



Empowerment Programmes as Strategies mitigating Gender-Based Violence in Kibera Informal Settlement, Nairobi City County, Kenya

Authors: ¹Seline Makario, ²Fridah Nyiva Mutui and ³Wilkins Ndege Muhingi

^{1&2}The Catholic University of Eastern Africa

³Jomo Kenyatta University of Agriculture and Technology

Corresponding author: Seline Makario Email: celmak09@gmail.com

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<p>Chief Editor Web: www.ijsdc.org Email: info@ijsdc.org</p> <p>Editing Oversight Impericals Consultants International Limited</p>	<p>Abstract: All people, regardless of gender, are vulnerable to gender-based violence, but women and girls suffer disproportionately. SDGs numbers 5 ('achieve gender equality') and 8 ('sustainable economic growth') show how governments are working to help women gain economic independence. The purpose of this research was to investigate empowerment programmes as strategies mitigating Gender-Based Violence in Kibera informal settlement in Nairobi City County, Kenya. The specific objectives were to determine the influence of Capacity Building on Gender-Based Violence among women in Kibera Slums, to examine how the Credit Facilities influence Gender-Based Violence among women in Kibera Slums, to examine the extent to which Health Interventions influence Gender-Based Violence among women in Kibera Slum and to establish the Legal Interventions and their influence on Gender-Based Violence among women in Kibera Slums, Nairobi County, Kenya. The study was based on the Ecological and Empowerment Theories. The study used an embedded mixed design with qualitative and quantitative approaches. The target population was 178,284 men and women, and 10 Key informants; sub-county administrators, NGOs and CBOs. Simple random sampling technique was used to select 385 respondents while purposive sampling techniques was employed to choose key informants for the study. Quantitative data was gathered using questionnaires while qualitative data was collected using interview guide. Quantitative data was analyzed using descriptive analysis with the help of Statistical Package for the Social Sciences (SPSS) version 25. Inferential and descriptive statistics were used to analyze quantitative data while thematic content analysis was used to analyze qualitative data. Chi-square was used in the inferential statistical test ($P\text{-value}=0.000$), showing significant relationship between empowerment programmes and GBV. The findings indicate that the greatest opportunity exists in addressing GBVs in the Kibra sub-county by empowering individuals through trainings and workshops. It was also found that male and female survivors of GBV need access to the same kinds of empowerment programmes and training initiatives if the problem is going to be reduced and women's health and safety, as well as GBV principles, are more important in health care empowerment than interventions aimed at preventing gender-based violence in the sub-county. The study concluded that economic autonomy programmes lack the resources and remedies to offer survivors what they need in terms of quality services towards health and legal measures, so women continue to suffer physically and psychologically because of being a survivor of violence. The study recommends that all actors must intervene by close coordination in introducing new programmes to the community to combat the phenomenon which still at large in the region, various stakeholders, such as NGOs, CBOs, and Sub- County officials. The findings of this study are significant to men and women who undergo empowerment programmes to deal with GBV in the informal settlement of Kibra Sub-County.</p> <p>Key words: Empowerment, Programmes, Mitigating Strategies, Gender-based violence</p>
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1.1 Study background

Domestic violence has been identified as the most widespread kind of gender-based violence (GBV), which is a serious global public health concern (WHO, 2020). According to a study by the United Nations Population Fund Agency, GBV has negative economic and societal effects for men, women, and their children, as well as on families and communities as a whole. Sexual assault against women and girls is pervasive in East and Southern Africa. Twenty per cent or more of people between the ages of 15 and 24 in seven different nations reported experiencing sexual violence from a relationship. The Democratic Republic of the Congo, Mozambique, Uganda, and Zimbabwe are the conflict and post-conflict nations with the greatest rates of sexual violence against young adolescents (UNPFA, 2022). Harmful effects on health, including emotional, physical, psychological, economic, and mental impairments, poverty, and social and economic inequalities, are directly attributable to GBV. The Global Development Research Centre states that, empowering women and girls has long been recognized as an essential part in combating GBV. However, recent research has found mixed results when examining the correlation between women economic empowerment (WEE) programmes and rates of GBV. Research conducted by the Growth, Economic, and Possibilities for Women (GrOW) initiative found that sexual and GBV discourages women from participating in economic and political life. Even if they didn't bring up the topic of standards about such violence, the fact that it occurs so frequently suggests that it is widely viewed as unacceptable by women and some men. Sustainable Development Goal (SDG) 5 aims to "achieve gender equality and empower women and girls," while SDG 8 aims to create "inclusive and equitable growth in the economy, and productive employment" International Development Research Centre (IDRC, 2021). The GrOW Programme emphasizes this commitment by governments to empowering women and girls. IDRC served as the foundation for all countries to pledge to ending GBV by 2030; Kenya was included in this.

