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# **WOMEN'S JUSTICE AND EMPOWERMENT INITIATIVE**

## **WJEI Coordination Meeting Report**

Submitted April 29, 2011

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# **Women's Justice and Empowerment Initiative (WJEI)**

WJEI Coordination Meeting Report  
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<sup>1</sup> RTI International is a trade name of Research Triangle Institute.



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The Honorable Deputy Minister of Higher Education in SA, Minister Hlengiwe Mkhize, for personally attending the meetings and for her vision to address and eradicate sexual and gender-based violence.

USAID, for its support and commitment to the Women's Justice and Empowerment Initiative program in all four countries.

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## EXECUTIVE SUMMARY

The Women Justice and Empowerment Initiative (WJEI) is a United States Government Initiative to support the efforts of Benin, Kenya, South Africa and Zambia to combat violence against women and children, address women's rights and improve access to justice. The program aims are to strengthen women's justice and empowerment by addressing the following interrelated program elements: Helping to raise awareness of the problem of gender-based violence (GBV); providing victims with medical and psychosocial support to enhance their reintegration into their respective societies and improving the ability to investigate, prosecute, and adjudicate GBV cases led by the US Department of Justice.

The Women's Justice and Empowerment Initiative in all four countries are co-ordinated by the Department of State, USAID, and the Department of Justice. Other partners include the International Criminal Investigative Training Assistance Program (ICITAP) and Overseas Prosecutorial Development and Training (OPDAT) at the Department of State and Department of Justice.

The two and a half day meeting brought together three of the four countries where WJEI is being implemented with the goal of sharing experiences, challenges, lessons learned and achievements in implementing the various programs under the Victim Support component which is managed by USAID. Benin could not attend the meetings and was included through one presentation from a member of the South African delegation who visited Benin in October 2010.

This meeting was a success with the delegates able to share a myriad of issues from their countries and also to contribute to discussions on the way forward for the various country programs. At the end of the two and a half days the delegates expressed satisfaction at the outcome of the meeting which, they indicated should have been held earlier in program implementation. One participant had these to say about the meeting....

“I am grateful to the organizers of the forum. There is a lot in common ..... There is a lot I have learnt from the visit. I had been longing for this opportunity and it finally came.”

## LIST OF ABBREVIATIONS

APHIA AIDS	Population and Health Integrated Initiative
ARG	Advisory Reference Group
ASAZA	A Safer Zambia
AU	African Union
BPfA	Beijing Platform for Action
CID	Criminal Investigations Department
COTR	Contracting Officer's Technical Representative
COVAW	Coalition on Violence against Women
CEDAW	Convention on the Elimination of All forms of Discrimination against Women
CRC	Coordinated Response Centers (Zambia)
CSO	Civil Society Organization
DNA	Deoxyribonucleic acid
DOJ	Department of Justice
DPP	Department for Public Prosecutions
DRH	Division for Reproductive Health
EU	European Union
FGD	Focus Group Discussion
FIDA-K	Federation of Women Lawyers Kenya
GBV	Gender Based Violence
GBV IMS	Gender Based Violence Information Management System
GIDD	Gender in Development Division
GJD	Governing Justly and Democratically
HIMS	Health Information Management Systems
ICITAP	International Criminal Investigative Training Assistance Program
IDMT	Interdepartmental Management Team
IIEC	Interim Independent Electoral Commission
JOINTS	Joint Intelligence Security Cluster
KNH	Kenyatta National Hospital
GBVRC	Gender Based Violence Recovery Centre (Kenyatta National Hospital)
MDGs	Millennium Development Goals
MOH	Ministry of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation
MOU	Memorandum of Understanding
NGO	Non Governmental Organization
NCGD	National Commission on Gender and Development
NPA	National Prosecuting Authority
OPDAT	Overseas Prosecutorial Development and Training
OPH	Office of Population and Health
OVC	Orphaned and Vulnerable Children
PEP	Post-exposure Prophylaxis
PMU	Project Management Unit
PSC	Patient Support Center
RTI	Research Triangle Institute Intl
SA	South Africa
SADC	Southern African Development Community
SAFE	Sexual Assault Forensic Examiner
SAG	South African Government
SAPS	South African Police Service
SGBV	Sexual and Gender Based Violence
SMAG	Safe Motherhood Action Group
SOA	Sexual Offences Act

SOCA	Sexual Offences and Community Affairs Unit
TCC	Thuthuzela Care Centre
TFCDT	Trauma Focused Cognitive Behavioral Therapy
TJRC	Truth Justice and Reconciliation Commission
TIMS	Thuthuzela Information Management System
TOT	Training of Trainers
TV	Television
UN	United Nations
UNICEF	United Nations Children's Education Fund
US	United States (of America)
USAID	United States Agency for International Development
USDOJ	United States Department of Justice
VCT	Voluntary Counseling and Testing
VEP	Victim Empowerment Program
VSU	Victim Support Unit
WJEI	Women's Justice and Empowerment Initiative

## INTRODUCTION

This report captures the proceedings of the two and a half day conference that was held in Nairobi, Kenya. It highlights the country presentations and the discussions by delegates.

As this was the first meeting of US Government supported WJEI countries, the first day was allocated to ensure that countries could present their activities since the inception of WJEI programs, their challenges and areas for assistance. The delegates were welcomed by Kenyan Government and senior USAID officials, and the purpose of the meeting, the overall WJEI program, its objectives and purpose were highlighted. Critical engagement followed these presentations to discuss cross cutting issues among the three countries.

The second day, focused on in- depth presentations of WJEI implemented activities in the various countries, with a major focus on challenges, lessons learnt and achievements. Delegates were also able to reflect on WJEI program implementation in regard to management, institutionalization and coordination. Delegates were entertained by the Pillars of Kibera, a youth group that has been trained on magnet theatre by APHIA Nairobi in partnership with the Kenya team in Kibera. The team also watched excerpts of a docudrama that was shot in Kibera as part of the “*Sita Kimya*” Campaign.<sup>2</sup>

On the last day countries explored domestic plans and commitments to address sexual and gender based violence and the way forward for WJEI activities on the Continent. This was done through group discussions and presentations and delegates critiqued some of the issues that were raised in the country group discussions. The delegates agreed on commissions made up of representatives from Government and Civil Society to start implementing some of the action points they had proposed.

### DAY ONE: 10<sup>th</sup> JANUARY 2011

*Session One: Moderator: Mr. Maina Kiranga, USAID Kenya*

The meeting commenced with introductions.

#### **1. Opening Remarks**

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Ms. Erna Kerst, Mission Director, USAID Kenya

Ms. Kerst welcomed everyone to the meeting. She stated that she was glad that there were representatives from different parts of the Continent and that it was an honor to have a wide range of specialists in attendance including doctors, nurses, lawyers, experts, civil society representatives and government representatives since addressing GBV is a cross cutting issue.

She further indicated that Kenya has made great milestones to address GBV, notably the enactment of the Sexual Offences Act (SOA). Various programs have been developed to address GBV and many taskforces have made it a priority to address GBV in Kenya. Nevertheless, GBV is still rampant as women and girls continue to be disadvantaged. The New Constitutional dispensation has various progressive provisions which encompass the protection of human rights, including women and children’s rights and seeks to promote gender equality. She iterated that GBV is not a problem in Kenya only, but various countries around the Continent and world face similar problems.

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<sup>2</sup> *Sita Kimya* means ‘I will not be silent’ and has been the rallying call for the campaign in Kenya.

Dr Regina G. Mwatha MBS Chair, National Commission on Gender and Development, Kenya

Dr. Mwatha began by noting that Kenya is a signatory to several regional and international instruments that address issues of women and children; hence having the obligation to ensure that it domesticates the provisions of the instruments. Some examples include the Beijing Protocol for Action (BPFA), CEDAW and the MDGs at international level. The Kenyan Government ratified the Maputo Protocol in 2010, showing its commitment to the protection of women's rights. Vision 2030, which is Kenya's blue print, has laid out various strategies to reduce gender disparities and address vulnerabilities. Through it, civil society, the media and private sector are well recognized as key stakeholders in proper implementation. The establishment of the National Commission on Gender and Development in 2004 and its subsequent elevation from a statutory body to a Constitutional body (under the auspices of the Kenya National Human Rights and Equality Commission) shows the level of commitment in addressing gender equality and affirmative action.

Dr. Mwatha was emphatic on the fact that commitment to gender equality must go beyond rhetoric and good laws to appropriate tools to ensure equality is achieved. It must deconstruct the institutions to provide opportunities and channels that ensure access to justice for women in a manner such that women can testify of a lived experience in terms of gender equality.

