

The Extending Service Delivery (ESD) Project

Refugee Knowledge and Attitudes Toward Gender-Based Violence:

Assessment of ESD Project Outcomes
in Kakuma Camp, Kenya

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Executive Summary

In December 2006, the Extending Service Delivery Project (ESD) began a year long program of intervention activities to decrease Gender Based Violence (GBV) in Kakuma Refugee Camp, Kenya. Under agreement with the Office of the United Nations High Commissioner for Refugees (UNHCR) and with funding from the East Africa Bureau/USAID, ESD conducted a program of training, community education and mobilization activities. UNHCR has long supported local implementation of activities to combat GBV in the camp, and these activities continued during the ESD intervention.

This technical report assesses the effects of ESD's activities on the knowledge, attitudes and behavior related to GBV among Kakuma camp residents. It is based on results from a baseline survey of 192 respondents conducted in March 2007 and an endline survey of 260 different respondents in November 2007. The findings of the assessment indicate that several important changes took place may reasonably attributed, at least in part, to the ESD Project activities:

1. **Exposure to anti-GBV messages was high at baseline and increased at endline.** Many camp residents reported having seen or heard anti-GBV messages in the three months prior to the survey, 71% at baseline, and 75% at endline.
2. **Participation in anti-GBV activities was perceived to increase.** Significantly more respondents reported that they knew of camp residents who were undertaking activities to combat GBV at endline (75%) as compared to baseline (67%).
3. **Changed attitudes toward GBV and increased recognition of its negative effects.** Significantly more respondents reported that their personal attitudes toward GBV had changed based on "the things you have heard" from baseline (65%) to endline (74%). Respondents described their attitude change as greater recognition and repudiation of the harm caused by GBV in its various forms. While this change was significant in the sample overall, a breakdown analysis of the data by sex, showed that the effect was primarily due to changes in attitudes among women.

The assessment findings show how the package of ESD intervention activities influenced camp residents' awareness, participation and attitudes toward gender based violence. During the intervention period, there was a significant increase in perceived participation in activities to combat GBV (75% at endline), and a large segment of the community reported direct, personal involvement in these types of activities (44% at endline). Perhaps most telling was the significant, negative change in attitudes toward GBV as harmful and unacceptable, especially among females in the sample.

These are positive changes that we hope will be sustained and strengthened by additional support activities sponsored by UNHCR, USAID and other donors and organizations. Even as understanding grows and attitudes are beginning to change, entrenched behavior is slower to change and gender based violence still damages too many human lives. ESD hopes that this important work continues to reduce GBV within the Kakuma refugee community.

Background

In November 2006, the Extending Service Delivery (ESD) project secured agreement and financial support from the USAID East Africa Mission to implement activities to strengthen ongoing efforts of United Nations High Commission on Refugees (UNHCR) to improve reproductive health and family planning (RH/FP) and increase awareness about gender based violence (GBV) among refugees living in camps in Kakuma and Dadaab, Kenya. ESD made a one year commitment to work with implementing agency staff in the camps, primarily the National Council of Churches of Kenya (NCCCK). Activities focused on refugee community champions and religious leaders through a series of trainings of trainers (TOT), cascade trainings, and subsequent widespread community mobilization, awareness raising and education in RH/FP and GBV.

UNHCR has acknowledged that gender based violence has been an endemic and tenacious problem in Kakuma Camp and has supported efforts to reduce it for many years (Kakuma camp has existed for a generation). While official camp health statistics report low rates of GBV, it is widely recognized that a significant amount of unreported GBV continues to occur. Violence originating from external sources (outside the family) is underreported because of the ensuing stigma and risk of reprisals for victims and their families, while domestic violence is not reported because incidents are generally perceived as unremarkable and culturally normative. Domestic violence is perceived by many camp inhabitants as a normal and acceptable reaction of a displeased husband/father. In preparation for its activities to raise awareness of GBV and reduce its acceptability in the population, ESD conducted a simple baseline survey to document camp residents' knowledge, awareness of and attitudes toward GBV and a follow-up endline survey for the purpose of evaluating any changes.