Mennonite Economic Development Associates' (MEDA) model for enhancing WEE begins with an in-depth analysis of the social, ecological, and economic setting; the interventions include promoting women's rights, GBV consciousness and prevention, financial literacy, and enhanced access to business and financial services, while addressing GBV for female empowerment relays that all necessitates gender lens investment. Programmes that encourage gender equality in hiring, advancement, and leadership can help lower women's vulnerability to and risk of experiencing sexual and/or domestic violence (MEDA, 2022). The more potential triggers there are, the more severe the phenomenon is likely to be. Capacity building, financing, legal measures, and health intervention programmes are all crucial for Kibra's empowerment. Women's economic conditions can be improved by access to credit services; as loan amounts rise, more and more of the money is put toward helping women start or expand businesses. They pool their resources and use the money to launch new ventures and grow existing ones, so elevating their economic standing, business acumen, political savvy, organizational prowess, and freedom of movement. Economic empowerment indexes are greater for members who borrowed more money, and more egalitarian societies are being created as a result of women's empowerment (Mengstie, 2022). Women will be more equipped to stand up to GBV after numerous programmes are implemented to strengthen their social, monetary, political, and legal standing.

The United Nations International Children's Education Fund in 2021, testified that gender norms have been known to escalate into violence in every society on Earth. In her lifetime, one in three women and

girls will be a survivor of physical or sexual violence. Statistics show that 1 in 5 Malawian girls would experience physical violence, 2 in 5 will experience sexual assault, and 1 in 5 will experience both types of abuse. All forms of assault against women and girls must be eradicated, and this requires a worldwide effort. Together with the United Nations Population Fund, the United Nations Development Programme, the United Nations Women's Organization, and the European Union, UNICEF has launched a programme to not just respond to but eradicate all types of violence (UNICEF, 2021). It is imperative that all nations work together to advance human rights and employ a wide range of empowerment techniques to eradicate this pervasive social phenomenon.

According to a Kenyan non-governmental organization (NGO), majority of the survivors of sexual violence were young women between the ages of 15 and 19 during the COVID-19 outbreak (Anne et al., 2020). However, the government had not made preventing GBV a top priority, and non-governmental organizations (NGOs) had little resources to help women (Orindi et al., 2020). The justice system did not have the means to deal with GBV cases effectively. Formal judicial services were one of the least used methods, especially in cases of Intimate Partner Violence (IPV), due to factors including lengthy court procedures, exorbitant fees, and the failure to enforce GBV legislation. On average, resolving a case of GBV takes three years (Fernandes et al., 2020). Although official judicial systems were sluggish to respond, efforts were made in response to survivors' cries for help. Kenya National Bureau of Statistics (2020) Economic Survey 2019 data shows that women only make up slightly more than a third (37%) of the country's wage earners. They are also underrepresented in the fields of information technology (36%), finance and insurance (39%), construction (23%), manufacturing (20%), office and administrative support (10%), and science, technology, engineering, and mathematics (29%). In addition, women are disproportionately represented in vulnerable occupations (68% compared to 39% of males) and in industries that highlight women's conventional positions in society (58% of women in human health and social work activities and 61% of women in domestic work activities). This is of the utmost importance and demonstrates the need for further action on the broad adoption of gender quotas if the target date of 2030 for achieving gender parity is to be met.

