Study on transformative change among duty bearers & rights holders supporting prevention and response to Gender-Based Violence in Bungoma, Kilifi and Samburu Counties, Kenya

Kenya-Finland Programme on Strengthening Prevention and Response to Gender-Based Violence (GBV)

Research Team

Mr. Wilkins Ndege Muhingi, PhD
Principal investigator

Ms. Anna Nordenmark
Co-investigator

Ms. Violet Simiyu, PhD
Researcher

Mr. Victor Okech, PhD
Researcher

Mr. Timothy Osiru Okatta
Assistant Researcher

Mr. Edwine Otieno
Assistant Researcher

Mr. Michael Waweru
Assistant Researcher

Ms. Faith Kemboi
Assistant Researcher

Study rationale

Proof of change	Prior study identified that programme participants perceive the programme as “transformative” and unique
Scientific rigour	Prior surveys documenting impact of capacity building but not statistically representative samples
Learning	Programme closure and need for evidence of “what can work” in GBV programming

Specific objectives

- **Assess Behaviour Change**
- **Assess Systemic Improvements**
- **Document Cultural Shifts**
- **Identify Success Factors and Challenges**
- **Generate Lessons Learned**

Methodology

Sample size and sample procedure

Sample frame:

- Targeted 3,051 participants, representing all program beneficiaries.

Quantitative Sampling:

- 381 beneficiaries completed the online questionnaire, ensuring a statistical representation of all beneficiaries of capacity-building activities.

N= 3051 n=381

	Bungoma		**Kilifi**		**Samburu**		**Totals**	
	N	n	N	n	N	n	N	n
Counselling	459	57	400	49	763	96	1622	202
Alcohol, Drugs & Substance Abuse	193	24	166	21	182	23	541	68
Mediation	83	11	43	6	80	9	206	26
Male Engagement	452	57	0	0	0	0	452	57
Leadership for Performance	45	6	30	4	42	4	117	14
Positive Parenting	30	4	34	4	31	4	95	12
Coaching Session	9	1	0	0	9	1	18	2
Totals	**1271**		**673**		**1107**		**3051**	**381**

Concurrent **mixed-methods study** utilizing both **qualitative** and **quantitative** approaches.

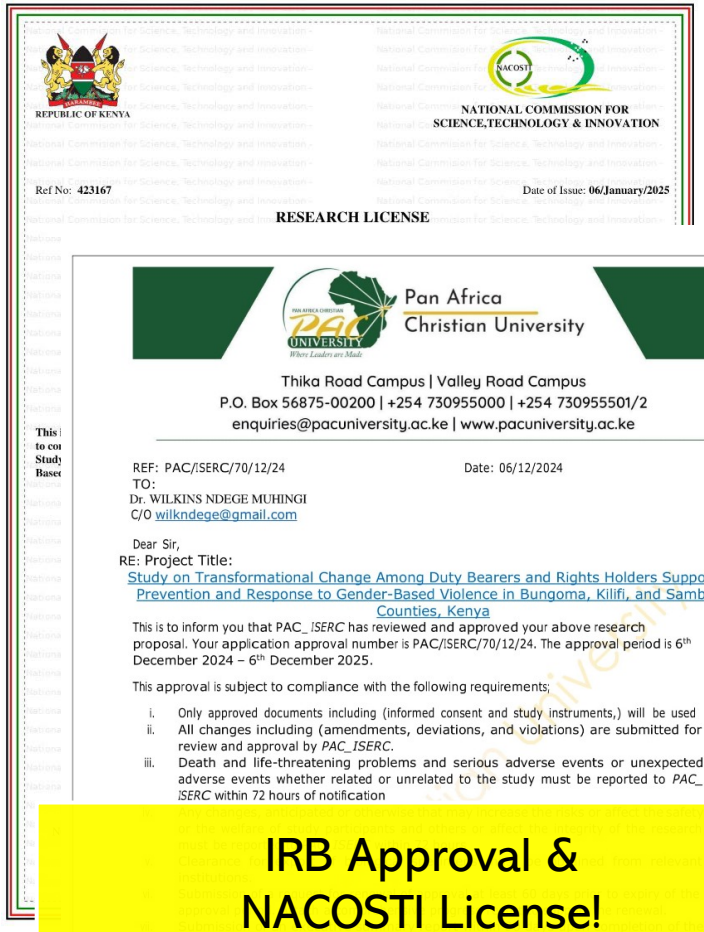
Quantitative questionnaire for representative sample + Focus Group Discussions with Professionals, and Community stakeholders, and KII

Design to assesses the **transformative impact** of the Kenya-Finland bilateral program on GBV prevention and response in Bungoma, Kilifi, and Samburu counties.

7 different research tools: 1 quantitative + 6 qualitative

Design to examine **behavioural, professional, and systemic changes** among duty-bearers and rights-holders.

Applied with 4 different stakeholder groups: Professionals, Guardians of culture, Change agents and Community members



REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **423167**

Date of Issue: **06/January/2025**

RESEARCH LICENSE

Pan Africa Christian University

Thika Road Campus | Valley Road Campus
P.O. Box 56875-00200 | +254 730955000 | +254 730955501/2
enquiries@pacuniversity.ac.ke | www.pacuniversity.ac.ke

REF: PAC/ISERC/70/12/24 Date: 06/12/2024

TO:
Dr. WILKINS NDEGE MUHINGI
C/O wilkndege@gmail.com

Dear Sir,

RE: Project Title:
Study on Transformational Change Among Duty Bearers and Rights Holders Supporting Prevention and Response to Gender-Based Violence in Bungoma, Kilifi, and Samburu Counties, Kenya

This is to inform you that PAC_ *ISERC* has reviewed and approved your above research proposal. Your application approval number is PAC/ISERC/70/12/24. The approval period is 6th December 2024 – 6th December 2025.

This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consent and study instruments,) will be used
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by *PAC_ISERC*.
iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to *PAC_ISERC* within 72 hours of notification

Before commencing your study, you will be expected to obtain a research license from the National Commission for Science, Technology and Innovation (NACOSTI) https://research-portal.nacosti.go.ke and also obtain other clearances needed.

Yours sincerely,

Dr. Jane Kinuthia

Chair, ISERC

Where Leaders are Made

IRB Approval & NACOSTI License!

Findings

Evidence of transformative change

Quantitative	Qualitative	
Based on participants quantification of change 1=no change; 2=minor change; 3=moderate change; 4=significant change; 5= transformative change a scale of average mean change was developed through SPSS **Scale of change** 1.00–1.80 = No change 1.81–2.60 = Minor change 2.61–3.40 = Moderate change 3.41–4.20 = Significant change 4.21–5.00 = Transformative change	Thematic analysis of participants descriptions of what changed at: • Individual level • Professional level • Team/Group level • System level	Participants own definitions of what "transformative" means to them.

