

PROJECT BASELINE REPORT

*Status of Sexual and Gender Based Violence
on intellectually challenged women and girls in
Nairobi, Narok & Kiambu counties*



February, 2020



Coalition *on* Violence Against Women

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COVAW
Coalition *on* Violence Against Women



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ACRONYMS AND ABBREVIATIONS

AWDF	African Women's Development Fund
CBO	Community Based Organization
COVAW	Coalition on Violence Against Women
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FIDA	Federation of Women Lawyers
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
ICWGs	Intellectually Challenged Women and Girls
KDHS	Kenya Demographic and Health Survey
KII	Key Informant Interview
KWFT	Kenya Women Finance Trust
NGO	Non-Governmental Organization
ODPP	Office of the Director of Public Prosecutions
SGBV	Sexual and Gender Based Violence
UNAIDS	United Nations Programme on HIV/AIDS
VAWG	Violence Against Women and Girls
WHO	World Health Organization

FOREWORD

Sexual and Gender Based Violence for vulnerable groups remains a huge challenge. The homogeneity approach towards SGBV makes assumptions in the targeting, approaches and interventions. This assumption that SGBV affects all women and girls in the same way is fundamentally wrong as it fails to take into cognisance the different factors that enhance vulnerability and exploitation. In the case of SGBV and Persons with Disabilities, the various forms of disabilities are important to understand, when planning for SGBV programmes in order to have interventions that add value in the prevention, mitigation and response strategies.

In COVAW's Strategic Plan 2018 - 2023, which seeks to secure the rights of women and girls in Kenya by influencing sustained action against GBV violations conducted against them, COVAW under its Strategic Focus Area 1 - Access to Comprehensive SGBV and SRHR Services and Strategic Focus Area 4 – Access to Justice has a particular focus on addressing SGBV against women and girls with intellectual challenges. Most ICWGs tend to have difficulties in communication and cognition, make them vulnerable to abusers.

With support from the African Women Development Foundation, COVAW will be implementing a project aimed at Enhancing Access to Justice for Sexual and Gender Based Violence Victims with Intellectual Disabilities in Nairobi, Narok and Kiambu Counties. The project aims to enhance awareness on SGBV and the target group of ICWGs and influence the provision of quality support services within the GBV referral pathway including access to justice. To this end, the importance of baseline data is critical. In the Kenya Demographic Health Surveys and in the population census exercises, data collection for PWDs is rarely broken down and it is difficult to come across specific data on SGBV and ICWGs. In 2013, a similar baseline was conducted by COVAW, that aimed to establish the knowledge, awareness and prevalence rate of SGBV among ICWGs. 6 years later, this second baseline survey is expected to provide useful insights on how the landscape on SGBV and ICWGs has evolved including providing relevant data from the three target counties.

COVAW hopes that the findings of this baseline survey will be useful in informing related SGBV programming that targets ICWGs and enhance the commitment and dedication to ensure that the human rights of women and girls with intellectual challenges are upheld in both private and public spaces and that related SGBV interventions within communities, the health, education, law

enforcement and judicial plans are deliberate in planning and allocating adequate resources to mitigate the exploitation and abuse of ICWGs and to facilitate access to justice for SGBV survivors.

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COVAW's work would be incomplete without the important role that its partners and champions play. Deepest appreciation is extended to the paralegals who participated directly in the mobilisation of beneficiaries, chiefs, health workers and caregivers, and to all the members of the community who participated in this study. Our sincere gratitude to the Magistrates, Police Officers, Health Care workers and Community Mobilisers who participated in the study for their cooperation and for coordinating the consultants field visits during the assessment.

Lastly, our sincere gratitude to focal points from various Courts, Health Centres, Police Stations, and NGOs Stakeholders who shared their insights in this assessment. Their inputs are highly considered within the rest of the knowledge, recommendations, experiences and content collected in this study.

EXECUTIVE SUMMARY

The broad objective of the baseline survey was to determine the baseline values for key outcome level performance indicators in the project areas. These values were to provide an information base against which to monitor and assess project progress and effectiveness during implementation and after the project is completed. The study was conducted within the month of July and August 2019 with the targets of Key informants from Judiciary, Health workers, Chiefs, Police, Victims/ Survivors. Data was also sought from Caregivers and General Public. Data was collected through interviews with questionnaires, Focused Group Discussions, Secondary review and Case studies. Using qualitative and quantitative research methodologies, the study revealed that: the prevalence of SGBV against Intellectually Challenged Women and Girls was highest in Nairobi at about 41% followed by Narok at 40% whereas Kiambu had the lowest at 38.3%.

From the study, the perceived causes are SGBV among intellectually challenged girls and women were found to be: Alcohol and drug abuse; assumption that women are defenceless; poverty, lack of jobs, lack of empowerment of women and girls, financial insecurity; cultural practices/ traditions and stereotyping among others, all of which fuelled the vulnerability of women and girls with intellectual challenges to abuse and sexual exploitation.

The data on intellectually challenged women and girls' victims of SGBV accessing comprehensive health care services in the three counties was established to be 37, 16 and 4 for Nairobi, Kiambu and Narok respectively. The barriers and challenges experienced in accessing justice and opportunities for legal redress by intellectually challenged women and girls were also identified and categorized into family, community and institutional challenges.

In addition, a number of mechanisms in reporting cases and accessing justice for Intellectually Challenged Women and Girls were also identified; they include: reporting mechanism to hospitals, reporting to police and reporting to chiefs, other reporting mechanism mentioned by the health workers include referrals in cases where they cannot manage serious cases among others.

Some of the barriers to identification, reporting and prosecution of perpetrators of SGBV among intellectually challenged girls in the counties were: interference of cases; failure to attend courts; lack of witness; poor legal representation; fear of attack by perpetrator among others. The study also revealed that there is data on SGBV cases reported by Intellectually Challenged Women and Girls in all the three counties. A summary of the baseline outcome indicators has also been presented to guide future evaluation of the project. A number of policy recommendations are also highlighted.

Chapter One

1.0 Introduction & Background

1.1 Introduction

Violence against women especially on Intellectually Challenged Women and Girls is the most widespread and socially tolerated of human rights violations, cutting across borders, race, class, ethnicity and religion.¹ SGBV against women is systematic and structural, a mechanism of patriarchal control of women that is built on male superiority sex stereotype and expectations, and economic, social and political dominance of men and dependency of women (Capelon 1994).

Worldwide, women show a greater prevalence of intellectual disability than men although statistics vary by region. WHO and World Bank (2011) estimates global burden of disease of moderate and severe disability prevalence is 11% higher for females than males. The World Health Survey estimates give female prevalence of intellectual disability nearly 60% higher than for males.

Sexual and gender-based violence (SGBV) is a particularly disturbing phenomenon which exists in all regions of the world. Kenya is not an exception to this form of violation which negatively affects the performance of women and girls in different spheres of life. SGBV refers to any harmful act that is perpetrated against one person's will and that is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. According to the UN Declaration on the Elimination of Violence against Women, any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life. This vice is rooted in gender inequality (Jewkes, 2002). According to Jewkes (2002), "violence against women involves men and women where 'the female is usually the victim and which arises from the unequal power relationships between men and women'".

SGBV has very devastating effects on the society particularly to the intellectually challenged women and girls. The individual women who are victims of such violence often experience life-long emotional distress, mental health problems and poor reproductive health, as well as being at higher risk of acquiring HIV and intensive long-term users of health services.² In addition, the cost to

¹<http://kenyalaw.org/kl/index.php?id=4512>

²<http://kenyalaw.org/kl/index.php?id=4512>

women, their children, families and communities is a significant obstacle to reducing poverty, achieving gender equality and ensuring a peaceful transition for post - conflict societies. This, in conjunction with the mental and physical health implications of gender-based.

1.2 Setting the stage

Intellectually Challenged Women and Girls (ICWGs) are at higher risk of experiencing SGBV than intellectually challenged men as well as women without any form of disabilities. In Africa and especially Kenya, there is a significant gap in services to prevent violence against women and girls with disabilities in practice and in research alike. Women and girls with Intellectual disabilities face various challenges in the community; that make them vulnerable to abuse. It is evident that lack of parental care, family and community support makes this target group of persons more at risk to sexual abuse. A study by COVAW in 2013 revealed that at least 60.3% of ICWGs interviewed had been sexually abused at one time or another been neglected by their family members and as well lacked adequate community support. This was attributed to lack of family care and support whenever an incident occurred, leading to the frequency in occurrence. 84.9% of the people interviewed had encountered at least one or more women or girl(s) with intellectual disabilities in the community; this encounter strengthened their perception, attitudes, practices and awareness towards them. The larger part of the community (80%) had negative attitudes and perceptions on ICWGs thus making it difficult for them to seek legal redress. This to a larger extent affects medical care as the community does not perceive this target population to have any eminent danger of harm or danger of contracting diseases, and unintended pregnancies. These perceptions, attitudes, practices and awareness towards these girls and women with intellectual disabilities have often led to many incidents going on unreported; varying from homes, institutions including schools and law enforcement agencies. It is probably the reason why in some communities, these persons have fallen prey to cleansing rituals as a practice.

In Kenya, SGBV has as its roots in the structural inequalities between men and women that result in the persistence of power differentials between the sexes. This is because SGBV is premised on power imbalance which is supported and sanctioned by culture. Women's subordinate status to men in many societies, coupled with a general acceptance of interpersonal violence as a means of resolving conflict, renders women disproportionately vulnerable to violence from all levels of society. The Constitution too does not provide for how the embedded culture can be dealt with to free women from violence, neither has it provided for mechanisms for educating people to shun culture that perpetuate violence.

