



30th June 2020,

Office of the High Commissioner for Human Rights
United Nations

Dear Sir /Madam,

RE: SUBMISSIONS ON COVID-19 AND THE INCREASE OF DOMESTIC VIOLENCE AGAINST WOMEN

Greetings from Coalition on Violence Against Women- Kenya!

Coalition on Violence Against Women (COVAW) is a national Kenyan not-for-profit women's rights organization. The organization was founded in 1995 as a response to the silence of the Kenyan society to addressing Violence Against Women and Girls (VAWG). We are committed to advancing women's rights; and work towards achieving a society free from all forms VAWG.

Following the call for submissions on COVID-19 and the increase of domestic violence against women in Kenya, below is our response to issues raised in the call.

- 1. To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns? Please provide all available data on the increase of violence against women, including domestic violence and femicides, registered during the COVID-19 crisis.**

COVID-19 was declared a global pandemic by WHO in March 2020 and since then, the Kenya government has adopted strict measures to counter the spread of the COVID-19 virus. But these measures, necessary as they may be, are having particular impact on women and girls, including elevating the risk of gender-based violence. Nairobi and Kiambu Gender-based violence cases have tripled in the country in the wake of a dusk-to-dawn curfew imposed in March as part of coronavirus containment measures. The Kenyan National Council on Administration of Justice reported a significant spike in sexual offences in many parts of the country. They noted that "*in some cases, the perpetrators are close relatives, guardians and/or persons living with the victims.*" The report pledged that the courts would consider giving directions on early hearing dates in such cases.

On April 2 2020, the Chief Justice, Justice David Maraga noted sexual offences constituted 35.8 per cent of cases recorded since then. The Ministry of Public Service, Youth and Gender Affairs reported a 42 per cent increase in the month of March. The Cabinet Secretary (CS) Prof. Margaret Kobia reported that sexual

abuse cases are majority of the offences reported through the GBV toll free number 1195 managed by the Ministry; in February, 62 cases were reported against the 106 in March, while in January it was 50. (**Daily Nation, April 2020**). The risk of sexual abuse is coupled with economic deprivation especially for the caregivers of the target group. Most run small, informal businesses that have either closed or scaled down during this period.

COVAW on its end, has been managing a toll-free line (**0800 720 553**) since 27th April 2020 and has been providing support to survivors of SGBV to report cases and access justice against violations. To this end, between 27th April 2020 and 21st June 2021, COVAW received a total of 60 GBV related cases from various parts of the country whereby we have been supporting the survivors by providing pro bono legal advice, pro bono legal representation in court, psychosocial support, assisting survivors reports the cases of violence and referring them to other service providers like health centres.

2. Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?

The Government in partnership with non-state actors is supporting various toll free helplines to respond to and ensure appropriate referrals for survivors/victims of GBV. These are;

- The National GBV helpline 1195,
- Police helpline 999/112,
- Childline Kenya helpline 116,
- Kenya Police; Directorate of Community Policing and Children Protection toll free line 0800 730 999

As indicated in 1 above, COVAW registered a toll free Line in April 2020 to enhance reporting and referral of SGBV cases and a bulk SMS platform managed by COVAW to members of the public with key targeted messages on the rights and protection of women and girls with intellectual disabilities during COVID 19 pandemic. COVAW cannot conclusively tell whether there has been an increase in the number of calls in the context of COVID-19 pandemic.

3. Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?

The dusk to dawn curfew imposed throughout the country in response to the COVID-19 pandemic has made it harder for survivors of GBV to report abuse and seek help and for service providers to respond efficiently especially during curfew hours. The fear of arrest and forceful quarantine has made it impossible for women to come out and report domestic violence. The government had exempted several categories of persons from the dusk to dawn curfew and among these are health facilities. While hospitals remain open, most women fear going out during curfew hours because there is no clear directive that allows women to go out and seek help. The government has not pronounced itself clearly on the services women facing violence can access during curfew hours.

4. Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?

Shelters in Kenya are limited in number. Government run shelters are scarce and few County Governments have made efforts to create shelters for SGBV survivors. Makueni County was the first County to launch a 14 bed safe house facility in May 2020 for SGBV survivors. Kisii County has kicked off construction of its GBV and rehabilitation centre which will partly benefit GBV survivors. Currently, there are few NGO led safe houses supporting SGBV survivors. These safe houses are not sustainable in the long run because they are dependent on external funding to operate. Where funding is depleted, the safe houses cease to provide shelter to survivors of SGBV. The immediate effect of the unavailability of safe houses/shelters is that women seeking protection services are not able to access safe houses thereby forced to continue living with their perpetrators and possibly face continuous abuse.

In some instances, civil society organizations and faith based organizations offer temporary shelters. However, in the current situation, most organizations are on lockdown therefore, such alternatives have decreased.

To this end, COVAW has launched a National Campaign, *“Wape Kimbilio”* lobbying for the provision of safe homes and shelters at National and County levels, for GBV survivors.

5. Are protection orders available and accessible in the context of the COVID-19 pandemic?

The Protection Against Domestic Violence Act, No. 2 of 2015 (“the Act”) provides for the protection of victims and/or their children from a perpetrator who has committed, is committing or threatening to commit an act of domestic violence. Section 8 of the Act allows any person in a domestic relationship to apply to the Court for a protection order in respect of that other person. Once acquired, the protection order among other things, directs the perpetrator against physically or sexually abusing or threatening to abuse the protected person as per section 19 of which non-compliance has consequences. Ideally, protection orders can be accessed at any time by making an application to the court. The challenge is that the public is not aware of the use of the existence and use of the protection orders. To this end, COVAW is developing a hand book on how survivors of domestic violence can use protection orders as a protection measure and recourse in the court of law against abuse. Once completed, the policy brief will be shared with our partners, women and members of the public to create awareness which will act as a deterrent measure to potential perpetrators of violence since there is recourse for the survivor in a court of law and there is punishment for breach of protection orders which includes a fine and/or imprisonment.

6. What are the impacts on women's access to justice? Are courts open and providing protection and decisions in cases of domestic violence?

According to practitioners representing SGBV victims, the COVID-19 pandemic has disrupted many SGBV cases. Since March 16th to date, cases have stalled as the courts have had to adjourn hearings, victims in new cases have experienced delays, and organizations discontinued the much-needed free counselling sessions. In the wake of the pandemic, the Kenyan Judiciary resolved to adapt technologically driven solutions to ensure the delivery of justice. However, in a country where only one in five people have

access to internet services, access to justice has apparent challenges. For example, many indigent victims may lack the means or access to stable internet services in the city or rural Kenya and may end up missing court appointments. Also, in a bid to fast track adjudication of cases, there is a fear of courts dismissing cases without victim's participation. In June 2020, some courts resumed operations by holding in person hearings and mentions with strict physical distancing measures.

COVAW supports intellectually challenged women and girls who are survivors of sexual violence by providing pro bono legal supports. Several of the matters we support are still pending in court and as result of COVID-19, these matters have not been mentioned or heard due to the limited number of cases being handled by the judiciary. The result is that justice is being delayed for survivors of violence. The same affects matters relating to domestic violence in the Kenyan courts

7. What are the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.

In Narok County, the maternal health clinics and family planning clinics were closed in March 2020 to curb the spread of Covid 19. As a result, women cannot access Sexual and Reproductive Health (SRH) services at the health facilities. Later, the maternal health clinics and family planning clinics were reopened in early June 2020 but had a reduced number of clients as compared to the period before the COVID-19 pandemic. The reduced number of women visiting the clinics within Narok County is attributed to the misconception that if the temperatures and blood pressure of expectant mothers were high, such mothers would be quarantined as suspected cases of COVID 19.