This paper reports on a pre/post project assessment of camp residents as an indication of changes resulting from ESD activities that were conducted in Kakuma. (Dadaab activities which focused more heavily on RH/FP are reported elsewhere). It is important to recognize that efforts to address GBV in the camps are ongoing; activities were taking place before ESD added its support, and will continue after the project ends. Section I. describes the additional GBV training and community mobilization activities that ESD contributed to existing efforts. Section II presents the results of a baseline/endline survey to assess outcomes of these ESD activities based on the project objective: to improve gender understanding, and to encourage positive attitudes and engagement among camp residents. The longer term goal is to reduce harmful gender norms and behaviors and GBV, and increase social acceptance of gender equity and the use of RH and FP services.

I. Description of ESD Project Activities Undertaken In Kakuma

Training

Activities were initiated with a five-day, Training of Trainers workshop (TOT) in February 2007 to raise participants' awareness of the social and cultural factors that influence GBV, and to increase their ability to educate and mobilize the community around the issue. Twenty-seven

Gender Champions were trained in the workshop; male and female refugee staff drawn from UNHCR, the International Rescue Committee (IRC), National Council of Churches of Kenya (NCCCK), Film Aid, and Lutheran World Federation (LWF). The TOT curriculum was adapted from the Raising Voices Best Practice, *Domestic Violence: A Training Process for Community Activists*. In follow-on activities in March, a subset of the TOT trainees conducted five additional 3.5-day roll-out trainings with 111 refugee Gender Champions selected from the camps. In April 2007, ESD also conducted a 5-day TOT workshop using its *Healthy Images of Manhood (HIM)* training curriculum with 30 young male Gender Champions drawn primarily from UNHCR, IRC, NCCCK and LWF refugee staff. The objective of HIM training is to increase young men's sensitivity to how norms of manhood and GBV affect them, their family members, and the community, and to help them develop skills that improve RH outcomes and reduce GBV. The *HIM* curriculum has been adapted by ESD from the Instituto Promundo *Program H* model and the Raising Voices *Domestic Violence: A Training Process for Community Activists* training curriculum. In follow-on training, NCCCK refugee staff members trained in this TOT conducted 12 HIM half-day roll-out education sessions with 60 male adolescent trainees.

Community Mobilization

ESD's local implementing partner NCCCK added additional GBV focused community mobilization activities to its ongoing activities in Kakuma camp starting in April 2007, to reinforce the information and approaches taught in the TOT and roll-out trainings. NCCCK conducted activities included workshops, focus groups, theater presentations and home visits. Mobilization activities to increase community awareness about GBV and gender norms and behaviors were intended to directly reach up to 2,000 refugees per month in Kakuma.

II. Assessment of Changes in Gender-Based Knowledge and Attitudes among Residents in Kakuma Camp Following ESD Intervention Activities

Objective of Assessment

This report describes, measures and compares knowledge, awareness, attitudes and behaviors related to activities to combat GBV among refugees in the Kakuma camp in 2007, before and after a series of interventions that were conducted over a year period by the ESD project and its trained community mobilizers. ESD issued a preliminary report describing the baseline situation in July 2007. This final report documents and compares baseline findings with post intervention results in order to document and evaluate project outcomes.

Methodology

A short, seven-item structured questionnaire on GBV knowledge and attitudes (see Appendix I) was developed by ESD in English and reviewed locally for content and clarity. In March 2007, NCCCK refugee staff members with prior survey experience were oriented to the survey protocol and procedures. These staff then completed interviews with 195 individual male and female camp residents. Eight months later, in November 2007, an endline survey was conducted with a different sample of 260 camp residents using the same instrument and procedures. Interviewees were identified at a variety of camp locations including water taps, firewood centers, schools, youth centers, mosques, and churches. Each interviewer, based at one of these identified points, collected data from consenting respondents over a period of several days. Survey data was analyzed using SPSS for Windows 10.0 software. Differences between the baseline and endline

findings presented below are compared showing both descriptive findings and statistical tests appropriate to the categorical level of the data (Chi Square one-side tests of significance).