To ensure women attain justice, the National Commission on Gender and Development has been mandated to lobby and advise government on all matters related to gender equality and women's rights. This includes—the struggle for the two-thirds gender representation principle in the Constitution; advocacy on the Family Bills including the Marriage Bill, Family Protection (Domestic Violence Bill) and Matrimonial Property Bill and the gender desks. Gender indicators are now a performance contract outcome. Already representation of women in various coalition Government commissions such as the IIEC, TJRC and the National Cohesion Commission) stands 54%. The Post Election Violence of 2007 crystallized that several gaps needed to be filled in order for Government to be monitored effectively. There was a need to have a national framework on response and prevention, which has been followed by a budgeted national action plan developed by the government, civil society and the media, coordinated by the Gender Commission. There was also a need to establish a GBV IMS so that real time monitoring could take place. This is currently being done in district hospitals in partnership with MOHs. Further, there was also need to develop SOPs for GBV response for Government adoption. Pathfinder International and APHIA II Nairobi has been a partner in all these processes.

Pathfinder International and APHIA II Nairobi have partnered with the Gender Commission especially in the area of response and prevention of GBV. This also incorporates access to justice. She noted that accessing justice is a major struggle for women and poor men across the continent and beyond. The speaker said that accessing justice for women and poor men is not just about justice in relation to GBV as is mostly believed, but is about ensuring that our institutions are interconnected to provide efficient and effective service for women and men, the youth, boys and girls.

Many times even when there are good laws, when patriarchy and culture are fuelled by a capitalist global economy social justice becomes an illusion for women and girls. Harmful cultural practices may on many instances jeopardize opportunities for women and girls and sometimes men and boys. Accessing justice therefore means that men have to make deliberate efforts as partners and spokespersons in the search for equality and for justice for women and other minorities. In Kenya, the Gender Commission and even Pathfinder International have partnered with MENGEN-Men for Gender Equality Now, a Kenyan institution, where men support gender and women's rights. She stated that it is important to engage men who strongly believe that gender issues are their concerns too.

In conclusion, she wished all delegates very good deliberations.

Mr. Wallace Nguluwe - Government of Zambia Representative

Zambia is actively engaged in fighting GBV. According to the Zambia Demographic Health Survey of 2007, 47 % of women between the ages of 15 and 55 years have experienced some form of GBV in their lives, often perpetrated by a known person. In the absence of a domestic definition of GBV, the country has adopted the UN definition<sup>3</sup>.

Mr Nguluwe conceded that existing Policy and the legal framework have gaps in their definitions of GBV and application of the law. Further, the Amended Penal Code Act No. 15 of 2005 does not fully deter the occurrence of GBV through prosecution and sentencing patterns and the Act does not criminalize or define GBV.

The Gender in Development Division (GIDD) was established in 1996 in the Office of the President, Cabinet Office and in 2006 a Minister for Gender and Development was appointed; The Human Rights Commission was also established in 1996 under Article 25 of the Constitution. The National Gender Policy was adopted in 2000 and is available in 7 local languages. In 2005 the Penal Code Act No. 15 was amended to address the increasing number of defilement<sup>4</sup> cases, incest and sexual harassment. In 2008 Zambia signed the SADC Protocol on Gender and Development, the Anti-Human Trafficking Act No. 11 and International Women's Day was gazetted as a public holiday.

During 2010 the Anti-Gender Based Violence Bill went through its first presentation in Parliament; a Communication Strategy and the National Action Plan on GBV, Women, Girls and HIV/AIDS was developed and National Guidelines on the Management of Survivors of GBV is awaiting adoption. Annually Zambia joins the rest of the World in commemorating International Women's Day and 16 Days of Activism for No Violence against Women and Children.

He noted that the process of legislating and advocating against GBV has not been easy, some of the challenges Zambia has faced include: derogation in the provision of Article 23 4 (c) (d) which permits discrimination in matters of personal law such as devolution of property. In such cases customary law is often applied as Zambia has a dual legal system. The application of customary laws disadvantages women through the existence of harmful customs and traditions such as early child marriages. He suggested that it is important to bring on board co-operating partners for technical and financial support.

In conclusion some recommendations were put forward such as the need to hasten the harmonization of some cultural practices that are in conflict with statutory laws and the ratification of the SADC Protocol on Gender and Development to strengthen advocacy.

Honorable Hlengiwe Mkhize  
Deputy Minister of Higher Education and Training, South Africa

Hon. Hlengiwe Mkhize conveyed special greetings from the women of South Africa, who she said tirelessly, strive for gender equality and the restoration of women's rights, specifically the right to dignity. She also acknowledged the Government of Kenya for being a wonderful host. She also took the opportunity to thank the Government of the United States of America for undertaking the initiative through the United States Agency for International Development, as well as Research Triangle

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<sup>3</sup> Article 1: 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. <http://www.unfpa.org/swp/2005/english/ch7/index.htm> download 28 February 2011

<sup>4</sup> Having sex with a person below the age of 16 years.

Institute for facilitating the process in South Africa. She commended South Africa's Sexual Offences and Community Affairs (SOCA) Unit of the National Prosecuting Authority of South Africa for efficiently coordinating the Interdepartmental Management Team and ensuring that Government programs in South Africa respond appropriately to GBV, specifically sexual crimes against women and girls. She also acknowledged Representatives of the Governments of Zambia and Benin and the Director of the Regional Office, SA & COTR of WJEI- SA.

She began by saying that the subject matter for the deliberations of the meeting evoke mixed emotions as one cannot help but develop angry feelings about how both governments but also civil society, have allowed such a social ill to devastate the lives of so many women and girls. She noted that the opportunity created gave a chance for all delegates to ask themselves deep questions, such as, what is sustaining the spread of violence against women and girls in our societies? She however was happy that, by the mere fact that we continue to break the silence, instills feelings of hope to all those women and girls who have been broken.

She noted that it was encouraging for her to see the presence of key government officials and partners who are custodians or champions of sexual and gender based violence in respective countries. She said that as the team has a wealth of information, expertise and experience she believes that they are well placed to work together in a sustained manner and ensure that the whole of Africa is committed to reduce and finally eliminate gender-based violence and restore the dignity of women.

She then went on to share lessons learned through South African efforts in implementing the 16 Days of Activism for No Violence against Women and Children. The Hon. Deputy Minister noted that there was overwhelming response to this campaign. Moving forward, the SAG in partnership with civil society organizations and private sector institutions has agreed to embark upon a 365 days National Action Plan with an intensified Activism campaign from 25<sup>th</sup> November to 10<sup>th</sup> December each year. The goals of the 365 days National Action Plan (NAP) intends:

- To spread a sustained prevention and awareness campaign that extends the 16 Days of Activism into a yearlong campaign
- To ensure that all relevant legislation is passed, budgeted for, thoroughly canvassed and implemented
- To achieve the set reduction rates of rape incidences set by the South African Police service (SAPS)
- To ensure SAPS crime statistics provide particulars on domestic violence, and that there is significant reduction of domestic violence each year
- To increase conviction rates by 10%
- To provide support and empowerment for victims through places of safety, secondary housing and employment opportunities as well as rehabilitation of offenders

The South African Government set a target of reducing contact crime such as murder and rape by 7-10 per cent every year with a major focus on social crime prevention, integrated law enforcement operations and the reduction of repeat offending. In terms of reducing cases of rape by 7-10% per Annum (pa) and increasing conviction rates by 10% pa. The statistics from the 2008/2009 and 2009/2010 Annual Reports show that such goals have been achieved since the launch of the NAP in 2007.

The South African Government, like most democratic governments, is a signatory to several continental and international instruments, advancing women's empowerment and gender equality such as CEDAW, BPfA, Maputo Protocol and the SADC Addendum. The Government has come up with relevant pieces of legislation so as to reinforce its commitment. Despite all these efforts, South Africa continues to experience high levels of different forms of GBV especially that of sexual offences, domestic violence and femicide. As such the Government has put in place an integrated, multi-sectoral approach to GBV which includes some of the following measures

- The involvement of men and boys as partners in fighting GBV and in changing attitudes and the behavior of boys and men
- The establishment of Equality Courts and designated Sexual Offences Courts; amongst others
- South Africa has tabled a Bill on the Prevention of Trafficking in Persons in National Parliament, which is currently going through a series of consultations. Once this Bill is enacted, South Africa will have a dedicated law to enforce prevention of and punishment for trafficking offences and for the treatment and care of victims of trafficking.

She noted that in the South African context some of the factors conducive to GBV include patriarchy, poverty, inequalities in society and illiteracy. In conclusion she noted that she is particularly hopeful that the outcomes of the high level gathering will send a message of hope to millions of women survivors across the continent, that the outcomes will ensure future generations learn from our mistakes and vow never again to cushion this pandemic.