Due to the dusk to dawn curfew, women in need of SRH services during lockdown hours are not able to access the services because they are not considered essential services as per government guidelines therefore their movements are restricted.

8. Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.

Vulnerable women and girls have been forced to live with their perpetrators who are close relatives, guardians and/or persons living with the victims due to restriction orders on movement and curfew issued by the government. Previously, survivors of GBV would travel upcountry and seek shelter with close relatives but due to the current restriction on movement coupled with the lack of shelter/safe houses in Kenya, vulnerable women and girls are forced to continue living with their perpetrators. This has made it difficult for survivors to report abuse and seek help.

There are structural obstacles in the processes at the police station where police officers refuse to take up complaints stating that the courts are not fully operational and domestic violence cases should be dealt with within the household. In other instances, the police refuse to issue P3 forms stating that they have run out and have not received supply from their superiors.

There is limited information to the public on where to access services during this COVID 19 period and due to this, a lot of survivors have resorted to neither reporting nor look for services that may assist.

As a result of the above, the uptake of domestic violence cases has reduced as the women reporting are sent back home.

9. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments.

Establishment and launching of government shelter houses by all county governments; Makueni County is the first County to launch a 14 bed safe house facility in May 2020 for SGBV survivors. Kisii County has kicked off construction of its GBV and rehabilitation centre which will partly benefit GBV survivors.

Strengthen the capacity of officers in the gender desk to effectively tackle GBV cases

The courts put in measures of hearing others cases by resuming normal operations. In June 2020 to hold in person hearings and mentions with strict physical distancing measures.

Establishment of more toll free lines for reach by survivors of violence such as Kenya Police; Directorate of Community Policing and Children Protection toll free line 0800 730 999

Enhanced awareness on mainstream media and social media for survivors to reach and report cases of violence through the toll free lines

Provision of a stipend to needy groups and members of the public facing economic hardship as a result of the COVID-19 pandemic.

10. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRIs or equality bodies.

During this pandemic, COVAW has sought to support vulnerable women and girls by doing the following:

- Conducting door to door sensitization on the rights of women and girls in communities
- Working with local leaders like chiefs to support reporting of GBV cases in rural areas
- Establishment and maintaining toll-free lines where survivors of SGBV can call and receive support such as COVAW's 0800720553 and those indicated in number 2 above.
- Continuous public sensitization through mass media eg. local radio stations, television and social media platforms.
- Development of murals in strategic areas such as hospitals, police stations, schools, shopping centres e.t.c with messaging on GBV prevention and response.
- Continued provision of pro bono legal and psychosocial support.
- Awareness raising in vulnerable and hard to reach communities.

- Provision of essential goods like basic food package and sanitary towels.

Establishing and maintaining a toll free line which survivors are confident that when they call, they will be supported. COVAW assesses each case and makes a recommendation based on the specific needs of the survivor. These may include, providing pro bono legal advice, pro bono legal representation in court, psychosocial support, assisting survivors reports the cases of violence and referring them to other service providers like health centres.

COVAW is in the process of partnering with TDH NL to support the COVAW girl youth advocates in Kwale County with cash transfers to ease the economic burden of women thereby reducing their vulnerability to GBV.

11. Please send any additional information on the impacts of the COVID-19 crisis on domestic violence against women not covered by the questions above.

Due to a restriction on movement and stay-at-home order, many people have lost their source of livelihoods due to loss of jobs and businesses. This state increases pressure at home now that no source of livelihood is forthcoming and still there are household level financial obligations. This has led to increased domestic disputes and violence. Women and girls have been forced to live with their perpetrators who are close relatives, guardians and this has led to mental health issues which include stress and depression. This has resulted in fear, anxiety and increased stress, as women feel isolated and lonely and help is seemingly not within their reach.

Beyond domestic violence, there has been an increase of cases of Female Genital Mutilation in Narok County where COVAW works. Further, there has been a reported increase in teenage pregnancy.

Sincerely,

Wairimu Wahome-Munyinyi
Executive Director