Assessment Limitations

The sampling strategy was devised to collect information from a broad group of residents reasonably representative of the demographics of Kakuma camp. The baseline and endline samples, stratified on site locations, consisted of randomly selected respondents. The statistical differences reported here are predicated on the assumption of randomness, as is extrapolation of findings as applicable to the entire camp population. While it is possible that reported significant statistical differences could be artifacts of sample bias rather than true differences in the population at two points in time, the methodology establishes a reasonable basis for probabilistic assumptions of data analyses.

Unavoidable circumstances caused the baseline survey to be delayed by over a month, by which time the first GBV TOT had just been completed and roll-out trainings started, although no community mobilization activities had begun. Unfortunately, the initiation of ESD project activities prior to the baseline survey resulted in increased GBV awareness at baseline as discussed in more detail below. These inflated baseline measures of exposure to GBV reduced the size of differences between baseline and endline, and therefore reduced the likelihood of identifying significant pre/post project intervention results.

Demographic Characteristics of Baseline and Endline Samples

Four hundred fifty five respondents were sampled in total, 195 in the baseline sample and 260 in the endline sample. The demographic composition and comparability of both samples was found to be similar for sex and age of respondents, as shown in Table 1.

With respect to sex, female respondents slightly outnumbered male respondents by about 6% in both samples. Comparison of the baseline and endline samples by sex shows they were remarkably similar composition, with only 1% difference in the two samples.

With respect to age, the baseline and endline samples were also very similar based on three categories of age groupings. Overall, in the total sample: 41% were young adults (20-24 years of age), 37% were adults (25 years and older) and 22% were adolescents (15-19 years). Comparing across the baseline/endline samples, the difference in age group composition was minimal, varying from 2 to 6 percent.

Young adults (20-24) comprised the majority in both samples. This is consistent with the population age breakdown reported in 2005 UNHCR statistics for the camp: among those 18 and above, 49% fall in the 18-25 year age group (20,702) and 51% fall in the 25 years and above age group (24,648).¹

¹ Alfred Dube/Andreas Koenig. ILO/UNHCR Partnership UNHCR CPA/SPC Project Kenya.

Table 1. Composition of Survey Sample by Sex and Age of Respondents

	Baseline (n=195)	Endline (n=260)
Sex of respondents*		
Female	54%	53%
Male	46%	47%
Age group (years)[†]		
15-19	26%	19%
20-24	39%	43%
25+	35%	38%

* Missing data: 7% of Baseline (n=14) and 5% of Endline (n=14) [Baseline N=182] and [Endline N=246]

† Missing data: 12% (n=23) of baseline and 10% (n=26) of endline respondents did not indicate age group. [Baseline N=172 and Endline N=234].

Survey Results

Baseline and endline findings were compared using including Chi square analysis and tests of significance applied to the changes identified in each of the questionnaire items as summarized in Table 2. The details and results of probing for each item are described below.

Table 2. GBV-related Results by Indicator.

Indicator	Baseline	Endline	P-value
1. Heard of GBV	81% (n=192)	83% (n=250)	NS
2. Noticed increased attention to GBV	46% (n=182)	51% (n=242)	NS
3. Seen/heard messages about GBV	71% (n=194)	75% (n=254)	NS
4. Perceives community members undertaking activities to combat GBV	67% (n=172)	75% (n=240)	$p<0.05$
5. Respondent participated in activities related to combating GBV	40% (n=188)	44% (n=254)	NS
6. Respondents changed their attitude to GBV due to exposure to messages in the camp	65% (n=174)	74% (n=242)	$p<0.05$

Note: The number of cases varies from indicator to indicator because of missing values.

NS: Not significant

*1. Have you ever heard about gender based violence? (Overall YES-NO response =97%)
NO SIGNIFICANT CHANGE ($p<.34$ one side test)*

There was broad awareness of GBV reported in the camp (81%) prior to the initiation of ESD'S program, and this awareness showed little change in the endline response rate (83%); on average, 82% of respondents reported hearing about GBV compared to 18% of respondents who had not.

