report is based on an analysis by the Wangu Kanja Foundation (WKF) of the cases of Sexual and Gender Based Violence (SGBV) reported *via* the *Walk-In* and *SMS* platform in Mukuru kwa Ruben. The data analysis of the cases reported through the *Walk-In* and *SMS Platform* from January 2019 to October 2020 will help WKF, its partners and other stakeholders to have a better understanding of the complexity and dynamics around sexual violence programming and interventions especially during this time when the world is grappling with the challenges brought forth by the COVID-19 pandemic.

COVID-19 presents a fundamentally uncertain and uncharted terrain for Sexual and Gender Based Violence (SGBV) prevention and response and need for adaptation, which offers significant learning potential and opportunities for innovation. These uncertain times however, provides an opportunity for trying out unique initiatives that can be adapted to the COVID-19 crisis with an aim of comprehensively preventing and responding to the short- and longer-term needs of particularly women and children at risk. It is important to note that; the impacts of the pandemic are localized requiring tailored intervention and solutions while remaining committed to a demand driven approach. To this end, there is need to focus prevention, protection and response efforts towards SGBV taking into

account the intersectional discrimination and disadvantage of especially women and children in context of the COVID-19 pandemic, and acknowledging the heightened risk of violence for some groups including persons with disabilities, children and the elderly.

Prior to COVID-19, the prevalence of violence against women was already alarmingly high, with nearly one in five ever-partnered women and girls (18%) having experienced violence at the hands of an intimate partner.¹ Evidence from service providers – points to increased rates of violence against women and girls, fueled by household economic and food insecurity and confined living conditions due to lockdown and social isolation measures resulting from the COVID-19 pandemic.

It is widely acknowledged that rates of SGBV have risen across the board, certain groups of women and girls are disproportionately affected by the impacts of COVID-19 including women and girls with disabilities. Survivors of SGBV face a range of barriers to accessing violence response interventions, which have been exacerbated with COVID-19 given the disruption of social services, assistance and reduced financial resources.

The government in its efforts to curb the spread of COVID-19, must factor in, if not prioritize, the disproportionate impact of the pandemic on survivors of SGBV particularly women and children. It is worth noting that a simple order restricting movement, for instance, results in many women and children being trapped with violent perpetrators in their home setting and the government must be aware and respond to this.

The impact of COVID-19 and its nexus with SGBV is strongly localized and complex. Notably, the most significant drivers overwhelmingly appear to be the socio-economic impact and physical restrictions which make it more difficult for women and children to escape violence or seek support and legal redress. For instance, compounded economic impacts are felt especially by women and children who are more likely to earn and save less, hold more insecure jobs or live close to poverty.²

A loss of income makes it extremely difficult for particularly women in abusive relationships to leave since they tend to experience greater dependence on perpetrators. The dire socio-economic situations also provide fertile ground and opportunities for perpetrators to exploit the needs of women and children to acquire basic necessities for survival. In some instances, perpetrators demand sex in exchange for essential commodities including food and health care services. The COVID-19 pandemic has led to food shortages especially within the informal urban settlements. Women, children and persons with disabilities bear the greatest brunt of this situation as they tend to be de-prioritized with household food distribution, threatening their very survival.

Sadly, the pandemic has also laid bare the lack of sustainable, structural and societal support to meaningfully address and respond to SGBV cases across the country. In this context, Civil Society Organizations (CSOs) continue to fill gaps in essential services provision, prevention and response programming. It is worth noting

1 Gender equality: Women's rights in review 25 years after Beijing <https://www.unwomen.org/en/digital-library/publications/2020/03/womens-rights-in-review>

2 UN Women, Policy Brief: The Impact of COVID-19 on Women, (2020), pp 2-4. <https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women>

that, these very CSOs operating on the front line of community response are in dire need for sustained support and increased investment. Many shelters and support centers for survivors of SGBV are closed or struggling to procure food and other essential items necessary to take up cases including health care services. Consequently, Human Rights Defenders (HRDs) and activists on the front lines are experiencing stress, burnout, anxiety and vicarious trauma as they navigate the ongoing impacts of the pandemic and increased need for their services, while continuing to operate in challenging and uncertain environment.