Transformative Change at
Individual Level

INDIVIDUAL CHANGE

When you have transformed you have changed from an initial position to another. You gave undergone a transformative change (…) For example, you could be offensive in your language in your speaking but after undergoing a transformation you are another person, you change shape (…) Whenever someone is pregnant, they are transformed, they change shape"

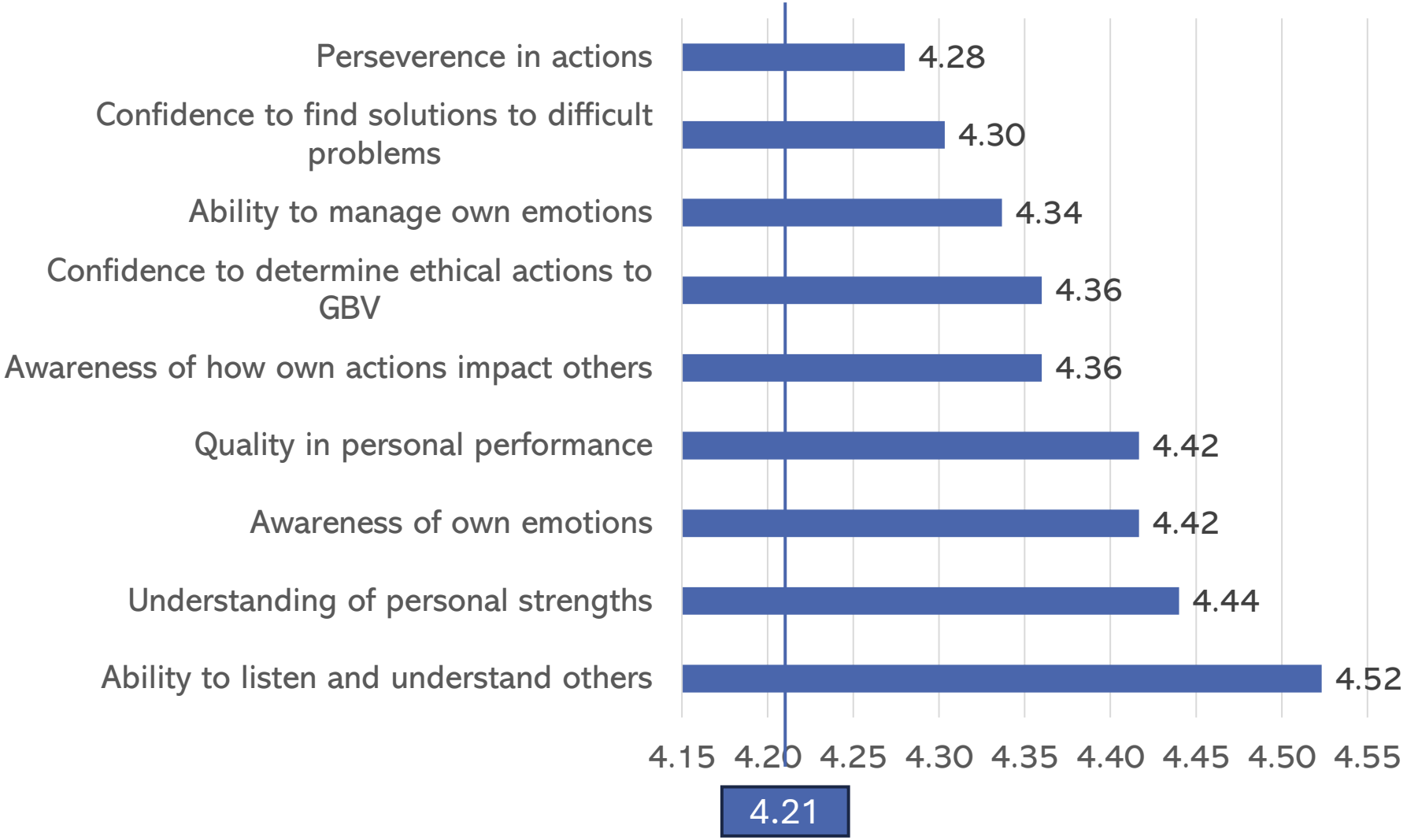
"On my side, whom I am now, is different. I am not the same person."

Reflections from FGD participants 1 and 2, Samburu

Qualitative findings

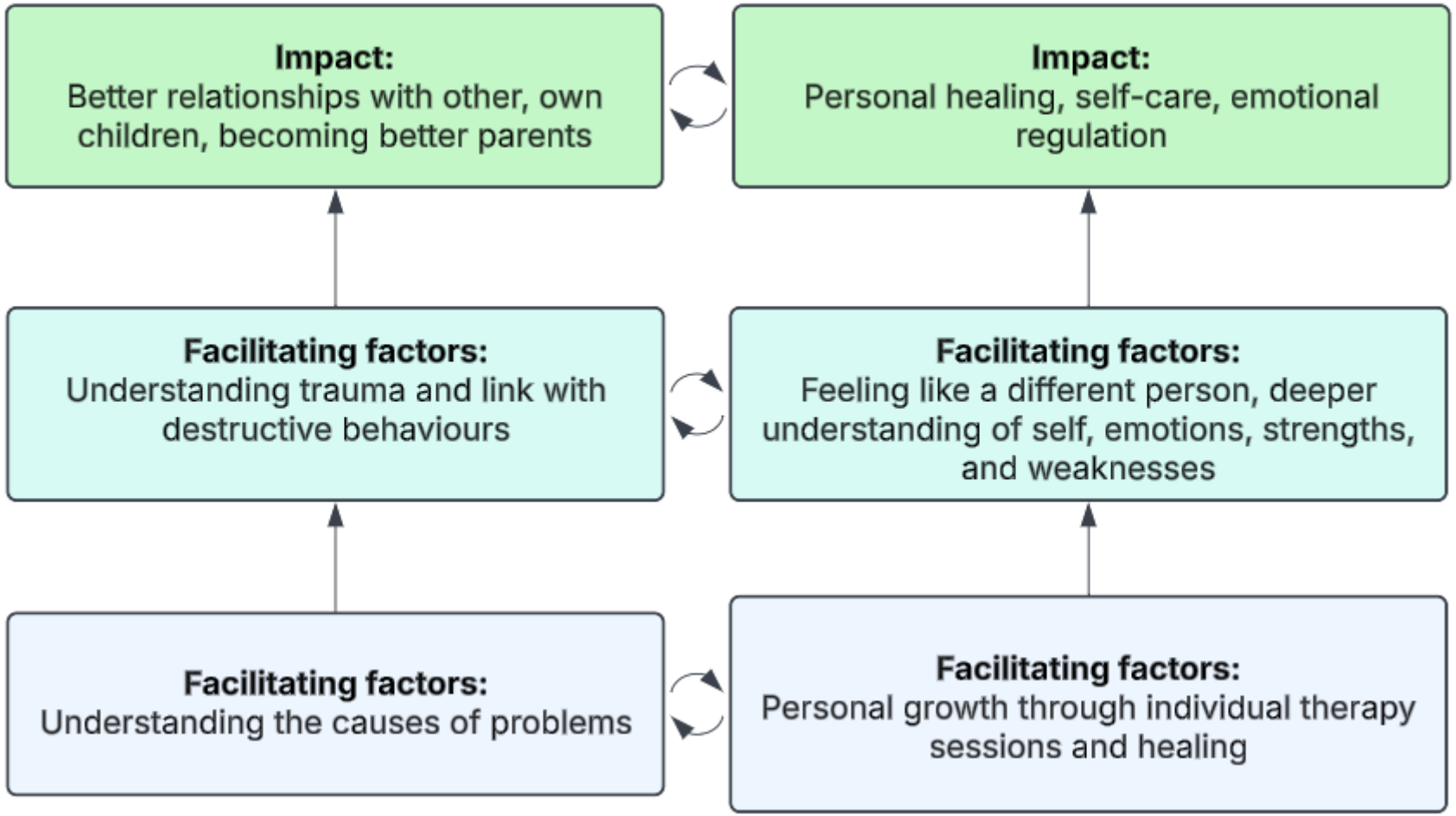
Theme	Manifestations in professional behaviours
Self-awareness and personal growth	Deeper understanding of self, emotions, strengths, and weaknesses, ability to manage stress, improved interactions with others, being “a different person now”, feeling more self-confident now.
Personal healing and self-care	Understanding personal trauma, overcoming destructive behaviour, e.g., alcohol abuse, late nights with friends, understanding own angers, practicing more self-care, release guilt.
Becoming better parents	Self-awareness and knowledge of positive parenting techniques made them become “better parents”, stop policing their own kids, “giving their best” to their children.
Communication and active listening skills	Skills developed from counselling and psychology training, empathetic dialogue transformed participants’ interactions, fostering trust and mutual understanding with people around them
Overcoming judgmental attitudes and becoming more empathetic	Made them recognize own biases, becoming more understanding, empathetic, focusing on how individuals feel rather than judging, improved family relationships