*Background to WJEI & Objectives of the Meeting:*

Advocate Thoko Majokweni, Special Director of Public Prosecutions, Sexual Offences and Community Affairs Unit, National Prosecuting Authority, South Africa

WJEI was formed for the purpose of addressing GBV in all its forms. The key areas addressed through WJEI, especially from her experience in SA are:

- Sexual violence
- Domestic violence
- How women and children interact with the courts in various jurisdictions
- Legal and policy framework addressing GBV
- Access to Justice for victims of GBV

In 1999, research was conducted that showed that there was need to engineer GBV programs since the reported cases are just a tip of the ice-berg, indicating that the levels of GBV in SA is high. This research led to government designing innovative ways of addressing GBV and dealing with offenders.

*Objectives of the Co-ordination Meeting*

1. To engineer a continent wide network which will enable sharing of information on the progress, challenges and best practices of different countries
2. To chart a way forward as a continent for appropriately dealing with GBV
3. To develop ties amongst the participants and participating countries as to enable a conducive working environment among them
4. To develop sustainable strategies of addressing GBV which can be beneficial to generations to come
5. To develop prevention strategies to ensure that GBV does not occur (a more preventive, rather than curative approach)
6. To identify key stakeholders who can be lobbied to escalate the fight against GBV. Key in these includes government representatives and decision makers who can speak out with one voice against GBV.
7. To lobby governments to make budgetary allocations for the judicial structures to address GBV

She shared the South African approach to WJEI, by saying that South Africa was asked to play some leadership role, since the initiative was borne out of a South African program. SA has established an international advisory group with people from across the world that has relevant expertise in women, development, education, policy-making, governance and institutional resourcing. She noted that since the inception of WJEI there has not been an opportunity to share learning, best practices and challenges. This meeting is therefore a great opportunity for this to happen. This meeting should be

able to engineer a continent wide network which will enable the sharing of information on the process, challenges and best practices of different countries

Advocate Majokweni shared some of the lessons South Africa has learnt through engaging in the process include the importance of identifying, understanding and dealing with the mythologies around rape, another lesson is the importance of ongoing work with those who shape the discourse on GBV including the media, opinion makers, politicians, heads of departments, popular figures especially among the youths.

She also shared in brief how the Thuthuzela Care Centre model functions together with the special Sexual offences court, which she said the main objectives were to reduce secondary victimization, increase conviction rates and reduce the cycle times of cases.

She concluded her presentation by challenging all delegates that in whatever we do, at the end of the day, we must ensure that children are able to smile.

#### Plenary

One participant asked whether there were plans of including peace initiatives in the program as wars and conflicts have played a large contributory role in escalating GBV. Where there are wars and conflicts, the women and children are the most affected.

Another participant contributed by stating that she was happy that GBV now has a multi-sectoral approach and is being addressed across sectors.

A participant inquired how the SA Government intends to increase the conviction rate considering factors such as court jurisdiction, minimum evidence, limited spaces in jails/prisons etc, which may hamper the possibility of increasing the conviction rate.

A participant expressed dissatisfaction of the length of time taken to hear and decide cases in Kenya especially those that involve school children. The lengthy processes affect their education and social life. She asked how these can be changed so that cases are expedited.

In response to this, Advocate Thoko stated that there is a rule that cases should not go on for longer than nine months. They have a court preparation program which they use to acclimatize the victims to the court processes. The case managers prepare the cases in advance and ensure that they are concluded in 9 months. SA introduced the use of CCTV for taking evidence from victims, particularly children, so that they are removed out of the hostile court set up and are not in any contact whatsoever with the accused person(s). In summary, it was noted that emphasis should be laid on preliminary case preparation.

As regards integrating GBV in the health sector, the SA Government has developed intra-departmental teams at the local administration level countrywide, such as women's health, HIV & AIDS, mental health, etc; where they meet regularly and discuss various approaches of dealing with SGBV.

## **2. Building Relationships with Governments: USAID - South African Perspective**

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Mr Chrystal began by acknowledging the Sexual Offences and Community Affairs (SOCA) Unit of South Africa for their great work and commitment in helping victims of GBV to heal and access justice.

He said that the birth of the WJEI program, which began in South Africa, was as a result of a visit by the then American First Lady, Laura Bush, in 2006, to a Thuthuzela Care Centre. The Thuthuzela Care Centre network has grown considerably since then, not only in South Africa, but globally too.

There have been delegations from Benin and Kenya who visited South Africa to learn how the program is implemented there. The government and implementing agency for WJEI- SA has also visited Benin and there are possibilities for more visits before the program comes to an end. The aim of these exchange visits is to promote proper networking between countries and partners and ensure that there is sharing of experiences, challenges, successes and best practices.

The greatest challenge to any program is sustainability. Development partners always consider whether a program is sustainable or not before supporting it, and prefer to invest where programs are likely to continue beyond USG support. He suggested that governments should make budgetary allocations for these programs/projects to ensure long term sustainability, and was hopeful that this meeting would be an opportunity to develop strategies to lobby governments to support programs toward this goal.

Sustainability is always talked about as a key principle in development although it is a difficult aspect for almost everyone. With the TCC model in SA, the US Government has supported the hire of three key people at each Thuthuzela Care Centre for a year, with an agreement that after a year the Government of South Africa would integrate these positions into their budget. After 5 years of assisting government establish TCCs, there are about 50 people who were hired by the US Government who have now been absorbed by the SAG. The US Government is proud of this achievement in its partnership with South Africa and would like to see this promoted elsewhere on the Continent.

## **COUNTRY PRESENTATIONS**

Moderator: Mr Joel Mokonoto, South Africa

### **3. Country Presentation: Kenya**

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Ms. Tabitha Ouya: Deputy Public Prosecutor, Department of Public Prosecutions.

The DPP's office is part of the state law office, which is soon to be independent. Among other crimes, the office deals with sexual offences, gender violence and victims' rights , prosecution, advise to the police and the public, liaison with criminal justice agencies on matters related to gender -based and sexual offences cases and training of prosecutors and investigators There is a small number of prosecutors and as such, the police normally act as prosecutors. The DPP office advises the police to give all files related to GBV to them to advise on prosecution procedures. She emphasized that with activities that need any form of specialization they collaborate with partners such as FIDA and COVAW among others. Through WJEI, the department has gained much.

Enactment of the SOA and regulations thereto, was a critical milestone for Kenya. Through a taskforce, the DPP office developed a training manual for all prosecutors. The establishment of a DNA Lab and data DNA bank are under review by the SOA Taskforce.

Ms. Courtney Morris: U.S. Department of Justice

ICITAP: International ICITAP trains police prosecutors on: Substantive GBV material, related Legislation (like Sexual Offences Act of 2006, The Children's Act, The Criminal Procedure Code, The Penal Code) , prosecution preparation and process mainly on drafting charge sheets, and courtroom advocacy skills.

The DPP has successfully partnered with ICITAP to train police prosecutors around the country. Since May 2010, 115 police prosecutors have been trained with the DPP office's help. Although much has been done there have been challenges such as resistance to change, accusation of corruption, domestic and international scrutiny of practices and mismanagement and disorganization within the police force.

There also have been some valuable lessons learned from engaging in the process such as program organization and follow up, observing institution protocols working with the police chain of command, cultural sensitivity toward those from other ethnic communities being trained and promoting reform through training different agencies jointly especially as there is a move to have the Administration police join together with the Kenya Police Service to form the National Police Force.

Mr. Fred Ochieng: Investigator, Forensic Department, CID

Through the partnership, the following achievement has been made: systematic crime scene processing procedures. Mr. Ochieng was pleased that he was one of those who was first trained under ICITAP and was thankful to USDOJ for the opportunity and for the good working relationship that exists between the Kenya Police Service and USDOJ. He noted that most sexual offences are committed in places where there is no witness so there is a lot of reliance on forensic evidence.

Since its inception the program has been taught to 71 Crime Scene Investigation officers out of a total of 80 officers.

New techniques that were acquired include digital photography, finger print development using modern technology through the use of forensic alternative light sources; acquisition of forensic tools e.g. cameras, and ways to bridge the gap between health officers and police. There now exists a good working relationship with healthcare professionals and the police force. The main lesson learned is that the absence of evidence is not the evidence of absence. There is always a clue to solve a crime; it only depends on your picture of the crime scene. Even what is absent tells a story.

The envisaged way forward would include the acquisition of a forensic search engine, extending the training to other regions within the country and the creation of a training reference manual for future trainings.

Ms. Rose Wafubwa:

Nurse - Kenyatta National Hospital

Ms Wafubwa indicated that there are now 51 Sexual Assault Forensic Examiners (SAFEs) in Kenya, at three different public hospitals. Those trained include doctors, nurses and counselors. They are trained medical practitioners who know how to treat and collect evidence from sexual assault victims,

She indicated that at the beginning it was difficult to convince KNH, the biggest public hospital in the country to sponsor the SAFE program because of past promises that were undelivered. Establishing interdisciplinary exchanges so police officers and prosecutors can understand the special contexts and requirements of health care providers and rape trauma counselors has also been a major challenge. The inconsistent funding of this program also places it in jeopardy.