When asked to specify what types of GBV they were aware of, wife battering was cited most frequently, followed by rape and defilement. A few respondents mentioned forced or early marriage, child labor, and girl child abduction, and one respondent cited wife inheritance.

Several respondents confided that they had been beaten, raped by the locals, or that their sister or cousin had been raped. A number of respondents, when probed, indicated that they had heard about GBV during a workshop conducted by NCKK and the IRC that preceded ESD's work. Another group of respondents indicated that they had heard about GBV through the media, newspapers, and posters, and a few indicated that they had heard about GBV at school.

2. *Have you noticed any increased attention to the phenomenon of gender based violence recently? (Overall YES-NO response =93%)* **NO CLEAR INTERPRETATION OF FINDINGS**

As indicated in Table 2, nearly half of respondents said "yes" at baseline and this increased 5% more at endline. This question was meant to elicit whether or not respondents had noticed **an increase in project activities to raise awareness of GBV**. But based on replies to interviewer probes, we strongly suspect that this question was misunderstood by some respondents as asking for their perceptions about increase in hearing about **occurrences of GBV itself**. For example, some who answered YES to this question, when probed to specify what they meant by increased attention to GBV, mentioned recently hearing more often about instances of rape, physical violence, harassment of women, and defilement. Also, some who answered NO to this question, when probed said that recently, there were fewer incidents of GBV now, and that people understood the right of individuals, children and women.

Yet other respondents appeared to answer the intended question. These respondents who answered YES, when probed mentioned a NCKK/IRC workshop held on GBV, house to house visits and other activities carried out by NCKK staff and LWF security staff that increased attention to GBV in both the community and in schools. One female respondent mentioned that she had noticed increased information about the international human rights codes of conduct, and one male respondent mentioned current repatriation for Sudanese refugees. Other respondents who answered NO, stated that "nobody cares"; "still women beating has not stopped"; "nobody is preventing the problem"; and "there is silence". Unfortunately, due to this mixed interpretation of the meaning of the question, the data and findings for this item are confounded and cannot be interpreted.

3. *Have you seen any posters or heard any messages on gender based violence recently? (Overall YES-NO response rate=98%)* **NO SIGNIFICANT CHANGE** ($p < .22$ one side test)

The majority of respondents (overall average 73%) indicated that they had seen posters or messages on GBV recently, and the small increase from baseline line to endline (3%) was not significant. This item was included to investigate if increases in IEC might be a source for any changes identified in residents' attitudes and knowledge of GBV. This finding, that respondents did not perceive any significant changes in IEC efforts between baseline and endline, implies that changes identified in attitudes or knowledge would not be strongly attributable to IEC changes.

In response to probing, respondents cited seeing posters or messages about GBV at the clinic or at the main hospital, displayed on the road side, on billboards around the camp, or near the Sudanese community. Some also indicated that they had heard messages about GBV either at the NCKK gender workshop or from NCKK staff and motivators. The specific GBV messages

recalled covered a range of issues from domestic violence (“Don’t beat your wife”; “Don’t fight, resolve”; “Don’t use fist, use talk”; “Stop domestic violence”) to messages about rape, forced marriage, child abduction and child labor, and FGC/FGM. One respondent mentioned messages about family planning, and another about stopping torture.

4. *Has anyone in your community undertaken activities to combat gender based violence? (Overall YES-NO response rate=91%) **SIGNIFICANT INCREASE** [$p < .05$ one side test].*

A majority of respondents (67%) at baseline indicated that they knew of specific community activities undertaken to combat GBV. At endline, significantly more respondents (75%) indicated they knew of community level activities on GBV. This significant finding provides evidence that ESD programming activity achieved its intended objective of increasing refugee awareness of /exposure to anti-GBV activities.

