Adopting a Systems-Strengthening Approach to Improve Prevention and Response to Gender-Based Violence: Lessons from the Kenya-Finland Bilateral Programme

VERSION 2: FEBRUARY 2025.
WITH PHOTOS FROM THE WAY FORWARD CONFERENCES HELD IN BUNGOMA, KILIFI, AND SAMBURU COUNTIES.

DISCLAIMER

This publication is made possible by the generous support of the Governments of Kenya and Finland through the Strengthening Prevention and Response to Gender-Based Violence in Kenya Programme. The contents are the responsibility of the Programme Management Team and do not necessarily reflect the views of the funding partners to this bilateral programme.

ABOUT THE PROGRAMME

The Kenya-Finland Bilateral Programme on GBV (2021-2024) was designed to support Duty Bearers to better prevent, and comprehensively respond to the needs of GBV survivors, their families, and communities. In partnership with the County Gender Sector Working Groups (GSWGs) in Bungoma, Kilifi, and Samburu Counties, and engaging both rights holders and duty bearers, the programme tested new approaches to strengthening capacity and coordination – with a commitment to strengthening systems to reduce GBV and other harmful practices.

Cover Images: the photographs capture the implementation of the Strengthening Prevention and Response to Gender-Based Violence (GBV) Programme in Kenya, which is locally known as the Kenya-Finland Bilateral Programme.

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Acronyms

EBI	Evidence-based Intervention
HRBA	Human rights-based Approach
GSWG	Gender Sector Working Group
GBV	Gender-Based Violence
PMT	Programme Management Team
PWD	People with Disabilities
SBC	Social and Behaviour Change
SEM	Socio-ecological Model
SOPs	Standard Operating Procedures
TWG	Thematic Working Group

Foreword

The Kenya-Finland Bilateral Programme on Gender-Based Violence (GBV) (2021-2024) represents a significant milestone in advancing the mandate of the County Gender Sector Working Groups (GSWGs) in Bungoma, Kilifi, and Samburu by enhancing coordination and piloting innovative approaches to address GBV. Stakeholders from the community- up to the national-level have described the program as transformational. This publication summarizes the Kenya-Finland approach, lessons from implementation, along with results and recommendations going forward. Developed by the Programme Management Team (PMT) – namely the State and County Gender Directors, along with the staff from NIRAS Finland, the Technical Resource Provider for the programme, this publication reflects the deep discussions, reflections, and implementation experience garnered over a three-year period – from inception through to implementation and close-out. It is intended to help development partners in Kenya to adopt, and scale transformative programming in the context of GBV – including a special focus on female genital mutilation. These promising practices signal new ways of working that could also be leveraged and developed further by partners.

This team of authors welcomes you to learn with us and from us, through this publication and the continuing efforts to reduce GBV and deliver survivor-centred care.

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Introduction

The Kenya-Finland Bilateral Programme (2021-2024) was designed to support Duty Bearers to better prevent, and comprehensively respond to the needs of GBV survivors, their families, and communities. In partnership with the County Gender Sector Working Groups (GSWGs)[1] in Bungoma, Kilifi, and Samburu Counties, and engaging both rights holders and duty bearers, the programme tested new approaches to strengthening capacity and coordination – with a commitment to strengthening systems to support lasting transformational change at scale.

Investing in Systems Strengthening

Adopting a 'system strengthening' approach within the context of GBV programming represents an important evolution in Kenya. This shift moves away from traditional methods that are often focused on highly customized, short-term trainings. While valuable in specific contexts, these trainings are typically dependent on donor funding, lack certification or recognition by professional bodies, and contribute to the emergence of different core competencies. This new approach was bold and ambitious – especially given the short timeframe for implementation. It included three key workstreams to drive transformational change, including:

- **Developing Tools for Collaboration and Collective Leadership:** By supporting inclusive and participatory processes to identify the key drivers of GBV and confirm the groups and locations with the greatest risk and vulnerability – simple analytical tools have been created for each of the three Counties where the program was implemented. This has led to a common understanding of the risk factors by all stakeholders, and more efficient planning and distribution of services to the locations with the greatest need.

- **Embracing A New Approach to Building Capacity, Confidence, and Commitment:** Supporting a critical mass of legal and moral duty bearers to complete certified professional trainings to establish consistent core competencies across the workforce aligned to professional standards, and ethics, together with scaling of evidence-based interventions. These efforts have contributed to profound improvements in the delivery of services in each of the high priority wards.

- **Strengthening Policy Implementation:** Meaningful engagement across all sectors and segments of society is essential to achieve the policy goal and priorities to end GBV. By partnering in new ways with moral and legal duty bearers and rights holders – the program has been able to support makes milestones in the journey to end FGM and reduce GBV – including community driven roadmaps and reflective sessions on the respective guidance and Codes of Conduct for each sector. Through these efforts, a group of empowered new leaders can leverage their platforms for action.

These three interconnected workstreams make up the system strengthening initiatives deployed in Bungoma, Kilifi, and Samburu as illustrated below. The toolkit will provide an overview of each workstream together with lessons learned and recommendations for the wider sectors.

[1] These working groups include both national and county focal points from all relevant sectors including, but not limited to, police, health, education, peace & security, children's services, gender, and civil society – including community-based organizations, faith-based organizations, and survivor networks/support groups.

Our Approach for Systems Strengthening

Tools for Strengthening Coordination

During the inception phase of the program, an online survey was launched during the National GBV Thematic Working Group (TWG) meeting in April 2022 and shared with the County Gender Sector Working Groups (GSWGs) for Bungoma, Kilifi and Samburu. 122 stakeholders responded to the survey - 60% females, 38% male and 2% did not disclose. The e-survey invited responses from all sectors engaged in GBV prevention and response providing important insights into stakeholder views and preferences related to coordination.

Feedback on the Existing GSWG Coordination Platforms

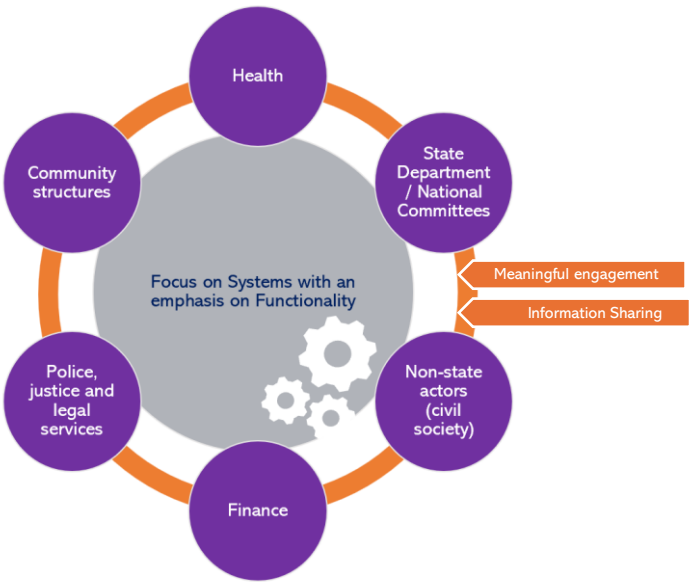
Most respondents, 53% reported that they are somewhat satisfied with the operation of their GSWG, with 22% reporting that they are very satisfied, 17% were neutral, and the remaining 8% dissatisfied. These findings suggest that stakeholders largely recognize the value of the existing coordination platforms, and there is potential for improvement. **Nearly all stakeholders reported that they participate in the GSWG for information sharing, networking, and knowledge management. The majority also reported that they want to discuss common themes or strategies; disseminate policies/guideline relevant to the sector and develop common strategies or shared plans.**

Recommended Areas of Focus to Improve Coordination

The respondents recommended increased focus on the **system of coordination**, with greater emphasis on functionality improving the quality of interactions and information sharing across stakeholders and sectors by:

- Harmonizing strategies for efficient use of resources and effort.
- Using policy recommendations, data and evidence to guide GBV prevention and response efforts.
- Streamlining bureaucratic processes.
- Ensuring effective use of human resources.
- Budgeting adequately.
- Promoting transparency & accountability.

Suggested Areas of Focus to Improve Coordination



In addition, the respondents identified specific sectors/groups to prioritize in terms of the quality of engagement and information sharing include health, gender, police and actors in the justice sector; Non-state Actors; Financing Mechanisms; and Community Structures. See the diagram above summarizing the findings.

These recommendations helped to inform the innovations in system strengthening which were conceptualized and tested in three counties during the implementation of the Kenya-Finland Bilateral Programme, and summarized herein.

A Model for Coordination with 3 Dimensions

This model emerged progressively as new tools for coordination were developed in consultation with the County GSWGs in Bungoma, Kilifi, and Samburu. These tools were developed by and for the members to deliver services in the locations with the greatest need; to adapt according to changing risk/vulnerability month-by-month; and to work across all levels of society.