Dr. Margaret Makanyengo:

Head, Gender Based Violence Recovery Centre, Kenyatta National Hospital

Dr Makanyengo stated that Kenyatta National Hospital intends to establish a one stop centre where sexual violence survivors can get all the necessary services. This need was identified after 2007, when many GBV cases were reported. KNH has been handling GBV cases for decades, but these have been reported and treated as individual cases.

To date some of the achievements registered by the hospital's GBVRC include:

- Creation of awareness to the public through outreach campaigns in communities and schools
- Peer education programs for reaching people of different age and sex in the communities e.g., in Kibera
- Training GBV survivors on economic empowerment to reduce their vulnerability to sexual exploitation and intimate partner violence
- Linking survivors to access justice through legal aid organizations and the police
- Free medical clinics in the slums
- Strong networking ties with partners in both public and private sectors
- Placement of survivors in safe homes around the country
- TOTs held for health practitioners to provide with skills to treat, collect evidence and adduce evidence in court
- Adolescent and youth life skills for young survivors
- Training of trauma counselors
- Trauma Focused Cognitive Behavioral Therapy TFCBT training for child survivors

Ms. Nelly Maina:

Gender Advisor APHIA II Nairobi, Pathfinder International  
Key Coordination and Community Activities

Ms Maina noted that WJEL in Kenya was implemented in Kibera and had so far conducted community outreach activities with children, youth, men, women, religious leaders and the provincial administration. These activities were aimed at raising awareness of GBV , what to do if it happens and what the law says about sexual offences. The focus has been at provincial and district level.

The approach used was based on the government guidelines in the *National Framework towards Response and Prevention of Gender-based Violence in Kenya (2009)*. The process began with initial awareness raising with community leaders. This was followed with the formation of 5 community based GBV working groups based in 5 administrative locations. A community referral system was established which comprised 37 volunteers covering all the 5 administrative locations who hold monthly case conferences.

The Kibera GBV Working Group was then established in April of 2010, which has steadily grown to have representation in the National GBV Working Group. There also exists a WJEL Steering Committee which comprises various stakeholders from within the districts and also implementing partners of WJEL.

The activities that have taken place in Kibera include:

- Community wide sensitization forums and legal aid clinics in each of the 14 villages
- Formation of a male champions' network in Kibera to engage men as protectors and help them positively transform the concept of masculinity
- Establishment /strengthening of 9 safe houses/shelters linked to the security personnel within the villages
- Economic empowerment activities for women's groups including survivors of GBV

The achievements of WJEL in the period between January to September 2010 include:

- Training on SGBV coordination for 336 local administration and community leaders
- 478 school based sessions have been conducted reaching 9,181 pupils. 3 out of the total were held for out of school youth reaching 129 youth.
- 284 drama outreaches held reaching 19,255 community members
- 1,117 small group communication outreach sessions held reaching 22,720 individuals
- Formation of a Male champion network with 70 members who are currently being trained
- 9 local shelters strengthened with supplies and training on SGBV management

- Strong referral network in the community
- 20,000 square ft of wall in Kibera & 14 buses branded with *Sita Kimya* campaign's key message of ending rape and a call to action
- Supported the celebrations of the International Women's Day, Day of the African Child, the Slum Women's Voice Day & 16 Days of Activism
- *Sita Kimya* film shot and screened
- Highly aware community
- 36 community counselors & 28 nurses trained on rape trauma counseling; 31 TOTs in the province.
- Integrated Family Planning and adolescent needs Illustrated that a vibrant and well staffed centre can successfully achieve in terms of service delivery

Ms Maina noted that despite all the achievements and activities carried out, there have been challenges that are worth noting, some of which include: co-ordination involves a lengthy process of negotiations and obtaining buy in from the community, stakeholders and government. She indicated that despite this being a challenge, it was something that the Kenya team had learnt was true even for South Africa, during the March 2010 visit and which strengthened their efforts.

#### **4. Country Presentation: Zambia**

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Christine Munalula, CARE International

Ms Munalula informed delegates that in Zambia, WJEI has been christened ASAZA (A Safer Zambia). It is a CARE-International (hereafter referred to as CARE) led SGBV Coordinated Response Program. It is jointly funded by the USG through WJEI and an EU grant for the Expansion of the Coordinated Response to SGBV in Zambia.

CARE is working in partnership with World Vision, which via a sub grant, is serving as CARE's major partner in ASAZA. ASAZA also collaborates with government agencies such as the Ministry of Home Affairs, Zambia Police (Victim Support Unit), Judiciary (Child Justice Forum), Ministry of Gender and Women Development (GIDD), Ministry of Community Development and Social Services, Department of Social Welfare and Ministry of Health (district health management teams, hospitals and clinics).

- ASAZA is implementing the following activities: ASAZA is supporting the engagement of men as change agents. Identified men undergo comprehensive training in issues of masculinity to influence positive behavior among other men. Men commit most GBV cases and the majority of men who are not violent are unaware of the potential for their voices and actions to make a difference. The men's networks are therefore formed to undertake prevention activities in their communities that help to shift unhealthy cultural attitudes by leveraging their existing relationship and influencing youth and men to change their mindsets. All the ASAZA sites have in place a functioning men's network. Their activities include behavior change information dissemination, insakas (peer to peer discussions), youth mentoring and perpetrator counseling.
- ASAZA is supporting the engagement of community leaders and traditional leaders as agents of change in communities. These are sensitized on GBV and because they wield authority in their communities, their voices carry enormous weight and their actions influence everyone in their communities. These are identifying and referring GBV cases to the CRCs and are also

using their authority to create by laws e.g. Chief Hanjalika passed a bylaw to stop sexual cleansing<sup>5</sup> in his area.

- ASAZA in partnership with the Ministry of Community Development and Social Services and other stakeholders launched a national GBV campaign, whose theme is “Abuse, Just Stop It!” The campaign is designed to put a human face to GBV through stories, personal testimonies and experiences, and provide knowledge on issues related to GBV through the media at national and community level. These media activities are promoting dialogue, sharing of knowledge, stimulating debate and facilitating information dissemination. A number of materials with GBV messages have been produced in the form of brochures, posters, leaflets and billboards. Radio and TV programs have also been aired in the main local languages.
- ASAZA is supporting eight CRCs, two operating outside hospitals, in Lusaka and Chipata, and six operating in hospital settings. Site selection in hospitals was determined by the Ministry of Health. Each CRC is equipped with specialized medical kits for the proper collection, documentation, and preservation of evidence, and has a vehicle to provide transportation to clients who live ten or more kilometers away. This increases the chance that they will visit the CRC within the first 48 hours of an assault. Each CRC is managed by a full-time Coordinator who is responsible for coordinating with the designated hospital staff assigned to manage each CRC and its schedule of volunteers (counselors and paralegals) and attached professionals (health and VSU officers).

The following are some of the challenges experienced:

- The number of survivors accessing CRC services has been drastically increasing. As a result there are long queues and this tends to compromise the quality of services as CRC staff has to deal with cases quickly to try and ensure all are attended to.
- Due to the sensitizations in the communities especially through radio and TV, the number of survivors coming from faraway places (outside the ASAZA Districts) is on the increase and therefore the CRC staff do not have adequate resources to follow these cases up.
- Survivors from outside the ASAZA Districts refuse to be referred to other service providers in their District such as clinics, hospitals and VSU because the level of service provision is ineffective.
- Police lack appropriate tools for the prosecution of GBV cases.
- Police and other government officers supporting the CRC are not permanently assigned to CRC due to inadequate manpower; thus compromising follow-up.
- Insufficient number of gynecologists to attend to GBV victims and ensure correctly completed reports.
- Cases take long to be concluded and in the process witnesses are lost and survivors are discouraged.

In implementing the program, ASAZA has learnt the following pivotal lessons: co-ordination is vital, community engagement is important – men, traditional authorities and youth are all important players, standardized training and response tools are important, and there is a need for economic empowerment.

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<sup>5</sup> Sexual cleansing is when a widow has sex with a relative (brother, cousin or nephew) of her late husband to signify that she is free to go and marry any person she so wishes.