In Kenya just like the rest of the world, SGBV occurs in different forms varying with socio-economic and cultural backgrounds. Women are therefore socialized to accept, rationalize and tolerate it.

Some of the examples of SGBV include but not limited to sexual violence; sexual exploitation and abuse; forced prostitution; domestic violence; human trafficking; forced or early marriage; and harmful traditional practices such as female genital mutilation; honour killing; widow inheritance among others (see Aura 2017).

According to the 2008/09 Kenya Demographic and Health Survey (KDHS), about 39% of women have experienced some form of SGBV since they were 15 years old.³ It also reveals that 21% have experienced sexual violence with marital violence being the leading contributor of SGBV.⁴ Family violence has also been found to be another biggest contributor of physical violence since more than two thirds of women reported abuse and abusers are mainly husbands or other relatives (UNAIDS, 2006). It has also been found that employed women are more likely to face violence than the unemployed.⁵ SGBV tends to increase during post - election violence periods since there are limited protection of women and girls from violence. A collapse of social order therefore exacerbates sexual violence since most often sexual violence is used as a tool to terrorize individuals. In Kenya, there is no clear indication of number of persons with intellectual disabilities and in particular women and girls. The 2009 Census Report indicated the number of persons who are differently abled to be 647,689 (3.4%) males and 682,623 (3.5%) females with a total of 1,330,312 (3.5%). Areas assessed in this survey were visual, hearing, speech and language, difficulties, physical, mental, self-care difficulties and others.

According to Kangara (2014), statistics from police headquarters show that 2005 women and children were raped in 2002; these figures rose to 2908 in 2004. Traditional practices, such as widow inheritance, are also widespread. A survey completed by UNAIDS (2006) found that 16 percent of married women are in polygamous marriages and 10 percent of girls between 15 and 19 are married compared to 1.3 percent of boys. Thus, girls are often married to older men leaving them vulnerable to unequal power relations.

Most of the data available on Sexual and Gender Based Violence is rarely broken down to capture the specific data on SGBV against Women and Girls with Intellectual Challenges.

1.3 Project background

COVAW is cognizant of the fact that sexual violations against women and girls are on the increase more so against women and girls with intellectual challenges who are sometimes seen as “easy prey.” COVAW also notes the fact that there is inconclusive situational data and information on the number of Intellectually Challenged women and girls who are subjected to sexual and gender-based abuses and especially on the number, that accesses justice and that this data is crucial in order to inform policy and advocacy interventions.

³ Kenya National Bureau of Statistics 'The Demographic and Health Survey 2008-2009' June 2010 Kenya National Bureau of Statistics.

⁴ Kenya National Bureau of Statistics 'The Demographic and Health Survey 2008-2009' June 2010 Kenya National Bureau of Statistics.

⁵ Kenya National Bureau of Statistics 'The Demographic and Health Survey 2008-2009' June 2010 Kenya National Bureau of Statistics

It is against the stated background that COVAW with support from African Women's Development Fund (AWDF) seeks to implement a two - year project titled *“Enhancing Access to Justice for Sexual and Gender based Violence (SGBV) Victims, with Intellectual Disabilities in Nairobi, Narok and Kiambu Counties”*. The project seeks to achieve the following objectives;

- *To enhance public knowledge and awareness on the rights of persons with intellectual disabilities, in relation to SGBV through legal aid clinics in Nairobi, Narok and Kiambu Counties.*
- *To provide court representation, psychosocial care to survivors of SGBV with intellectual disabilities.*
- *To advocate for an inclusive legal and policy SGBV framework on persons with intellectual disabilities using the evidence generated from the legal clinics and court processes;*
- *To strengthen the capacity of criminal justice actors to respond appropriately to SGBV cases of intellectually challenged women and girls.*

1.4 Project Outcomes

- ◆ More women and girls are aware of and can exercise their rights to bodily integrity and freedom from violence.
- ◆ Public increasingly supporting ending violence against women and girls.
- ◆ Duty-bearers improve and put in place laws and policies to prevent and respond to violence against women and girls.
- ◆ More women and girls access necessary support and services that respect their diverse needs and identities.
- ◆ Reduced Prevalence of Sexual and gender based violence

1.5 Objectives of the Baseline Survey

The broad objective of the baseline survey was to determine the baseline values for key outcome level performance indicators in the project. These values were to provide an information base against which to monitor and assess project progress and effectiveness during implementation and after the project is completed. These values are also to be used to finalize on targeting once the baseline values are known, and enable measurement of the change brought about by the project.

Specifically, the baseline survey sought to:

- Establish the prevalence of sexual Gender Based violence among girls and women with intellectual disability specifically in Nairobi, Narok and Kiambu Counties;
- Establish the data on how many Intellectually Challenged Women and Girls victims of SGBV access comprehensive health care services in Nairobi and Kiambu Counties;
- Identify gaps/ barriers and challenges experienced in accessing justice and opportunities for legal redress by intellectually challenged Women and Girls;
- Identify existing mechanisms in reporting cases and accessing justice for intellectually challenged Women and Girls;
- Establish the barriers to identification, reporting and prosecution on the SGBV by the Intellectually challenged girls in the Counties;
- Establish whether there is data on the SGBV cases reported by intellectually challenged girls in all the counties; and
- Provide baseline information on project indicators as highlighted above on project objective indicators.

1.6 Rationale for the Baseline

States have an obligation to promote and protect all human rights and fundamental freedoms of all citizens, and they must exercise due diligence to prevent, investigate and punish acts of violence against women and children. The state also has a duty to protect victims of any form of violence, a responsibility for which it ought to be held to account. However, it has always been observed that the state perpetrates or tolerates violence against women either through action or non - action by prioritizing custom or tradition over the respect of fundamental freedoms and rights of women and girls (Aura 2017). Many governments have therefore committed themselves to prevent and end gender-based violence by ratifying international conventions and declarations, thus acknowledging the seriousness of the problem. States have also come up with policies and legislation aimed at ending SGBV. Despite the existence of policies, legislative reforms, plans and programmes, gender disparities still exist in legal, social, economic and political levels of participation in decision making, as well as access to and control of resources, opportunities and benefits. Overall, the implementation of policies and laws has been slow; a situation attributed to gaps in the laws, delayed enactment of gender related legislation and lack of comprehensiveness in content of the

same laws, for example, the Sexual Offences Act and the Children Act in Kenya. Violence against women is also still rampant, hence the need to continuously conduct research in order to expose the hidden problem and suggest strategies that SGBV against women and children, but also prescribe how the victims can be compensated and supported. Further, the vulnerabilities that play out for women and girls, especially for those living with disabilities need to be considered in policy planning and implementation.

It is therefore inherent that to effectively protect intellectually challenged women and girls against SGBV in Kenya, there is need to identify the risks and response to survivors using a coordinated multi-sectoral approach. This can only be achieved through an understanding of the current state of SGBV among intellectually challenged girls and women. The existing legal frameworks in Kenya provides a good entry point and mechanism for addressing SGBV..

However, the level to which the frameworks respond to the plight of the survivors and victims of SGBV is debatable. This is due to the fact that the current frameworks focus on bringing the accused persons to justice without a corresponding obligation of alleviating the conditions and vulnerabilities of the SGBV survivors

Chapter Two

2.0 Approach & Methodology

2.1 Introduction

The key objectives the baselines survey on status of sexual and gender-based violence on intellectually challenged women and girls in Nairobi, Narok & Kiambu is to collect baseline data on the project indicators which will enable the team to establish benchmarks and set realistic performance targets in accordance with the results framework. To address this key goal, the consultants adopted a descriptive study approach to identify the status of SGBV on intellectually challenged women and girls. The consultants also employed theory-based approaches and mixed methods for the review. This requires an understanding of the specific processes and mechanisms through which the project interventions are expected to deliver impact. The process also requires using innovative and pragmatic approaches to examining whether the intervention can be replicated in other locations.

A thorough analysis was also conducted on the project causal/ logic model in order to derive full understanding of the intervention. Using this “theory-based approach”, the team examined how the project inputs are expected to achieve outputs, outcomes and impact; and then assess where the links at the various results levels are weak or missing. The proposed methodologies presented in the following table were further used for the programme assessment.

2.2 Research Design and methodology

Both qualitative and quantitative methodologies were employed to obtain the information during the study. Qualitative approach was pronounced and majorly utilised in Focused Group Discussions, case studies and KIIs. Efforts to access some key statistical data from the police, health centres and within the judiciary never materials however the study team managed to get substantial data for review using approaches presented in Table 2.1.

Table 2.1: Methodologies and tools employed

Methodology	Tool	Respondent	Remarks
Qualitative	FGDs	Contained Groups of around 8-12 Caregivers, Survivors, Parents and General Public	Some of the FGDs has a mixture of caregivers and victims who were unable to respond to the questions.
	Case Studies	Collected stories, cases and narration from Victims and Care Givers on the experience with SGBV for ICWG	Most of the stories were narrated by caregivers on the behalf of victims and recorded appropriately for qualitative analysis
Mixed Methods (Qualitative and Quantitative)	KIIs	Police, Judicial Officers, General public, Prosecutors, Chiefs	Most police officers could not give exact data from their records

Quantitative	Data Capture from the questionnaire tools and templates	Health facility and workers data	Data retrieval for specific statistics was not immediately available in all instances.
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2.3 Sampling Design and Sample size determination

2.3.1 Sample Size

The sampling frame for this baseline survey included intellectually challenged women and girls working in Kiambu, Nairobi and Narok Counties. However, based on the population size of women and girls in the three counties, the study used proportionate sampling to determine the number of respondents to be interviewed per county. For the quantitative data groups, the sample size must cater for the statistical significance (assumed at 95%, $Z=1.96$), margin of error ($e=5\%$), probability ($p=0.5$, $q=1-p$). Using the hybrid statistical sample size formula as proposed by Smith (2010) ($n = \frac{Z^2 pq}{e^2}$). To ensure representation of the entire population per county. The determined sample size was proportionately distributed across the three counties based on their population weights.