❶	Duty Bearers deliver services in locations with greatest GBV risk/vulnerability to GBV.	PRACTICE: Build consensus on the locations to prioritize.	TOOL 1: Ward Rankings According to Risk/Vulnerability
❷	Sharing information to guide planning across sectors according to the changing levels of risk across different seasons/months.	PRACTICE: Map the unique events and emerging issues that are relevant to GBV.	TOOL 2: Seasonal Calendar of Risk & Prevention Opportunities
❸	Using the socio-ecological approach to promote and support collective leadership for policy implementation - engaging families, peer networks, and communities.	PRACTICE: Engage all levels of society.	TOOL 3: Using the Socio-Ecological Model to Prioritize

Photo of Kilifi Gender Director reviewing the GBV Risk & Vulnerability Rankings for all County wards.

Tool 1: GBV Risk & Vulnerability Rankings by Ward

A. IDENTIFYING THE NEED

A simple ranking of all wards in the county according to high, medium, or low risk/vulnerability to GBV carried out by an expert group with deep knowledge of the county. See image (right) of the rankings for all wards in Samburu County carried out in 2022 which revealed that 9 of 15 wards are high-priority, with additional urgency assigned Wamba North, Ndoto, and Angata Nanyukie.

Risk & Vulnerability Rankings for All Wards in Samburu County

Sub-county	Ward	Need/Vulnerability to GBV		
		High	Medium	Low
Samburu East	1. Uaso	●		
	2. Wamba West	●●		
	3. Wamba East		●●	
	4. Wamba North	●●●		
Samburu West	5. Lodokejek	●●		
	6. Suguta Marmar	●		
	7. Maralal		●	
	8. Loosuk		●	
	9. Poro	●		
Samburu North	10. El Barta	●●		
	11. Nachola		●	
	12. Ndoto	●●●		
	13. Nyiro	●●		
	14. Angata Nanyukie	●●●		
	15. Baawa	●●		

B. WHY THIS IS IMPORTANT

Access to accurate information about locations with the highest risk and vulnerability to GBV is essential to ensure assistance reaches those in greatest need while optimizing the use of human and financial resources. Real-time data on GBV is not consolidated in a single place, and many cases of GBV are never reported[2].

C. OUR APPROACH

With the in-depth knowledge and diverse expertise within the GSWG, this group is uniquely positioned to carry out this classification. To produce the ward rankings, it is often helpful to start with a review of the available data for the county and discuss the unique risks or drivers of GBV sub-county by sub-county. This process will help stakeholders to recall important features for when they do the classification.

Key steps...

1. Where GBV data is available by ward, consolidate and share with the GSWG for review.
2. Create a table that lists all sub-counties in the county in Column 1, and in the Column 2 leave space for recording key risks/drivers of GBV – see example for Samburu County. Note: you can use a laptop & projector, or flipchart paper (one sheet for each sub-county).

Sub-county	Key GBV Risks and Features that Drive GBV	Assessment ●●●
Samburu East		
Samburu Central		
Samburu North		

[2] According to the 2022 Kenya Demographic & Household Survey (KDHS), only #% of GBV and VAC cases are reported.

3. Record responses for each sub-county, allowing time for discussion about any points raised. It is important to have a consensus around the risks and drivers for each sub-county. Then invite the group to rank the sub-county according to the level of risk/vulnerability to GBV, i.e. Red for high, Yellow for medium, and Green for low.

4. Create a new table that lists all wards grouped for each sub-county. (This should be done in advance of the meeting to save time.) Read out the list of wards by sub-county to validate the list. You can use your computer & projector, or flipcharts. See example for Samburu County, right.

5. Acknowledge that as members of the GSWG, they are well placed to classify each Ward according to GBV risks/cases/unreported incidents etc. As a group, we will rank each ward according to risk/vulnerability to GBV, i.e. Red for high, Yellow for medium, and Green for low based on what we know and experience in our day-to-day work.

Sub-county	Ward	Need/Vulnerability to GBV		
		High	Medium	Low
Samburu East	1. Uaso			
	2. Wamba West			
	3. Wamba East			
	4. Wamba North			
Samburu West	5. Lodokejek			
	6. Suguta Marmar			
	7. Maralal			
	8. Loosuk			
	9. Poro			
Samburu North	10. El Barta			
	11. Nachola			
	12. Ndoto			
	13. Nyiro			
	14. Angata Nanyukie			
	15. Baawa			

6. Read out the name of the Ward, and ask the members: Red? Yellow? Green? And record the response. Allow time for discussion and debate. However, if there is a location where the members cannot agree, proceed to the next ward and then return at the end of the exercise. See sample from Samburu:

   Note: some stakeholders might want to have a 'red' and a 'deep red' to signal wards that have a very high risk/vulnerability – refer to Classifications done in Samburu. Or perhaps they would wish to add 'orange' to signal risks that are between high- and medium-risk. These adaptations are reflect the ideas and ownership of the classification process and should be embraced.

7. After all Wards have been categorized according to Red, Yellow, Green; share with other groups, i.e. Chiefs, County Administrators and other duty bearers close to communities to validate the responses.

8. Produce a brief with the analysis and share widely with new and existing actors, advising them to work in the locations with the highest risk & vulnerability. Alternatively, consider printing large placards with the analysis for ease of sharing during meetings at community level. Two-page briefs were produced for each county to share the analysis and priority interventions to be carried out by the program – see thumbnail views below. A sample is also included in the Annex.

Kilifi

Bungoma

Samburu

D. WHAT WE LEARNED

Lessons from the Kenya-Finland Programme

In Bungoma, Kilifi, and Samburu the results of Ward Rankings have helped to direct attention and resources to the locations with the greatest need. With a clear ranking of the Sub-counties and Wards according to high, medium, or low risk, the GSWG agreed to prioritize those with the highest risk/vulnerability, i.e. red classification. As such, when new partners or programs came to the County, they were directed to work in those locations. In addition, outreaches, advocacy efforts, and capacity strengthening were prioritized in those locations. At a time when GBV cases are underreported, real-time data is limited, and resources are constrained, the GBV Risk & Vulnerability Rankings have emerged as a valuable tool for aligning priorities and directing resources to the areas of greatest need—a hallmark of the human-rights-based approach (HRBA).

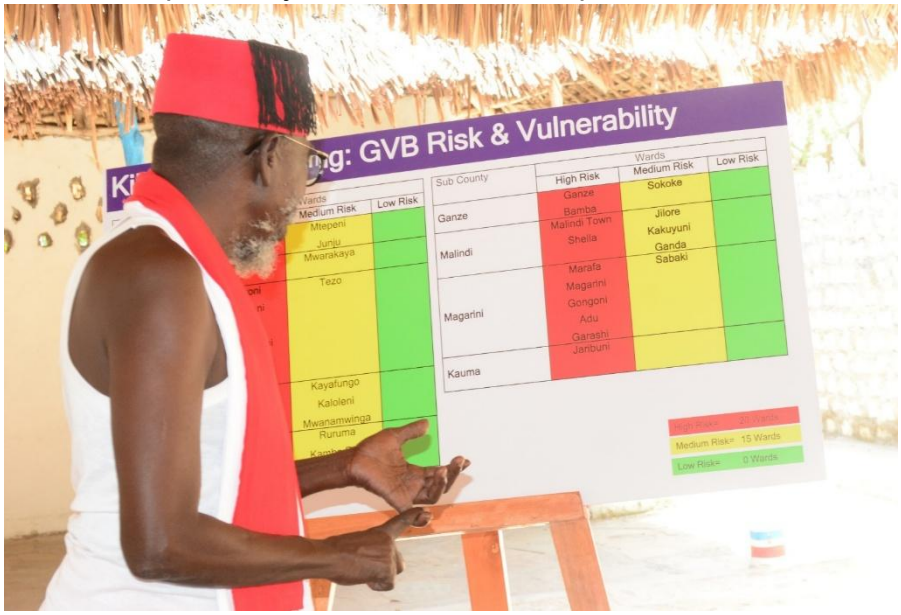
The Ward Rankings have been used to help the County GSWGs to:

- Identify locations with the greatest risk/vulnerability.
- Secure commitment to prioritize prevention and response in the 'red' wards.
- Direct resources to the locations with the greatest need.