## **5. Country presentation: South Africa**

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Ms. Pumeza Mafani; National Coordinator TCC  
Research Triangle Institute International/National Prosecuting Authority

Ms Pumeza Mafani outlined the objectives of the TCCs in South Africa as being to upgrade and expand the TCC Network, to improve care and treatment for survivors of sexual assault through facilitating self-assessments and action planning with TCC role players and evaluation of debriefing services. Another objective is to award targeted grants to medical, legal, and psycho-social service providers for follow-on care to survivors by awarding grants to CSOs to provide and augment counselling services and administrative support for 24-hour service provision at TCCs. The TCCs also aim at strengthening the SOCA management and communication systems for TCC sustainability and finally to disseminate and promote best practices in sexual SGBV internationally and regionally.

The methodologies employed by WJEI South Africa in achieving its objectives include; data-driven site identification; close collaboration with provincial and local government stakeholders; targeted technical support to TCCs, public awareness; monitoring and evaluation of the program; international WJEI exchanges and South-South inputs; and information sharing on lessons learned, a sustainability roadmap and multi-disciplinary training.

She then went on to explain that the second component of the WJEI is implemented by the USDOJ in cooperation with the SAG, and focuses on strengthening the criminal justice system response to GBV. Activities include: train-the-trainer programs for South African Police Services (SAPS), detectives and “first responders;” development of inter sectoral training materials on sexual offences; coordination of judicial education workshops and professional exchanges on case management, sexual offences, and human trafficking.

The challenges in implementing WJEI include: sustainability of stakeholder relations, lack of debriefing for caregivers, inconsistent data collection, women not wanting to know their HIV status, co-ordination of CSOs for referrals and few laboratories for DNA testing.

## **6. Cross Cutting Dialogue Emanating from Country Presentations**

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These country presentations were followed by a plenary discussion that aimed at highlighting cross cutting issues among the implementing countries. Some questions and discussions elicited during the plenary are:

- Does the Ministry of Education in Kenya play in GBV management in Kenya? In response, it was stated that Kenya’s Ministry of Education does indeed work together with the GBV program generally as stakeholders, but they are not the key stakeholders in as far as implementation is concerned. In rural areas however, the partnership is very crucial, particularly in schools where cases of GBV have been reported. The school children are sensitized on GBV and the importance of reporting as soon as possible.
- In Zambia, GBV education and training has been incorporated in the education system particularly in schools, colleges and universities.
- Africa needs to develop strategies that work in its context (tailor-made unique strategies) and level of development. Africa may not be able to import all best practices from the West; it can use such models to design models to tackle our unique challenges, most of which are related to socio-cultural issues.
- The South African Police Service has been found that rape victims are getting younger and younger, even including new born babies. This is as a result of various beliefs such as raping

a virgin/child will cure HIV & AIDS. There is a need for forensic social workers who work closely with the investigators to assist in obtaining evidence.

- It is important to work closely with the community and the community leaders in fighting GBV.
- There is a need for political will in fighting GBV as it makes it easier to implement the various programs.
- There is a need for proper functioning forensic labs in all the countries.
- Training on GBV and the implementing of GBV programs should be decentralized to other parts of the country and not focus on the capital cities.
- In as far as the length of time cases take to be dispensed with by the courts, it is imperative for the Judiciary to look into expediting the cases of GBV.
- There is a need to empower the survivors of GBV to avoid a “dependency syndrome” by the survivors. Many survivors tend to lean on others for both material and psychosocial support beyond an acceptable period of time after their experience of abuse.
- There is a need for proper rehabilitation of the perpetrators beyond the punitive measures of incarceration. They have to be counseled so that they can re-integrate into society.
- There is a lot that can be achieved through education. We need to focus on learner/student education. There is a need to focus on imparting crucial information on GBV from an early age. This can really transform an entire society.
- There is a need for partnering and cooperation with the private sector that have resources to support GBV programs and initiatives.
- Let us not focus only on the women and the girl child; we need to include the boy child. There is a need to stop looking at men only as perpetrators because nowadays, women are perpetrators too.
- There is a need to look at sexual harassment in the work place which is very rampant, yet a lot of it goes unreported.
- There is a need for continuous debriefing of caregivers; it is already being done in Kenya at KNH.
- There is a need to have more safe houses and shelters for victims and survivors in order to protect them from the perpetrators.
- There is a need to have proper legislation to properly define and adequately address the various forms of GBV.
- It is imperative to have victim forums so as to provide an opportunity to review our services by finding out if the services provided are helpful or not.
- There is a need to document all the successes and milestones achieved and properly protect the information through intellectual property rights, so that others do not take credit for already documented information.
- It is important to identify and celebrate heroes in the fight against GBV. This will encourage more people to come out in their individual or professional capacities to speak out and fight GBV.

## **7. Critical Areas for Forward Planning**

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- Monitoring the impact of awareness campaigns
- Mandatory reporting of GBV by service providers
- Empowerment of victims / survivors of GBV to take the leading role in prevention of GBV
- Management of intellectual properties on issues regarding GBV
- Sharing of information on best practices by countries
- Children rights should go together with responsibilities
- Date rape, especially among first year students at universities, should be considered as serious cases
- Development of strategies by countries on prevention of GBV and prioritization of programs

## DAY TWO: 11<sup>TH</sup> JANUARY 2011

### 8. Group Presentations

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#### GROUP ONE: MANAGEMENT

- Coordination of each section for efficiency
- Management means leadership
- Who exactly should take ownership of that leadership? The Government, as it has the resources required to push for the reforms. It can take ownership and responsibility of programs and ensure that there is effective monitoring and evaluation. It can involve the wider public in projects; hence ensure greater public participation in the process. It is important to note however that governments works differently.

#### GROUP TWO: INSTITUTIONALIZATION

- Institutionalisation works best when it is between Government, the private sector and academics as this ensures sustainability through planning, budgeting and ongoing research, improving growth and sustenance of programs
- Political buy- in, so that politicians can be seen to be supportive. This can be done through political discussions with communities and their leaders.
- The Government needs to champion issues to deal with GBV which will include taking the lead in trainings, and exchange programs for sharing of best practices, documentation and research.
- Programs need to be aligned with Government strategies to ensure sustainability.
- Consultations from the national through to provincial, local and district levels so that there is incremental implementation across the board.
- Community involvement through community leaders.
- Involvement of men and boys in the programs as the majority of perpetrators of GBV are men.
- Male champions on GBV should be used to train others and help to shift behavioral change and perceptions.
- It is important to involve educational institutions including primary schools, secondary schools, tertiary colleges and universities in the GBV program.
- Consistent documentation of GBV research data to support law reform. Research also assists to present a clear picture of what is happening on the ground.
- Sharing of best practices amongst institutions e.g. Kenyatta University has a Gender Response and Support Unit. This can be replicated in other institutions. Other best practices can also be shared and adopted by institutions.

#### GROUP THREE: COORDINATION

- Political leadership/ buy in, is important for the coordination of programs and policies.
- It is important to identify appropriate members of Parliament and promote them as agents of change.
- Politicians should be visible during community campaigns, to show the public that programs are Government-led.
- Identify specific politicians as champions so that they can show leadership, and in so doing encourage other stakeholders to come on board.
- Institutional arrangements and structures: it is important to have gender committees that will inform the leadership and these should be at the national, regional and district level.
- There should be gender focal points. There is a need for coordination at the service delivery level.

- There should be specific commemorative days like the 16 Days of Activism which will form a platform for activism, publicity and celebration of achievements.
- There should be a memorandum of understanding between all service providers where they commit to ensure full implementation of programs.
- It is important to have appropriate and adequate resources.
- There is a need for capacity building of service providers. This is through training & developing of training manuals.
- There is a need for proper infrastructure to ensure coordination of programs
- There is a need for inter-country coordination.

#### Plenary

There is a cross cutting need to consider research and data in management, coordination and institutionalization. This should be a strong focus as well documented research data can give a clearly history of the problem and can assist in charting a way forward. It can be used to as a tool for lobby and advocacy and can be used to substantially motivate change in legislation.

### **9. In-depth Reports on Country Issues and Mechanisms**

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#### Kenya

*Courtney Morris & Rose Wafubwa*

The Curriculum for SGBV has been rolled out in police training institutions. There is also training for medical personnel at KNH. USAID and the USDOJ are very proud of these trainings, and it hopes that the programs will be sustainable. These agencies partner with government to conduct gap assessments and then develop the training programs and later ensure that the programs are institutionalised. Through institutionalization, the institutions take ownership and responsibility of the program.

The curriculum for the SGBV training for police conducted at Kiganjo Training College involved lectures, training on managing victims sensitively, setting up of gender desks, role play with mock test cases to practically teach crime scene management. This was really useful in teaching the police officers how to properly identify, collect, process and understand evidence. The police were given latex gloves, swabs, etc; which are all not available at the police training college. This program was hence very beneficial to the police officers.