Among those who recognized that activities had been undertaken in their community to combat GBV, respondents identified NCKK, IRC and LWF gender staff as having conducted these activities, including home visits and activities to support women. Respondents also cited security staff, counselors, and case workers, women community leaders and tribe leaders, elders and head of households (many, but not all of these activities were supported by ESD).

4.A. *What kinds of activities are being undertaken in the camp to combat gender based violence? (Please check all that apply) (n=195)*

When asked to specify what type of activities had been undertaken in the camp to combat GBV, respondents gave the answers shown in Table 3, at baseline and endline. Respondent awareness of types of GBV activities appears to have remained constant across the baseline and endline as evident in the very similar breakdown of activity types and relative percentages.

Table 3. Different Activities Cited as Implemented in the Camp to Combat GBV, by Type.

ACTIVITY TYPE	BASELINE	ENDLINE	Overall
Workshop (group)	52% (110)	52% (146)	52% (256)
Outreach (individual)	29% (61)	33% (93)	31% (154)
Clinical services	10% (22)	6% (17)	8% (39)
IEC materials disseminated	9% (19)	8% (23)	9% (42)
	100% (n=212)	100% (n=279)	100% (N=491)

5. *Have you participated in any activities related to combating gender based violence in the past three months? (Overall YES-NO response rate=97%) **NO SIGNIFICANT CHANGE***

Somewhat surprisingly, a substantial minority of respondents (40%) reported that they had recently participated in activities related to combating GBV at baseline. At endline, there was a slight, non-significant increase to 44% ($p < .11$ one-tailed test).

Many respondents said they had provided counseling, advice, or emotional care to victims of GBV either in an informal way, as a direct result of their participation in a gender workshop, or in the capacity of a counselor. (“I attended the workshop and volunteered to help solve cases”;

“joining workshop and then passing the message for the community”; “Emotional care by giving advice counseling”; “I have advised a girl who was raped”; “In solving a family problem”). A few respondents mentioned that they had been involved in activities to raise awareness about child labor.

6. *Have the things you’ve heard about changed your attitude toward gender based violence?* (Overall YES-NO response rate=91%) **SIGNIFICANT INCREASE** [$p < .025$ one side test].

At Baseline, 65% percent of respondents reported their exposure to messages in the camps had changed their attitudes toward GBV while at endline there was a significant increase to 74%.

Those who reported changes indicated their attitudes were now more negative to forms of GBV and more positive and receptive to gender equality (“Equality (sharing)”; “Men and women have the same right”; “It paved the way for human rights”; “Stop wife beating- Treat all equally; Equal opportunity to men and women”). Some stated that the dissemination of GBV messages in the camps had contributed to reducing violence. (“There is progress”; “A bit of change”; “There is an improvement”; “There is change in fighting in the communities”; “It has changed people”; “Violence has changed. There is no force.”). In contrast, three male respondents at endline expressed that they now held more negative attitudes; one male respondent in the 15-19 year age group stated that GBV messages had a negative impact on traditional norms (“Such things destroy our traditional norms”).

As shown in Table 4, there was an overall increase in both men and women reporting attitude changes between baseline and endline. However, further analysis by sex found that, in men, this increase was not significant, while the nearly 20% increase in female attitude change was significant ($P < .01$).

Table 4. Have the Things You’ve Heard About Changed Your Attitude Toward GBV?

YES	BASELINE SAMPLE	ENDLINE SAMPLE	Chi-Square one tailed test
Men	67% (n=52)	73% (n=80)	$P < .01$
Women	61% (n=53)	80% (n=81)	

Conclusion

- Overall, a strong majority of camp residents (82%) have heard about GBV and many were able to demonstrate their knowledge by specifying its different forms— especially domestic violence, rape, and defilement. Unfortunately, due to the delay in conducting the baseline survey, it followed AFTER the first series of ESD supported gender workshop(s) organized by NCKK in February and March 2007. In fact, these workshops were the most frequently cited source in the baseline probe for this and other questions. While this was clearly a positive result for the project, it inflated the baseline value for all exposure variables, reduced the differences measured and therefore the likelihood of finding changes large enough to reach significance at endline.