2.3.2 Sampling Design and Technique

The study employed a purposive Sampling technique in identifying KIs as respondents into the study. Through, snowball sampling, victims/ survivors were identified and interviewed. For the general population for the three counties, the sample size calculation formula was employed. The second step involved using population weight to determine a representative sample for each of the three counties.

2.4 Data collection tools and Instruments

In view of the nature of the assessment, qualitative and quantitative research methodologies were used. Participatory research methodologies were used as these contribute significantly to learning and ownership. The system of facilitation and documentation endeavour to ensure a participative process (facilitation) while guaranteeing timely and constructive products (reports). It involved extensive desk study, internet searches, secondary data and reports, processes as well as analysis and interpretation and dissemination of key findings. The assessment also made use of relevant government publication from the county and national offices dealing with women empowerment issues. A mixed method approach that includes intellectually challenged women and girls' interviews, Focus Group Discussions (FGDs) with intellectually challenged women and girls and Key Informant Interviews (KIs) with office of the Prosecutors, Magistrates, Victims/Survivors, Police representatives, and the in charge in health facilities was also used.

With regard to quantitative data for indicators of outcomes and objectives, we used the data findings collected and was further used as an input for the assessment and data triangulated and verified through the evaluation process. Specifically, we shall use the following methodologies to carry out this assignment.

- **Key Informant Interviews:** Information was solicited from key informants from the office of the public prosecutor, Magistrates, Victim/Survivors, police stations, health workers, Chiefs, caregivers and that often handle issues of SGBV.
- **Observation:** The consultants keenly observed and whenever possible confirm data and information provided by respondents especially pertaining to behavioural patterns and perception of intellectually challenged women and girls in the three counties.
- **Focus Group Discussions:** FGDs was held amongst respondents of about 8 to 12 persons,

NOTE: For these FGDs *appreciative inquiry* and *more significant change* approaches will be used interchangeably. The FGDs included intellectually challenged women and girls in all the three counties. The FDGs that were conducted are presented in Table 2.2.

Table 2.2: FGDs Groups covered

FDG Group	Number	Gender		Description	Location
		F	M		
Olkenyei Group	9	8	1	Mixture of General Public and Caregivers	Narok
Olkenyei Group-Men Only	8	0	8	Men Only	Narok
Olmekenyu Group	12	9	3	Mixture of General Public and Caregivers	Narok
Komarocks (LifeGuard Group)	11	11	0	Mixture of Caregivers and Victims	Nairobi
Dandora Phase 1	8	5	3	Mixture of General Public and Caregivers	Narok
Ruiru Centre	9	9	0	Caregivers	Kiambu
Kiandutu slums - Thika	16	13	3	Mixture of Caregivers and Victims	Kiambu

- **Individual survey:** The consultants developed an individual survey questionnaire to interview intellectually challenged women and girls.
- **Case Stories:** An adequate story telling exercise contains four elements: (a) a good story; (b) a rigorous reflection on that story; (c) an extrapolation of usable knowledge; and (d) use of the learning/ experience to improve practice. This was critical in identifying key lessons and recommendation that may help improve design and implementation of the program.

2.5 Study Coverage and Respondents

The study was conducted in the main counties of Nairobi, Narok and Kiambu counties with selected divisions in the following areas as per the Table 2.3.

Table 2.3: Counties and Locations Covered

Zone	Location	Judiciary/ Magistrate	Police/ Chiefs	Prosecutors	Sample size (n) Health Centre's/ Officers	General Public	Survivors	Caregivers
Narok	Olkimenyu	1	2	1	2	17	3	5
	Olkimei	1	2	1	2	17	3	5
	Sample size	2	4	2	4	34	6	10
Overall Number of Respondents		1	1	1	3	15	0	5
Nairobi	Kasarani	1	2	1	2	24	5	8
	Dandora	1	2	1	3	24	5	8
	Kariobangi	1	2	1	3	24	5	8
	Mukuru							
	Kwa Njenga	1	2	1	2	17	5	7
	Kayole	1	2	1	3	17	5	8
	Sample size	5	10	5	11	106	25	39
Overall Number of Respondents		1	5	1	14	65	3	13
Kiambu	Makongeni	1	2	1	2	17	4	5
	Kiandutu	1	2	1	2	24	4	7
	Ruiru	1	2	1	2	17	4	7
	Githurai	1	2	1	2	17	4	7
	Sample size	4	8	4	8	75	16	26
Overall Number of Respondents		2	3	1	9	47	4	19
Total study Sample		11	22	11	25	198	47	79
Overall Number of Respondents		5	9	3	24	127	7	36

2.6 Field data enumeration and supervision

The field interviewers were assigned data collection sites based on their level of knowledge and understanding of the study area. The teams concurrently collect data from all the study groups and sources, both quantitative and qualitative. Data enumerators were recruited from community surrounding within the three counties. A research assistant was also assigned to closely coordinate the data collection processes under the direct supervision of a consultant.

2.7 Quality Control and Quality assurance

Operational observation and quality checks were in built into the survey process. These include: Review of the assessment tools; pre-test of tools; Spot checks against a survey quality control checklist – this was conducted by the field supervisors and occasionally the consultant team. Back checks – this involved a smaller team of surveyors who repeated the survey with select sample individuals where the actual survey had been done in order to validate the results from the interviews. STATA's 'bcstats' command was also used to ensure consistency of results. In addition, filed data collection per community were supervised by the consultant assisted with the research assistant while for qualitative data collection from FGDs, a note-taker and a moderator was assigned to ensure that all issues that have originated from the discussion are captured.

2.8 Data analysis and reporting

Data analysis and reporting involved a 3-tier process namely; data cleaning, actual analysis and report writing. Atlas TI was also used for qualitative data analysis while STATA was used for quantitative data. STATA is preferred given its robustness and ability to handle large socioeconomic dataset. STATA also allows back-checks for quality assurance during data collection. STATA allows back-checks for quality assurance during data collection. SPSS and excel were used to draw charts /graphs. Desk review data was analysed using NVivo application for nodes, codes/ themes among others, and for exploring frequency of common patterns and qualitative data visualization.

2.9 Study Limitations

Getting statistics and data from some key informants especially Magistrates, Health workers and police was challenging due to the bureaucratic processes of seeking permission from their headquarters. This was evident when the study team were told to seek the approval from the office of Inspector General of Police. Getting accurate data from police records and health records proved futile since some stations do not

Data recording and access is a major gap in SGBV programming and requires urgent government intervention to ensure a functional and accessible database for all service providers and the public in general, to inform factual planning.

have proper data recording and storage facilities

Chapter Three

3.0 Findings from the Assessment

3.1 Socio-demographic profile of the respondents

This section presents an analysis of the socio-demographic profile of the respondents in the three counties of Narok, Nairobi and Kiambu.

3.1.1 Distribution of respondents by county and area of residence

The data is distributed from the counties and specific locations where data was collected. The analysis summarised in the table below recognises the number of respondents per category (Judiciary/ magistrates, Police, Health Officers, General public, Survivors and Caregivers) as well as residence and by gender as shown in the Table 3.1.

Table 3.1: Distribution of Respondents by Gender as Per Categories

County	Location	No. of respondents by Gender per County						
		Judiciary/ Magistrate	Police/ Chief	Prosecutors	Health Centre's/ Officers	General public	Survivors	Caregivers
Narok County	Male	0	0	0	2	05	0	1
	Female	1	1	1	1	10	0	4
Nairobi County	Male	1	2	1	5	21	0	2
	Female	1	3	0	9	44	3	11
Kiambu County	Male	2	2	0	5	14	0	2
	Female	0	1	1	4	33	4	16

3.1.2 Distribution by Intellectual Disability

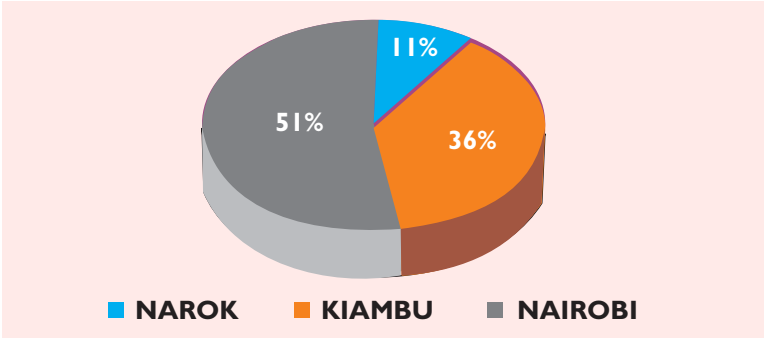
The study sought to understand from the general public, caregivers and survivors the forms of intellectual disability they were dealing with. From their response, the study captured various forms of intellectual challenges as shown in the Table 3.2.