Transformative change at personal level



Scale of change
1.00–1.80 = No change
1.81–2.60 = Minor change
2.61–3.40 = Moderate change
3.41–4.20 = Significant change
4.21–5.00 = Transformative change

Personal change



Transformative Change at
Professional Level

PROFESSIONAL CHANGE

"GBV victims they are so many… Different types of GBV… Initially before this training, I would say that things were done in a manner that was delaying [the way cases are dealt with]. When I say delaying, I mean it can take even a month…. This continues to really harm the victim. You have to welcome them, try to sympathize with them, try to understand what they are going through"

Single sector FGD, Kilifi County

Qualitative findings

Theme	Manifestations in professional behaviours
Anger and stress management skills	No longer projecting personal negative experiences into professional situations
Professional self-confidence and professionalism	More confidence to address GBV and sensitive issues, recognizing own emotions and separating professional and personal reactions
Understanding of cultural bias, barriers and sensitivities	Understanding of FGM, beatings and GBV as unacceptable rather than "normal" part of culture, ability to navigate sensitive boundary of when to use mediation, e.g., helping promote non-violent conflict resolution
Understanding of GBV causes and dynamics	Enhanced capacity to identify norms - causes - that drive GBV, unpacking hidden issues, help addressing them, leading to more empathetic investigations
Enhanced skills for tailoring responses to different kinds of cases	Understanding of causes, e.g., substance abuse, risk-factors, leads to tailoring professional response to each situation, better understanding when to escalate and refer, destigmatization of issues , e.g. mental health

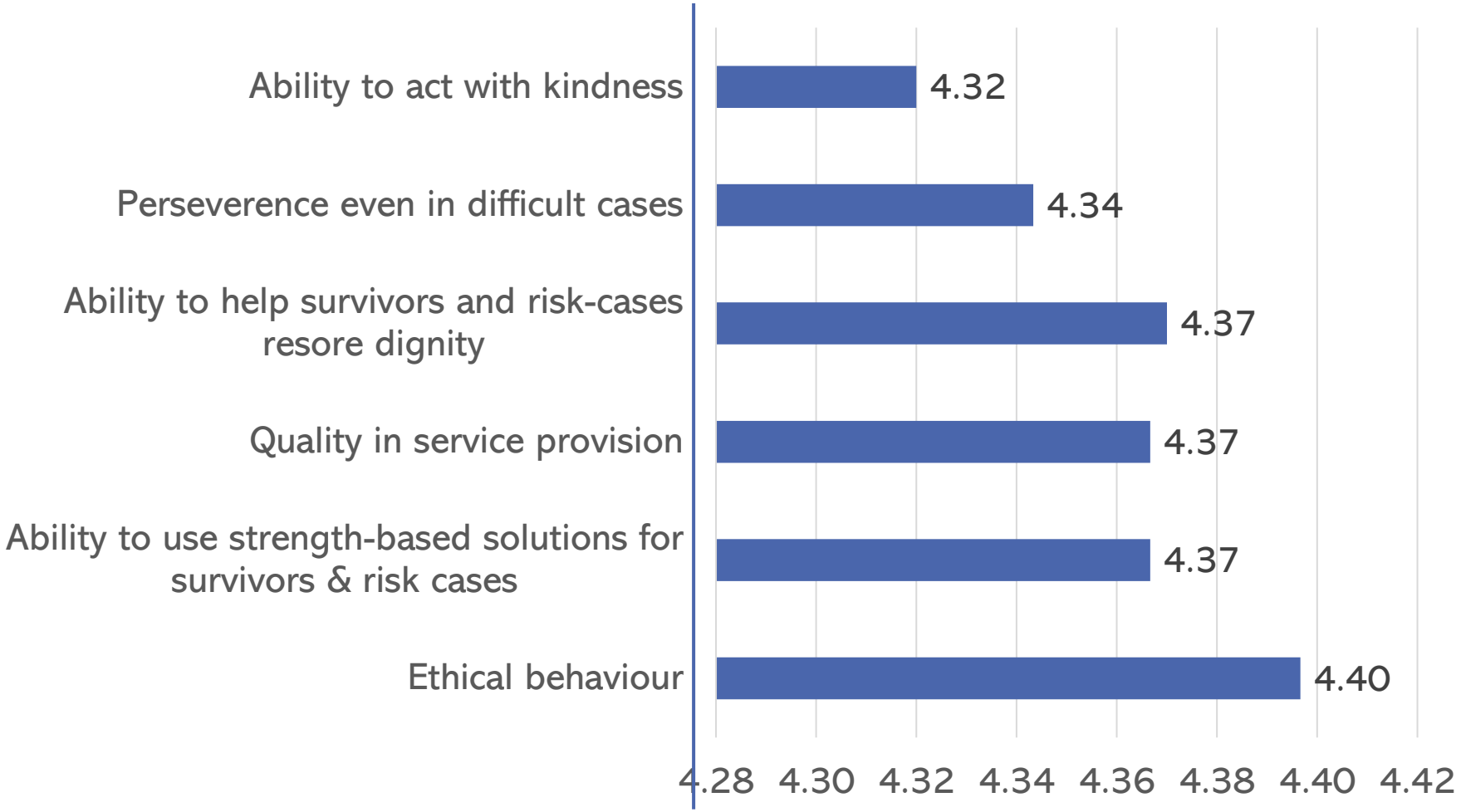
Qualitative findings

Theme	Manifestations in professional behaviours
Better and more comprehensive case management	Understanding of root causes – a pathway to address cases more holistically, considering psychological, social, and medical aspects
Enhanced skills for active listening, communication and counselling	Help change counselling techniques from “preaching solutions” to helping clients find inner strength and own solutions – empowering approach in counselling, teachers stopping to reprimand students and instead listening and supporting
Enhanced skills for conflict resolution and mediation	Self-reflection helping to approach others with more tact, helps to understand uniqueness of each person, helps to adjust expectations, tailor mediation techniques, leading to successful mediation and healthier family dynamics.
Enhanced tools to respond to GBV cases	Communication and conflict resolution skills, data driven platforms driving activities
Empowering professional approach and client autonomy	Shift from taking decisions for clients to helping them take decisions for themselves
Engaging with clients with empathy and compassion	Creating safe environment to share problems, ability to empathize with clients/survivors, recognizing their intrinsic value, allowing them to address GBV cases more compassionately and effectively, treating survivors with dignity.