The process involved localizing existing curriculum from the US to suit the context in Kenya. The police now have certified investigative training on forensic investigations. About 30 police officers were trained extensively to be able to train other police officers, thus ensuring that the program is sustainable. It took about three months to organize for the training of nurses, doctors and trauma counselors. Three forensic experts from the United States were brought to conduct the training. The training involved lectures and practical classes. It also involved moots at the Nairobi Law courts in order to expose the trainees to the court processes and procedures. About 51 people were trained, and some are now able to train others.

Some of the challenges that have been experienced are: ensuring that all the trained personnel are at work and co-ordinating the court schedules to ensure that some of the health professionals, such as doctors, are able to testify and go back to work rather than spend an entire day in the court corridors waiting to present their evidence.

An overview was presented of the SAFE program in Kenya, which is housed at the KNH. Some of the highlights of the presentation were that: KNH is the apex referral hospital in the country which handles patients from all over the country and from other countries such as Namibia. It is also a training institution for various health/medical practitioners.

Cases handled in KNH are from the Kibera slum catchment area, the largest slum in Kenya. The training was introduced by Dr. Makanyengo after being trained in the US. The training was all encompassing and involved legal aspects such as familiarization with legislation such as the SOA, orientation with the court systems and procedures, etc. From this training, the TOTs organized a training of other hospital staff including those from the paediatric, gynecological, obstetric and psychiatric departments comprising medical students, nurses, clinical officers, etc. It was a successful training.

Challenges:

- Not enough trained SAFES Limited financial resources to pay the SAFES
- Limited experts in Government chemists
- Working hours are extensive with limited SAFE experts on duty

Some of the successes of the SAFE program include: “Let’s talk gender with Dr. Nancy” in the slum area of Kibera, developing the Kenyan Chapter of the International Forensic Nurses and a functioning SAFE program.

South Africa  
Dr Peter Vaz

USAID’S support to victims of GBV is a three-year \$15m initiative. It provides support to the SAG’s SOCA Unit of the NPA. The victim support component of WJEI has the following 5 objectives: RTI in implementing WJEI in South Africa partners with the following: IDMT, SOCA, Department of Justice, Department of Health, Department of Social Development, South African Police Service and NGOs. Achievements to date include:

- 8 TCCs established, staff & operations handed to SOCA
- Set up of next 8 TCCs underway
- 6 existing TCCs refurbished
- 4, 215 rape victims assisted
- 3, 128 received VCT
- 1, 578 received PEP
- 215 staff received multi-disciplinary training
- 5 NGOs supported through grants
- 2 Annual Sexual Offences Indabas supported
- 1 Gender Justice Summit
- South-South exchanges with Benin & Kenya
- 2 ARG meetings
- Congressional delegations
- Establishment of Advisory Reference Group is one very unique aspect of WJEI. Dr Vaz mentioned that the members of the ARG include the EU Special Envoy to Sudan, a former UN Country Representative to South Africa, AU Commissioner for Social Affairs, A Harvard University professor and a strategy consultant.

The challenges faced in implementing WJEI include:

- Slow start-up
- Relationship building at provincial and local level – navigate roles
- USAID procurement requirements – US quotes required
- Need to align project timelines with that of SAG
- Staff recruitment
- Need for flexibility around establishment

## Plenary

- Q: On average, how long does it take to identify an area for a TCC, and have it setup up?
- A: There are indeed issues of jurisdiction when it comes to setting up TCC centers. Police data, health data and factors such as accessibility of services and transportation routes, community size served by a hospital, etc are considered.

## Zambia

Ms Christine Munalula

ASAZA conducted a baseline study at the beginning of its program in April 2008 and conducted a Knowledge, Attitude and Practice (KAP) survey in May 2010 to consider the impact of the program. The survey indicated that the program did indeed have a positive impact in changing attitudes and behaviors.

Engaging men as change advocates is one area of focus for the program. As of September 2010 186 men were trained on GBV and are now able to advocate for change in their communities.

These men were able to form Men's Networks, groups of men who volunteer to engage in activities that challenge men who are mainly the perpetrators of GBV, to fight the scourge of GBV within their communities and to challenge their view of women and girls. Such activities include insakas (peer to peer discussions), youth mentoring, perpetrator counselling, community radio programs and community outreach facilitation.

ASAZA is engaging traditional leaders and community leaders as agents of change. These are sensitized on GBV and engaged as agents of change on the basis that they wield authority in their communities, their voices carry enormous weight and their actions influence everyone in their communities. By September 2010 a total of 449 (333 males and 116 females) were trained and 4,061 (2,184 females and 1,877 males) were sensitized.

ASAZA is engaging youth as change agents; youth are trained to reach out to other youth in their communities on GBV to change attitudes and behaviors – 341 (141 females and 200 males) were trained and these reached 4,782 (2,357 males and 2,425 females) other youth through peer to peer focus groups by September 2010.

ASAZA is engaging the general community as change agents; these are engaged using the community conversations approach, a prevention tool developed by World Vision to support positive behavior change targeted at the individual, family and community - 16 communities were reached by September 2010.

ASAZA in partnership with MCDSS and other stakeholders launched a national GBV campaign whose theme is "Abuse, Just Stop It!" in October 2009 – various posters, brochures, bill boards and TV and radio adverts with GBV materials were disseminated

Asaza trained 345 professionals and volunteers - 89 health workers, 27 male and 62 female; 83 counselors / social workers, 32 male and 51 female; 60 police, 56 male and 4 female; 41 male local court justices; and 72 teachers, 41 male and 31 female and 30 media personnel by September 2010.

Asaza is supporting 19 community based safe houses where GBV survivors are referred to for security and further management. The challenge in Zambia is that there are no government operated GBV safe houses hence the reliance on community based safe houses that are not necessarily for GBV survivors.

ASAZA works hand in hand with the advisory councils which consists of representatives from all service providers at local level to promote local ownership and leadership at local level. These meet regularly.

ASAZA supports service provider networks who meet regularly to strengthen referrals and collaboration as relationships with other service providers are established. Also reduces duplication of efforts, minimizes gaps and helps address challenges jointly ASAZA is utilizing caregivers as a primary mechanism to identify GBV survivors at household level, provide care and support and refer, as necessary, to the CRC. 826 (368 males and 458 females) were trained to respond to GBV by September 2010.

ASAZA is supporting survivor support groups which are formed to provide support to other survivors and also work together on empowerment initiatives. 16 support groups were formed by September 2010.

ASAZA is supporting Life Line Zambia; a 24 hour toll free telephone counseling service utilized to also refer cases to CRC. This can be accessed throughout the country from all the mobile and landline telephone networks

ASAZA is providing direct service delivery to GBV survivors at the Coordinated Response Centers (CRC) which includes medical services (health personnel), legal services (police and paralegals), psychological services (counselors and social welfare officers) and linking to survivor support groups and, when necessary, to safe houses or shelters. Each CRC is equipped with specialized medical kits for the proper collection, documentation, and preservation of evidence, and has a vehicle to provide transportation to clients who live ten or more kilometers away.

The 8 CRCs under ASAZA provided services to 9,385 survivors by September 2010. The majority of the reported cases were defilement cases followed by wife battery and rape. ASAZA supported the development of national guidelines on the management of GBV and by September 2010 had oriented 1,115 service providers on their use – these include police, medical personnel, social workers and counselors.

#### Gender in Development Division Mr. Wallace Nguluwe

The GIDD, based in the office of the President, promotes mainstreaming gender in the public service. It coordinates the formulation of policies on GBV and other gender related issues. It conducts trainings for GBV service providers. The unit has a budget line for all gender programs. and the Ministry of Finance is mandated to finance gender programs. Some of the GIDD activities include the review of the curricula for police training colleges to include GBV. GIDD is also targeting schools, colleges and tertiary institutions and is hoping to incorporate GBV in the curricula.

The anti-Gender Based Violence Bill has already gone through its first reading in parliament.

#### Police Victim Support Unit Mr Vincent Siabona

Training: Under the government aligned 5<sup>th</sup> National Development Program, many police officers were trained on GBV disciplines: 30 officers trained and graduated in gender and development 20 officers trained in 2009 on psychosocial counseling (to help the police know how to respond to survivors when they go to the police stations) and another 50 will be trained in 2011. , Twenty officers were trained in 2009 on Human Rights and Law. Prosecution of cases: DPP has delegated powers to police to prosecute criminal cases, except murder, at the subordinate courts. Awareness Raising: The police have a legal mandate to raise awareness through other civil society organizations.

Before 1991 the police had a military outlook, but that has changed with the introduction of community policing. This ensures that police and communities work together and this has helped them to better respond to issues of GBV.

Counseling: Police are the first to get into contact with survivors and as such it is important for them to offer counseling.

Referral Services: The police have to see to it that referrals are done and also have a mandate to ensure that police forms have been properly completed.