Table 3.2: Distribution of Intellectual challenge per county

County	ICWG- General public	Gender		ICWG- Survivors	Gender		ICWG- Caregivers	Gender		Total
		M	F		M	F		M	F	
Narok	2	0	2	0	0	0	5	1	4	7
Nairobi	6	1	5	3	0	3	13	2	11	22
Kiambu	9	7	2	4	0	4	18	2	16	31

For policy intervention an analysis of the distribution of intellectually challenged girls and women was important; Figure 3.1 shows the distribution by county.

Figure 3.1: Distribution of persons with intellectual disability by county

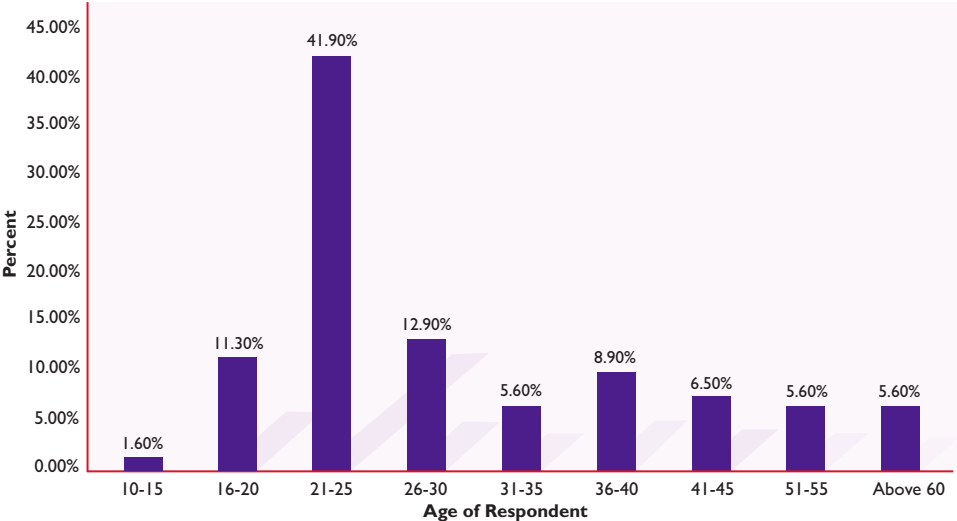


From the computed figures, Nairobi County had 51% of the intellectually challenged women and girls, with Kiambu having 36% while Narok had 11%. Figure 3.1 therefore indicates that more ICWGs reside in Nairobi followed by Kiambu and lastly Narok.

3.1.3 Distribution by age

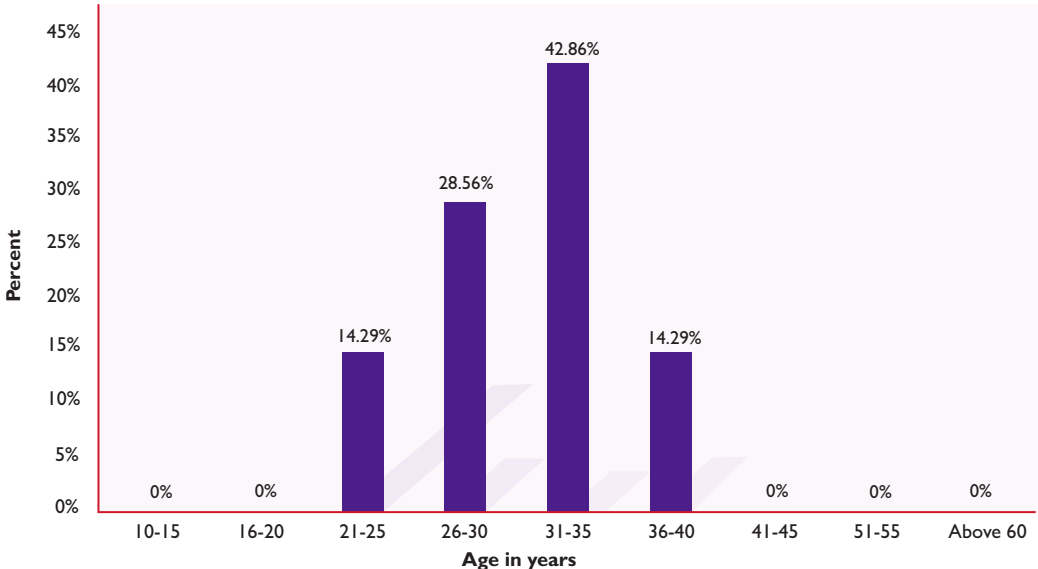
An analysis of the distribution of respondents by age from the general respondents shows that 42% of the respondents were within ages of 21 and 25 while those aged between 11 and 16 years were 11% as shown in Figure 3.2.

Figure 3.2: Distribution Respondents by age for General Public



On the other hand, an analysis of the distribution of respondents by age from the survivor's show that about 42% of the respondents were between ages 31 and 35 while those aged between 26 and 30 were at 28%. 21 to 25 years had 14%, same as 36 to 40 years as shown in Figure 3.3

Figure 3.3: Distribution of respondents by age for Survivors



3.1.4 Distribution by main activity

The analysis revealed that from General Public, 30% of the interviewed women and girls were unemployed while 24% were of school going age and another 24% self-employed while only about 17% were working (see Table 3.3). While analysis of the survivors' main activities revealed that 28% were school going, majority at 42% were not working while 28% have never been employed.

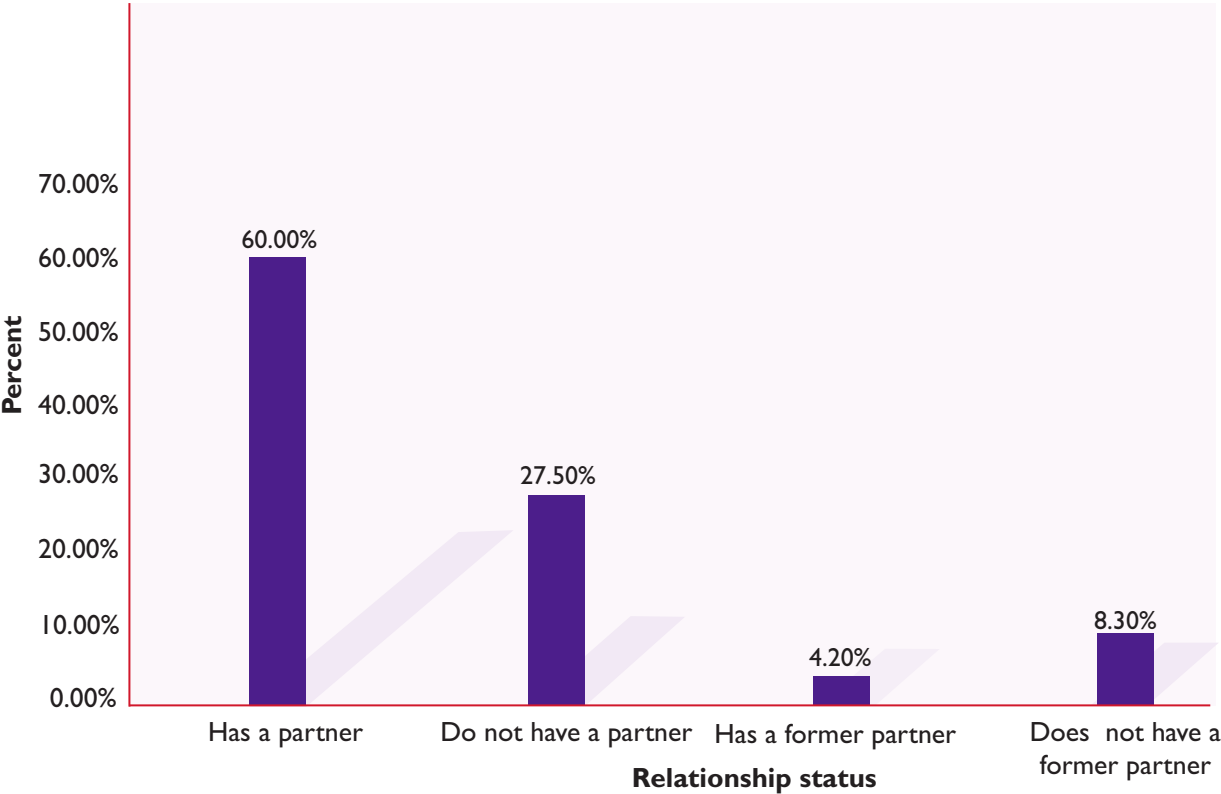
Table 3.3: Distribution of Respondents by main activity

Activity	N	% General Public	N	% Survivors
School going	31	24.20%	2	28.57%
Working	22	16.90%	0	0.00%
Not working	3	2.40%	3	42.86%
Self employed	31	24.20%	0	0.00%
Unemployed	39	30.60%	0	0.00%
Never been employed	1	1.60%	2	28.57%
Total	127	100%	7	100%

3.1.5 Distribution of respondents by relationship status

The assessment also revealed that out of the women and girls interviewed for general public, 60% had partners, while the rest either did not have partner, or had a former partner or did not have a former partner as shown in Figure 3.4.

Figure 3.4: Distribution by relationship status-General public



As per the analysis of relationship status for the survivors, it was revealed that none of the respondents in this category indicated to have a partner or former partner for that matter.