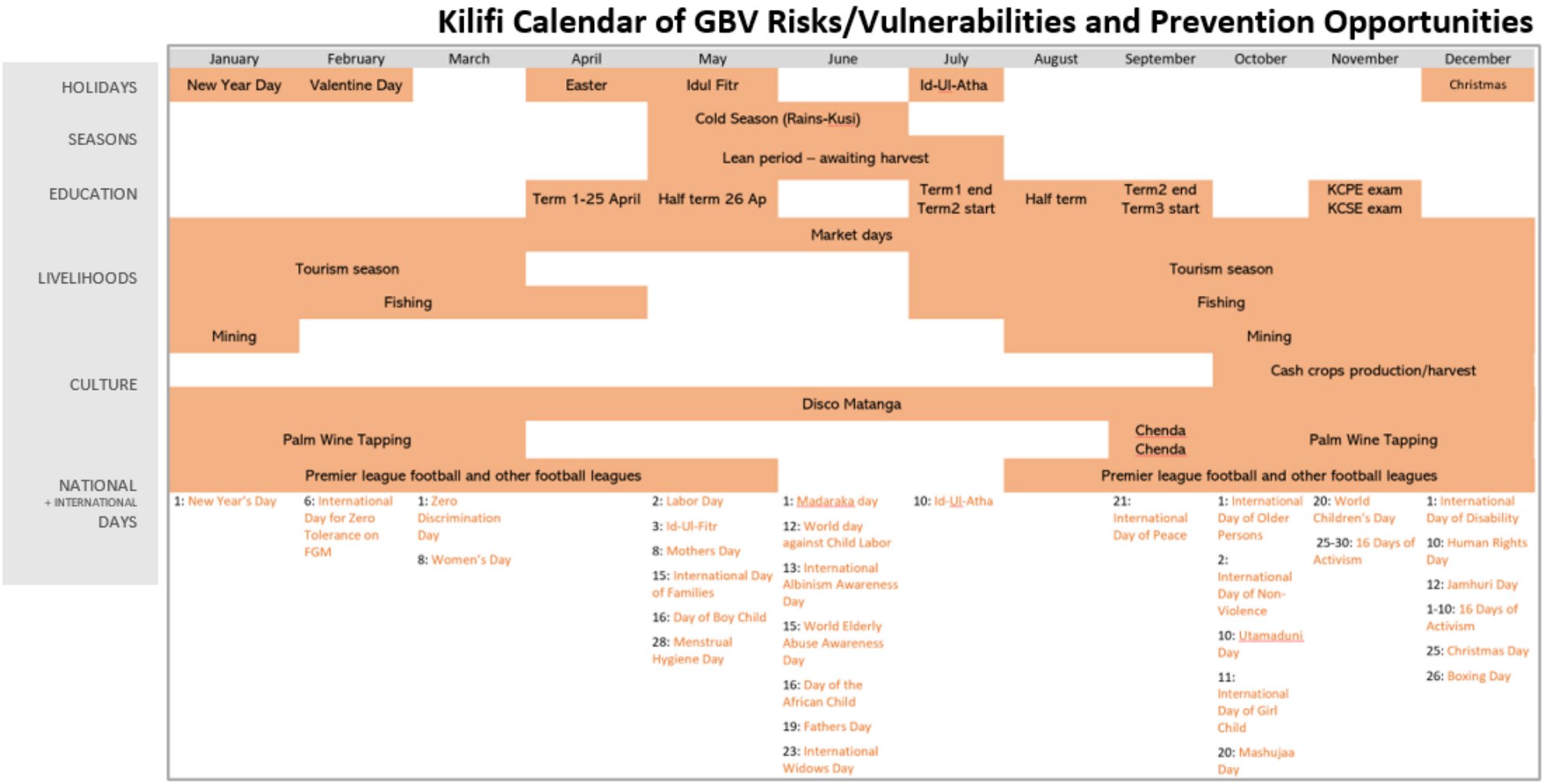
Scaling this Tool/Approach to other Counties...

Drawing on these lessons, the Ward Risk & Vulnerability rankings can be developed and used to enhance coordination in other County GSWGs by helping to:

- **Bring awareness to different levels of risk/vulnerability across the county** – helping duty bearers to recognize that some locations need more attention, and different types of support with the goal of reducing risk and vulnerability.
- **Inspire commitment to prioritize the red wards** (see page #) – engaging duty bearers at all levels (both within and outside of the ward) to devote more attention and resources to the locations with the greatest risk.
- **Encourage reflection, and experience sharing between wards** – the rankings can be a source of learning that guides programming and investment as stakeholders learn from the actions/initiatives that enabled a ward to achieve a yellow or green status.
- **Focus on the drivers of GBV** – this includes more programming to advance primary, secondary, and tertiary prevention linked to GBV response.
- **Promote collective leadership** Encourage stakeholders to use their respective platforms to implement independent, but complimentary initiatives that will help the Ward move from Red to Yellow.



Tool 2: Seasonal Calendars of GBV Risk/Vulnerability & Prevention Opportunities



A. IDENTIFYING THE NEED

A simple month-by-month calendar for the county that summarizes key drivers of GBV and opportunities for prevention.

B. WHY THIS IS IMPORTANT

GBV risks and vulnerabilities fluctuate based on the unique events and emerging issues occurring in each County. These dynamics can either increase or reduce the likelihood of GBV. Establishing a common calendar enables partners to align their efforts around common priorities, consistent messaging, and complementary actions.

C. OUR APPROACH

The members of the County GSWG are well-placed to draft this calendar, but it would also be helpful to consult or engage experts working in the agricultural and other manufacturing sectors to add more precise inputs regarding harvest & lean seasons; and major events/celebrations respectively. This calendar can be produced during a routine GSWG meeting.

1. Explain that the County wishes to produce a Calendar summarizing key periods of risk/vulnerability to GBV, and key prevention opportunities. This will help to align messaging and outreaches for greater impact and effectiveness.

Event	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

2. Draw a simple table with the months listed across the top row. Start by listing the national and international advocacy events related to GBV. These are key prevention opportunities. Confirm that the list is complete.

Event	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		6th International Day for Zero Tolerance on FGM	1st Zero Discrimination Day 8th Women's Day		2nd Labor Day 8th Mother's Day 15th International Day of Families 16th Day of Boy Child 28th Menstrual Hygiene Day	12th World Day against Child Labor 13th International Albinism Awareness Day 15th World Elderly Abuse Awareness Day 16th Day of African Child 23rd International Widows Day			21st International Day of Peace	1st International of Older Persons 2nd International Day of Non Violence 11th International Day of Girl Child 20th Mashujaa Day	1st International Day Against Cyber Bullying 25th - 30th 16 Days of Activism Begins	1st -10th 16 Days of Activism Continues 1st International Day of Disability 10th Human Rights Day 12th Jamhuri Day

3. Brainstorm other important events that can contribute to increased risk to GBV, and/or present an important opportunity to advance prevention efforts, and list them in the respective month. You could brainstorm randomly, and then organize them by theme. The ultimate goal is to map out the unique things happening in the respective county that can be a driver of GBV. For example:

    1. **Celebrations & Important Cultural & Religious Events** can increase risk/vulnerability due to large gatherings at night where adults may be unable to adequately supervise children, higher consumption of alcohol, and risks associated with travel to/from the site in poorly lit locations. See list developed by the Kenya-Finland Programme for Kilifi County:

Event	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Celebrations & Important Cultural & Religious Events	1st New Year's Day			Good Friday Easter Monday		Eid al-Adha	Id-Ul-Atha		Chenda Chenda Celebration	10th Utamaduni Day 20th Mashujaa Day		12th Jamhuri Day 25th Christmas Day 26th Boxing Day
	Palm Wine Tapping									Palm Wine Tapping		
	Disco Matenga											

    2. **Seasonal changes in weather** affecting household incomes, food consumption, and risk of extreme climate event. For example, the cold season is a time known when people are more confined indoors than usual in Kilifi. This can be a source of stress as earnings are lower than usual due to less income from fishing and tourism.

Event	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Seasons					Cold Season							

    3. **School Year & Holidays** can exacerbate family stress and conflict due to the challenges of paying school fees, increased risk as children travel to/from school etc.

Event	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Academic Year	Term 1: Jan 6-Apr 5				Term 2: Apr 28-Aug 1			Term 3: Aug 25-Oct 24				
	Holiday: Apr 7-25							Holiday: Aug 7-22		Exams; Holiday Oct 27-		Holiday

    Repeat the same for other important events/activities in the County that are relevant to GBV risk/vulnerability, and prevention.

4. Once you have completed the Calendar, review and discuss how the GSWG can use it to improve planning, and coordination in the County, see sample questions below:

   - Does this calendar help us to anticipate seasonal or event-driven spikes in GBV risk and prepare systems, including health, police, legal support, and counselling services, to handle potential increases in cases?
   - How can we use the calendar to identify high-risk periods and locations, prioritizing resources and interventions where and when they are needed most?
   - Should we develop a coordinated action plan for each high-risk period? How far in advance should we develop this plan?
   - Who (which agency/department/organization) will ensure that we align efforts across sectors and organizations to support a unified and comprehensive response, avoiding duplication and maximizing impact?
   - What advocacy and public awareness campaigns must we prioritize according to the high-risk periods?