Qualitative findings

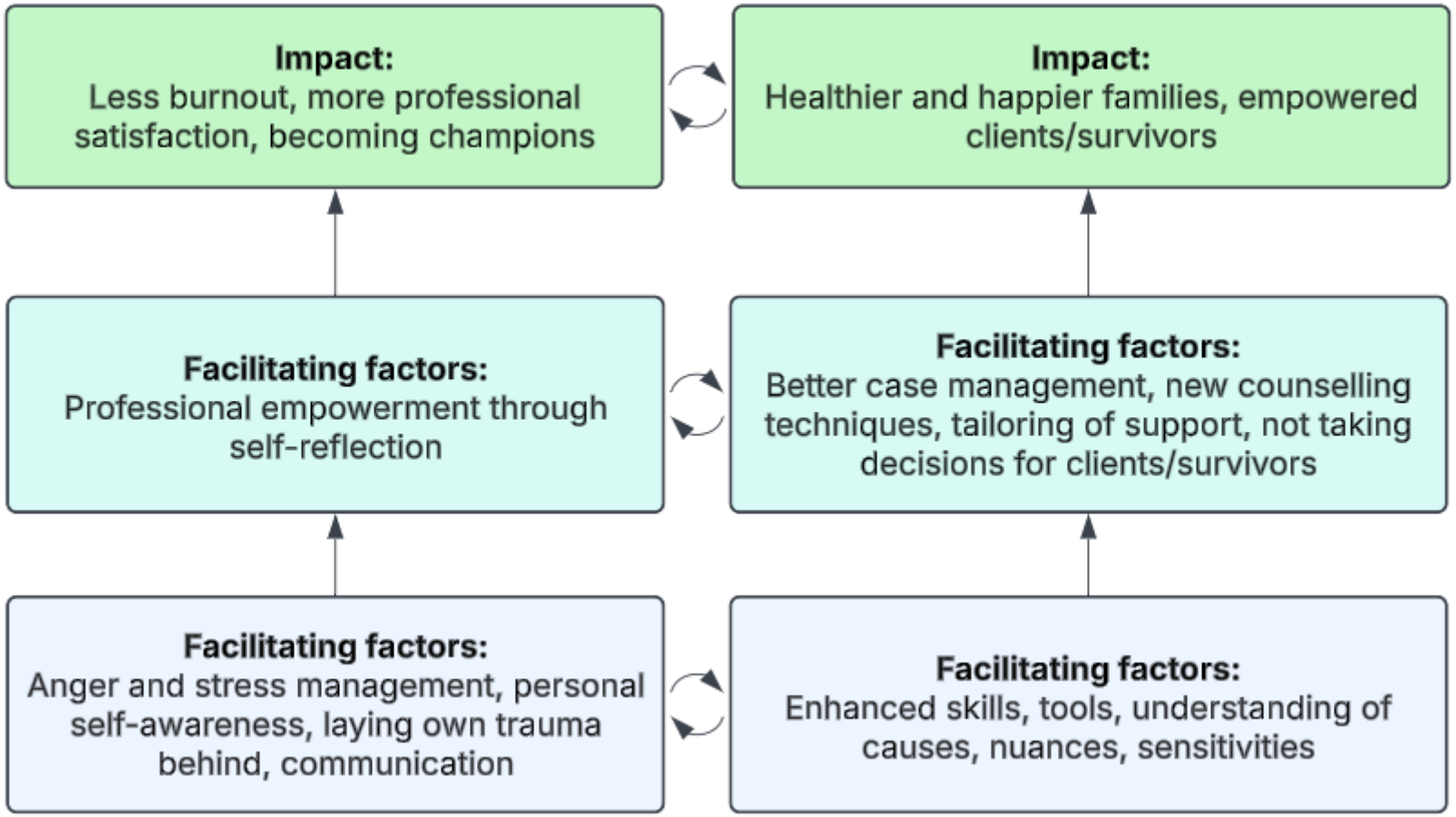
Theme	Manifestations in professional behaviours
Ethical practice, confidentiality and quality of service	Personal growth led to self-awareness, less judgmental attitudes, help build trust and understand better what is professional ethics, such as confidentiality, in handling sensitive cases leading to survivor centered ethical professional behaviour
Professional empowerment through self-reflection	Once victims of GBV themselves, professionals gained the confidence to reflect on own experiences and use it to mentor others, self-reflection leading to understanding of own strengths and weaknesses
Greater professional satisfaction and less professional burn-out	Seeing positive outcomes from interventions gave professionals a sense of accomplishment and motivation, laying down and moving passed own traumas
Motivation to become champions	Self-motivation to go the extra mile, take new initiatives, shift from a “job” to a “mission”

Transformative change: professional level



Scale of change
1.00–1.80 = No change
1.81–2.60 = Minor change
2.61–3.40 = Moderate change
3.41–4.20 = Significant change
4.21–5.00 = Transformative change

Pathways for professional change



Transformative Change at
Team / Group Level

GROUP / TEAM CHANGE

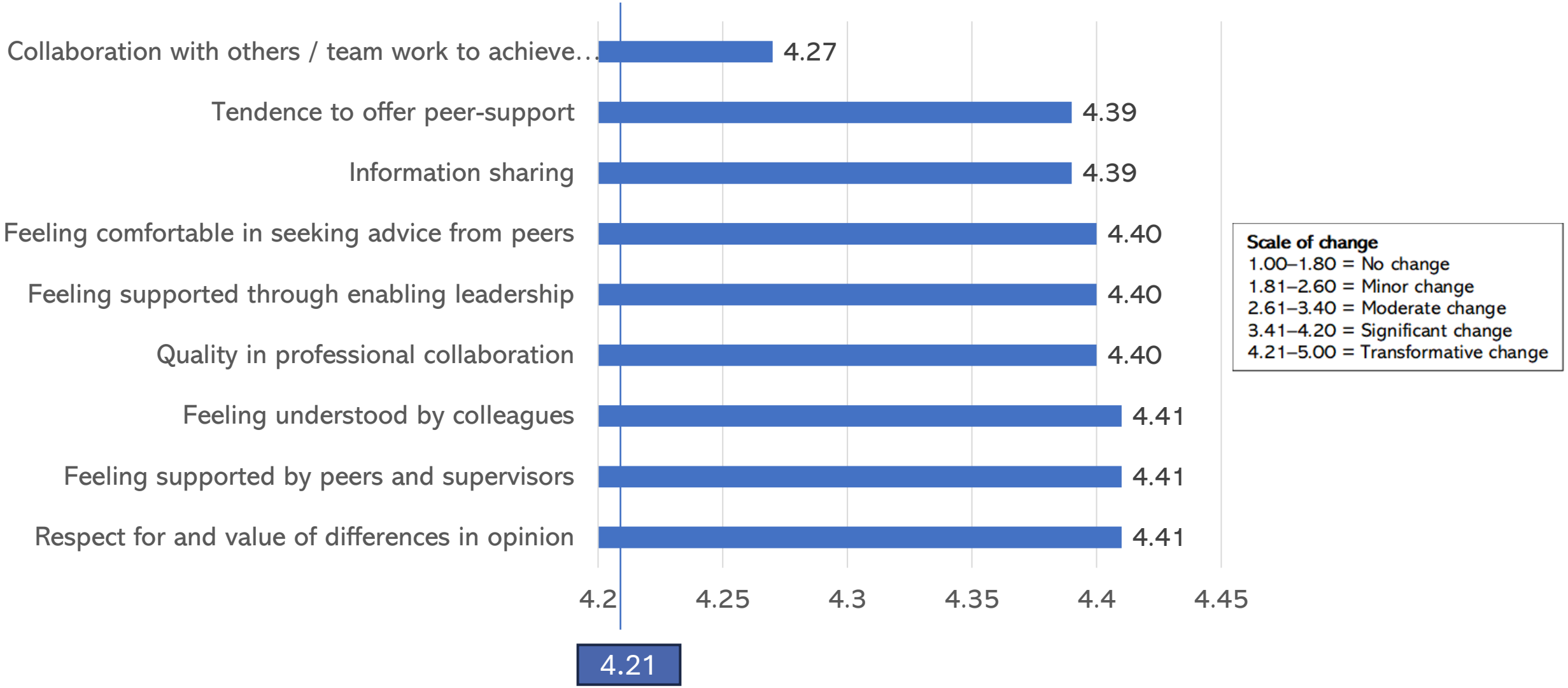
“Peer support has been crucial in how I engage with survivors. The training gave us the knowledge, but discussing tough cases with colleagues has been transformative. For example, when I was struggling to connect with a survivor, a colleague shared a technique of focusing on non-verbal communication and giving the survivor space, which worked wonders. These exchanges have made me more confident in my work and less isolated. As a team, we’ve built a culture where sharing challenges is seen as a way to grow and improve. Now, I feel supported and empowered to tackle even the most difficult cases."

