

This study was commissioned to determine the economic burden of gender-based violence to survivors in Kenya. Gender-based violence is one of the most widespread and socially tolerated forms of human rights violations, cutting across nationality, race, class, ethnicity, and religion. It is a major source of inequality in Kenya today. It has a profound social and economic impact on families, communities, and the entire nation, as well as serious ramifications for national security.

About 39 percent of women and girls in Kenya aged 15 and above have experienced physical violence, with approximately one in four experiencing such violence each year. Kenya has made significant strides regarding gender-based violence and other health-related human rights within its policy and legislative framework, especially under the 2010 constitution. However, this report is the first comprehensive study showing the cost of gender-based violence from the survivors' and perpetrators' perspectives.

GENDER-BASED VIOLENCE *in* KENYA:

A POLICY BRIEF FOR DUTY BEARERS AND POLICY MAKERS

Too Costly to Ignore: The Gender Based Violence Crisis in Kenya

With Technical Support from



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Too Costly to Ignore: The Gender Based Violence Crisis in Kenya

Introduction

The National Gender and Equality Commission in collaboration with the UN commissioned a study within the 2014-2016 period, *which sought to estimate the cost of providing services for gender based violence in Kenya*. While the study provides an analysis of total costs of providing comprehensive services to survivors of gender based violence (GBV), it is noteworthy that the projections are based on selected service delivery points. The study further provides an estimation of resources required to scale up provision of such services using the one stop model and projects the costs over a five-year period. In addition, a complimentary study was commissioned in 2016, *to determine the economic burden of gender based violence to survivors in Kenya*.

Summary

- Investments towards GBV prevention and response contributes to increased income for national and county governments with estimates on GDP growth by 1%
- Kenya is losing close to 29 billion shillings annually as a result of costs accruing due to GBV. These are direct costs incurred by survivors, their families as well as perpetrators when seeking services. They face significant economic losses due to lost output, decreased productivity and lower earnings, as well as social depreciation due to stigma post violence
- The minimum annual income loss per family for both GBV survivor and perpetrator is estimated at KES 560,000
- GBV directly violates 23 rights and fundamental freedoms of Kenyans as guaranteed in the Constitution
- Prevention and response to GBV is heavily dependent to external funding necessitating the need for sustainable government financing
- 30% Kenyans have experienced some form of violence by virtue of their gender

Background

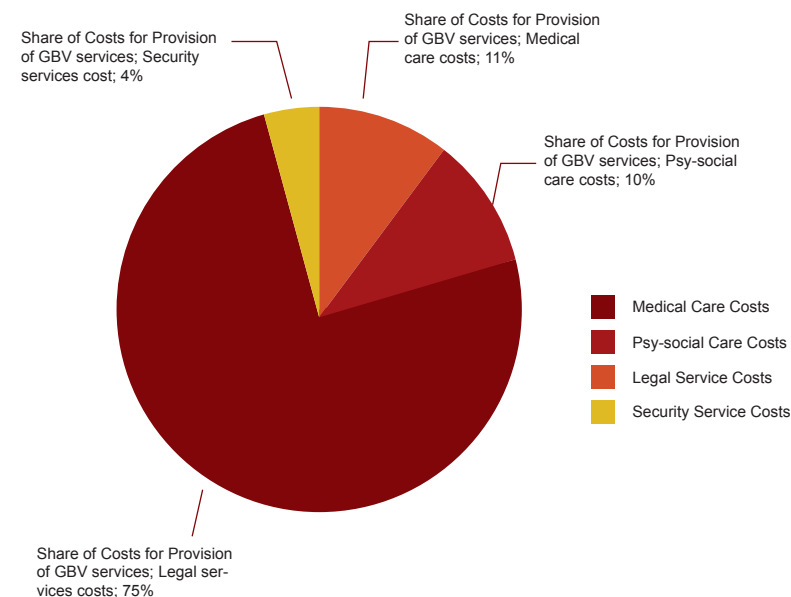
Understanding the economic burden of GBV to the survivors, their families, and the country is important to a country's planning and budgeting process. Costing GBV demonstrates how such violence takes away resources from priority development and opportunities as a result of significant losses to businesses and livelihoods. GBV is a public health problem; one of the worst forms of human rights violations; and one of the most expensive problems in Kenya. Recent costing study reports by the National Gender and Equality Commission and the UN estimated that that 1% - 2% of our annual GDP is consumed by GBV.

Most recent data reveal high rates of reporting on experiences of sexual violence by ever married women (15- 49 years) at 38% (KDHS, 2014). Other data reveal that 32% of females and 18% of males had experienced violence during their childhood, before they were 18 years old (VAC Study, 2010). The true extent of sexual violence in Kenya remains unknown. The links between GBV and risks to HIV and STI infections and unplanned pregnancies are significant for public health response. Other effects of GBV such as untreated psychological trauma, and induced abortions results in extreme mental illness, alcohol and substance abuse, risky sexual behaviour, increased vulnerability to future victimization and possibility to becoming repeated or future perpetrators.

Prevention and response interventions towards GBV are generally underfunded. While the Sexual Offences Act (2006) and Medical Treatment Regulations for Sexual Violence (2012) provide for "free treatment of sexual violence cases in public facilities," immense challenges still exist at this level. Frequent stock-outs of medicines, limited supplies, and inadequate infrastructure for timely forensic sample collection; deter survivors' access to justice. Upon transition to the justice system, examination of the survivors, analysis of physical evidence, support for survivors' and their families through the criminal justice system; as well as support for their recovery, protection of vulnerable survivors and overall building of strong social networks at community level for prevention urgently need strengthening. Limited human resources and budgetary constraints have also posed as barriers in accessing quality care, while at the same time, survivors have had to incur out of pocket expenditures. Government spending on GBV is not ring-fenced; making planning, budgeting and tracking of expenditures difficult at national and county levels.