3.1.6 Distribution by Number of children for general public

The assessment revealed that the number of children among general public respondents ranged from 0 to six as shown in Table 3.4. However, about 39% had no children while 20% had 1 child. As for the survivors, majority with 57% had 0 children while 28% had at least one child. No survivor had number of children above 3 while those who had 2 children were found to be 14%

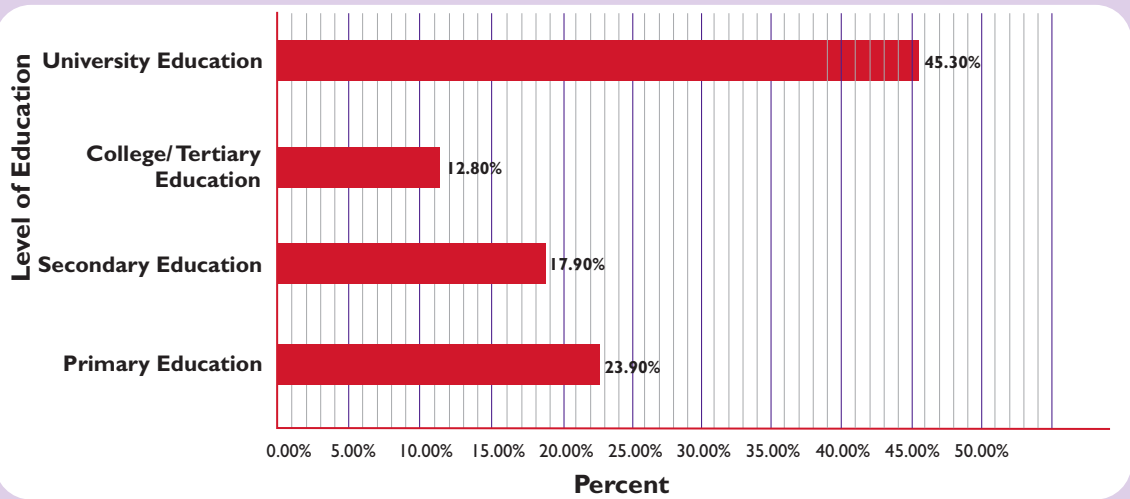
Table 3.4: Number of Children

Number of Children	N	Percentage General Public	N	Percentage Survivors
0	49	38.50%	4	52.14%
1	25	19.70%	2	28.57%
2	15	11.80%	1	14.29%
3	15	11.80%	0	0
4	2	1.60%	0	0
5	19	15.00%	0	0
6	2	1.60%	0	0
Total	127	100%	7	100%

3.1.7 Distribution by level of education

The study also found that about 45% of the general public respondents had at least a university education. This can be attributed to the populations of Nairobi and Kiambu counties. However as shown in Figure 3.5 about 24% had primary education. In the survivor category, 71% responded with a number indicating that they never completed primary education to certification level while 28% indicated have attended at least secondary school.

Figure 3.5: Distribution by level of education for the respondents



3.1.8 Organizations that have been at the forefront advocating for access to justice for SGBV victims who are intellectually challenged Women and Girls in this County

The study found that there are a number of organizations that are at the forefront in advocating for access to justice for victims who are intellectually challenged. The most notable ones were local and international NGOs at 34% followed by CBOs at 32% and then government at 17%. The specific organizations by county were: Narok (COVAW, Church based organisations, FIDA, Kenya Red Cross); Kiambu (COVAW, FIDA, Medicine San Frontiers); and Nairobi (Life Guard, MMM-Mukuru centre, COVAW, FIDA, Medicine San Frontiers).

Knowledge on SGBV among the community

3.1.9 Existence of community practices that propagates SGBV against intellectually challenged women and girls?

It was also noted that there exist community practices that propagate SGBV against intellectually challenged women and girls. The prevalence of retrogressive community practices that propagate SGBV against ICWGs was estimated at 63% (see Table 3.5). This shows the need for creation of awareness on the effects of SGBV among communities.

Table 3.5: Are there community practices that propagate SGBV against Intellectually challenged women and girls?

County Location	No. of respondents by county and category for community practices that propagates SGBV against ICWG						
	Judiciary/ Magistrate	Police/ Chief	Prosecutors	Health Centre's/ Officers	General Public	Survivors	Caregivers
Narok County	1	1	1	3	15	0	5
Yes	1	1	1	3	07	0	4
No	0	0	0	0	08	0	1
Kiambu County	2	5	1	14	65	3	13
Yes	0	2	0	8	34	3	9
No	2	3	1	7	31	0	4
Nairobi County	2	3	1	9	47	4	18
Yes	1	1	0	2	31	2	13
No	1	2	1	7	16	2	5

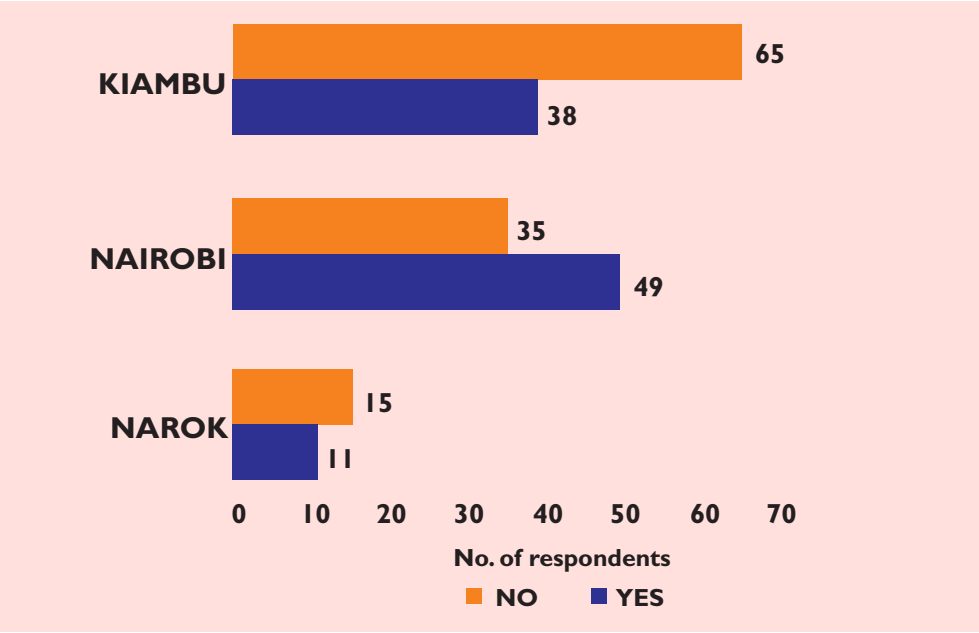
From the qualitative analysis of the instruments of data collection and through FGDs, some of the practices highlighted to be propagating SGBV against ICWGs include:

Cultural practices such as FGM; early marriages, discrimination against girls, wealth inheritance, perceived intellectual disability as a curse, forced early marriage for wealth, gender biases especially in Narok (girls do not go to school); wife inheritance; and rape.

3.1.10 Awareness of any laws that protects the rights of intellectually challenged women and girls against SGBV

It is important to note that despite the prevalence of retrogressive community practices, quite a number are aware of some existing laws that protect ICWGs against SGBV. To determine the findings, interviews were conducted from judiciary, police, prosecutors, health centres, survivors and caregivers. From the analysis, over 65 respondents of the total number of respondents in Kiambu indicated not being aware of any laws while 38 were aware of laws that protect the rights for intellectually challenged women and girls. In Nairobi, 49 respondents indicated that they were aware while 35 respondents did not indicate any knowledge of laws. Majority of Narok respondents were not aware of any laws at 15 with only 11 being aware of the laws that protect ICWG against SGBV as shown in Figure 3.6.

Figure 3.6: Awareness of laws that protect rights of ICWG against SGBV by county



Further assessment from interviews and FGDs revealed that the community were aware of laws and policies on: anti-FGM; bill of rights, provisions of the Kenyan Constitution; Children act; early marriage; gender equality; equal access to education; human rights; individuals involved in SGBV;

reports COVAW shared with chiefs; right to education and protection from sexual harassment; and rights of persons with disability.

3.2 To establish the prevalence of sexual Gender Based Violence among girls and women with intellectual disability specifically in Nairobi, Narok and Kiambu Counties

To establish prevalence of SGBV among women and girls with intellectual disability, the general public category respondents and victims/survivors were asked whether they have experienced any form of staring or leering that made them feel intimidated or whether somebody in the school, community or work environment showed any sexual explicit pictures, photos that made them feel offended, humiliated or intimidated.

The study revealed that the prevalence of SGBV against ICWGs was highest in Nairobi at about 41% followed by Narok at 40% whereas Kiambu had the lowest at 38.3% as shown in Table 3.6. The high prevalence in Nairobi is due to the huge population and many informal settlements characterized by high rates of poverty as well as violence among others.

Table 3.6: Prevalence by county

County	N(%) General public	N(%) YES	N(%) NO
Narok	15(11.02%)	6(40%)	9(40%)
Kiambu	47(37.00%)	18(38.30%)	29(61.70%)
Nairobi	65(51.18%)	27(41.54%)	38(58.46%)
Average	127(100%)	51(39.95%)	75(53.40%)

To extract perceived causes of SGBV among ICWGs, qualitative analysis was carried out from the questionnaires (Police, Health workers, Survivors, Prosecutors and General public) through categorisation and the recorded FGDs in Narok, Nairobi and Kiambu.