Programme participant from Kilifi

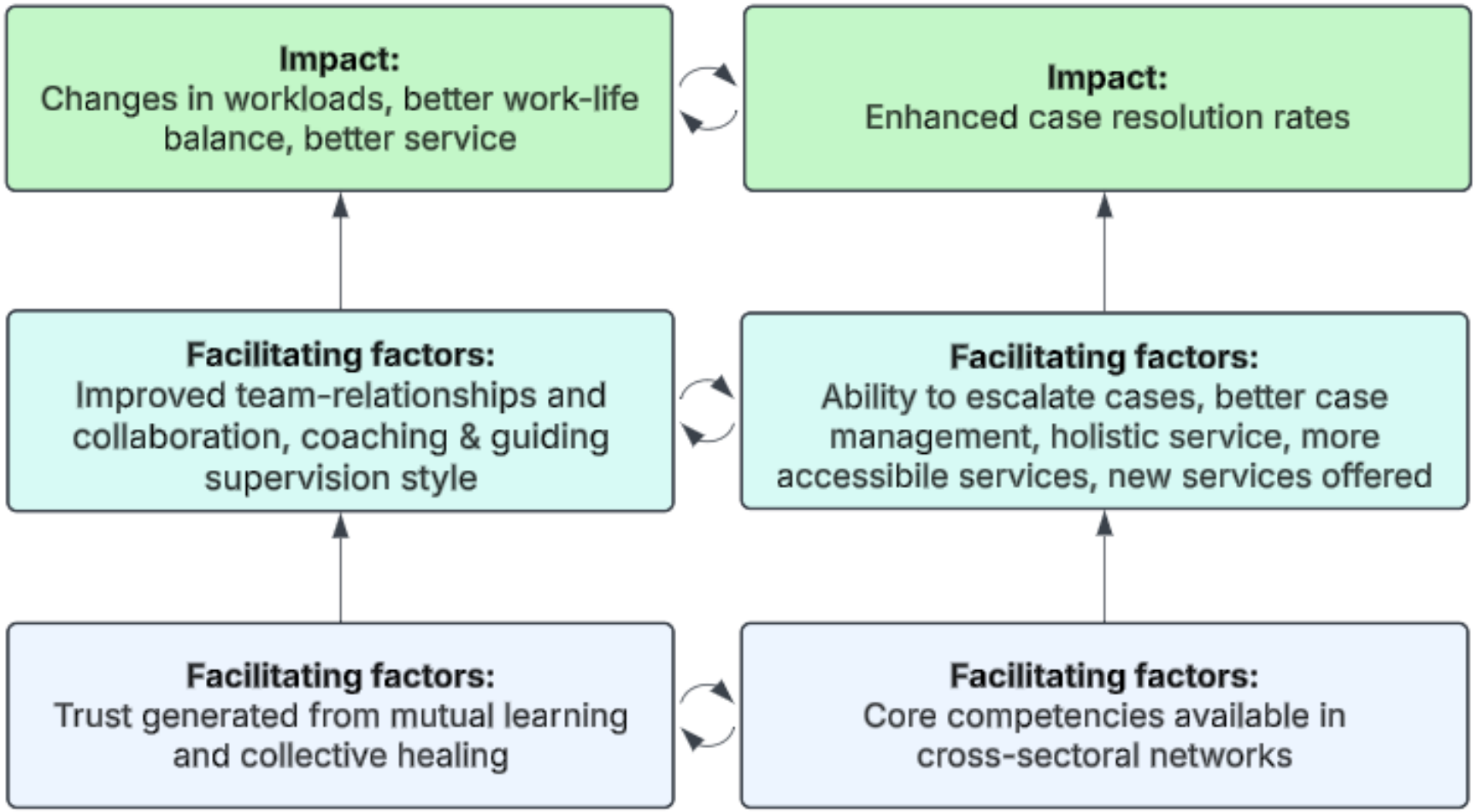
Qualitative findings

Theme	Manifestations in workplace
Improved team-relationships and collaboration	More respect and trust in teams, more teamwork, culture of openness and mutual support, peer-suppiort and coaching, collaborative problem solving
Strengthened supervisor – supervisee relationships	Different leadership styles, more coaching and guidance
More escalation of cases and better accountability to cases	Knowledge of referral processes, more unity in teams, networking to solve cases, holistic care and support to survivors
Better service accessibility and service offer	Counselling more available now in many locations, new therapies, e.g., group therapy, better integration of services, e.g. mental health and health, creation of safe-spaces in services, more empasis on outreach and community engagement

Transformative change team / group level



Pathways for team/group change



Transformative Change at
System Level

SYSTEM CHANGE

Reflections on the many aspects of system change in an FGD with professionals from the health sector in Bungoma:

Respondent 9: "The multisectoral approach, I think, was the best choice ever made, because in the past, there was no proper coordination (…) "

Respondent 10: "(…) referral, it has really improved (...) so referral has really been made easy and now we are seeing cases flowing (…)"