Working with and supporting government, calls for different stakeholders collective response that should include; providing protection, maintaining essential health and socio-economic welfare services, including mental health and psychosocial support; case management and emergency alternative care arrangements; ensuring social protection for the most vulnerable women and children especially in the informal settlements, communicating with and engaging service providers with evidence-based information and advice. Reporting mechanisms such the *SMS Platform 21094* and the *Mobile Application (MobApp)* for reporting case of sexual violence developed by the Survivors of Sexual Violence Network in Kenya should be adopted to enable women and children in distress to reach out for help, and to address the challenges posed by COVID-19 with regards to reporting of cases.



RATIONALE FOR DATA ANALYSIS FOR PROGRAM DEVELOPMENT

From the narrative of the SGBV cases reported via, the *SMS* platform and the walk-ins, the consultant extracted information that can be translated into statistics regarding the circumstances of the assault: recurrence, sexual violence i.e. rape and defilement, physical violence, place (*public or private*), single or multiple assailants, weapons used or not age and sex of the survivor among others. Some of this information is needed to identify patterns that may lead to programmatic changes. For example, analysing the number and frequency of violence by context may indicate a need to modify service coverage.

Demographic data on the age and sex of survivors can also be critical when aggregated. For instance, by monitoring the number of male survivors reporting cases of abuse through the *SMS* and *Walk-Ins* it is apparent that SGBV against males especially boys is seemingly commonplace (*males accounting for 23.7% of survivors in both data captured over the last two years*). This should lead to a change in the messages relayed during outreach activities, and different stakeholders ought to adapt their programming to include men as potential survivors, not just as perpetrators. Consequently, by identifying a significant proportion of children who have experienced abuse, it is a clear pointer that efforts should be put in place to adapt psychosocial support and health care to respond to the needs of the children.

The Kenya Demographic Health Survey (KDHS) 2014 data show that women are more likely to experience physical violence committed by their spouse/partner than men. 38% of ever-

married women age 15-49 have ever experienced physical violence committed by their husband/partner, while 23% experienced violence in the 12 months prior to the survey. 9% of ever-married men age 15-49 have ever experienced physical violence committed by their wife/partner, while 5% experienced violence in the 12 months prior to the survey. About 14% of women and 4% of men have ever experienced sexual violence committed by a spouse/partner, while 10% of women and 3% of men experienced sexual violence by a spouse/partner in the past 12 months. This underscores the fact that women and girls are more susceptible to violence compared to the men and boys.

KEY QUESTION: WHAT DO THE FINDINGS IMPLY?

The scope of the report is on reported violence obtained through SMS and Walk-Ins (*direct reporting*) sources, as they are the most relevant for assessing WKF's response to SGBV. The report focuses on improving data collection and analysis on SGBV with an aim of informing programming and advocacy for policy formulation and implementation. The main sectors considered are health, police and justice, as they hold the highest potential to improve the availability and comparability of data on these forms of violence from diverse communities.

- ✦ The results of this analysis provide essential evidence to guide different stakeholders and sectors including policymakers and donor agencies on specific factors that should be optimised in order for SGBV prevention, protection and response programs to be implemented as intended, achieve their intended results and reach their ultimate goal—

namely, to reduce victim retraumatisation when seeking care and ensuring access to justice.

- ✦ These data should be used to prioritise and guide investment, as well as inform more rigorous evaluation of existing SGBV prevention, protection and response programs prior to further promotion and scale-up.

NB: Recently, male-directed sexual violence (SV) has gained recognition as a significant issue. However, documentation of male survivors and characteristics of presentation for care remains poor. It is important to systematically document cases of SV against men. This can provide a unique opportunity to describe SV patterns in male cases compared to females, according to age categories and contexts, thereby improving their access to comprehensive care and support. However, it should not be lost on programmers and policy makers in different sectors that not enough work has been done to address the SGBV cases that still disproportionately affect majority of women and girls in most communities across Kenya. All survivors' needs should be considered when planning SGBV services, with an emphasis on appropriately trained and trauma-informed medical staff, health promotion activities and increased psychosocial support.