The perceived causes of SGBV among intellectually challenged girls and women were found to be

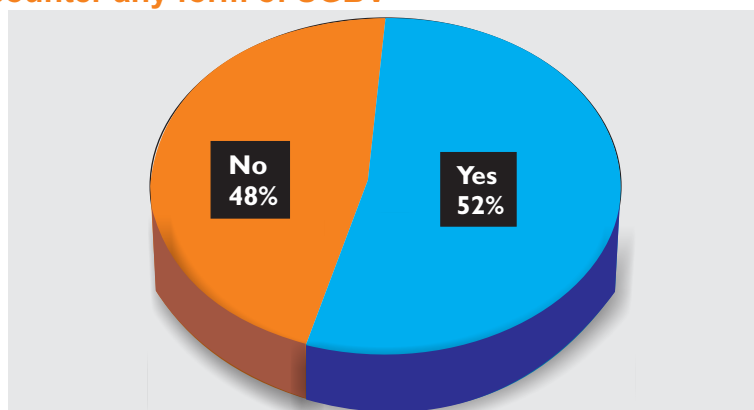
Alcohol and drug abuse by perpetrators; assumption that women with intellectual disabilities have no rights; lack of empowerment of women and girls, cultural practices/ traditions and stereotyping against PWDs; Improper care of the intellectually challenged persons including being left unattended and exposed to abusers; Fear of speaking out; illiteracy among communities and community practices; Caregivers who are ignorant of the rights and

protection needs of women and girls with intellectual disabilities; a general moral breakdown in society; Lack of protection for survivors including poor institutional responses from law enforcement agencies, discrimination and loneliness and no protection from parents; Intellectually challenged women and girls are often not taken to school where they can learn some skills and protection measures ; and advances in technology leading to easy access of pornographic sites on internet and social media that promote preying on girls and women with intellectual disabilities.

3.2.1 Encountered any form of SGBV

To identify the proportion of women and girls whose rights have been violated, respondents from general public and survivors were further asked whether they had encountered any form of SGBV against ICWGs. Figure 3.7 shows that 52% of the respondents (general public) had encountered some form of SGBV.

Figure 3.7: Encounter any form of SGBV



An analysis by county revealed that over 50% reported to have encountered some form of SGBV. Narok was highest at 54.5% followed by Kiambu and Nairobi at 51.6% and 50.0% respectively as shown in Table 3.7.

Table 3.7: Encounter any form of SGBV by County

Have you encountered any SGBV against intellectually challenged women and girls			
County	YES	NO	Total
Narok	54.50%	45.50%	100%
Kiambu	51.60%	48.40%	100%
Nairobi	50.00%	50.00%	100%
Average	51.80%	48.20%	100%

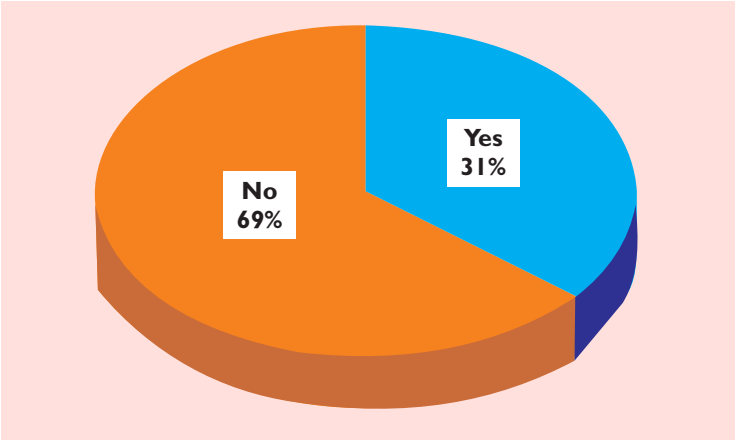
3.2.2 Knowledge of where to report in case one experienced SGBV

From the FGDs, most respondents seemed aware of where to report their grievances and issues of SGBV however, the respondents were not very aware of where and whom to report to in case of sexual violence. Some indicated that they would report to the village elder, spiritual leaders, and relatives while some indicated that they would report to the paralegals or social workers. During the discussions majority of the respondents recognised that they would report to the hospital and police stations in the first instance to preserve evidence. Others indicated that they would open discussions and report through social media like face book.

3.2.3 Are there community groups engaged in ending SGBV against intellectually challenged women?

When it comes to community engagement, the study analysed data from questionnaires through categorisation of the answers to ascertain the name of organisations mentioned. Another methodology used to capture responses was during the Focused Group Discussions where direct questions to the respondents were put to them. From the combination of responses from the participants in terms of responding to the found that only 31% of the respondents admitted that there was some level of community engagement in ending SGBV in the three counties (See Figure 3.8).

Figure 3.8: Community engagement in ending SGBV



The study conducted quantitative analysis of combined response from the general public, survivors, police, health workers, prosecutors and magistrates to critically analyse community engagement in ending violence against ICWGs by counties. An assessment by county revealed that 36% of the respondents in Narok agreed that there were community groups engaged in ending SGBV followed by Nairobi at 31% and Kiambu at 27% as shown in Table 3.8. This shows the low level of community engagement hence the need for more community sensitisation, involvement and

engagement in ending SGBV.

Table 3.8: Community engagement in ending SGBV against ICWG by county

Are there community groups engaged in ending SGBV against Intellectually Challenged women and Girls?			
County	YES	NO	Total
Narok	36.10%	63.90%	100%
Kiambu	26.50%	73.50%	100%
Nairobi	30.80%	69.20%	100%
Average	31.10%	68.90%	100%

To further assess the community engagement, discussions FGDs were initiated to elicit views from respondents and it was also found that communities have been involved through outfits such as CBOs, Maendeleo ya Kina Mama, Churches, Schools, Community conversations, COVAW, Dispensaries close by, FIDA, Haki blog, Maendeleo ya Wanawake, Nyumba kumi, Rainbow disabled, LifeGuard, Religious groups, Women empowerment groups, TASARU, KWFT, Red Cross, World Vision, and Osotua. In the FDG discussions, respondents revealed that the mentioned organisations offer training and sensitisation to communities, offer medical treatment to SGBV ICWG survivors and school sponsorships and legal representation during court sessions.

3.3 To establish the data on how many Intellectually Challenged Women and Girls victims of SGBV access comprehensive health care services in Nairobi, Narok and Kiambu Counties

To address the aforementioned objective, the study collected data from health facilities. The results revealed that Nairobi had the highest number of violations reported to health facilities for ICWGs at 37 in number; Kiambu County had 16, while Narok County had 4 cases. When asked who reports the cases to the health facilities, the study revealed that out of the reported cases, 11% were reported by extended family members, 44.4% by immediate family members, 33.30% by neighbors and 1.1% by other victims.

3.4 To identify gaps/ barriers and challenges experienced in accessing justice and opportunities for legal redress by intellectually challenged Women and Girls

A number of challenges faced by ICWGs were identified during the study. The challenges were categorized into levels of family, institutional and community.

3.4.1 Challenges at the Family Level

Girls with intellectual disabilities of any kind are more exposed to mental health issues, because of social perception of their form of disability and internalized inferiority.

The families and guardians feel ashamed and would want the ICWGs not to associate with others hence leading to confinement of the girls and women in locked houses. The perception they are predominantly born the way they are due to curses and bewitching gravitates the families to have low self-esteem and to doubt that ICWGs have anything to offer to the society.⁶

Caregivers also have chances of defiling the girls as they provide intimate social care like bathing feeding and clothing..

This exclusion from normal participation in community and family social circles lowers their self-esteem and makes them feel worthless. It is in this state of confusion that, neighbours, family members take advantage and sexually violate them.

Threats and fear of reprisals by perpetrators has also made most of the intellectually challenged women and victims and families not report the cases for justice processing.

As discussed in one of the focus group discussions in Kiandutu-Thika in Kiambu County, caregivers who reported the cases to the police have been receiving threats from the perpetrators families. One of them indicated that after making the report, her family cannot operate freely especially after dark falls for fear of being attacked.

Lack of knowledge and awareness about the rights of intellectually challenged women and girls in accessing justice was in play in all the areas where the study was conducted. High level of poverty, illiteracy and belief in cultural systems within the communities further compounds the problem.

In Narok, discussions revealed that the community views intellectually challenged persons as bad omen to the community and should they be sexually violated, then the cases will be solved at the chief's level and family agreement in what they call pay out, rather than follow the law in seeking justice.

Justice processes and systems take too long and time consuming enabling the perpetrators to use other means to settle the case.

In Kiandutu-Thika, Kiambu County, a caregiver narrated that the case she reported took long to get justice, it was also expensive following up the case because of the numerous times they had to go to court. "Were it not for local community SGBV advocates and paralegals who helped follow up the case through support, I would have given up", she narrated.

⁶ This is documented in a number of case stories as presented by the caregivers of the victims

In Narok, the distance to police stations and courts are quite long making it possible for families to look for alternative resolutions and pay-outs to settle matters of SGBV against ICWGs.

“The back and forth at the police station to go and record statements and show them where the perpetrators live made me gave up the case”. A mother to a victim narrated in Narok.

*In addition, resentment and lack of confidence in the country justice systems due to corruption also worsen the problems of access to justice for survivors.*⁷

“At family level especially, compromise between mothers and daughters makes it difficult to file credible cases and follow up for justice. Mothers of the victims tends to even transfer or relocate their daughters to other areas where the police would not be able to find them to put up the case even after its evident that they have been molested sexually”.

Sometimes, mothers tend to initiate negotiation with perpetrators for pay out or for the cases to be resolved outside normal procedures for seeking justice. However, it was reported that most mothers do this out of fear and intimidation by male relatives who do not want the cases amplified especially if they are the alleged abusers.

3.4.2 Community challenges

The community perception towards person with intellectual challenges broadly hinders the overall systems of seeking for justice.