Although IPV targeting adolescent girls and young women (AGYW), particularly unmarried adolescents, continues to be a priority demographic for prevention of GBV and survivor-centered intervention, Decker et al., (2022) claim that this is not the case as rates peak. Non-partner sexual violence (SV) was 3% at both the 12-month and 18-month follow-ups, while the prevalence of intimate partner violence (IPV) remained stable at 17% (2020) and 18% (2021). In 2020, 11% of survivors of IPV and 4.6 % of survivors of SV sought help; by 2021, those numbers had risen to 21.7% and 15.4%. The qualitative findings shed light on the ways in which financial strain and curfews contributed to the escalation of violence, the erosion of gender norms, and the existence of other enabling situations. The 'shadow plague' ravaged Kibra without mercy, and in that moment, complete disorientation and panic set in. However, at the advent of COVID 19, the advances made by the Kenyan government and other partners to empower girls and women in the classroom were eroded. Over two-thirds (73.6%) were aged 15–17 years, and 18% were older than 18 years, according to a study on "Exposure to violence, adverse life events, and the mental health of adolescent girls in Nairobi slums" by Ward et al., (2022). Eighty-plus percent of those who filled out the survey were either currently enrolled in school or planning to do so within the next year. Physical or sexual violence was reported by a higher percentage

of 18–20-year-olds (23.7%), non-schooled youth (24.3%), youth with no formal education (27.3%), wage earners (33.2%), and married/cohabitating youth (38.9%) in the previous 12 months compared to their peers (Daniel et al., 2022). Another finding from a cross-sectional investigation conducted by Adu et al., (2022) shows that many demographic and economic parameters, like as location, level of education, married status, age, religious beliefs, and expenditures, are connected with the greater justification of IPV. Intervention measures to address the variables that may accelerate the GBV incidence are required, and these findings advocate for appropriate strategies such as public schooling and empowerment initiatives that target GBV.

The study "Assessment of Understanding of Available Gender-Based Violence Measures among Women of Reproductive Age in Kibera Slums" (Wairimu, 2021) found that there was a weak partnership in initiatives to prevent and respond to GBV due to the fact that many organizations were doing the same things and not using the same data on GBV. Citing Joint Programme on Prevention and Responses to Gender-Based Violence 2017-2020, affirms that those poor investigations, the lack of legal aid for survivors, and insufficient capacity and resources to law enforcement agencies contributed to the delay in prosecuting GBV cases. Like in many other nations, GBV interventions in Kenya have fallen short of meeting the requirements of women who have experienced GBV. Previous research has indicated that victims of gender-based violence do not pursue legal proceedings because they take too long—three years or more—and doing so can be expensive for those who primarily rely on others for financial support. Some of the survivors have also been physically harmed by the assault, which necessitates ongoing hospital visits for expensive medical care owing to ill health. Thus, this research aims to fill a gap by exploring the influence of empowerment programmes on the prevalence of gender-based violence in Kibra Sub County. Specific Objectives of the Study were: to determine the influence of Capacity Building on Gender-Based Violence among women in Kibera Slums, Nairobi County, Kenya, to investigate how the Credit Facilities influence Gender-Based Violence among women in Kibera Slums, Nairobi County, Kenya, to examine the extent to which Health Interventions influence Gender-Based Violence among women in Kibera Slums, Nairobi County, Kenya and to establish the Legal Interventions and their influence on Gender-Based Violence among women in Kibera Slums, Nairobi County, Kenya.

1.2 Statement of the Problem

Gender-based violence has been pervasive in Kibra and Kenya at large, and it does not discriminate based on socioeconomic status, cultural background, or education level. It entails threats of such acts; coercion or arbitrary deprivation of liberty; HIV/AIDS and STIs; unwanted pregnancies; physical and psychological trauma; depression; fear; guilt; low self-esteem; rejection; unsafe abortion; and fatality. Consequently, cultivates issues to survivors that link to poverty, racism, unemployment, displacement, negatively affect people's productivity, and human rights violations, conflict being some structural disparities that require systemic policy changes and urgent interventions. Some strategies have been implemented by local and national governments as well as non-governmental agencies to reduce GBV in Kibera, but the problem still does not appear to be solved. Bestirred by the above premises, the current research seeks to intervene by analyzing the effectiveness of empowerment programmes in reducing gender-based violence in the Kibra Sub County of Nairobi County, Kenya.

1.3 Research objectives

- To determine the influence of Capacity Building on Gender-Based Violence among women in Kibera Slums, Nairobi County, Kenya.
- To investigate how the Credit Facilities influence Gender-Based Violence among women in Kibera Slums, Nairobi County, Kenya.
- To examine the extent to which Health Interventions influence Gender-Based Violence among women in Kibera Slums, Nairobi County, Kenya
- To establish the Legal Interventions and their influence on Gender-Based Violence among women in Kibera Slums, Nairobi County, Kenya.