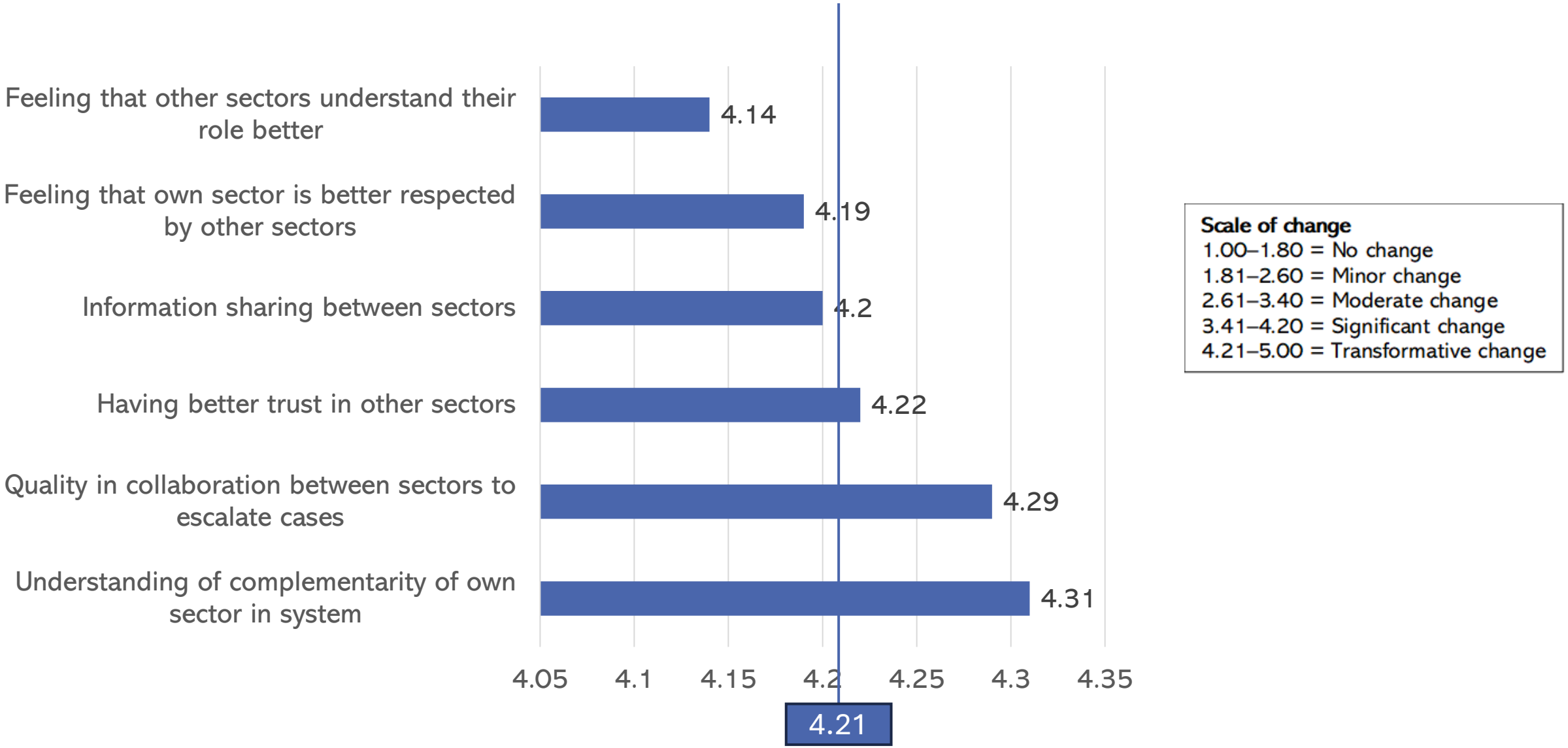
Respondent 1: "Initially we would have a lot of kangaroo courts (…) and some of the cases would not even get to the hospital. But for now, even the police, even the Chiefs know that if you don't take an action the CHPs will report (...) People know it's real, and it's not a challenge that affects one individual, everybody has to be on board."

Respondent 1: "We also keep each our leaders/ supervisors updated. You have to inform them of whatever is going on, to help ease the burden, to help with decision making (…)"

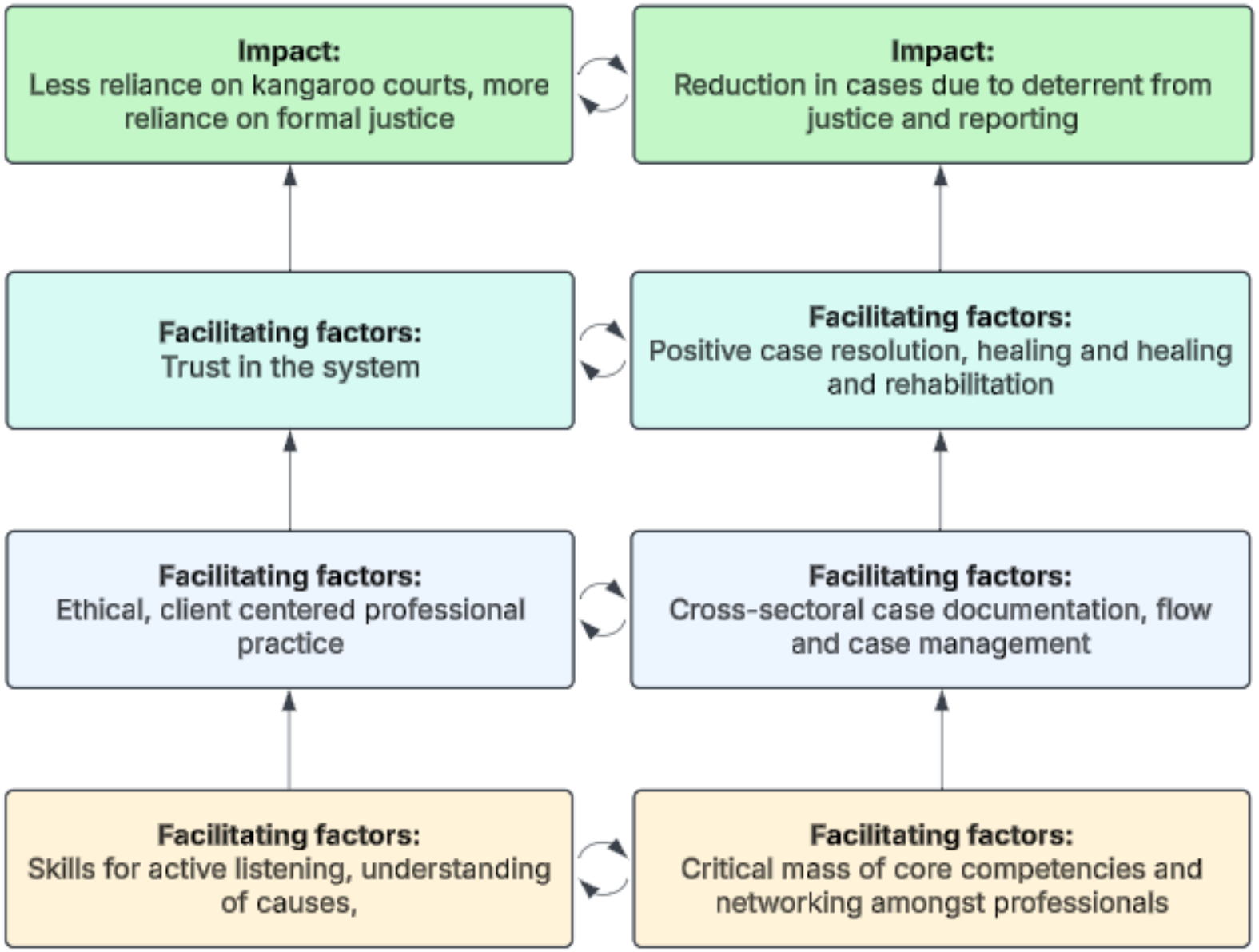
Qualitative findings

Theme	Manifestations in workplace
Multi-sectoral network with core competencies to handle GBV	Minimum level of competence and closed the knowledge gap among service providers, contact lists and a network of likeminded
More multi-sectoral collaboration	Improved case management between health, NGOs, law enforcement, social workers etc., more trust in other sectors, survivors benefiting from a unified approach
System community trust and engagement	Community has greater trust in institutions & more reporting of cases, greater vertical connectivity between community providers of services and other providers at higher levels (sub-county etc.) bringing services closer to the community
Accountability and confidence in system	Ethical and confidential and client centered professional practice
More reliance on formal, less informal justice	Reductions in kangaroo courts, formal justice note serving as a deterrent,
Rehabilitation and healing of survivors and clients	Better skills for active listening, better understanding of causes, better counselling skills, better case documentation, and better teamwork, referrals and case management, self-appointed champions amongst participants, is helping to solve cases