Forensic Lab Construction: This has been a challenge to the Zambian police service. They have even had to use the services of the South African Police Forensic services. Two years ago they embarked on the construction of a new lab which has even been factored into the national budget.

#### Plenary

- Has ASAZA considered bringing on board the traditional witch doctors (tsangomas) and traditional healers as most survivors prefer seeking treatment from them rather than from medical doctors? They should also be trained to identify GBV cases and give appropriate treatment.

The Zambia Government has a data base of the traditional healers and their functions are regulated by certain policies, and indeed it would be a good idea to involve them in GBV trainings.

- How did Asaza manage to reach over a million agents for change to sensitize them on behavioral change and GBV.

This was basically done through local networks which have a wider outreach than the organization.

### **DAY THREE: 12<sup>TH</sup> JANUARY 2011**

#### **10. Country Planning Commissions - Plans for Coordination and sustainability with/beyond USAID**

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The participants grouped themselves into Commissions to discuss the various plans for coordination and sustainability beyond USAID assistance.

Reflections on WJEI program implementation: Management, Institutionalization and Coordination

#### **Zambia**

##### **Legislative Improvement available**

- Constitution
- Anti GBV Bill
- Anti Human Trafficking Act No. 18 of 2008
- Cap. 87 of the Penal Code of the Laws of Zambia
- National Gender Policy
- Amendment Act No. 15 of 2005 Cap. 87 of the Laws of Zambia
- Intested succession Act
- Tested Estates Act
- Matrimonial Causes Act
- Marriage Act
- Juvenile's Act
- Maintenance & Affiliation's Act
- Adoption Act

**Multi disciplinary services available**

- One Stop Centers
- GBV Management Guidelines
- Public Health Assistance Scheme Guidelines
- Social Cash Transfers
- Bursaries for Children
- Small & Medium Entrepreneurships Capacity Building

**Infrastructure available**

- Construction of Police Forensic Lab
- Construction of Police VSUs

**Information sharing mechanisms available**

- Automated Case Flow Management System
- Newsletters
- GBV Communication Strategy

**Political buy in available**

- AU presentations :commission and its subsidiary ministerial committees

**Politicians as change agents/ champions**

- Build Capacity on GBV
- Traditional Leaders & Religious Leaders
- Local Authorities e.g. Councilors
- Identify public education campaigns for politician participation and championship

**Capacity building initiatives available**

- Multi disciplinary training
- Discipline specific training
- Develop Training manuals
- Identify best practices – GBV Integration in Curriculum

**Institutions available**

- Ministerial committees
  - Parliamentary Select Committee on Legal Affairs & Gender
  - Anti-Human Trafficking
  - Gender Consultative Column
  - District Child Labour Committees
  - GBV Forum
- Inter-departmental/sectoral teams
  - Gender Focal Points Person
  - SAGs
  - National Development Coordinating Committee

**Governance mechanisms available**

- MOU'S,
- Guidelines
- Regional governance mechanisms:
- SADC/AU Treaties and protocols

**Resource planning**

- Resource and skills audit
  - Gender audits by GIDD
  - Situation and Gap Analysis -Police

## **Funding**

- Donor Coordination Meetings
- Joint Gender Support Program
- Other donor support to gender-mainstreaming programs

## **M&E tools available**

- National M and E framework
- GBV Forum
- Gender Monitoring tools
- Research
- ZDHS
- Police Database

## **Kenya**

### **Areas of Experience**

- DRH multi-sectoral coordination has resulted in the production of key manuals
- KNH quality assurance manuals and SOPs in place
- Training on a localized version of the SAFE Curriculum
- GBV coordination is ongoing through the National Commission on Gender and Development
- A GBV-IMS is in place but needs alignment of HIMS
- The SOA taskforce has developed a position paper on one stop centres
- One stop centers- there are several in place but they need strengthening
- Constitution-gender equality in representation in public institutions and land issues
- Implementation of the Gender policy has been integrated in the performance contracts of public officers

### **Action Points**

- Build on work by Gender Commission on GBV coordination
- Strategic representation in key GBV committees
- Budget allocation-treasury
- Scale up data collection to Gender Commission

### **Political Buy-In**

Political figures, women's political organizations

### **Institutional Arrangements**

- Round table of decision makers
- Resource planning
- Joint proposals
- Human resource-active lobbying for staffing
- Continental Justice Mechanisms
- Familiarize ourselves with mechanisms
- Regional sharing

*Action:* Consolidate data through the Gender Commission

## **South Africa**

### **Legal**

- Constitution of 1996
- Substance Abuse Act
- Sexual Offences Act
- Domestic Violence Act
- Policies- VEP

- NPA Policy directives

### **Areas of Improvement**

- Shelters in rural areas e.g. Northern cape
- Roll out of specialized and integrated training
- Mapped Resource allocation (police, health, TCCs)-ensure coordination

### **Enact:**

- Human Trafficking Bill
- Resources aligned to ensure implementation of Acts
- Regulation: Sexual Offences and Domestic Violence
- Multi-disciplinary services
- Legislate specialisation of Family, Child & Sexual Violence Units (SAPS)

### **Best Practices**

- Dedicated spaces: hospitals, police stations
- Accessibility: Mapping Process
- Information and Knowledge Management Sharing
- Development of TIMS
- Annual consultative Gender Justice Fora
- Sexual Offences Bulletin (SOCA and other partners)

### **Improvements**

- Governance Mechanisms
- MOUs
- SLA agreements
- Protocols
- SOP-TCCs
- Designated Public Health Centers
- Dedicated Courts (sexual offences cases)
- Strong Intersectoral Collaboration
- Integrated Training (every year at TCC)

### **Capacity Building**

Continue trainings and review manuals

M& E review through Ministry of Gender, Youth and people with disabilities

Resource Planning

*Funding:* DANISH, EU and USAID

Donor coordination meeting

Joint Budgeting-through IDMT including National training

### **Committees:**

Justice, Crime and Police Security Cluster

### **Regional**

- Treaties
- Mutual legal assistance
- Institutional arrangements
- Africa Prosecutors Association
- Ministerial Committee
- Gender Justice fora
- Develop communications

### **Political Buy-In**

- Deputy Minister Motlanthe is responsible for championing gender mainstreaming through cabinet
- Reporting to Parliament
- Invitations to ministers to attend campaigns, launches
- AU & Africa Prosecutors Association

### **Monitoring and Evaluation**

- Develop clear and common indicators
- Consistent Gender Justice Network
- Regular meetings
- SWOT and risk analysis
- Develop monitoring tools (IDMT, PMU, parliamentary portfolio committee monitors department mandates)

## **11. Country Plans and Commissions to Address Sexual and Gender Based Violence and Way Forward for WJJI Activities**

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*Presentations based on breakout session discussion*

Goal / Objective for Regional Coordination

Here the different countries were asked to come up with Goals, Objectives and specific Activities that they would recommend for better WJJI coordination. The presentations from the 3 countries were as follows:

Kenya: goal

Contribute to the reduction of GBV in the region

South Africa: goal

To enable cross-fertilization in the region and Continent in terms of information sharing

Zambia: goal

Standard SGBV management system

Agreed goal:

To contribute to the management of GBV on the Continent

Consensus:

Actions

#### ***South Africa***

1. To formalize a Gender Justice forum: basically means to establish a secretariat which will be an incubator for participating countries
2. Creation of intersectoral structure in each country
3. Design a framework for joint capacity building
4. Creation of an information repository system

*South Africa Focal Persons:* Hon Minister Hlengiwe

*Country coordination:* Advocate Majokweni and Dr. Peter Vaz

### **Zambia**

1. Hold collaborative meetings with stakeholders
2. To create and operationalize a repository of data on SGBV
3. Establish a secretariat
4. Regional capacity building: harmonizing the different skills from various countries

*Zambia Focal person:* Wallace Nguluwe

### **Kenya**

1. Importing and exporting best practices
2. Create peer review mechanisms for participating countries
3. To facilitate Government to Government exchanges for buy-in
4. Enhance skills and knowledge

*Kenya's Focal Persons:* Dr Sam Ochola and Nelly Maina

## **CLOSING REMARKS**

### **12. Deputy Minister of Higher Education, South Africa**

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The Honorable Minister stated that she had learnt a lot a human rights activist, during the three day meeting. She stated that she had been involved in the human rights discourse for most of her life and a lot has been achieved in regard to women's rights. Sustainability is a huge component to any program, being people centered and people driven. It should never be centered on a few people in Government or NGOs and gave the example of apartheid in South Africa where people motivated for their freedom. Issues of GBV must be people driven. The people should spearhead campaigns of breaking the silence, advocating and lobbying for the end of SGBV.