Kenya-Finland Program used the Calendars to:

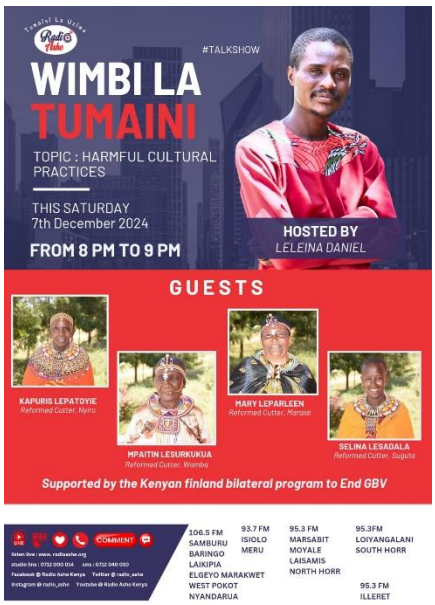
- Prioritize interventions
- Coordinate efforts
- Intensify awareness & advocacy
- Strengthen preparedness

D. WHAT WE LEARNED

LESSONS FROM THE KENYA-FINLAND PROGRAMME

In each of the three Counties of implementation, the Calendars have served as an important tool to guide programming, helping the program to prioritize and intensity key interventions ahead of periods of heightened GBV risk due to conditions/events/celebrations – some of which are unique only to that County. For example, in Bungoma, radio talk shows were increased in advance of the period where boys undergo the traditional rites of passage. Among the Bukusu tribe in Bungoma – this included a partnership with the Supreme Council of Elders to support the development new cultural songs about more equitable relationships, along with radio talk shows, and community-level meetings to promote safer ceremonies. This resulted in the most peaceful ceremonies in years, according to County leadership.

Similarly in Samburu, there were peer exchanges among Morans to provide positive examples of young warriors who are ready to marry a woman who has not undergone FGM, radio talk shows featuring women who used to practice female genital mutilation (FGM) laying down their tools, speaking to the community about their decision and calling for an end to the practice. Photos from the peer exchange with Morans in Samburu and Reformed FGM Practitioners on radio talk shows, and peer meetings are provided below.



Scaling this Tool/Approach to other Counties...

Other County GSWGs can also benefit from creating their own unique calendar of risks and prevention opportunities. This is another coordination tool that can help partners to proactively plan across sectors, agencies and organizations – supporting complementary efforts and messaging. By noting the unique issues in the County, partners can also ensure that financial and human resources are allocated when and where they are needed most.

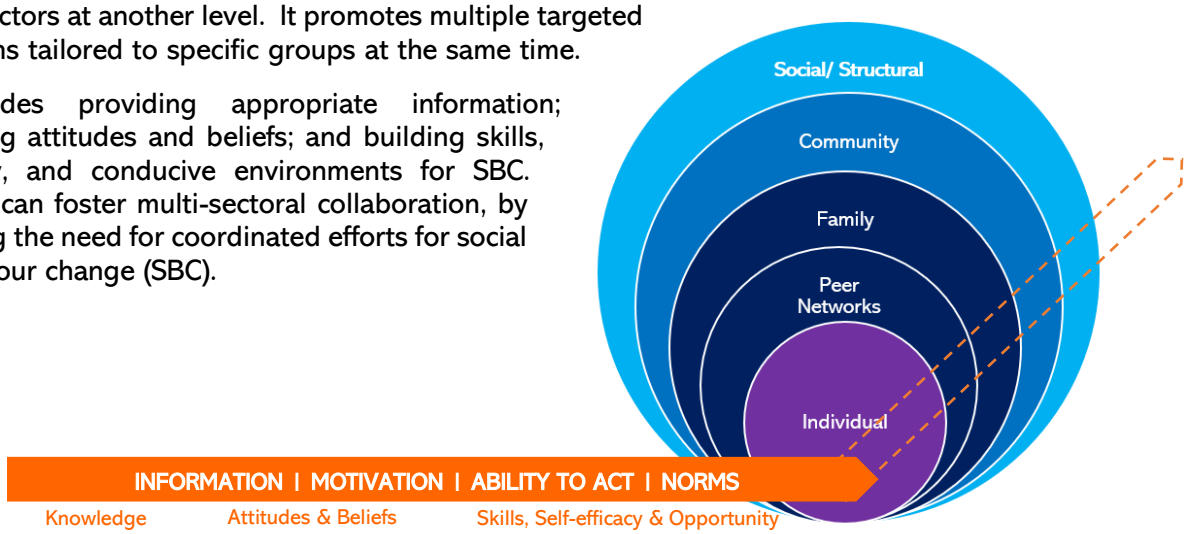
Tool 3: Using the Socio-Ecological Model for Collaboration & Collective Leadership

The Socio-Ecological Model (SEM) is a framework that illustrates how individual behaviour is influenced by interactions within multiple layers of society. It emphasizes the interconnectedness of various factors at different levels, which collectively shape outcomes such as health, safety, and well-being. The SEM includes the following levels:

1. **Individual**: noting how personal factors such as knowledge, attitudes, behaviours, skills, and biological influences.
2. **Peer Networks/Family**: recognizing how relationships with family, friends, peers, and social networks provide support, reinforce specific norms of behaviour, and can pose potential risks.
3. **Community**: being aware of different settings where social interactions occur and how these can influence norms and practices.
4. **Social/Structural**: appreciates the broader cultural, political, and economic factors, including laws, policies, societal norms, and economic systems.

The SEM helps programs to address GBV risk and protective factors by providing a holistic view of the risks and protective factors across individual, relational, community, and societal levels. The overlapping rings in the model show how factors at one level influence factors at another level. It promotes multiple targeted interventions tailored to specific groups at the same time.

This includes providing appropriate information; transforming attitudes and beliefs; and building skills, self-efficacy, and conducive environments for SBC. The model can foster multi-sectoral collaboration, by highlighting the need for coordinated efforts for social and behaviour change (SBC).



A. IDENTIFIYING THE NEED

Identification of key groups across the SEM will help the County GSWG to take a holistic view of the people, groups, and agencies that play a key role in the effort to GBV prevalence, reporting, and access to services, and the interventions needed across each level.

B. WHY THIS IS IMPORTANT

The SEM helps stakeholders to explore the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. It helps to illustrate the interplay between individual, family/peer networks, community, and societal factors.

In the context of GBV programming, the model suggests that to prevent violence, increase reporting, and improve access to services, it is necessary to act across multiple levels of the model at the same time. This result of working across all levels of the SEM is likely to create the conditions for transformative change.

C. OUR APPROACH

1. Draw the SEM on a sheet of flipchart paper – be sure to label the overlapping circles. Ask members to share their knowledge and experience with using this approach.

2. Explain that we want to address GBV by tackling the root causes and risk factors at multiple levels. Using the overlapping levels of the SEM as a guide, ask the members to identify the key groups that needed to be engaged. List them all.

   Below is the result from the SEM reflection in Samburu carried out during the Inception Phase of the program:

Priority Groups to Target in Samburu to Strengthen Prevention & Response to GBV

SOCIO-ECOLOGICAL APPROACH			
Individual Level	**Family & Peer Level**	**Community Level**	**Social & Structural Level**
• Morans ▒ ■ • Girls (Shanga) ▒ (youth out of school youth) • Elders ▒ ■ • Women ▒ ■ • Men ▒ ■	• Mentors (Mpiroi) for the Morans ▒ ■ • Parents • Older Siblings • Relatives	• Cultural Leaders & Elders • Nyumba Kumi • Community Committees (water points, group ranches) • Schools • Health Units (especially. dispensaries) • Community and Faith-based Groups, • Civil Society Organizations (CSOs)	• Chiefs /Assistant Chiefs • Local Administration (especially at Village, Ward, Sub-county levels) in both County & National Government • Teachers • Police • Gender Sector Working Group Members (All Sectors) • Gender Directors (National & County level) • Media (especially radio)

▒ Indicates the group can be victims of violence. ■ Indicates the group can be perpetrators of violence.

Photo of Morans in a peer-to-peer learning event (exchange visit) to build commitment to end female genital mutilation (FGM) and child marriage.

3. Next discuss on the factors that influence the prevailing social norms and behaviours at each level of the SEM. Consider things such as information, motivation, norms, and ability to act. Then brainstorm interventions (e.g. key actions) to reduce vulnerability/risk, and increase the protective factors, record them in a simple table. See below, the results from the dialogue in Samburu.