Transformative change at system level



Pathways for system change



Transformative Change at
Community Level

Ending FGM in Bungoma and Samburu

- Old beliefs and culture are being challenged by community leaders change agents and community members.
- Real concern for health consequences of women who undergo FGM, awareness of risk and fear of criminal prosecution – those who practice, do so in secret.
- Conscious decision at all levels to not perpetuate FGM anymore
- Women are starting to gain a different role - more listened to, involved in decision making on daily matters.
- Those who have been reached say they will not go back to old practice.
- Change cannot be rushed… It is happening, but it needs to be nurtured and scaled.
- Samburu: Peace and security can influence sustainability of change

Strengthening parenting skills in Kilifi County

- Participants report personal transformations & profound personal awakening
- Many experiences shared on cases of family reconciliation and improved harmony due to parenting interventions – both participants and their clients
- Ripple effect on community - people and fathers who participated in the training began mentoring others.
- Participants reporting professional growth and greater economic stability

"I used to leave the house without providing for my family, expecting everything to be ready upon my return. If it wasn't, I would argue with my wife, blaming her for every shortfall. My children feared me and avoided any interaction."

"I used to yell at them (the children) for every mistake, but now I kneel to their level and explain why their actions are wrong. They no longer fear me but look up to me as a mentor."

Factors facilitating change

- Convincing techniques and visuals: video-clips and exchange visits (Bungoma and Samburu)
- Useful mix of interventions
- Adaptation of programme to context and building on prior efforts (Bungoma and Samburu), offering opportunities for continuous learning (Kilifi)
- Providing safe spaces for reflection and learning (Kilifi)
- Role modeling (Kilifi)
- Collaboration between community members and professionals (policy advocacy and law enforcement, professional outreach)
- Critical mass of “reformed” / transformed
- Involvement of many duty bearers across the socio-ecological framework: women, men, champions, change agents, community leaders
- Participants becoming “teachers of others” – gaining new status

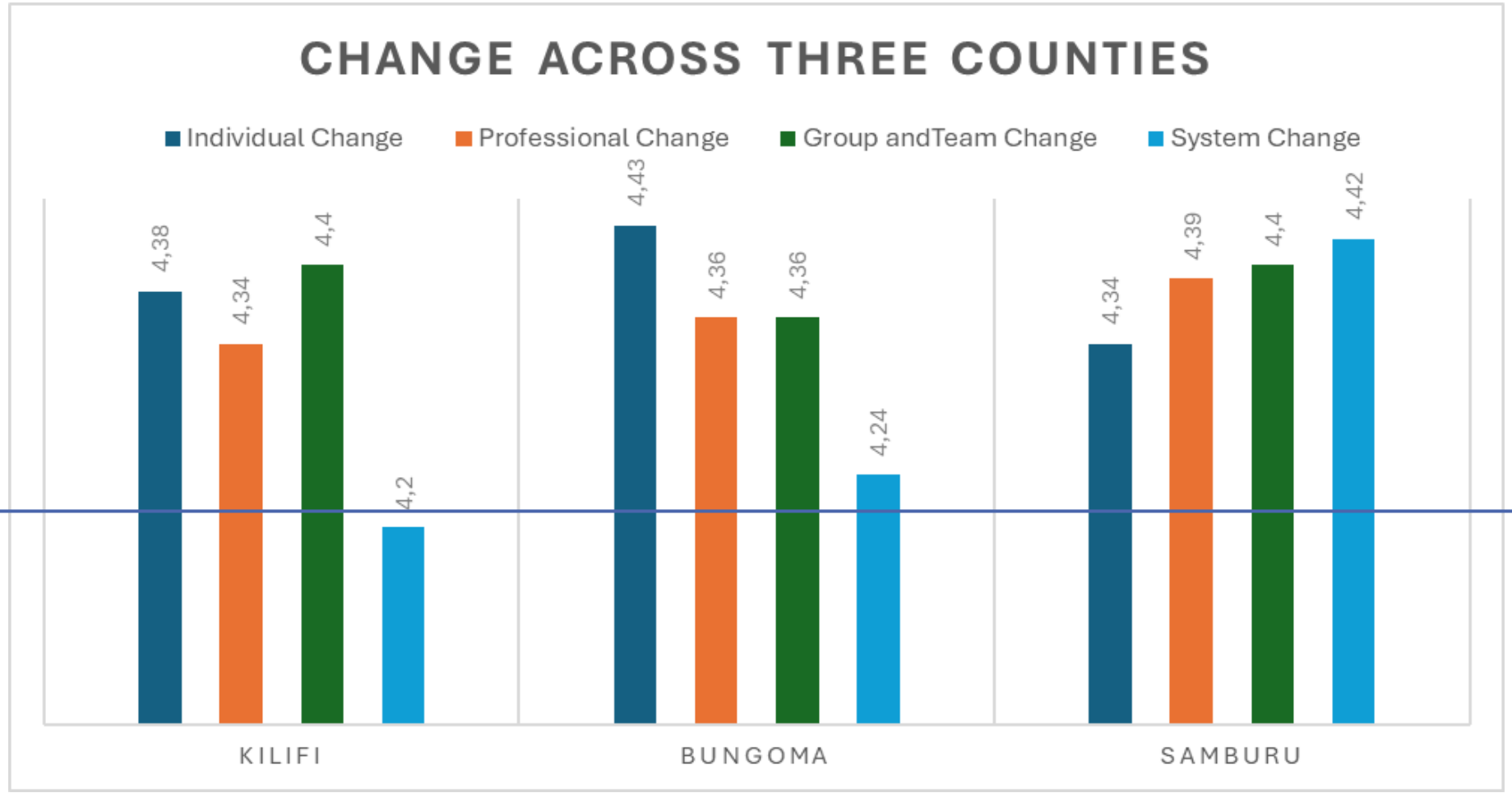
Overall Transformative Change

“Transformation is to “trans”, and then “form”, so it is actually the change of state (…) It has to be changed fully. You “transfer” and then you “form afresh”, so it is basically a change that is supposed to be taken from one state to another state”.

Respondent, 1, Mixed sector FGD, Bungoma

Overall transformative change

Scale of change
1.00–1.80 = No change
1.81–2.60 = Minor change
2.61–3.40 = Moderate change
3.41–4.20 = Significant change
4.21–5.00 = Transformative change



4.21

Discussion and Conclusion

What is Transformative Change and How to Achieve it?