There are lessons to be learnt from South Africa. It had the Truth and Reconciliation Commission which addressed the various aspects of injustice after apartheid. Commissioners such as Bishop Desmond Tutu, have been all over the world helping countries in healing and reparations after post conflict situations. In a nutshell, it is important to empower the community to take up the projects on GBV and SGBV so as to ensure future sustainability. Governments must join in the programs in a stronger way and ensure that they fund and spearhead the efforts of ending GBV. There are always a lot of lessons to learn from history and from each other. The lessons may point us to the right direction in the future. We should never stop sharing best practices.

Access to justice is a major factor in GBV cases. We must ensure that the victims are able to access proper justice and that perpetrators are brought to book. We should be victim-centered in our work and focus on the best interests of the victim. She congratulated the participants for their good work and stated that she is always available to support the discourse.

### **13. Dr. Sam Ochola, Nairobi Provincial Director for Public Health and Sanitation**

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He started by saluting the Hon. Deputy Minister of Education of SA, the government representatives of Zambia, SA, Kenya and civil society representatives for taking the time to attend. He stated that Kenya feels honoured as a country to host this very important meeting on SGBV. It is the first of several others. There is a need to involve the political leadership, religious leaders, communities, NGOs, civil society and men in the fight against GBV.

He saluted the participating countries for their good work in fighting GBV in their respective countries, but based on the recommendations from the meeting, there is need for more national and regional coordination. There are cross cutting issues among the participating countries such as human trafficking which may escalate GBV, and hence the countries should work together to fight these vices. In Kenya, the New Constitutional dispensation has introduced various provisions that seek to protect human and women's rights, which is a good platform for activists to utilize. We need to see an increase in the conviction of perpetrators of GBV in all countries. We need to develop more health centers to deal with GBV, like the TCC in South Africa. We must not forget the plight of the victims and should ensure that these centers are spread throughout the countries. With regard to developing relations with government, it is important that we try to involve the government and also the private sector into GBV programs to ensure future sustainability. The media in Kenya has done a tremendous job in highlighting cases of GBV. We must continue working with the media so that cases of GBV are highlighted and that champions of GBV are celebrated. We must have country wide repositories of GBV champions so that they are celebrated and used as agents of change.

He thanked the organizers and facilitators of this meeting for their good work and efforts in ensuring a successful three-day forum.

## ANNEXES



Agenda  
*Coordination Meeting*  
*Women's Justice and Empowerment Initiative*  
*Benin, Kenya, South Africa and Zambia*  
*10-12 January 2011*

*Monday, 10 January 2011*

**08h30**            ***Registration and Tea***

*Session 1:            Moderator: Maina Kiranga, Kenya*

**09h00**            ***Welcome & Introductions***

**09h15**            ***Opening Remarks***  
***Ms. Erna Kerst, Mission Director, USAID Kenya***  
***Dr Regina G. Mwatha MBS, Chair, National Commission on Gender & Development***  
***Representative: Government of Zambia***  
***Honorable Hlengiwe Mkhize, Deputy Minister of Higher Education and Training, South Africa***

**09h45**            ***Background to the WJEI & Objective of the Meeting (Advocate Thoko Majokweni, South Africa)***

**10h15**            ***Building Relationships with Governments: USAID-SA Perspective (Mr Blake Chrystal, Dir Regional Office & COTR, WJEI SA)***

**10h30**            ***Regional Review of Multi-Sectoral One Stop Centres (Ms Sarah Norton-Staal, Regional Child Protection Officer, UNICEF)***

**11h00**            ***Tea Break***

*Session 2:            Moderator, Joel Mokonoto, South Africa*

**11h15**            ***Country Presentation, Kenya***

**11h45**            ***Country Presentation, Zambia***

**12h15**            ***Q&A***

**13h15**            ***Lunch***

*Session 3: Moderator: Mark Meassick, Kenya*

**14h15**      ***Country Presentation, Benin***

**14h45**      ***Country Presentation, South Africa***

**15h15**      ***Q&A***

**16h15**      ***Cross-Cutting Dialogue Emanating from Country Presentations –  
Emerging Best Practices on Prevention, Response and Support***

**17h00**      ***Closure and Tea***

**19h00**      ***Opening Night Dinner for all Delegates***

*Tuesday, 11 January 2011*

**08h30**      ***Welcome and Tea***

*Session 1:*

**09h00**      ***Reflections on WJEI Program Implementation: Management, Institutionalization  
and Coordination***

**10h30**      ***Tea Break***

**11h00**      ***In-Depth Reports on In-Country Issues and Mechanisms: Benin***

**11h30**      ***In-Depth Reports on In-Country Issues and Mechanisms: Kenya***

**12h00**      ***In-Depth Report on In-Country Issues and Mechanisms: Zambia***

**12h30**      ***In-Depth Report on In-Country Issues and Mechanisms: South Africa***

**13h30**      ***Q&A***

**13h30**      ***Lunch***

*Session 2: Moderator: Pumeza Mafani, South Africa*

**14h30**      ***Country Planning Commissions – Plans for Coordination and Sustainability  
with/beyond USAID Assistance***

**16h30**      ***Closure and Tea***

**16h45**      ***Screening of Excerpts from Sita Kimya Docudrama***

*Wednesday, 12 January 2011*

*Session 1: Moderator: Pumeza Mafani, South Africa*

***09h00 Feedback from Country Commissions***

***10h30 Tea Break***

*Session 2:*

***10h45 Discussion on Country Plans & Commitments to Address Sexual and Gender-based Violence & Way Forward for WJEI Activities***

***12h30 Wrap-up and Housekeeping Announcements for the Field Visits***

***12h45 Closing remarks  
Dr. Sam Ochola, Provincial Director for Public Health and Sanitation***

***13h00 Lunch***

*List of participants:*

No	Name	Country	Organization/Department/Unit
1	Roselyn Linguli	Kenya	DOJ/ICITAP
2	Virginia Francis	South Africa	RTI International
3	J. R. Mokonoto	South Africa	Ministry of Health
4	J. Maina Kiranga	Kenya	USAID/OPH
5	Pumeza Mafani	South Africa	Personal Assistant
6	Anne Murphy	Kenya	USAID
7	Felicia Ntshangase	South Africa	SAPS
8	Peter Vaz	South Africa	RTI International
9	Rose Wafubwa	Kenya	Kenyatta National Hospital
10	Dr. Mwaura	Kenya	P.M.O.'s Office
11	Mark Meassick	Kenya	USAID
12	Dr. Margaret Makumi	Kenya	APHIA II Nairobi
13	Jessica Coulibaly	South Africa	USAID
14	Courtenay Morris	Kenya	USDOJ
15	Wallace Nguluwe	Zambia	Gender and Development
16	Anne Njeru	Kenya	MOPHS/DRH
17	Angela Njiru	Kenya	MOPHS/MOMS
18	Brendah K. Kanyengo	Zambia	CARE International
19	Christine Munalula	Zambia	CARE International
20	Beatrice S. Hamusonde	USAID/Zambia	USAID Zambia
21	Sam Ochola	KENYA	MOPHS
22	Loyce Munthali	Zambia	MOH-Zambia
23	Margaret Chibale Chendela	Zambia	Ministry of community development and social services
24	Vincent Siabona	Zambia	Zambia Police

No	Name	Country	Organization/Department/Unit
25	Elizabeth K. Mukhisa	Kenya	KNH/PSC/GBVRC
26	Adv Thokozile Majokweni	South Africa	NPA
27	Dr. Onyanche P. K.	Kenya	Ministry of Medical Services
28	Dr. Margaret Makanyengo	Kenya	KNH/GBVRC
29	Hon. Hlengiwe Mkhize	South Africa	Deputy Minister of Higher Education
30	Blake Chrystal	South Africa	USAID
31	Elizabeth Randolph	South Africa	RTI International
32	Dr.Regina G. Mwatha	Kenya	National Commission on Gender and development
33	Fredrick O. Ochieng'	Kenya	Criminal Investigation Department
34	Tabitha Ouya	Kenya	D.P.P.
35	Spino Fante	South Africa	Department of Higher Education and Training
36	Dr.Violet Oketch	Kenya	KNH/GBVRC
37	Beatrice Nduta	Kenya	Kenya Police
38	Margaret Muyanga	Kenya	KNH/GBVRC
39	Nikki Enersen	Kenya	USAID/Kenya
40	Mbali Masinga	South Africa	Department of Higher Education and Training
41	Nelly Maina	Kenya	APHIA II NRB
42	Ellijoy Karimi	Kenya	APHIA II NRB
43	Cynthia Anyango	Kenya	APHIA II NRB
44	Teresa Njore	Kenya	KNH/GBVRC
45	Masiluge Mbali		Dept. of Higher Education
46	Ms Beverley Lamanya	Rapporteur	
47	Merab Ochieng	Rapporteur	