Priority Activities Across the Socio-Ecological Model

INFORMATION | MOTIVATION | ABILITY TO ACT | NORMS

Knowledge | Attitudes & Beliefs | Skills, Self-efficacy & Opportunity

Individual Level	Family & Peer Networks Level	Community Level	Social & Structural Level
• *Support girls and boys to remain in school through scholarships and sensitization* • *Social & economic empowerment of women to increase access to resources and decision-making.* • *Awareness of GBV & harmful cultural practices, & protective behaviors* • *Attitude and behaviour change – gender equitable norms and reduce harmful practices.* • *Build life skills to increase confidence and self-efficacy to challenge negative cultural norms.* • *Promote service seeking behaviour for GBV survivors.*	• *Awareness of GBV & harmful cultural practices, protective behaviors & role at as duty-bearers.* • *Promote peer support & local networks to create a sense of belonging.* • *Promote and build parenting skills to ensure children and youth are appropriately supported, guided and supervised – including PSS.* • *Assist survivors to report and to seek services and seek support for the carer.*	• *SBC to reduce violence across all levels – including community.* • *Reduce stigma and discrimination – promoting the rights of the most vulnerable, especially survivors of GBV etc.* • *Support dialogue around Alternative Rights of Passage to reduce harmful cultural practices.* • *Expanding psychosocial support services to improve prevention and response.* • *Supporting communities to reduce risk and harmful cultural norms and practices.* • *Improved multi-sectoral coordination to improve the response.* • *Accompaniment for survivors to access services (including transportation)* • *Building the capacity of communities to provide short-term support/care for survivors for children at-risk.*	• *Promote mental health for the SSW.* • *Strengthen national & county coordination up to the grassroot level.* • *Shift attitudes among political leadership to support gender equality (GE), women's empowerment (WE), and GBV.* • *Increase investment in the gender sector.* • *Strengthen multi-sectoral coordination to improve the response.* • *Strengthen the system for orienting implementing partners, and the multi-sectoral workforce to guide programming and improve quality and effectiveness.*

D. WHAT WE LEARNED

LESSONS FROM THE KENYA-FINLAND PROGRAMME

Given the wide range of partners and expertise within the County GSWGs in Bungoma, Kilifi, and Samburu, we consolidated and summarized the list of interventions by level – see diagram below, and produced large, printed signs for display at key offices and multi-sectoral engagements. Ultimately, this detailed view of the SEM served as a 'call to action' promoting collective leadership across all levels of society - engaging the support of families, peer networks, and communities to prevent GBV and to provide adequate care and support to GBV survivors.

Scaling this Tool/Approach to other Counties...

There are many ways for other Counties to use and benefit from the SEM. By integrating this approach within their respective GSWGs, counties can build a shared understanding of the key groups to engage, and the range of initiatives needed to address GBV. This practice of deep reflection and co-creation fosters collective support for multiple, concurrent initiatives tailored for SBC – building a shared understanding for a more coordinated response.

Photo of Elder-led meeting in Mount Elgon with men.

New Approaches to Strengthening Capacity & Confidence

With the goal of improving confidence, capacity and commitment to deliver GBV prevention and response services, the Kenya-Finland Bilateral Program made a deliberate shift away from traditional investments that have often focused on highly customized, short-term trainings. Instead, the program invested in professional certified trainings that are recognized by professional bodies and can be accessed at anytime. (These courses are part of the regular institutional offerings by certified training bodies and can be accessed through online or in-person.) *Photos from the graduations in Bungoma, Kilifi, and Samburu are provided right.*

Promoting Accredited Trainings

A. IDENTIFYING THE NEED

Investing in certified professional training helps establish a standardized language, reinforce a shared set of professional ethics, and build common core competencies across the workforce. Traditional capacity-strengthening initiatives have often focused on highly tailored, short-term training programs aligned with specific donor or program priorities. These approaches are typically not easily replicable or scalable without external funding, leading to fragmented knowledge and skills development that seldom achieves scale or sustains impact beyond the life of the program.

The Government of Kenya regulates professional training through numerous higher education institutions, many of which are well-established and already offer programs relevant to GBV prevention and response services. By leveraging these existing training platforms, it is possible to scale the development of core competencies, ensuring a more cohesive, standardized, and sustainable approach to workforce strengthening.

B. WHY THIS IS IMPORTANT

Shifting to certified trainings helps to ensure that all service providers are equipped with the same professional standards, knowledge and skills regardless of funding cycles or program-specific interventions. This builds trust, fosters accountability, and helps to ensure consistent quality of care. Additionally, these trainings are recognized by government and therefore can prepare Officers for advancement in the sector.

C. OUR APPROACH

The Kenya-Finland Programme collaborated with four higher education institutions to deliver certified training programs to over 2,000 individuals in the following key areas: Level 5 Counselling, Community Counselling for Alcohol, Drugs & Substance Abuse, Mediation, Community Policing, and Gender Transformative Parenting. These trainings directly impact prevention and response – helping to reduce risk and vulnerability and improve response services, for example:

- **Counselling Psychology (Level 5 Counsellor)**: to provide advanced skills for offering trauma-informed, survivor-centred support, ensuring ethical and professional care for individuals affected by GBV.
- **Professional Mediation**: to build conflict-resolution skills to address interpersonal and community disputes, reducing the escalation of tensions that can lead to or perpetuate GBV. (Note: mediation of GBV cases is NOT permitted, however these skills are vital in diffusing conflict and preserving relationships.)
- **Community Counselling for Alcohol, Drug & Substance Abuse**: to address substance abuse, which is recognized as a contributing factor to GBV, fostering healthier coping skills and reducing violence-related risks.
- **Gender Transformative Parenting:** to promotes equitable parenting practices that challenge harmful gender norms and reduce intergenerational cycles of violence and inequality.

Photo from a parenting sessions in Kilifi County.

D. WHAT WE LEARNED

LESSONS FROM THE KENYA-FINLAND PROGRAMME

There is a high demand for accredited training due to the wide-ranging opportunities it provides for professional development and personal transformation. Interestingly, many of the service providers reported that they were not aware that they were providing inadequate services and support. These types of rigorous training have played a critical role in developing professional skills and awareness of professional ethics and promoting standardized practices - elevating the overall quality of services. Also, including persons with disabilities (PWDs) and survivors into training initiatives further enriches the learning environment, building bridges between diverse groups, deepening understanding, and inspiring greater empathy.

From June 2023 to December 2024, over 3,000 individuals were enrolled in these certified trainings in Bungoma, Kilifi, and Samburu Counties. This experience has been reported as 'transformational' across all sectors, as those completing the training consistently reported profound changes in their personal and professional conduct, professing I am not the same person that I was before.' For example, 94% of those enrolled in the Level 5 Counselling training (with support from the program) reported increased capacity and confidence to fulfill their duties. In addition, 76% of GBV survivors survey reported that services are more accessible, and higher levels of satisfaction due to increased efficiency, attentiveness, and kindness.

While these investments have a higher cost per participant compared to traditional one-off trainings, their rigor, post-training supervision, and networking opportunities deliver transformative results. Testimonies from those benefitting from these capacity strengthening investments are provided below:

> ***"I developed confidence on facing challenges during counselling."***
>
> *Gender Officer, Kilifi County*

> ***"I am now much aware of how to handle people who have been abused and counsel them appropriately",***
>
> *Samburu, Health Officer*

> ***"I am able to handle stress-related issues, counsel my clients and do referrals."***
>
> *Guidance & Counselling Teacher, Samburu County*

A study is ongoing to study the transformational effects from these trainings with a view to better understanding what types of changes are underway and the impact these have had on GBV prevention and response services.

E. OPPORTUNITIES FOR FUTURE PROGRAMMING

The scale of these trainings, the focus on Wards with the greatest risk and vulnerability, and the inclusion of all sectors (Health, Police, Education, Children's Department, Justice, Peace & Security, Administrators (from County to Village level), Civil Society, Survivors of GBV, and People with Disabilities), a transformation of the service delivery networks and landscape is underway. This presents an important opportunity to leverage and build on the transformation underway, including:

1. **Leverage the professionally trained cadres:** There over 500 individuals newly trained in each of the three Counties, the majority of whom are service providers attached to different sectors and groups. This network of people could play a key role in mentoring staff to improve service delivery, and debriefing within their respective sector. In addition, given the emerging networks outside their sector (due to the multi-sectoral participants in most trainings), they could also play a key role in supporting cross-referrals, following-up to ensure that clients access the service they need. For the community members trained, including survivors, youth, PWDs, and CBO staff; these individuals could be integrated into the formal service delivery chain through service delivery partnerships (volunteer or paid depending) with fixed schedules at schools (primary, secondary, TVET, university), prayer groups, cultural sites etc.
2. **Strengthen Cross-Sector and Partner Collaboration:** New networks are emerging among the newly trained professionals that extend beyond the formal coordination mechanisms and reach the frontline workforce. Promoting ward-level networking (through periodic face-to-face engagements, along with social media) is a key opportunity to maintain relationships for peer support, referral, and information sharing. These ongoing engagements promote cohesion and collaboration promoting greater efficiency and effectiveness.
3. **Promote Inclusion and Equity:** Build on the inclusive nature of the trainings by further integrating Persons with Disabilities, Survivors of GBV, and other marginalized groups, into the service delivery networks and referral mechanisms. Convening a working session with the graduates from historically marginalized groups would be helpful in understanding the unique partnerships that could be established to promote equitable access to services, and to enable them to better support their communities. For instance, some accommodations may be needed for both the service provider and clients with special needs, including an Aid to travel to/from a site to access services. These consultations could generate a deeper understanding of risk, reporting and response services for marginalized groups, along with solutions to test and scale.
4. **Enhance Supportive Supervision Mechanisms:** The number of service providers and potential service points have grown as a result of these certified trainings. It is vital to ensure that these individuals have access to regular debriefing and supervision to sustain the capacity and well-being of frontline workers. In addition, these types of sessions help bring attention to and escalate complex cases and provide an important opportunity for mentorship.