Transformative change = Deep impact

Deep impact at individual level	Complete shift in perspective, feeling like a different person	*"I think transformative change means looking at things from a completely different perspective. This programme helped me understand GBV from a new angle. It has definitely transformed how I approach survivors."* (Participant 1, CBO FGD, Kilifi)
Deep impact at professional level	Shifts in perspective enabling changed professional behavior: higher service quality, empathy etc.	*"It is transformative because to me, personally, people are looking for me, seeking counselling services. So, I can say it's transformative cause they have seen a change."* (Participant 1, Police, Bungoma)
Deep impact at team and system level	Shifts in perspectives and belief systems – new way of seeing GBV - changing systemic culture: reduction of cases, more survivor centered, less impunity etc.	*(…) we can quantify the change in terms of the data that comes from the communities. We compare the GBV data before the programme came in, and now, we can see a very positive change where the numbers have gone down* (Participant 9, Health, Bungoma)
Deep impact at community level	Changes in belief system, denouncing FGM, reduction in teenage pregnancies, less stigma, changes in family dynamics.	*"Seeing the effects of FGM and hearing the stories has changed people's minds. Now, some men are even willing to marry women who aren't circumcised."* (Participant 5, FGD with Community men, Samburu)

Transformative change = Catalytic mechanisms and spin-offs

Self-appointed teachers and champions	Moral and legal duty bearers taking on the mission to spread new values, belief systems and behaviors to others	*"There were those colleagues who can speak in a very funny way. I found myself after this training that I can even speak to them on a personal level and I show them the essence of showing hospitality to this client, how you can empathize with them. I can even now take one of my colleagues and advise them. They are really picking up"* (Participant 1, FGD with police and security officers, Samburu)
Positive spinn-offs in other areas not immediate focus of programme	Empowerment of women, increasing participation of women in decision making, changes in roles, relationships, power dynamics : parents-children, husbands-wives, teachers-students, counsellors-clients.	*"Now, there are significant changes happening. Even if you don't have money to take your children to the hospital, you find a way (...) In the past, we relied solely on our husbands (...) If they decided not to bring food, we'd go to bed hungry (...) But now, if you don't bring soap money, you'll find that clothes are still washed. If you don't bring food money, you'll find that everyone has eaten. Women are engaging in small businesses."* (Participant 8, FGD with mothers, Kilifi)

Transformative change = process

The individual change process is described as complete	*"The change has been profound and there is no going back for them who have gone through this… We are positive that the change that has happened in FGM, will not back track"* (Participant 5, FGD with education professionals, Samburu)
The society and systems change process is still ongoing	*"If that (nomadic lifestyle) is the tradition of life, to move, I can move anywhere, I have no option, I just have to go with (do like) those who are there (the people in the new community)*. (Participant 7, FGD with Community men, Samburu)

Conclusion

What can create transformative change in GBV-programming?

Transformative learning:

- Programme participants transformed and experienced deep impact, as a result of the **cognitive and emotional processes** that the programme helped them go through.
- It starts with the individual: **individual change** was a pathway to professional change, changes in relationships with clients, with colleagues in their own sector, and with professionals in other sectors.
- **Collective experience and healing** through standardized certified trainings created trust between professionals and sectors, created networks and bonds between people. This was a pathway for system change

Interventions across the socio-ecological framework

- TOC's causal logic: Improving capacity of duty bearers within the different **layers of the socio-ecological system** will strengthen GBV system and reduce GBV

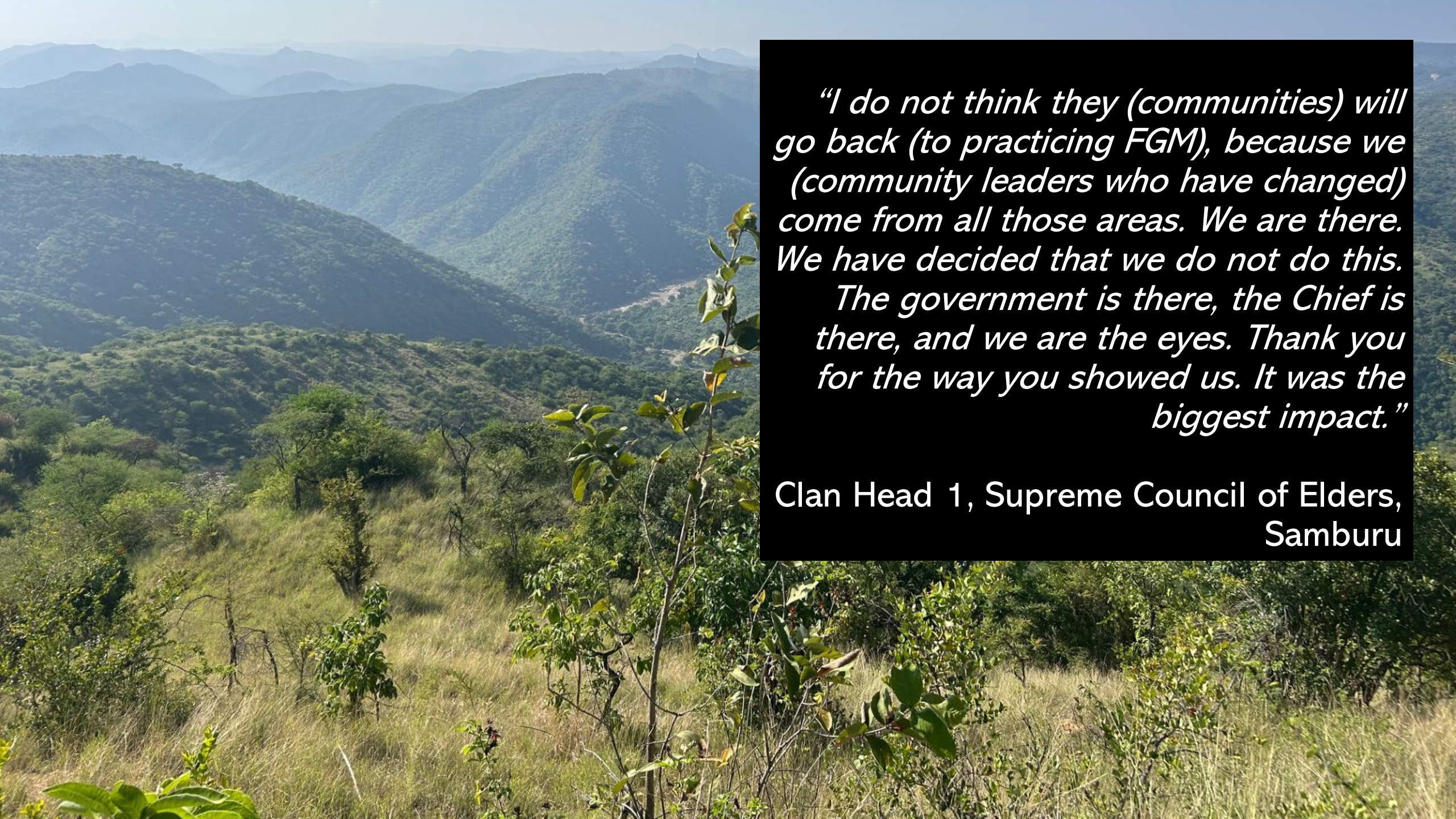
By addressing both ecological and transformative learning dimensions the programme fostered systemic shifts through behavioral transformation

Conclusion

The programmatic approach **combining professional capacity building** with **community engagement**, **education**, **empowerment** of survivors of GBV and champions for the cause of eliminating GBV **can be replicated** with success also in new communities within Bungoma, Kilifi and Samburu, as well as in other counties across Kenya where GBV is high.

Recommendations

- Continue efforts to combat GBV in the targeted counties through a holistic and inclusive approach, sustain through cultural centers to preserve new positive traditions, economic empowerment and alternative IGA
- Continue to scale up certified training - same intensity, face-to-face. Same quality of trainers - and other capacity strengthening initiatives
- Continue engaging with communities that have not yet been reached, incl. transborder (Uganda).



“I do not think they (communities) will go back (to practicing FGM), because we (community leaders who have changed) come from all those areas. We are there. We have decided that we do not do this. The government is there, the Chief is there, and we are the eyes. Thank you for the way you showed us. It was the biggest impact.”

Clan Head 1, Supreme Council of Elders, Samburu