DATA COLLECTION FOR ADVOCACY

In most instances, the definition of the type of data needed for advocacy purposes can be as vague as the purpose of the advocacy itself. Nonetheless, there are a number of reasons that can form the basis for data collection for advocacy:

- ✦ Speaking out can also be an effective advocacy tool, particularly in situations where there is a specific large-scale incident perpetrated by a particular group. Different actors be careful in dealing with the conviction that the best way to tackle SGBV in different communities is to understand its root causes. While that is important, it can lead to more emphasis being put on collecting information on the perpetrators and their motives, and not enough efforts on addressing the needs of the survivors. Helping survivors to recover and restoring their dignity and that of their families and friends, should be the first priority for those responding to SGBV;
- ✦ A more widely held approach to advocacy is used in attempts to tackle the root causes of a problem in this case SGBV. Underlying perceptions can vary widely from one context to another, depending on their particular diverse experiences. The common belief by proponents of this type of advocacy is that SGBV has an underlying root causes i.e. (*gender inequality, abuse of power and disrespect for human rights*). To this end, the insatiable quest for data is pivotal in adding and cross-referencing information to reveal the true status in any given context. It is imperative to note that; collecting data while caring for survivors of SGBV is necessary to ensure proper and effective case management.
- ✦ Finally, data can be used to make local appeals to different stakeholders (*both state and non-state actors*) believed to have an influence with regards to prevention,

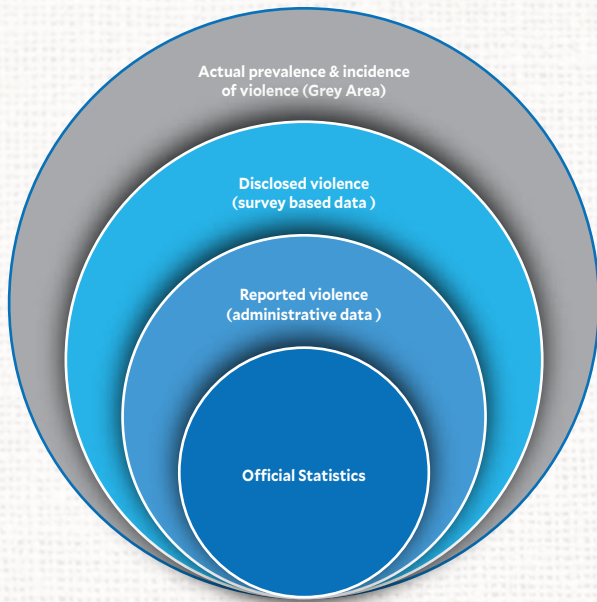
protection and response to Sexual and Gender Based Violence (SGBV) within a given context. Ultimately, the focus should be on collecting and analysing data which enables different players to ensure access to justice through a survivor centered approach.

It is worth noting that there is likely no research methodology that can unswervingly deliver data that perfectly represent reality, there are many vital reasons to strive to improve the validity of the data we collect. For instance, using qualitative data collection methods to understand sexual risks and experiences of sexual violence in a population can result in better interventions. Survivors may be reluctant to discuss experiences of violence out of shame, particularly with survey interviewers with whom they have little rapport. Additionally, survivors may construct their experiences in a variety of ways depending on their cultural context, current life circumstances, and even the interview scenario itself.

Official statistics are compiled and produced, usually by National Statistical Offices, such as the National Crime Research Centre (NCRC) and Kenya Demographic Health Survey (KDHS). The type of data they collect is based from surveys and/or administrative sources. It is worth noting that these types of data only capture a fraction of the actual prevalence and incidences of SGBV. Organizations such WKF therefore compliments the efforts in data collection through various methodologies such as the SMS platform and the *Walk-Ins* which is always helpful in understanding the localized nature of SGBV. The difference between actual prevalence and incidence of violence on one hand, and disclosed violence

recorded by sample surveys on the other can be known as the 'grey area', as illustrated below:

Figure 1



NB: Even though administrative data oftentimes do not capture the full prevalence of SGBV, such data are critical for assessing how public services respond to the needs of the survivors of SGBV and to monitor trends over time.

The police play a crucial role in collecting data in the early stages of the criminal justice process. Accurate police data is essential for capturing the total number of SGBV cases reported, even if some of these are not recognised as crimes (*for instance marital rape*). The incidences reported to the police only provide partial information on the situation of SGBV in a given context, and the data becomes more concrete and reliable as cases progress through the criminal justice chain. This assertion can be supported by the analysis captured in this report which indicates that a total of 176 cases were reported to the police but only

21 found their way to court. Data collected by the justice sector is pivotal in understanding how efficient and effective the criminal justice system is addressing key issues of protection of survivors and prosecution of perpetrators.