Scaling this Approach to other Counties...

- Feedback and observations from the three Counties along with findings from the December 2024 study demonstrate the transformative impact of this new approach to capacity strengthening. These findings are critical in expanding the evidence base of what works.
- Explore ways to work with accredited training partners to scale certified trainings – targeting duty bearers in the locations with the greatest risk/vulnerability. This could include scholarships, virtual or on-site training where demand is sufficient.

Scaling Evidence-based Interventions

A. IDENTIFYING THE NEED

Evidence-based interventions (EBIs) are strategies, programs, or practices that are informed by research, guided by data and best practice and evaluated for impact. Given the science behind EBIs, there is tremendous potential for transformation when we move away from one-touch programming and embrace these more rigorous initiatives to work with individuals, groups, and communities (as noted in the earlier explanations of the SEM).

During the Inception Phase of the programme, the PMT mapped key EBIs relevant to GBV programming and sought to identify key experts in each county who could help to scale (1) parenting programs; and (2) men as allies – frequently referred to as male engagement. Given the short timeframe of the Kenya-Finland Programme, we sought to leverage already established EBIs so that we could focus on scaling what works.

B. WHY THIS IS IMPORTANT

Agencies and programs that deploy EBIs ensure that resources are allocated to strategies with a higher likelihood of success and reduce the risk of investing in untested or ineffective programs. Furthermore, EBIs can be adapted and scaled to new settings or populations, increasing their reach and potential to drive meaningful change. Finally, EBIs increase trust among stakeholders by providing predictable results.

C. OUR APPROACH

Instead of using a cascade model of Training-of-Trainers, we prioritized the training of new facilitators with support to enable them to roll-out the methodology in their respective locations. This included identifying and engaging expert organizations and facilitators in the three Counties to lead trainings; printing (and where needed translation) of the full package of materials to enable facilitators to engage effectively as trainees, but also to roll-out the sessions. Experts (or peer buddies) were also available to support the roll-out.

D. WHAT WE LEARNED

LESSONS FROM KENYA-FINLAND PROGRAMME

The National Positive Parenting Programme developed under the leadership of the Department for Social Development (DSD), and the Male Engagement/Self-Leadership Sessions with Bungoma CBO Principle-Based Leadership have been transformational – both for those trained to become facilitators, and for those completing the sessions. There are important refinements in the mobilization of Facilitators and Participants that could be useful as other partners scale these EBIs – including:

- **Engage CBOs with a view to strengthen their organizational and technical capacity to roll-out the EBIs.** This requires training/mentoring multiple staff from a single organization, to position them for future funding, or improve their current service offering.
- **Work with local authorities to identify individuals/households in conflict – especially for the male engagement sessions.** For example, Chiefs and Assistant Chiefs played a key role in identifying men who were known to have problematic behaviour, such as drunkenness, failure to provide for their families etc. for the male engagement sessions.
- **Mobilize groups with similar characteristics.** This includes father-only groups, or mother-in-law and daughter-in-law groups for the parenting sessions to take into consideration their unique lifestyles and availability, while also building positive peer networks.

Meaningful Engagement to Advance Policy Implementation

The Government of Kenya has developed a range of guidance to support the workforce responsible for GBV prevention and response, including training Codes of Conduct, Standard Operating Procedures (SOPs), Training Curricula, and various other guidelines and reference materials. These resources are tailored to each sector and provide important information to guide and support the day-to-day operations of each group. Unfortunately, these materials are not routinely distributed to the workforce and are not widely known or accessible to the frontline workforce.

Supporting Community-Driven Roadmaps

A. UNDERSTANDING THE NEED

Across Kenya, Elders/Cultural Leaders are recognized as the custodians of culture. They are highly respected and influential – prescribing traditional norms and practices, which influence nearly all aspects of family life. We sought a meaningful partnership/engagement to work with them to promote safer schools, families, and communities.

B. WHY THIS IS IMPORTANT

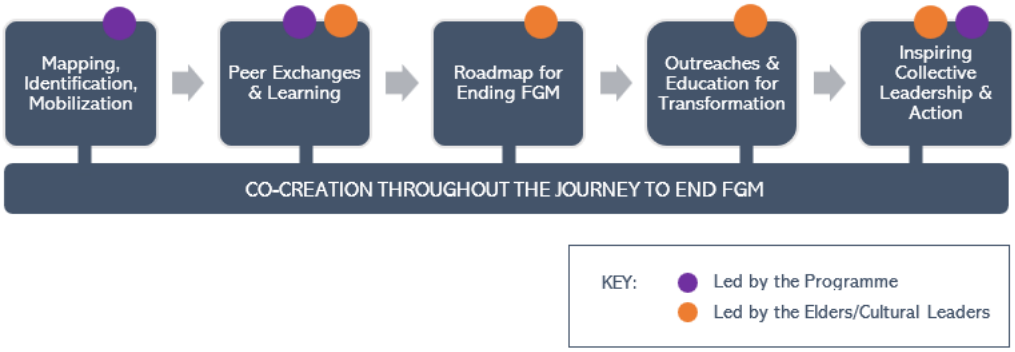
The program goal of reducing GBV and other harmful practices was committed to making meaningful progress on the journey to end FGM. Recognizing the power and influence of Elders/Cultural Leaders in determining the rites of passage for both boys and girls, this became the entry point for the programme. This group is deeply committed to their duty of preserving the culture, protecting families/community, and guiding the next generation. Therefore, any to reduce harmful cultural practices, must involve them for full ownership and sustainability.

C. OUR APPROACH

The engagement with Elders/Cultural Leaders is best described as a co-creation process which took place over an extended period. There were no preset number of trainings, dialogues, or sensitizations, nor did the program have pre-determined timelines established. Instead we focused on starting a respectful and meaningful dialogue, recognizing the positive aspects of culture while also supporting deeper reflection around harmful cultural practices.

This began with mapping and identification of the right group of elders to engage; followed by a series of different types of peer-to-peer exchanges with Elders/Cultural Leaders who had already made strides to halt the practice of FGM. Once trust was established, along with a shared commitment to end FGM, the Elders ultimately drove the process with the development of a roadmap, proposing the sequence of interventions according to cultural tradition/rules, while finding the courage to speak up and speak out about the need for cultural transformation. It was the Elders who led the outreaches & education efforts. With support from the programme, they were able to gain new platforms for action, while using their office to advocate for change with county leaders, cultural leaders, religious leaders, women leaders, and even former FGM practitioners.

See diagram below summarizing the co-creation journey in Samburu and Bungoma.



Through this approach, new leaders have emerged along with successful education and advocacy efforts to end the practice of FGM in both Samburu and Bungoma Counties. This is evidenced by Elder-led visits to schools, radio talk shows sensitizing the community, and public pronouncements that FGM must end – by both Elders and Reformed FGM Practitioners.

Photo of the Declaration to End FGM and Child Marriage by the Sabaot Community.

D. WHAT WE LEARNED

LESSONS FROM THE KENYA-FINLAND PROGRAMME

There is a need to go beyond functional participation, by fostering a sense of shared purpose, empathy, and resilience. This includes genuine dialogue, commitment, and renewed effort to overcome the challenges faced by duty bearers in policy implementation and the day-to-day fulfillment of their respective roles. Through **meaningful engagement** (open dialogue, mutual respect, and deep listening), we build trust, foster connection, and increase self-efficacy[3]. Fostering meaningful engagement requires cultivating genuine interest, empathy, and strong connections within the group. This requires careful attention to the design of program agenda, the style of facilitation, and the set-up of the space to create a safe space for experience sharing, reflection, and discussion.

Some of the key strategies that we adopted for meaningful engagement include:

- Respect the group's values, needs and priorities.
- Tailor your engagement to resonate with their experiences and aspirations.
- Align your purpose with the shared interests of your audience.
- Promote active participation - sharing ideas, perspectives, and experiences.
- Include personal stories or testimonials to create emotional connections.
- Be transparent about your intentions and build trust.
- Foster networks and relationships among participants.
- Adapt your approach to accommodate diverse needs and perspectives.
- Use insights to refine your strategies and maintain relevance.

[3] Self-efficacy refers to an individual's belief in their ability to successfully perform specific tasks, achieve goals, or navigate challenges.

In addition, we regularly used the following questions for reflection to establish the extent to which there was meaningful engagement after a program-supported activity:

- Did the participants speak freely about the issue and their experience?
- Was there a genuine sharing about the realities on the ground?
- Did they/we gain new insights or understanding of the issue?
- How can we build on this?