1.4 Materials and methods

The study used an embedded mixed design with qualitative and quantitative approaches. The target population was 178,284 men and women, and 10 Key informants; sub-county administrators, NGOs and CBOs. Simple random sampling technique was used to select 385 respondents while purposive sampling techniques was employed to choose key informants for the study. Quantitative data was gathered using questionnaires while qualitative data was collected using interview guide. Quantitative data was analyzed using descriptive analysis with the help of Statistical Package for the Social Sciences (SPSS) version 25. Inferential and descriptive statistics were used to analyze quantitative data while thematic content analysis was used to analyze qualitative data.

1.5 Results and discussion

Demographic results

Table 1: Respondents' Socio-Demographic Characteristics

Class/Item	Category	f	%
Ward of Residency	Makina	51	13.8
	Laini Saba	59	15.9
	Lindi	76	20.5
	Woodley/Kenyatta/Golf	70	18.9
	Sarang'ombe	114	30.8
Years of Residency	<2 yrs	20	5.4
	3-5 yrs	25	6.8
	6-8 yrs	110	29.7
	9-11 yrs	120	32.4
	>12	95	25.7
Age	<25 yrs	50	13.5
	26-35yrs	100	27.0
	36-45 yrs	60	16.2
	46-55 yrs	85	23.0
	>56	75	20.3
Gender	Female	200	54.1
	Male	170	45.9
Marital Status	Married	100	27.0
	Separated	82	22.2
	Divorced	60	16.2
	Single	88	23.8
	Widow/Widower	40	10.8
Education Level	None	3	0.8
	Adult Education	10	2.7
	Primary	140	37.8
	Secondary	104	28.1
	Vocational Training	50	13.5

Occupation	Bachelor's Degree	50	13.5
	Master's Degree	10	2.7
	Doctorate	3	0.8
	Unemployed	150	40.5
	Self Employed	140	37.8
Income Levels	Employed	60	16.2
	Peasant	20	5.4
	< 1000	120	32.4
	1001-5000	110	29.7
	5001-10000	90	24.3
Religious Affiliation	>100001	50	13.5
	Christianity	240	64.9
	Muslim	125	33.8
	None Affiliated	5	1.4

Source: Field data, (2022)

Capacity Building and Gender-based violence among women

In this part, the study examined the relationship between capacity building and women's experiences of violence. The data was tabulated as shown below.

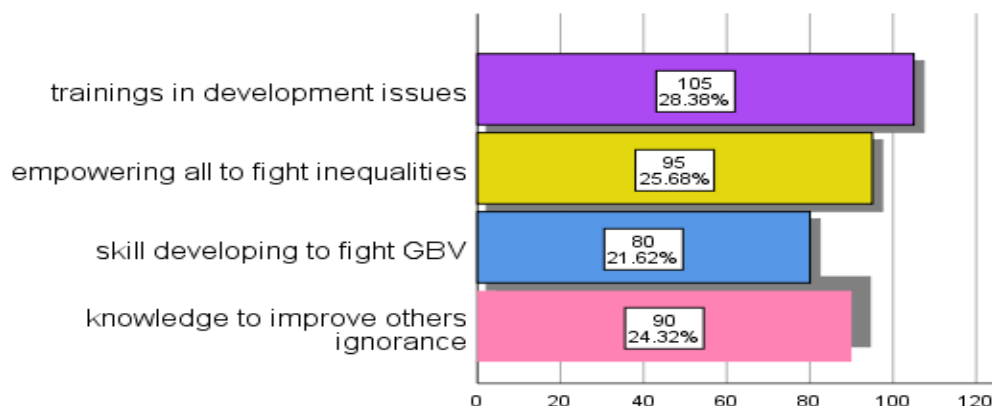


Figure 1: Explanation on capacity building and GBV

Source: Author, (2022)

Figure 1 above shows how respondents feel about the claim that GBV is necessary for capacity building. Most respondents (28.38%) said they had received training in development issues to help them deal with GBV; another 25.68 percent said they had been empowered to take action against inequalities; 21.62 percent said they had learned skills that were crucial to their success in combating GBV; and 24.32 percent said they had learned facts that would help them educate others about the problem. The research found that numerous initiatives, such as training and development, have shown considerable improvements in the fight against GBV, suggesting that capacity building has played a crucial role in this effort.