TOTAL NUMBER OF CASES RECORDED VIA THE WALK-IN AND SMS PLATFORM

The matrix below indicates the total number of survivors served through the two reporting mechanisms i.e. *Walk-In* and the *SMS platform*. It is important to note that while the *Walk-In* data was clearer in terms of capturing the nature of the case being reported, there were some limitations with the *SMS platform* since not all recorded data were conclusive. It is worth noting that collecting data through self-report or independent account is often necessary especially for gathering sensitive information such as sexual history, experience or perpetration of violence, or other phenomena for which observation is difficult or problematic. Self-reported data on sensitive topics are subject to a number of potential biases, including social desirability, item response, reporting, and recall bias.

RECORDED CASES OF SEXUAL VIOLENCE AND OTHER FORMS OF GENDER BASED VIOLENCE

A total of 438 cases were captured from the two spectra and were categorized either as; sexual violence, domestic violence, physical abuse or others (*which included cases of child maintenance, neglect, property inheritance amongst others*).

Figure 2



Figure 3



Figure 4

	Female	Male	Total Cases
Walk-In	100	25	125
SMS Platform	234	79	313
Total Clients	334	104	438

SMS Platform recorded 136 of clients who were only interested in its usability (*captured in the matrix below as trials*), 11 did register on the platform while a massive 289 cases were recorded as unspecified since their intention was not clarified even after follow up attempts to ascertain the same were made. Cumulatively, 436 users of the SMS platform were either trials, registration or unspecified cases as shown in the table (*figure4*).

Figure 5

	2019	2020	Total
Trials	44	92	136
Registering	3	8	11
Unspecified	97	192	289
Total			436

Figure 6

Cases by Age Cohorts

	0 – 10	11 – 18	19 – 25	26 – 35	36 – 45	46+
Walk-In	34	62	62	60	25	5
SMS Platform	5	25	62	69	25	4
Total Clients	39	87	124	129	50	9

Looking at the data captured in figure 5, it is clear that a lot of focus ought to be given to the age cohorts 19 – 25 years and even more so 26 – 35 years since they seemed to have reported more cases of SGBV compared to the other age cohorts. Prevention, protection and response efforts should thus be geared towards more engagements with the two age sets.

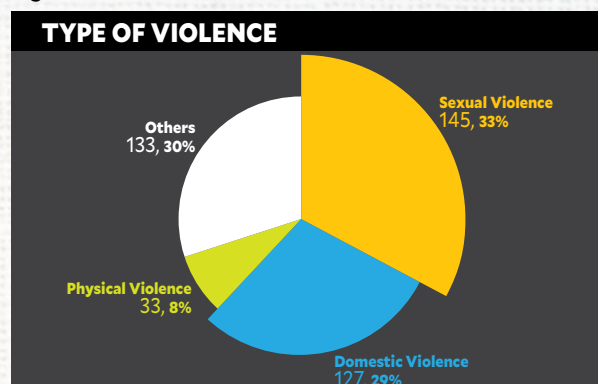
CASES OF SEXUAL VIOLENCE

The government of Kenya government adopted strict measures to counter the spread of the COVID-19 virus since the first case was reported in Kenya on 13th March 2020. Even though these measures were necessary they had and still have particular impact on elevating the risk of many people particularly women and children to Sexual and Gender Based Violence (SGBV). In April 2020, the National Council on Administration of Justice reported a significant spike in sexual offences in many parts of the country since the COVID-19 pandemic was reported.” They noted that “in some cases, the perpetrators were close relatives, guardians and/or persons living with the victims.” Violence is a daily reality for women and girls across Kenya. According to Kenya Demographic Health Survey

2014, 45% of women and girls aged 15 to 49 have experienced physical violence and 14% have experienced sexual violence. Many cases are not reported to authorities and few women get justice or receive medical care.

Sexual violence occurs throughout Kenya the available data are scanty and fragmented. Data on sexual violence typically come from police, health facilities, non-governmental organizations and studies conducted by different institutions. Police data, for instance, are often somehow incomplete and limited. On the other hand, data from medico-legal facilities, tend to be inclined towards the more violent incidents of sexual violence. The proportion of survivors who seek medical services for immediate problems related to sexual violence is also relatively small. There was a total of 145 which cases of sexual violence (defilement, attempted defilement and rape) which was 33% of the total cases reported through the *Walk-In* and *SMS platform*. Domestic violence recorded 127 cases accounting for 29%, 33 cases of physical were reported representing 8% of the cases reported. Other cases stood at 133 making 30% of the cases reported between January 2019 to October 2020.

