



Coalition *on* Violence Against Women

ADVOCACY BRIEF

December 2020

Enhancing the SGBV Referral Systems Using GBV Hotlines

This advocacy brief outlines the results and implications of an assessment of existing gender based violence response hotlines within Nairobi and Kiambu Counties conducted in December 2020 to establish the value-addition of hotlines in facilitating reporting and response mechanisms in the targeted Counties. The assessment was conducted as part of COVAW's Project "Enhanced access to justice for women and girls with intellectual disabilities during COVID-19 pandemic," This brief proposes approaches for improved access to quality hotline services as part of the process to enhance the outcome of the referral system and the overall GBV response.

1 What is the problem being addressed?

Sexual and gender based violence (SGBV) against women and girls remains one of the most widespread and critical human rights and health concerns in Kenya. COVID-19 pandemic has further contributed to the increased risks of different forms of SGBV. Within months of the pandemic starting, there was a rapid increase of SGBV incidences and reports. The high prevalence of SGBV is supported by the national GBV help hotline, which showed that the number of calls received rose 1000 percent, from just 86 calls in February to 1108 in June. As of September 29, 2020, the hotline had received 810 cases, up from 646 cases reported in August.

While data has been slow to surface, women and girls with disability are generally identified as a high risk population; and at this time, are at a higher risk of SGBV. The increased risk of SGBV has been linked to the restrictions imposed in response to the pandemic, including lockdowns that have rendered limited access to essential services for survivors of GBV, such as health facilities, police stations and courts, leaving the survivors with few opportunities to seek assistance.

Despite the existence of GBV services and support, various challenges still exist that pose a barrier to survivor's ability to access care or support after experience of violence. Barriers include society, culture and gender norms that create challenges to the prevention of and response to SGBV, and the punishment of perpetrators based on provisions of the law.

2 Key issues identified

During the assessment, the following issues emerged as gaps existing between the expected goals of increasing access to well-coordinated SGBV response and referral systems and actual practice:

- Inconsistency of and provision of GBV training, including content.
- Differences in levels and quality of training to personnel handling the hotlines.
- Unstandardized language for case management and care coordination.
- Limited community awareness about hotlines for SGBV reporting.
- Limited use of existing hotlines for SGBV reporting.

Based on the above gaps, the following four priority areas of advocacy are identified:

- Priority 1: Identification of priority training needs and a subsequent associated training plan.
- Priority 2: Gaps and challenges in case management standards of practice.
- Priority 3: A lack of awareness about hotline services for SGBV survivors.
- Priority 4: Barriers that may further limit utilization of hotlines services to report SGBV cases.

3 Priorities to Stakeholders

As responders of SGBV, various partners are obligated to ensure that there is a seamless and well-coordinated referral system. The working together of stakeholders who address this process is key; these actors range from Government bodies, various service provision sectors and civil society and organizations. Several priorities should therefore be addressed as underscored below;

Priority 1: *Development of standardized training manuals and* packages to ensure that the skills, knowledge, and experiences of personnel enable common approaches for staff training and development. This will be achieved through;

- i Capacity assessments of the current state of skills, knowledge, and abilities of personnel and identifying priority areas in which training is required for staff to effectively perform their tasks.
- ii The Development of Standardized training manuals and associated training packages for specific cadres of case workers will subsequently be developed; to ensure that there is uniformity and synergy in the addressing of SGBV responses approaches.

Priority 2: *Case management and quality of service provision for SGBV survivors.*

Development of unified guidelines for case management will ensure that cases are addressed and referred to the right channels for redress. This will be achieved through;

- i Development of case management guidelines for hotline GBV response.
- ii Establishment of case management guidelines to meet professional practice standards.
- iii Establishment of critical gaps existing in the provision of services to the survivors in relation to safety, psychosocial, medical and legal assistance.

¹ IDLO (2020). The Shadow Pandemic: Addressing Gender Based Violence During Covid

- iv Development of quality system including sets of quality standards and procedures.
- v Undertaking participatory capacity assessment amongst actors and their staff.
- vi Creation of Feedback mechanisms.
- vii Stakeholders engagement for the development of case management protocol, drawing expertise from specialized agencies and unique experiences for support.

Priority 3: *To increase community awareness by strengthening of the responsibilities and roles of community protection networks.*

This is to ensure that there is the grounded support and awareness and that activities and advocacy campaigns needs will be leveraged upon. Several approaches need to be undertaken by stakeholders.

- i Establishment of structures, activities and coordination systems of involvement with community will in the long run create well outlined roles in relation to SGBV or GBV response within the community.
- ii Determination of approaches to community education and sensitization.
- iii Training and capacity-building for community volunteers.
- iv Awareness raising sessions with community protection groups on key GBV threats.
- v Designing and implementation of community action plans, where community groups themselves assess their own situation and capabilities.
- vi Working with community groups to strengthen awareness.
- vii Development of real-time reporting, documenting and information networks.

Priority 4: *The fostering of increased SGBV reporting and service-seeking by survivors through awareness-raising, sensitization, and advocacy.*

There is little or no reporting in terms of GBV cases. To address this, several approaches need to be undertaken by stakeholders.

- i Determination of strategies to address barriers and concerns associated with SGBV reporting.
- ii Training and capacity-building for community focal points.
- iii Coordination and oversight to ensure focal points work is safe and effective.
- iv support of community focal points can be expected to provide to the remote GBV support teams.
- v Creation of more safe spaces for survivors to access support and which may serve as the entry point for case.
- vi Identification of community focal points by consensus. The focal points will be responsible for identifying individuals subjected to GBV through community activities, household or community visits and referring them to existing hotline services.
- vii Establish procedures and referral protocols for responding SGBV incidents.

Based on the priorities above, there is therefore need to lobby and advocate for the streamlining of an efficient and well synergized SGBV referral systems.

4 Strategies for supporting advocacy activities

Sexual and Gender Based Violence against women and girls are issues that need multisectoral approaches in addressing. Several avenues and players need to work with synergy to address these concerns.

A stakeholder's analysis highlights actors who are key to ensuring that there is successful advocacy, effective implementation of hotlines as well as efficient systems in addressing SGBV.


Stakeholders to engage on Priorities One and Two


- Policy level actors including legislators and members of parliament.
- Multilateral organizations.
- Mobile and Remote GBV support providers.
- NGOs implementing psychosocial support and legal aid programs.

Stakeholders to engage on Priorities Three and Four

- Policy level actors- including legislators and members of parliament.
- Mobile and Remote GBV support providers.
- Advocacy networks working on gender issues.
- NGOs/CBOs working on gender and child protection issues.

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