Some of the arguments were as shown in the presentation of the results gathered from the key informants;

“I have seen these programmes in place, to provide care and case management services to survivors in humanitarian settings thus guidelines so that people who are trained may know well how to fight GBV unfortunately not all who participate can apply” (P 3)

Training programmes for the community should focus on policies for preventative measures, interventions to create capabilities for coping with GBV addressing survivors, perpetrators, and bystanders, and should target more up-roaring cases. People can be better prepared to respond to acts of GBV in their communities if they are made aware of it and sensitized to the issues surrounding violence at various levels.

Table 2: Women/girls participation in capacity building reduce violence

Statements	Frequency	Percent
Very low	30	8.1
Low	70	18.9
Moderate	82	22.2
High	103	27.8
Very high	85	23.0
Total	370	100.0

Source: Field data, (2022)

In table above, it indicated that most respondents (27.8%) reported high, then (23.0%) claimed very high, then (22.2%) were for moderate, (18.9%) affirmed low, and (8.1%) said very low in terms of women's participation in capacity building. Based on the results, it can be concluded that less violence is experienced when women and girls are actively involved in capacity building projects. While the study found that GBV was less common among more independent women, it did find that it affected some of these women. Therefore, more work is needed to engage many players in introducing more community-wide programmes to combat the phenomenon.

Table 3: Participation of many women in empowerment seminars

Statements	Frequency	Percent
Very low	53	14.3
Low	72	19.5
Moderate	24	6.5
High	107	28.9
Very high	114	30.8
Total	370	100.0

Source: Field data, (2022)

The results of the survey asking if more women attend empowerment seminars are presented in Table 3. The results showed that 30.8% of participants rated it as "very high," 28.9% as "high," 6.5% as "moderate," 14.3% as "very low," and 19.4% as "low." The study's findings suggest that in the Kibra sub-county, more women than males attend the empowerment workshops. Although more women are seizing opportunities to combat GBV, the problem persists and urgent actions are required.

Table 4: Access to capacity building programmes by Men

Statements	Frequency	Percent
Very low	94	25.4
Low	96	25.9
Moderate	90	24.3
High	56	15.1
Very high	34	9.2
Total	370	100.0

Source: Field data, (2022)

According to the data in table 4 above, the majority of respondents selected "low" (25.9%), followed by "very low" (25.4%), "moderate" (24.3%), "high" (15.1%), and "very high" (9.2%). The results suggest that the continued increase in the prevalence of GBV in Kibra in informal communities is due, in part, to the fact that fewer men than women participate in capacity building projects.

Table 5: Sufficiency of Trainings and Programmes in capacity building

Statements	Frequency	Percent
Very low	95	25.7
Low	76	20.5
Moderate	44	11.9
High	135	36.5
Very high	20	5.4
Total	370	100.0

Source: Field data, (2022)

The results of the investigation into the adequacy of capacity building trainings and programmes are displayed in Table 5. The majority of respondents (36.5%), followed by a sizable minority (25.7%), indicated extremely low, while others (20.5%) were for low, 11.9% revealed moderate, and 5.4% confirmed very high. The results demonstrate the efficacy of training and other programmes. However, conflicting viewpoints were also encountered, with some participants being skeptical that current GBV intervention measures go far enough. Therefore, increasing interventions and helping all survivors should be the goal of any solution to the problem of GBV among women in Kibra.

Table 6: List of capacity building and trainings empowerment

Responses	Frequency	Percent
leadership trainings	127	34.3
mentorship trainings/workshops	140	37.8
quality learning/lands rights	76	20.5
community development meetings	27	7.3
Total	370	100.0

Source: Field data, (2022)

Table 6 above analysis showed that most respondents (37.8%) said they had attended workshops or trainings on being a mentor, while 34.3% said they had training on leadership, and 20.5% said they had attended workshops on quality learning and/or land rights and 7.3% attended community forums. This indicates that Kibra is home to some of the best empowerment actions in the country, with survivors benefiting greatly from the accessibility of guidance trainings and workshops. However, in order to truly mobilize the community in response to the effects of GBV, it is essential for bodies and religious associations to get involved.