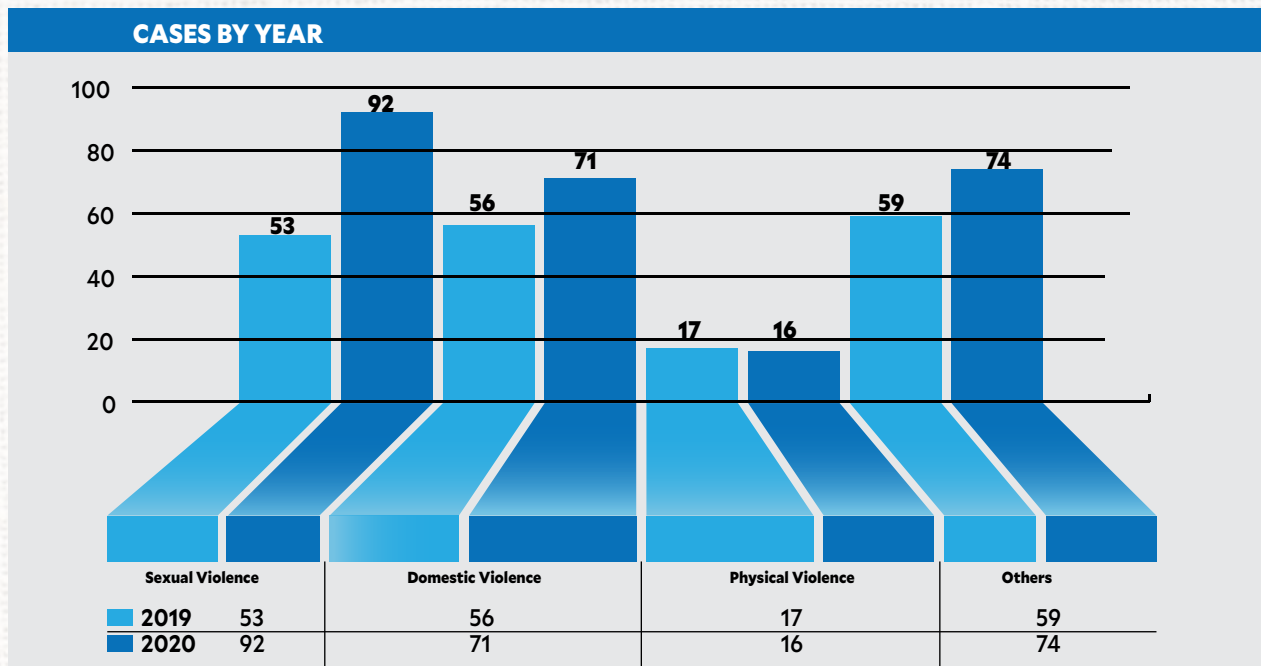
Figure 7



Sexual and other forms of violence against women have devastating consequences including injuries and serious physical, mental, sexual, and reproductive health problems, including sexually transmitted infections, HIV, and unplanned pregnancies. The restrictions imposed in response to the COVID-19 pandemic are made it harder for survivors to report abuse and seek help and for service providers to respond efficiently. It is evident from the figure 8 below that there was a spike in cases of SGBV in the year 2020 which can be attributed to the challenges posed by COVID-19 pandemic.

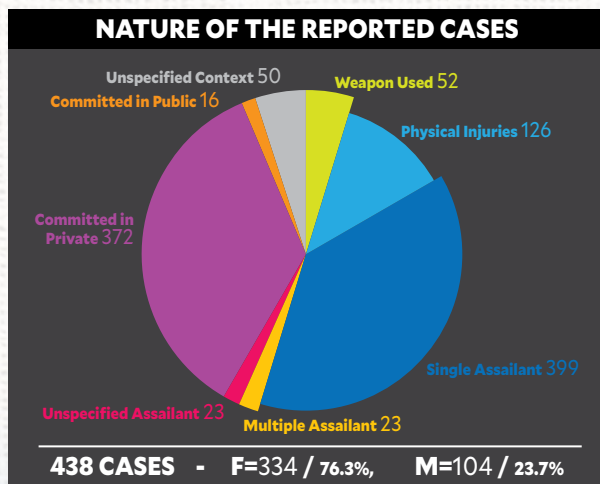


Figure 8



Summary: Cases of Sexual Violence Increased by 26.8% in 2020, Domestic Violence increased by 11.8%, there was a reduction of reported cases of physical abuse by 3% while there was an 11.2% increase in other cases that were reported *via* SMS and Walk-In spaces.