This is gravitated by ignorance and lack of awareness on the rights of intellectually challenged persons. Most community and neighbours view such persons as outcast within the families and tend to shun them altogether or violate their rights⁸

Lack of Community Based Organizations (CBO) championing for the awareness creation and training of communities in regards to sexual gender-based violence of intellectually challenged girls and women.

It was observed that there needs to be more prominence of programmes and interventions that champion for SGBV and rights of ICWGs Specific champions within the community who would help in reporting and following up cases would improve the system of seeking for justice. Community champions could also play a significant role.

⁷“Many people from our society view intellectually challenged women as inferior and disgrace to the families, therefore many families would not spend time trying to seek justice for the victims. Due to corrupt systems in the course of seeking justice, I do not think I would get justice since the perpetrators families would pay and bribe police to interfere with the investigation process”. One of the caregivers recited in Olmekenyu- Narok County

⁸ In Kayole- caregiver narrated “my neighbours and community view me as having given birth to an outcast, but with the awareness have gotten from COVAW, Plan international and LifeGuard-Kenya, I'm more enlightened and free to associate with them and let them know that such kind of person have rights too. I'm more confident now that should anyone violate my daughter, then the community would be very helpful”. A Senior Magistrate at Makadara Law courts narrated that she had handled a case where the shopkeeper who was trusted and mandated to supplying food had repeated defiled the intellectually challenged girl.

Rampant corruption when seeking justice for the victims was listed as one of the detrimental factors towards realizing justice.

The community perception was that from the point of reporting at the police station, you would be asked to fuel the car to enable investigation and aiding your transportation to the hospital⁹

3.4.3 Institutional Challenges

Under-staffed judicial officers assigned to handle the special cases.

One of the judicial officers in Nairobi noted that they have a lot of workload and since the cases of intellectual disability tends to be heard slowly due to translation involved and nature of the victims, therefore cases may always be adjourned severally thereby making them difficult to complete.

Lack of sufficient financial resources and equipment for handling SGBV victims efficiently and effectively.

In Nairobi County, Police indicated that lack of enough vehicles hampers helping the survivors of violence go to hospital for emergency treatment. In Narok and Dandora Police station, Police cited that they would effectively handle special cases of Gender based violence if they had proper gender reporting desk and private places for victims giving evidence.

Difficulty in preserving and collecting evidence to facilitate seamless prosecution of the reported cases.

This was cited by police officers, magistrates, prosecutors as well as health workers. In most cases, evidence is tampered with knowingly or unknowingly by the victim or the caregivers¹⁰

Lack of specialized training for the prosecutors, police, magistrates and chiefs to handle sexual gender based violence cases and victims.

In Narok, a magistrate acknowledged that some of these cases are lost due to lack of patience from the persecution and training on how to interrogate intellectually challenged persons especially on sensitive matters like sexual violation.

Difficulty in communicating and comprehending what the survivors of the sexual violence says.

Even though there was overwhelming support of translation in police stations and courts, still one may miss important parts of messaging.

Parading witnesses during proceedings of the cases have proven very difficult for prosecution and police.

Obtaining witness statements for onward court presentation sometimes becomes difficult for the police officers. In isolated cases, witnesses are compromised especially when the perpetrators would want to influence the cases or altogether there may be threats from community hence

⁹ One of the Caregivers in Kiandutu-Thika who had reported a case of SGBV against one of the intellectually challenged and disabled was taken to task by the police officer to fuel the car so that they could be able to access victim and take her to hospital. In Olkenyei- Narok, Caregiver narrated how the police delayed arriving with their vehicle to take the victim to the hospital on time since he could not raise money for fueling the other car stalled at the station. She narrated “Eventually, the report that came from the medical doctor from the sub county hospital also proved negative suspecting that the police could have colluded with the perpetrators who paid to interfere with justice.”.

¹⁰ In Kiandutu-Kiambu County, Caregiver narrated how you are likely to lose or tamper with evidence in the event that intellectually challenged person has been sexually violated.

leading to the withdrawal of witnesses.¹¹

Withdrawal of cases half-way by the families owing to “kangaroo court” way of settling cases always leads to the dropping of cases by persecution and courts.

In Olkinyei- Narok, individual families preferred out of court settlements for cases of sexual gender-based violence as opposed to the court process.

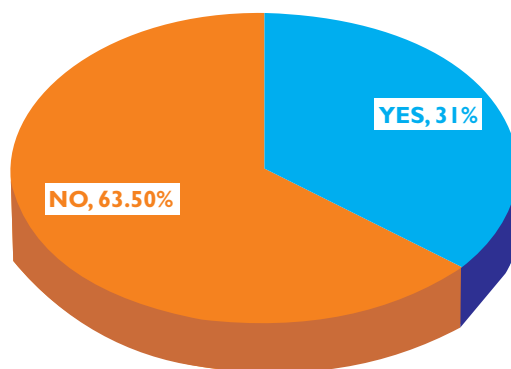
Prohibitive costs met by health workers in the process of following up with the victim, survivors and families, presenting medical evidence becomes difficult since you have to use your own resources.

Time- bound evidences were likely to be eroded or tampered to long distances to medical facilities unless acquired immediately with due to long distances

3.5 To identify existing mechanisms in reporting cases and accessing justice for intellectually challenged Women and Girls

The study found that there are existing mechanisms in reporting cases and accessing justice for ICWGs from the General public, ODP and magistrates as respondents. The reporting mechanism mentioned by the respondents include, reporting mechanism to hospitals, reporting to police and reporting to chiefs, other reporting mechanism mentioned by the health workers include referrals in cases where they cannot manage serious cases, reporting to the county health records, having proper structure of capturing the cases as special to hasten the access to justice. However, it was noted that the mechanisms are few since only about 37% of the respondents agreed that there exist mechanisms within the community as shown in Figure 3.9. This shows that, for the need of clear policies and frameworks for reporting and accessing justice through collaboration between both state and non-state actors to identify what can work for all parties.

Figure 3.9: Existence of shared mechanism within the county for protecting the rights of intellectually challenged women and girls who are victims of SGBV



¹¹ Police also cited that in most cases, the survivors do not even understand what happened to them and would not even help or know who witnessed such acts to help in prosecution.

Some of the mechanisms within the three counties include: adopting victims and protecting them as own children; arresting and prosecuting cases of SGBV; community meetings and deliberations; creating awareness against SGBV; financing SGBV campaigns; county to set aside money to empower women and girls; opening African hope home for children; women empowerment fund; women seminars and youth empowerment among others.

3.6 To establish the barriers to identification, reporting and prosecution of perpetrators of SGBV among intellectually challenged girls in the Counties

To establish barriers to identification, reporting and prosecution of perpetrators of SGBV among intellectually challenged women and girls, qualitative interviews were conducted from 3 ODPP, 9 police officers and 5 Magistrates in the counties of Narok, Nairobi and Kiambu. The findings revealed that interference of cases was highest at 29%, followed by failure to attend court by both victims and perpetrators, lack of witnesses. Poor legal representation was also cited as another barrier at 10% including fear of attack by perpetrators at 5% (see Table 2.9). During FGDs, a number of reasons were also cited such as corruption at the police desk and inability of the victim to communicate well and record a statement. While in Narok, it was revealed through the FDGs that most of SGBV for ICWGs as sorted out at the local barazas and may not be reported at the hospital levels.

Table 3.9: Barriers to identification, reporting and prosecution

Barriers to identification, report and prosecution	Percent
Withdrawals of cases	6.50%
Lack of witnesses	19.20%
Poor legal representation	10.00%
Interference of cases	19.00%
Fear of attack by perpetrators	5.70%
Failure to attend court	22.30%
Poverty	3.30%
Total	100.00%

3.7 To establish whether there is data on the SGBV cases reported by intellectually challenged girls in all the counties

The study revealed that there is some data on SGBV cases reported by ICWGs in all the three counties although not sufficient due to reporting challenges and interference. Table 3.10

summarises the trends of reported cases at the county level from analysed Overall SGBV cases in Health Centres, Police station reported cases, and ODPP. This summary further analyses the on-going cases at court and completed cases for the period research was conducted. Table 3.10

Table 3.10: Number of reported cases

Number of Reported cases of SGBV for ICWD at Police/ODPP/Magistrate/ Health Centres						
County	Overall SGBV Cases	Police/ IC WG	ODPP/ IC WG	On Going Cases/ IC WG	Completed Cases/ CONVICTIONS ICWG	Health Centres/ ICWG
Narok	33	6	8	2	2	4
Kiambu	45	20	15	15	4	16
Nairobi	222	28	17	17	6	37
Total	300	54	40	34	12	57

From Table 4.29, the study revealed that Nairobi County had the highest number of SGBV reported cases at 222, with Kiambu County following with 45 and 33 for Narok County. ICWGs reported at health centres are as follows, 37 were reported in Nairobi County, 16 reported in Kiambu and 4 reported in Narok. For ICWGs, Cases reported at the police stations were 28 in Nairobi, 20 in Kiambu and 6 in Narok. This shows that there is a number of significant proportions of intellectually challenged persons were being sexually abused. Out of the reported cases, the study sought to find out from the prosecutors the average number of cases that they have handled, Nairobi County had the highest numbers of prosecuted cases at 17, followed by Kiambu County at 15 and Narok at 8. The study established that a number of cases were in the process or had either stalled due to lack of witnesses as well as the withdrawal of cases by family members or disappearance of victims and witnesses was noted. Still the number of concluded cases were highest in Nairobi County at 6, while in Kiambu 4 cases have been concluded with convictions while in Narok, only 2 Cases have been concluded with conviction.

3.8 To provide baseline information on project indicators as highlighted above on project objective indicators

A summary of the baseline indicators is presented in Table 3.11.