Table 7: Capacity building programmes by Governmental /NGOs and agencies

Responses	Frequency	Percent
SHOFKO	96	25.9
CFK	90	24.3
CREAW	47	12.7
AMREF Kibera	40	10.8
Amani Kibera	36	9.7
DREAMS	34	9.2
Agape Hope Kibera	27	7.3
Total	370	100.0

Source: Field data, (2022)

Table above 7 ranks various non-government organizations and organizations that provide training and development activities, the agencies run by government were mentioned but only those that obtained criteria got the priority. The highest percentage of correct answers was earned by SHOFCO (25.9%), followed by CFK (24.3%), CREAM (12.7%), and Amani Kibera (9.1%). Additional information was provided by AMREF Kibera (10.8%), DREAMS (9.2%), and Agape Hope Kibera (7.3%). To the best of our knowledge, SHOFCO and CFK were top ranked NGOs in the Kibra sub-county that provide intervention programmes aimed at reducing GBV.

Credit Facilities and Gender-based Violence among Women

In this part, the discussion was on the challenges and recommendations for the instances of GBV in Kibra, thus, the results were broken out in the tables below.

Table 8: Challenges associated with individual's capacity building empowerment lead to GBV

Responses	Frequency	Percent
family inadequate protection	99	26.8
lack self-knowledge	52	14.1
exposure to GBV exploitation	156	42.2
violation of one's human rights	63	17.0
Total	370	100.0

Source: Field data, (2022)

Table 8 above was used to examine the challenges and barriers that contributed to gender-based violence and was associated with an individual's capacity building empowerment. The majority of participants 42.2% reported the exposure to GBV exploitation, whereas 26.8% blamed inadequate family protection, 17.0% blamed human rights violations, and 14.1% blamed a lack of self-knowledge. Therefore, it is evident that the population of Kibra face a significant issue due to their vulnerability to GBV exploitation. The lack of awareness about GBV concerns among the local population may have contributed to this.

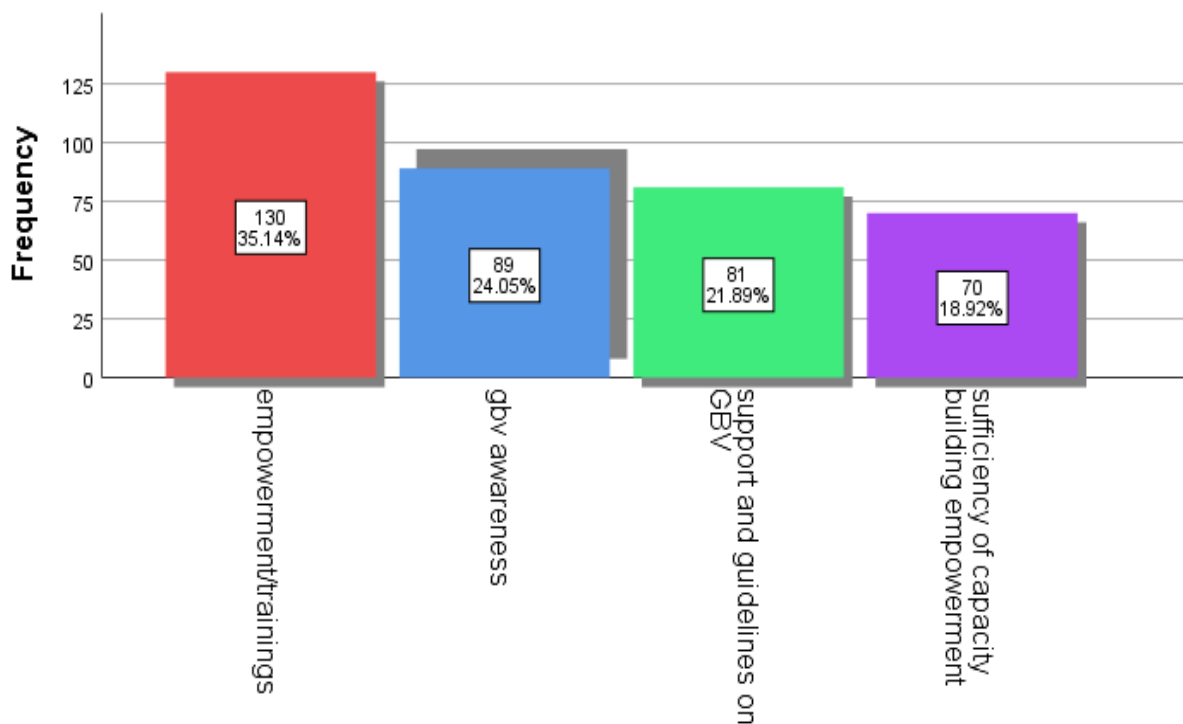


Figure 2: Recommendation to alleviate GBV toward the challenges

Source: Author, (2022)