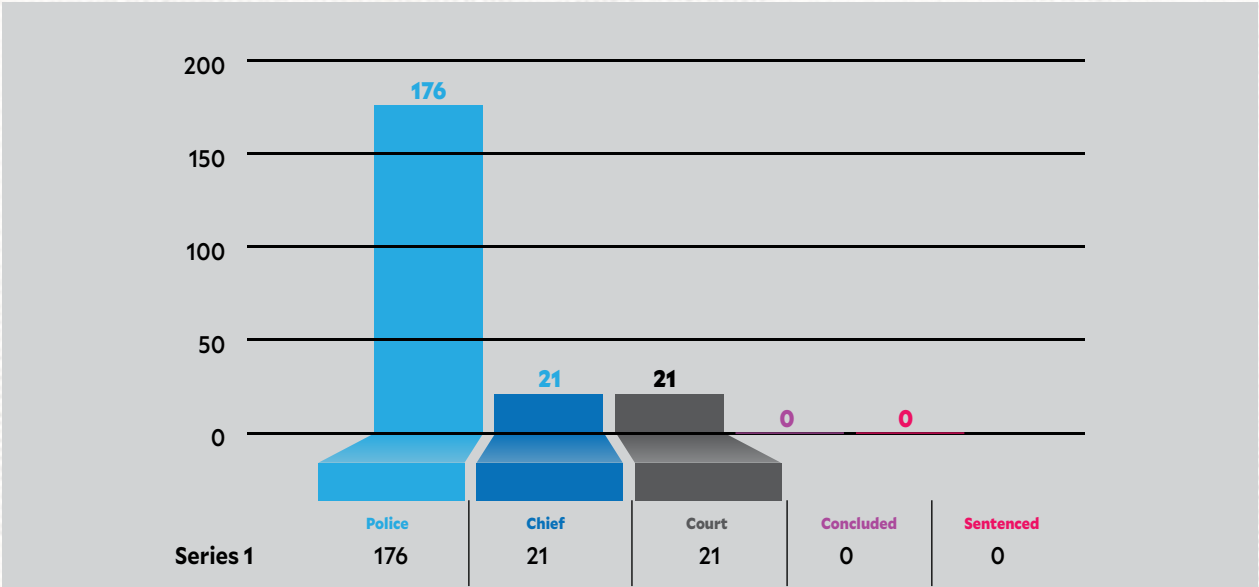
This analysis revealed that is indeed necessary to understand the nature and prevalence of SGBV in order to inform policy makers and assist in the design and implementation of effective policies to curb the trend. Data on SGBV can be obtained from different sources, including via sample surveys or from administrative institutions dealing with reported cases of SGBV (*such as the police, justice, or health and psychosocial services*). However, it is important to consider the challenges of collecting and interpreting data on sexual behavior and Sexual & Gender Based Violence (SGBV). Frank consideration of the strengths and weaknesses of data collection methodologies is critical to maximizing the validity of the collected data and value of research.



CASES WITHIN CRIMINAL JUSTICE SYSTEM

Out of the 438 cases recorded via *Walk- Ins* and the *SMS* platform, 176 were reported in police stations or police posts while 21 were reported to various area Chiefs. Only twenty-one (21) cases found their way to the courts and none of the cases have been concluded.

Figure 9



NB: It is worth noting that a sizeable number of people prefer alternative dispute resolution especially when it comes to domestic violence cases and even more so where the survivor is dependent on the perpetrator for their survival. *Constitution of Kenya article 159 (2), (c) stipulates that: In exercising their judicial authority, the courts shall be guided by the principles- alternative forms of dispute resolution including reconciliation, mediation, arbitration and traditional dispute resolution mechanisms shall be promoted if they do not contravene the bill of rights.* Consequently, the winding and tedious legal process coupled with stigma and ostracization that sometimes comes with the pursuit of justice by survivors of SGBV makes some people to become lethargic and hence stop pursuing justice. That might explain the

situation as captured in figure 9. Additionally, low evidentiary threshold, poor investigation, threats and intimidation of survivors and witnesses among other reasons.

OTHER SERVICES SOUGHT BY THE SURVIVORS

Apart from reporting cases of violence, survivors also sought others services from WKF as shown in the matrix. It is important to note that WKF do not necessarily offer all the services sought by the survivors but rather links them with other service providers within the referral pathway.