Table 3.11: Baseline values

Outcomes	Indicators	Explanation of Indicator	Indicator Type	Baseline
Outcome 1: More women and girls are aware of and can exercise their rights to bodily integrity and freedom from violence	Proportion of women and girls actively engaged in advocating for end to SGBV	How many girls and women are actively involved in advocating for end to SGBV for ICWG?	Quantitative	Overall: 31% Narok: 36.10% Kiambu : 26.50% Nairobi : 30.80%
	No of yearly reported SGBV incidences of women and girls with intellectual disabilities in the three counties	How many cases of SGBV against ICWG have been reported?	Quantitative	Health: 22 Police: 262
	Percentage of women and girls who report an improved sense of inclusion and entitlement	How many girls and women reported improved sense of inclusion and involvement and entitlement?	Quantitative	Overall: 65.90% Narok: 69.50% Kiambu: 65.70% Nairobi: 64.20%
	Proportion of community practices geared towards protecting intellectually challenged women and girls from SGBV	What is the number of community practices geared towards protecting intellectually challenged women and girls from SGBV?	Quantitative	Overall: 43.50% Narok: 54.50% Kiambu: 34.50% Nairobi: 41.30%
Outcome 2: Public increasingly supporting ending violence against women and girls	Proportion of key influencers of public opinion to advocate against VAWG	Who are the key influencers of public opinion to advocate for SGBV against ICWG?	Quantitative	NGOs/UN:34.50% Government: 17.20% CBOs: 32.30% FBOs: 9.7%
	Level of community involvement in addressing women's rights violations	How communities are involved in addressing women's rights violations? What do they do now which they were not doing previously?	Quantitative	Overall 31.00% Narok: 36.10% Kiambu : 26.50% Nairobi : 30.80%
	Increased engagement amongst target population to advocate for ending VAWG Percentage of community engaged in advocating for ending SGBV	How many community members are engaged in advocating for SGBV for ICWG?	Quantitative	Overall: 43.50% Narok: 54.50% Kiambu: 34.50% Nairobi: 41.30%
	Increased media coverage of VAWG demonstrating accurate and holistic understanding of the issue from a Human Rights perspective	How many media houses were you working with before the project? With how many are you working after the project? What are the topics addressed/ discussed/covered by media before the project and now after the project?	Qualitative	2 National media houses frequently captures issues of SGBV Intellectually challenged women and girls in Nairobi,

				I Location station has discussed SGBV for intellectually challenge in our community in Narok and I local media house and I National media has discussed issues of SGBV for ICWG.
Outcome 3: Duty-bearers improve and put in place laws and policies to prevent and respond to violence against women and girls.	Change or review of policies, laws and customary practices to prevent and end VAWG	Can you mention any change or review of policies, laws and customary practices to prevent and end VAW&G with IC that are implemented as a result of contribution of your project work?	Qualitative	No change in law or policy has been realized in Narok, Nairobi and Kiambu that focuses on SGBV against ICWG
	Extent to which policy commitments on ending VAWG are acted upon	What the extents to which policy commitments on ending SGBV against ICWG have been made?	Quantitative and Qualitative	Overall: 63.00% Narok: 61.10% Kiambu:40.00% Nairobi: 52.80%
	Level of awareness of existing policies on ending VAWG	What is the level of awareness of existing policies on ending SGBV against ICWG?		In Narok, Nairobi and Nakuru, there is no policy commitments that have been realized as regards to the
Outcome 4: Reduced Prevalence of Sexual and gender based violence	Proportion of women whose rights have been violated	What is the percentage of women whose have been violated on SGBV?	Quantitative	Overall: 52% Narok: 54.50% Kiambu: 48.40% Nairobi: 50.00%
	Proportion of women and girls that have experienced some form of SGBV	What is the percentage of women and girls who have experienced some sort of SGBV?	Quantitative	Overall: 51.80% Narok: 54.50% Kiambu: 51.60% Nairobi: 50.00%
Outcome 5: Increased access to necessary support and services that respect their	Expansion or improvement of services for GBV survivors Proportion of population offered health support	What is the percentage of women and girls offered health support What expansion or improvement of services took place for SGBV for ICWG survivors as a result of your project work?	Qualitative and Quantitative	Overall: 60.00% Narok: 20.00% Kiambu: 0.00% Nairobi: 40.00% There is quite some level of improvement in terms of counselling

				and guidance survivors get from the paralegal, police and health centers.
	Proportion of paralegals trained providing services to women and girls with intellectual disabilities	What is the percentage of trained paralegals services to women and girls with Intellectual disabilities?	Quantitative	Overall: 40.00% Narok: 50.00% Kiambu: 33.30%
	Proportion of health staff trained on management of intellectually challenged girls and women	What is the percentage of trained staff on the management of intellectually challenged women and girls?	Quantitative	Overall: 36.00 % Narok: 27.00% Kiambu: 33.00% Nairobi: 50.00%

Chapter Four

4.0 Conclusion & Recommendations

The barriers and challenges experienced in accessing justice and opportunities for legal redress by ICWGs were also identified and categorized into family, community and institutional challenges. In addition, a number of mechanisms in reporting cases and accessing justice for ICWGs girls were also identified.

Some of the mechanisms include: reporting mechanism to hospitals, reporting to police and reporting to chiefs, other reporting mechanism mentioned by the health workers include referrals in cases where they cannot manage serious cases among others.

Some of the barriers to identification, reporting and prosecution of perpetrators of SGBV among ICWGs in the counties were: interference of cases; failure to attend courts; lack of witness; poor legal representation; fear of attack by perpetrator among others. The study also revealed that there is some data on SGBV cases reported by intellectually challenged women and girls in all the three counties. However, this is not systematically captured, making it difficult for service providers to access the same. A summary of the baseline outcome indicators has also been presented to guide future evaluation of the project.

A number of recommendations can be drawn from the study findings. The recommendations are classified in terms of institutional, family and community level.

Institutional recommendations

The national legal framework should be further strengthened and anchored in national and county (Nairobi, Kiambu and Narok) legal systems to develop GBV responsive laws and policies and review of Section 146 of the Penal Code, which refers to people with intellectual challenges as imbeciles and idiots and allows for lesser sentencing for perpetrators who violate women and girls with intellectual challenges.

With no clear register for record keeping in health facilities, police station and courts, there needs to be special and clear register for data capture and data disaggregation in all institutions that deal with disability related challenges. There needs to be special private gender reporting desk where victims can freely talk and testify to the police and give adequate evidence without fear of reprisal, shame or quilt.

Authorities and implementing agencies need to be vigilant in monitoring the implementation of laws and policies that affect sexual gender-based violence and work towards improving or reviewing the laws and policies based on lessons learnt as well as emerging issues that may not be adequately covered within the current legal and policy frameworks.

Develop programmes to build capacity of the Police, Chiefs and legal profession, including attorneys, judges, and Prosecutors, on representing and working with victims/ survivors of violence with intellectual disabilities in a gender and disability -sensitive manner and investigating GBV

involving women or girls with intellectual disability including educating staff at all levels of the justice system about the rights, experiences, and needs of women and girls with intellectual disabilities to ensure that complaints made are taken seriously.

Sensitizing and training law enforcement officers and other emergency personnel, like paralegals and emergency line operators. Training and guidance for law enforcement is an important role that service providers can play in breaking down barriers in justice systems for women and young persons with disabilities.

The courts and other organizations should always advance free legal aid representation and pro-bono lawyers to handle the cases of SGBV especially for those who are unable to afford legal aid.

There is need to advance financial resources to help boost investigation of cases and seeking for justice for the police officers, prosecutors and courts. A police Officer testified how she has on several occasions used her own money to facilitate transportation of victims to health centres and aid their way back at home since most of them have nothing to use.

There needs to be integrated services by government including SGBV prevention, free health services for GBV victims/survivors, Social Services including health insurance, rehabilitation and protection services as well as initiating Collaborative programmes, protocols, and guidelines for cross-sectoral information sharing in SGBV for intellectually challenged persons.

Offer programmes that provide necessary supports for women and girls with intellectual disabilities as they navigate the justice process. For instance, trained social workers can help women and girls with intellectual disabilities navigate the justice system from the reporting of SGBV through the remedy stages.

Family and community recommendations

Families and communities needs to be regularly trained and sensitized on the rights and how to handle cases of SGBV for ICWGs as prescribed in the existing policies as well as ensuring they are educated and empowered on their rights and justice processes.

There is need to work closely with the existing champions and advocates to ensure that SGBV victims who have experienced violence seek and find justice in courts.

There is need for established organizations to train community educators and SGBV champions and advocates who would be at the forefront of handling such cases at the local level.

Communities need to work closely with local administrations and law enforcers to point out such occurrences and to ensure follow-ups of abuse or cases that have been reported to conclusion.

There is need for economic empowerment programmes for families and communities to enable

them overcome poverty related risks and drug influence which predominantly is a factor in SGBV for ICWGs.

Community Health Workers and Volunteers within the community should also be empowered with training, equipment, gloves, specimen preservation and other essential materials for handling SGBV cases within the framework of implementing organization.

Combined efforts with different actors should ensure continuous interventions, monitoring and evaluation of cases of sexual gender based violence against intellectually challenged persons.

There should be affordable special schools for ICWGs as well as for other disabilities for their children to attend. The government should subsidize the fees or have bursaries to support the ICWGs.

The government should improve security in the area as cases of SGBV among ICWGs are increased due to the insecurity situations in the area (Kiandutu Slums).

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