Recommendations to lessen the impact of GBV were presented in Figure 2 above. The vast majority of respondents (130, or 35.14%) agreed that there is urgent need sufficient empowerment/trainings, but only 89, or 24.05 percent, stated there is need for sufficient GBV awareness, and 81, or 21.89 percent, reported the need for guidance and support guidelines on GBV, while (70, or 18.92%) reported sufficiency of capacity building activities. Women and men, both of whom may be survivors of GBV, need access to empowerment programmes and training initiatives if the epidemic is to be contained. Other techniques, such as raising awareness about sexual assault and domestic violence, were also found to be helpful.

From the qualitative analysis, the interviewees gave their views as presented.

“People are able to get financial support from their savings group because businesses are difficult currently to manage but access savings from Jirani Moyie among others for those who are able to raise funds from the table banking, this is where each member contributes an agreed amount which in turn can be loaned out as one required to invest and repay later with % interest.” (PK2)

This is an indication that empowering the residents, more particularly women through entrepreneurial opportunities give them chance to grow their economic potentials and in turn enable them manage the social challenges they face in the families.

Table 9: Analysis by the given explanations

Responses	Frequency	Percent
capacity growth in capabilities	107	28.9
stable in life to overcome GBV	108	29.2
ability to spent resources well	105	28.4
ability to participate in decision making	50	13.5
Total	370	100.0

Source: Field data, (2022)

According to the data in table 9 above, which was informed by the argument presented in figure 6, the majority of respondents (29.2%) opted for stable in life to overcome GBV, while the following close response was represented by (28.9%) each for capacity growth in capabilities and the ability to spent resources well (28.4%). Finally, 13.5 percent of people cited input into decision making. Families in Kibra that are financially secure are better equipped to cope with the prevalence of sexual assault and other forms of violence against women.

The respondents were given a Likert scale from 1 (strongly disagree) to 5 (strongly agree) to express their opinions on the statement "credit facilities empowerment in the Kibra sub-county leads to GBV against women and girls." With a score of 2 you strongly disagree, 3 you are unsure, and 4 you wholeheartedly agree. A score of 5 indicates complete agreement. Table 15 shows the results.

Table 10: Credit facilities Empowerment and GBV against Women and Girls

Statement	1		2		3		4		5	
	f	%	f	%	f	%	f	%	f	%
Women financial literate experience less violence.	55	14.9	59	15.9	90	24.3	109	29.5	57	15.4
Many women participate in credit empowerment.	81	21.9	39	10.5	40	10.8	94	25.4	11	31.4
Men access credit facilities programmes.	92	24.9	122	33.0	32	8.6	84	22.7	40	10.8
Trainings and programmes on credit facilities are sufficiency in Kibera.	101	27.3	84	22.7	64	17.3	106	28.6	15	4.1

Source: Author, (2022)

Table 10 above shows that most respondents (29.5% to be exact) agree that financially literate women are less likely to be survivors of violence, while 24.3% are unsure, 15.9% disagree, 15.4% strongly agree, and 14.9% strongly disagree. This suggests that domestic violence is reduced in Kibra households when women have access to stable income. For the community as a whole, credit services in particular should be evaluated, and intervention programmes should be brought up to speed.

The results also showed that 31.4% highly agreed, 25.4% agreed, 21.9% strongly disagreed, 10.8% were unsure, and 10.5% disagreed with the statement that many women participate in credit empowerment. The results show that credit empowerment is widely used by women in Kibra to combat GBV. Again, the data shows that the vast majority of people are not in agreement of men having equal access to financial aid programmes (33.0%), with 24.9% strongly disagreeing, 22.7% reporting agreement, 10.8% strongly agreed, and 8.6% uncertainty. As a result, the belief that males in

Kibera scarcely use credit services is a sign that these attitudes on credit empowerment should be changed to promote gender parity and counteract GBV.

Finally, results suggest that 28.6% of respondents believe there are sufficient trainings and programmes on credit facilities in Kibera, while 27.3% strongly disagree, 22.7% disagree, 17.3% are unsure, and 4.1% definitely agree. A majority of respondents said that they had access to sufficient training and programmes on credit facilities for people of both sexes, however there was a range of responses from many people disagreeing with this assessment and as a result, it's clear that measures need to be taken right now.