Figure 10

	2019	2020	Total
Medical	21	105	126
Counselling	4	100	104
Legal	3	53	56
Shelter	2	6	8
COVID-19 Relief		54	54

NB: The 54 captured cases of persons who sought COVID-19 relief, does not represent beneficiaries of the cash transfers, dignity kits and other essential commodities supplied under the access to justice project. It should be understood that they used the SMS platform asking about the availability of support during the reporting period.

RECOMMENDATIONS TOWARDS PREVENTION, PROTECTION AND RESPONSE TO SGBV

These recommendations are general in nature and are targeted at different stakeholders working in the field of SGBV prevention, protection and response. WKf can engage with other actors towards the realization of the recommendations based on their differentiated interests, focus and strengths.

a). Adaptation of SGBV prevention, protection and response programming:

This may require development of new or enhanced programming to integrate COVID-19 risk mitigation measures. Social behavioral change and communication programmes such as mass media campaigns, radio, mobile and virtual theatre may be explored and utilized as part of a broader intervention focused shifting social norms and cultivating positive masculinities. There is need to

mitigate the risk of both COVID-19 and SGBV for marginalised groups including women, children and persons with disabilities in the communities. Additionally, programmes that combine socio-economic empowerment of women and men in line with gender transformative programming should be enhanced at the local levels;

b). Expansion of capacities of shelters, toll-free and hotline numbers:

Efforts must be enhanced in creating awareness and amplifying of communications on the availability of SGBV support mechanisms; exploring how technology can support people during the restrictions of movement situations to access services, being mindful of accessibility, confidentiality and privacy issues arising with such technology;

c). Adaption of SGBV service provision:

This should be done with an aim of meeting the increasing or varying types of demands and new forms of SGBV (e.g. providing telephonic counselling, food rations, enhancing online services or adapting service provision to curb the risks of SGBV and COVID-19 transmission, assisting beneficiaries to reach services without lengthy trips in public transport, etc.);

Ensure women and girls who are survivors of abuse and violence have access to safe and alternative shelter and temporary accommodation that offers protection against Sexual and Gender Based Violence.

d). Enhance efforts to ensure provision, availability and accessibility of legal aid:

These should include judicial protection and other essential safety and security measures

and justice services for survivors of SGBV during the COVID-19 pandemic, including through electronic or other remote means, and potentially associated training for handling SGBV cases virtually, for all court users i.e., lawyers, prosecutors and judges and magistrates;

e). Development of survivor-centered programmes:

Within the context of COVID-19 context, scaling up, replication and adaptation of tested and proven methods that puts the survivors at the heart of any programming and ensure their support should be strengthened. This could include testing prevention strategies that can rely on virtual or blended approaches (e.g. integrating survivor support virtually into programming which may also include encouraging healthy ways of coping, linking those in need with guidance and support services e.g. cash transfers, food banks and provision of essentials items such as dignity kits to women and girls etc. On the other hand, provision of economic support and empowerment programmes to mitigate the vulnerabilities exacerbated by SGBV and to support survivors escaping abusive situations (e.g. interventions to prevent the sale of assets or resources owned by women or to mitigate the impact of the economic crisis on livelihoods, without which women maybe forced into situations that put them at risk of SGBV).

Ensure that survivors of SGBV access medical treatment at all government facilities for free as part of a SGBV referral network to ensure uninterrupted access of emergency services for survivors.

f). Ethical and safe collection of SGBV data:

There is need for knowledge generation through collection of data to inform local and national advocacy on SGBV prevention, protection and response. Furthermore, the data can help Monitoring Evaluation & Learning (MEL) including amplifying of the stories of survivors geared towards development of safety and ethical protocols, trainings, support and/or tools that enhances safety, privacy and confidentiality risks of women and children when collecting data.

g). Access to digital tools and spaces for violence prevention and response:

There is need for identifying and meeting capacity needs for community members and HRDs with regards to digital access and utilization. This should include training of community focal points in the use of technology applications for more effective reporting, tracking and documenting of cases of sexual violence, community organizing or support work that allows for a more inclusive, equitable and equal participation in the digital space.

CONCLUDING THOUGHTS

In recent years, significant gains have been made in towards prevention, protection and response towards SGBV. The gains made over the years must not be lost during the current turmoil. Efforts must be put in place to keep everyone safe especially women and children. This calls for planning ahead together, so that once the immediate health crisis is over, the goal of eliminating all forms of SGBV can put back on track. It is important to remember that the impact of COVID-19 and its nexus with SGBV is strongly localized and complex. Notably, the most significant drivers overwhelmingly appear to be the socio-economic impact and physical restrictions which make it more difficult for women and children to

escape violence or seek support and legal redress. Compounded socio-economic impacts are felt especially by women and children who are more likely to earn and save less, hold more insecure jobs or live close to poverty. To this end, more efforts need to be put in place to cushion those most in need within different contexts.