E. OPPORTUNITIES FOR FUTURE PROGRAMMING

Progress on the journey to end FGM provides important lessons on 'how' interventions could be sequenced to build trust, networks, and commitment for cultural transformation. These simple but profound adjustments in the way we work include:

- Focusing on the 'right' group of Elders/Cultural Leaders and supporting meaningful peer-to-peer exchanges to celebrate culture, while also challenging harmful cultural practices.
- Working within existing power structures to strengthen capacity and inspire action.
- Making no assumptions around knowledge of FGM – people may vehemently support the practice without understanding what it is, or the implications.
- Practicing deep listening to respect and be sensitive to the enormity of the change process that is underway.
- Providing new platforms for leadership, dialogue and influence – while also recognizing and celebrating Champions. For instance, radio talk shows are an important channel through which Elders/Cultural Leaders can reach the wider community.

The successes in Bungoma and Samburu underscore the importance of an iterative co-creation process. The milestones achieved are a testament to the voices and ideas of Elders/Cultural Leaders in defining the roadmap, their courage to speak up and speak out, and a flexible approach to implementation.

Photos of participants during an exchange visit for cultural leaders from Bungoma and Samburu – one of many meaningful engagements between and with these groups.

Integrating Review & Reflection with Policy Dissemination

A. IDENTIFYING THE NEED

A critical step, in aiding the workforce to know and carry out their respective roles and responsibilities begins with ensuring that they have the guidance already sanctioned by government – see table below:

Inventory of GBV-related Guidance for each Sector (June 2023)

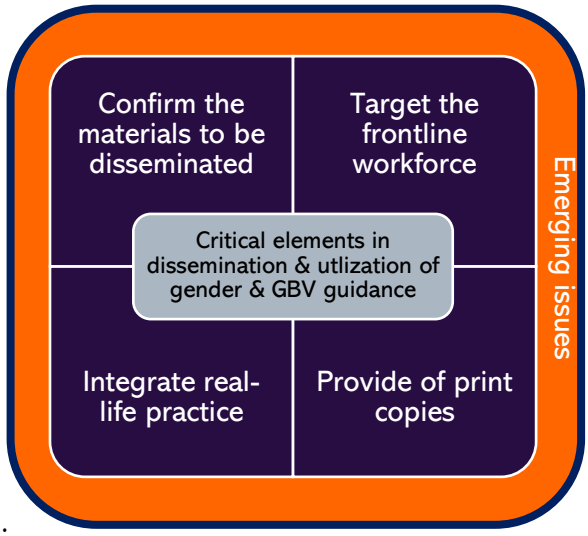
Sector	Induction Resources* | Guidelines & Tools*
Child Protection	• Guidelines for Child Protection Case Management and Referral in Kenya • County Child Protection Systems Guidelines
Gender	• GBV Training Resource Pack • Guidelines for the Establishment of GBV Recovery Centres • Protection Against Domestic Violence Act Rules
Health	• Professional Code of Conduct • National Standard Operating Procedures (SOPs) for Management of Sexual Violence Against Children
Police	• National Police Service - Internal Affairs Unit - Operations Manual • Training Manual on Gender and Human Rights • Kenya Police Code of Conduct • Career Guidelines for National Police Service
Justice	• Kenya Judicial Service Code of Conduct and Ethics • Rapid Reference Guide on Prosecution of SGBV Cases In Kenya • SOPs Manual and Rapid Reference Guide on Prosecution of Female Genital Mutilation (FGM) Cases • Strategy for Trauma Responsive Justice • SGBV Court Practice Directive • Child Justice Strategy

B. WHY THIS IS IMPORTANT

Ensuring that the workforce has access to and is using the available guidance is a critical system strengthening opportunity because they communicate clear expectations on the work to be performed; provide accurate and consistent information which has been endorsed by government, and they specify how to perform the day-to-day work.

C. OUR APPROACH

While there have been significant efforts to disseminate these materials, there is no mechanism to track or evaluate the effectiveness of these efforts. Drawing on lessons learned from past dissemination efforts in the three Counties, we opted for a new approach – which can be summarized in 5 key actions.



1. Start with consultations of the top leadership in each sector to **confirm the status of past dissemination efforts, and which materials to prioritize in the dissemination**. Share the inventory of materials. Be ready to include additional materials where needed. For instance, several cadres requested copies of the updated Children's Act to be included in the SOP reflection and review sessions.

2. **Agree when and how to engage the frontline staff**. If time and budget is limited, consider prioritizing the frontline staff deployed in the wards with the greatest risk/vulnerability, while also trying to reach a critical mass in each location. For instance, instead of trying to reach 1 representative per school, consider 5-7/school. This type of approach helps build and reinforce supportive peer networks. Similarly, try to carry out the sessions at a time that causes minimal disruption to services. In a situation where you are trying to reach many duty bearers who have not been oriented to the guidance; sessions can be integrated into staff members or other regularly scheduled activities focusing on one topic/issue at a time.

3. Work with the supervisors/top leadership to **create a meeting/workshop agenda that focuses on real-life issues and challenges** in the line of duty, showing how the guidance can serve as reference to help. In addition, offering to assist them with standard power points slides, is another way of ensuring that the Facilitators of the session cover key content and integrate adequate time for reflection and discussion.

4. **Print and provide hard copies** of the selected materials – locally printed and bound materials are sufficient where professional full colour printing is not possible. While it is possible to share electronic copies of the materials, officers may not have access to reliable IT or power for full-time access. In addition, during the dissemination activities, participants benefit from in-depth reviews and discussions of key guidance.

5. **Identify any aspects of the guidance that spur debate, create confusion, or are absent from the guidance** and share with the top leadership. By proactively noting areas in the guidance that need more time and explanation, supervisors can devote more time for discussion and reinforce key messages outside of the orientation process. In addition, noting issues that require more clarification can help the top leadership plan for future amendments to the guidance, and/or additional documentation that may be needed to support the workforce.

D. WHAT WE LEARNED

LESSONS FROM THE KENYA-FINLAND PROGRAMME

There is limited familiarity – especially among the frontline workforce, of the available guidance to support their day-to-day work responding to GBV and advancing prevention efforts. However, by providing copies of the guidance and fostering reflective sessions with peers, we can convey and expect consistent standards of care and performance. This includes at the supervisor level to ensure the guidance is accessible and internalized and at the level of the workforce to advance consistent quality services. The engagement of Supervisors as Facilitators also helps to communicate clear expectations and promote accountability.

Given that the current systems of induction and continuing professional development (CPD) do not include orientations to the sector-specific GBV-related guidance, catch-up initiatives are essential to bridge knowledge gaps and ensure all service providers understand and can apply SOPs. However, in the long term, each Sector would benefit from establishing a formal mechanism for sharing these guidelines during the regular induction process.

Finally, SOPs need periodic updates to remain relevant and aligned with evolving operational needs and best practices. These dissemination activities provide important opportunities to identify emerging issues where the workforce may need updated or new guidance. Noting the issues that sparked debate, were unclear, or missing from the guidance could inform changes and amendments to the guidance.

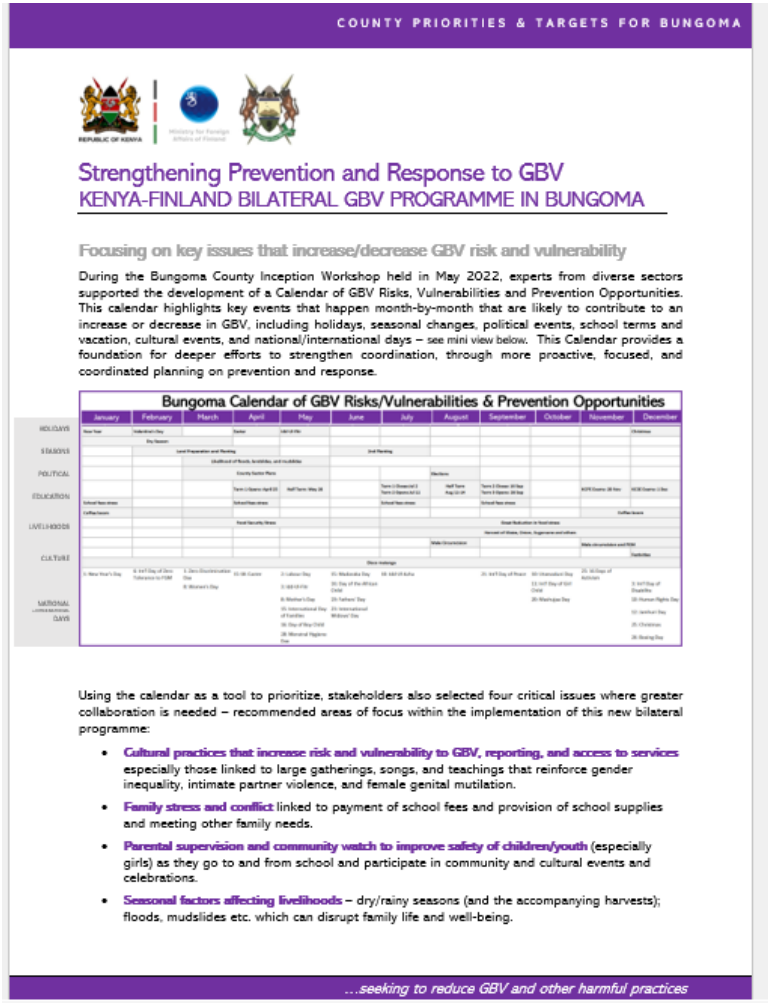
E. OPPORTUNITIES FOR FUTURE PROGRAMMING

This process of mapping the sector-specific guidance for the workforce focused primarily on GBV, prioritizing dissemination to the frontline workforce in the Wards with the greatest risk/vulnerability offers important lessons that could be implemented at scale. This includes both long-term systems strengthening initiatives implemented at scale, and short-term measures to clarify standards of performance and better equip the workforce to lead GBV prevention and response – see recommendations below:

1. Work with the Public Service Commission, relevant County Human Resource Departments, and Technical Leadership in each Sector to strengthen induction systems to include an in-depth overview of existing standardized guidelines, tools, and trainings for each sector with a view to support consistent services and standards.
2. Within each sector, focus on systems to support supervisors, and hold them accountable for ensuring that their workforce has been adequately oriented on the available supports and are using them in their day-to-day work.
3. Ensure that the standardized induction materials, guidelines, and tools have been provided to the frontline workforce within each sector – this could include print or soft copies where resources are limited.

Annex

Sample Brief to Community Risk/Vulnerability and Prevention Opportunities



COUNTY PRIORITIES & TARGETS FOR BUNGOMA

REPUBLIC OF KENYA

Strengthening Prevention and Response to GBV
KENYA-FINLAND BILATERAL GBV PROGRAMME IN BUNGOMA

Focusing on key issues that increase/decrease GBV risk and vulnerability

During the Bungoma County Inception Workshop held in May 2022, experts from diverse sectors supported the development of a Calendar of GBV Risks, Vulnerabilities and Prevention Opportunities. This calendar highlights key events that happen month-by-month that are likely to contribute to an increase or decrease in GBV, including holidays, seasonal changes, political events, school terms and vacation, cultural events, and national/international days – see mini view below. This Calendar provides a foundation for deeper efforts to strengthen coordination, through more proactive, focused, and coordinated planning on prevention and response.

Bungoma Calendar of GBV Risks/Vulnerabilities & Prevention Opportunities

	January	February	March	April	May	June	July	August	September	October	November	December
HOLIDAYS	New Year's Day	Valentine's Day		Easter	Mid-Ramadan							Christmas
SEASONS		Dry Season		Long Preparation and Planting		Long Rains						
POLITICAL			Likelihood of floods, landslides, and mudslides									
EDUCATION				County Teacher Placement				Elections				
				Term 1 Opens: April 25	Half Term: May 28		Term 2 Closes: July 22	Half Term: Aug 12 – 19	Term 3 Opens: Sept 6		KCPE Exams: 28 Nov	KCSE Exams: 1 Dec
				School Fees Arrears		School Fees Arrears		School Fees Arrears	School Fees Arrears			
				Coffee Season							Coffee Season	
LIVELIHOODS				Food Security Stress					Food Reduction in Food Stress			
									Harvest of Maize, Onion, Sugarcane and others			
								Male circumcision			Male circumcision and FGM	
											Festivities	
CULTURE				Clinic Holidays								
NATIONAL / INTERNATIONAL DAYS	1: New Year's Day; 4: Int'l Day of Zero Tolerance to FGM; 8: Women's Day	14: Valentine's Day	1: Zero Discrimination Day; 22: Water Day	7: World Health Day; 22: Earth Day	1: Labour Day; 8: Mother's Day; 15: International Day of Families; 16: Day of the Child; 28: Memorial Hygiene Day	1: Madaraka Day; 20: Day of the African Child; 21: Fathers' Day; 23: International Widows' Day	7: Saba Saba Day	10: Idd el-Kebir	21: Int'l Day of Peace	10: Universal Human Rights Day; 11: Int'l Day of Girl Child; 20: Mashujaa Day	25: 16 Days of Activism	1: Int'l Day of Disabilities; 10: Human Rights Day; 11: Janhuri Day; 25: Christmas; 26: Boxing Day

Using the calendar as a tool to prioritize, stakeholders also selected four critical issues where greater collaboration is needed – recommended areas of focus within the implementation of this new bilateral programme:

- **Cultural practices that increase risk and vulnerability to GBV, reporting, and access to services** especially those linked to large gatherings, songs, and teachings that reinforce gender inequality, intimate partner violence, and female genital mutilation.
- **Family stress and conflict** linked to payment of school fees and provision of school supplies and meeting other family needs.
- **Parental supervision and community watch to improve safety of children/youth** (especially girls) as they go to and from school and participate in community and cultural events and celebrations.
- **Seasonal factors affecting livelihoods** – dry/rainy seasons (and the accompanying harvests); floods, mudslides etc. which can disrupt family life and well-being.

...seeking to reduce GBV and other harmful practices

Assisting and protecting those who are most vulnerable to GBV

Along with the development of the Calendar and key priorities, stakeholders reviewed the unique risks and drivers of GBV in each Sub- County, and categorized the respective Wards ward as high, medium, or low in terms of GBV risk and vulnerability. According to this rapid review, there are 22 Wards with high risk/vulnerability to GBV and 23 Wards with medium risk. None of the Wards were classified as low risk.

Analysis of GBV Risk/Vulnerability (May 2022)

HIGH: 22 Wards | MEDIUM: 23 Wards | LOW: 0 Wards

Sub-county	Ward	GBV Risk/Vulnerability HIGH	MEDIUM	LOW
Bumula	South Bukusu*	●●●●●		
	Bumula	●●●●		
	Khasoko		●●	
	Kabula		●●	
	Kimaeti*	●●●●		
	West Bukusu		●●●	
	Siboti		●●●	
Kabuchai	Kabuchai/Chwele*	●●●●		
	West Nalondo*	●●●●		
	Bwake/Luuya		●●	
	Mukuyuni		●●	
Kimilili	Kibingei		●●●	
	Kimilili	●●●●		
	Maeni		●●	
	Kamukuywa*	●●●●●		
Mt Elgon	Elgon*	●●●●		
	Kapkateny	●●●●		
	Kaptama*	●●●●		
	Cheptais*	●●●●		
	Chesikaki*	●●●●		
	Chepyuk*	●●●●		
Sirisia	Namwela		●●	
	Malakisi/South Kulisiru	●●●●		
	Lwandanyi		●●	

Sub-county	Ward	GBV Risk/Vulnerability HIGH	MEDIUM	LOW
Tongaren	Naitiri/Kabuyefwe		●●●	
	Ndalu		●●●	
	Tongaren		●●●	
	Soysambu		●●●	
	Milima		●●●	
	Mbakalo		●●●	
Kanduyi	Bukembe West*	●●●●●		
	Bukembe East		●●●	
	Township*	●●●●●		
	Khalaba*	●●●●		
	Musikoma*	●●●●●		
	East Sang'alo		●●●	
	West Sang'alo*	●●●●		
	Tuuti/Marakaru	●●●●		
Webuye East	Maraka		●●●	
	Mihuu		●●●	
	Ndivisi*	●●●●		
Webuye West	Matulo		●●	
	Sitikho		●●	
	Bokoli		●●	
	Misikhu	●●●●		

**Areas to be covered by this programme, following an analysis of coverage by other partners/initiatives.*

Expected milestones* to achieve in the first year of implementation

- **Training, coaching and supportive supervision** of 300 duty bearers
- Development of **quarterly strategies and performance targets for an integrated and multi-sectoral approach** to GBV prevention and response.
- Improved practice and lessons from **piloting a new model for coordination**.
- Support for **case management data reviews and case conferencing** to improve the delivery of **survivor-centred services and enhance referrals**.
- **Community groups (including 300 survivors, women, youth, people with disabilities) supported** to establish and provide basic **counselling services**.
- 4 **GBV Recovery Centres (GBVRCs) supported/established**.
- **Standard Operating Practice (SOPs)** for Management of Sexual Violence are updated.
- **Standards and Tools for data sharing** developed and operational.
- Training and support for community members to establish (or improve) **early warning/ surveillance systems** to increase reporting and prevention efforts.
- **875 Elders and Cultural Leaders supported to develop and implement roadmaps** for addressing the root causes of GBV in their respective communities.
- **Exchange visits** organized for to support peer-to-peer learning within and across counties.

NIRAS