- **There was a significant increase in camp residents' awareness that GBV activities were occurring in the camp** ($P < .05$ [1 sided test]). At baseline, 67% of respondents knew of activities undertaken in the community to address GBV compared to 75% at endline. Further analysis by sex, showed that this increase was based on changes in both men and women.
- **There was a significant change in camp residents' attitudes toward GBV** ($P < .025$ [1 sided test]). At baseline, 65% of respondents stated that their exposure to GBV education and messages disseminated in the camp had changed their attitudes and they viewed GBV as a problem to be addressed; some in this group mentioned that this process had contributed to reduced GBV incidence in the camp. At endline, 74% of respondents reported changed attitude changes toward GBV.
- **Significantly more women than men changed their attitudes** ($P < .01$ [1 sided test]). Further analysis, by sex, of the attitude change data described above, showed that significantly more women as compared to men, had adopted negative attitudes toward GBV.
- A substantial minority of respondents, 40% reported having participated in activities to combat GBV in the camp at baseline, which increased slightly to 44% at endline (a non significant increase). Respondents said that they had engaged in individual counseling, giving advice, or simple emotional care as a result of their participation in a NCKK gender workshop or other activities.
- In the three months prior to the baseline, 46% of respondents said they had noticed increased attention to GBV and probes indicated that some of this was due to the initial ESD supported workshop trainings. At endline, 51% cited increased attention to GBV, a small, non significant increase. However, as explained earlier, the question had at least two interpretations; some respondents interpreted "increased attention to GBV" to mean increased *activities to combat* GBV, while others interpreted it to mean increased *instances* of GBV itself. Unfortunately this confounding could not be rectified, and the results for this question remain ambiguous.
- At baseline, 71% of respondents had recently seen posters or heard messages about GBV. Message sources cited included NCKK gender workshops, NCKK staff and motivators, and posters or billboards containing information about domestic violence, rape, forced marriage, child abduction, child labor or female genital mutilation/cutting (FGM/FGC). At endline this increased modestly to 75% of respondents (a non significant increase).

Overall, the assessment results show that **knowledge of and participation in GBV activities is perceived to be increasing, and that attitudes toward GBV are also changing in the Kakuma refugee community.** But even as intellectual understanding and changed attitudes grow stronger, entrenched behavior is slow to change and gender-based violence still manifests with widespread damaging impact.

The findings show that most attitudinal change has occurred in women. Speculatively, this might indicate that females are beginning to have less tolerance for domestic violence (one type of GBV) since it is to their benefit, while males are less likely to change their attitudes and

relinquish this level of control. In order to investigate this hypothesis, more investigation would be necessary.

Possibly, the most telling finding of this assessment is that, despite official camp statistics reporting an extremely low incidence of GBV, 44% of respondents interviewed at endline had recently been personally involved in GBV activities/incidents. This proportion of direct involvement by so many refugees can serve as justification for maintaining the ongoing focus and support from UNHCR, USAID and other donors and CAs to continue their combined efforts to reduce GBV.

Appendix: Questionnaire

Interviews with Community Members in Kakuma, Kenya Pre Intervention Measures for GBV Training

Date interview conducted: _____ Interview location (e.g., food line): _____

Do you agree to participate? Yes No → If No, thank the respondent and end the interview.

Respondent's sex: Man Woman How old are you? 15-19 yrs. 20-24 yrs 25 yrs. or older

#	Questions	YES	NO	DKN	Specify with Probe
1	Have you ever heard about gender based violence?				
2	Have you noticed any increased attention to the phenomenon of gender based violence recently?				
3	Have you seen any posters or heard any messages on gender based violence recently?				
4	Has anyone in your community undertaken activities to combat gender based violence?				
4.a.	What kinds of activities are being undertaken in the camp to combat gender based violence? (Please check all that apply)	/	/		Workshop (group) Outreach (individual) Clinical services IEC Materials Other: _____
5.	Have you participated in any activities related to combating gender based violence in the past three months?				
6.	Have the things you've heard about changed your attitude toward gender based violence?				