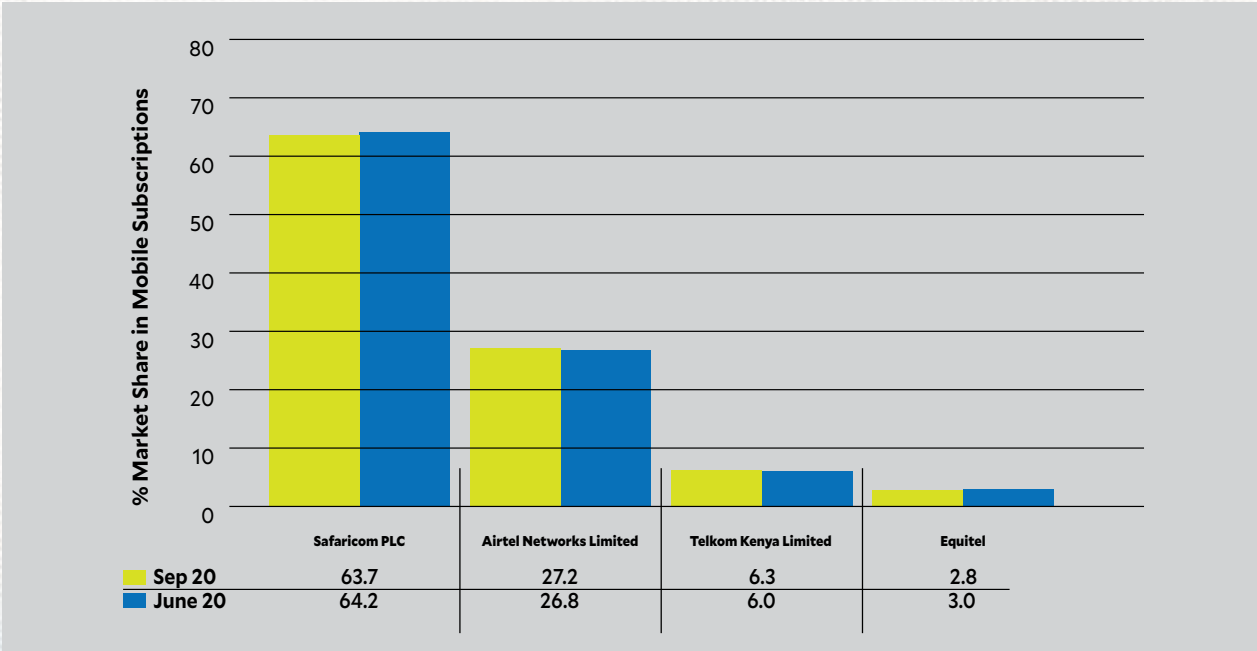
ANNEX: BRIDGING THE DIGITAL DIVIDE

Lack of data is a fundamental constraint for evaluating the gender impact of ICTs (Information and Communication Technology) and especially women’s position in the ICT sector. Research on women’s ICT use and access is primarily produced by private actors for internal purposes and driven by profit motives. Much of the available data on ICTs are not disaggregated by sex. The limited data available invariably are inconsistent or otherwise inadequate for shedding light on women’s true situation (*bearing in mind that majority of survivors of sexual and gender based violence are women*) in relation to the ICT sector and its development.

It is worth noting that access and training opportunities to acquire basic skills are insufficient for advancing survivors particularly women’s equal access and participation in the ICT sector. To this end, enhancing women’s involvement in developing online content and usage that responds to their needs and priorities deserves increased attention

NB: Education, training and skill development are critical to ICT interventions. In this regard, the following issues are important: gender-sensitive training; focus on finding, managing, producing and disseminating information; developing policies and strategies for effective interventions; illiteracy; language; security and privacy of users of technology.

Sydney, June 11, 2020 (GLOBE NEWSWIRE)
-- Released, the edition of Paul Budde Communication’s focus report on Kenya outlines the major developments and key aspects in the telecoms markets. Read the full report: <https://www.budde.com.au/Research/Kenya-Telecoms-Mobile-and-Broadband-Statistics-and-Analyses>



Source: CA, Operators’ Returns
Market Shares in Mobile Subscriptions per Operator

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