Figure 1: Cost Estimation of Various Services Provided to GBV Survivors

Cost estimation for provision of services



Service Package and Minimum Estimated Costs for GBV Response Across Selected Sectors

1. Health Sector

Services

- Treatment of injuries
- Collection of forensic samples as evidentiary requirement
- Essential screening (haemoglobin, syphilis, HIV, blood grouping, urinalysis) and prevention of tetanus and hepatitis B
- Prevention and/or treatment of HIV/STI transmission
- Prevention of pregnancy and/or management of pregnancy-related conditions and complications
- At least 5 sessions of counselling
- In-patient care/ admissions for complicated cases

Estimated Costs

- KES 8,000 – Health sector costs for GBV management per case
- KES 2,000 – Out of pocket travel costs to the survivor per GBV case
- KES 3,000 – Out of pocket medical costs to the survivor per GBV case

2. Police/ Security Sector

Services

- Investigating, preparing and presenting cases in court
- Arresting suspects and perpetrators
- Providing P3 form to the survivor
- Collecting and preserving exhibits from the survivor
- Ensuring security for the survivor and family
- Ensuring security for the suspect and family
- Visiting the scene of crime
- Submitting to and collecting the exhibits to and from the Government Chemist
- Preserving/ availing exhibits and witnesses for the prosecution when required
- Giving evidence in court as required

Estimated Costs

- KES 1,700 – One-off transport costs for investigations by investigating officers

3. Legal Aid Sector

Services

- Legal representation of survivors in civil cases
- Filing of cases with the courts
- Attending court mentions and hearings
- Communication with survivors and their families as well as suspects

Estimated Costs

- KES 31,090 – Legal fees per GBV case

Additional GBV Costs Resulting from Annual Productivity Losses

- KES 223,500 – Annual productivity loss from absence from work
- KES 5.9 Million – Annual productivity loss from mortality

POLICY RECOMMENDATIONS

1. Addressing Financial Barriers when Seeking GBV Response Services across Sectors

National Level:

- Post rape care (PRC) form, P3 police form and medical treatment regulations to be re-gazetted citing that services for survivors of sexual violence are to be offered free of charge as per the law (Sexual Offences Act)
- Prosecution and Judiciary to draft and disseminate regulations and establish 'a fund' that will reimburse all expert witnesses across sectors as well as survivors presenting evidence in court
- Develop a 'minimum benefits package' for health, legal and protection services and allocate resources to ensure access to free quality services across sectors
- Establish 'sustainable financing mechanism(s) such as comprehensive insurance, integrated services and 'a GBV fund' to improve access towards free and quality services

County Level:

- Counties to enforce the gazette notice on 'free services' and disseminate to all health facilities and police stations operating within counties
- Allocate resources and develop adequate infrastructure for provision of health, legal and protection services
- Establish 'sustainable financing mechanism(s) such as comprehensive insurance, integrated services and 'a GBV fund' to improve access towards free and quality services

2. Improving Quality of Care for Survivors and Timely Treatment of GBV across Sectors

National Level:

- Draft guidelines for the provision of legal services across various levels of the criminal justice system
- Institutionalize comprehensive training for GBV management within the pre-service curriculum for health workers, police and lawyers within the already accredited training institutions

County Level:

- Operationalize the 'national guidelines for management of sexual violence' such that each level of the health sector can offer services ranging from basic services up to comprehensive care as well as complex cases
- Operationalize 'guidelines for handling child survivors' and ensure the service package for children is integrated within existing services
- Develop a 'capacity development plan' across sectors and allocate resources towards training and continuous sensitization

3. Strengthening of Planning, Monitoring and Evaluation Systems _____

National Level:

- Undertake national surveys to establish the true extent of GBV in its various forms
- Ensure data is disaggregated by vulnerable population and type of violence
- Integrate a GBV specific program into the demographic health surveys (KDHS), National Crimes surveys for timely programming and evidence creation
- Establish a multi-sectoral data management system(s) and data flow mechanism(s) that will link and collate data across sectors

County Level:

- Undertake county-specific surveys to establish the true extent of GBV in its various forms
- Ensure data is disaggregated by vulnerable population and type of violence
- Integrate a GBV specific program into the demographic health surveys (KDHS), National Crimes surveys for timely programming and evidence creation
- Establish decentralized data management system(s) and data flow mechanism(s) that will collect data across sectors and at sub-county levels

4. Strengthening of Referral System(s) across Sectors _____

National Level:

- Develop `national multi-sectoral guidelines for GBV service delivery across sectors`
- Collaborate with county government in development of a `commodity security and distribution strategy` for GBV service delivery

County Level:

- Institutionalize multi-sectoral referral mechanisms and directory for GBV service provision across all sectors
- Collaborate with national government in developing of a commodity security and distribution strategy for GBV service delivery

5. Improving Access to Justice _____

National Level:

- Collaborate with county government to establish an inter-governmental partnership agreement in decentralizing and resourcing of the `government chemist`
- Enact a law and draft policies for the decentralization of the government chemist and for it to operate as a semi-autonomous government agency
- Provide for comprehensive legal aid services

County Level:

- Collaborate with national governments to establish an inter-governmental partnership agreement in decentralizing and resourcing of the `government chemist`

6. Community Advocacy _____

National Level:

- Develop a `multi-sectoral communications strategy` for GBV prevention and response and undertake advocacy activities across sectors

County Level:

- Integrate `GBV communications strategy` within the `community strategy` and resource its implementation



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