Key informants' perspectives were as shown.

“The residents of Kibera are not deprived of accessing the various forms of loans from various agencies in order to establish and grow economically. This will thwart all forms of GBV at large in our society. (PK 2)

Slum populations are expanding, and residents who are struggling require access to unsecured loans from financial institutions like credit unions and savings clubs in order to expand their businesses. More women can relate to this scenario now that they have the tools to become financially independent and make wise use of the money they earn. Women who are able to access empowerment programmes and perhaps combat the scourge of GBV benefit from initiatives such as the Kenya Slum Upgrading Programme, government loans such as Faulu finances, the Small and Micro-Enterprise Programme, slum-based Sacco, loans, credit cards, uwezo funds, hustler fund, and so on.

Health Interventions and Gender-Based Violence among Women

The purpose of this section was to evaluate the respondent's knowledge of health measures and their relevance to the problem of gender-based violence against women in the Kibra sub-county. The data is tabulated and shown below.

The findings presented from the qualitative analysis indicated that;

“If the stakeholders concerned can screen the workshops on interventions to empower and train community since many people lack knowledge thus, need education on what to do especially when one become GBV survivor” (PK 1)

Health education, campaigning for both men and women on gender equality, and other measures taken to improve people's health and well-being can also serve as a form of self-defense. This includes a strategy to take action against GBV-related dangers within communities and families, and among humanitarian service providers, with the goal of lowering the risk of GBV and ensuring that survivors of GBV receive quality treatment. Slum residents in both settings will have access to lifesaving, predictable, accountable, and effective preventive, mitigation, and response in emergencies if the programmed measures are put into place.

Table 11: Challenges concerning health factors don't prevent GBV

Responses	Frequency	Percent
lack of recourses	120	32.4
lack of coordination among actors	93	25.1
cultural promotion backwardness	52	14.1
inadequate of empowerment programmes	51	13.8
lack of awareness/education on GBV issues	54	14.6
Total	370	100.0

Source: Author, (2022)

Table 11 shows that the most common reasons for not taking action are: a lack of resources (cited by 32.4% of respondents), a lack of collaboration among actors (cited by 25.1%), a lack of awareness/education about GBV concerns (cited by 14.6%), a lack of cultural promotion (cited by 14.1%), and, finally, a lack of empowerment initiatives (cited by 13.8% of respondents). This demonstrates the primary challenge was the lack of funding for GBV prevention and implementation in the health sector.

Table 12: Recommendations help reduce GBV

Responses	Frequency	Percent
resources provision	64	17.3
enhance coordination among the actors	86	23.2
shift cultural norms	65	17.6
enough empowerment programmes	92	24.9
GBV awareness and educating all	63	17.0
Total	370	100.0

Source: Field data, (2022)

The results, summarized in Table 12, show that the vast majority of respondents approve of the current level of empowerment programmes (24.9%), that coordination among actors needs to be improved (23.2%), that cultural norms need to change (17.6%), that more resources need to be made available (17.3%), and that everyone in the community should be educated about gender-based violence (17.0%). Based on this idea, the current research indicates that more and better cooperation between various actors and stakeholders is required. Despite these opportunities to empower people, health problems, poverty, and GBV occurrences rates are still high, particularly in areas far from this implementation.

Interview data was examined, and the results are displayed as below.

“In the absence of health interventions people suffer from mental health and behavior issues, physical health, chronic conditions, obstetric complications sexual and gynecological disorder, in the community, family, individually and societal” (PK 2).

Furthermore, it was added that;

“The GBV cases are intensely high and if reported at our organization, the survivors are handled very carefully following the guidelines, counselling, and referrals made” (PK 4).

It was added,

“The GBV which exist in every society in the world, underscore how inequity between male and female status is, the vice describes the violence perpetrated against women, girls, men and boys with diverse sexual orientations and gender identities” (PK 4).

Prior mitigation achieving and thriving to build diverse communities of Kibera, by advocating against human rights, abuse through equity to all irrespective of their age, gender status or class. Another addition,

“As one of the actors, able believe in transformative leadership, initiation of programmes that gear up to magnify the visibility of the youth in the slum among others. Also, in implementing a project on issues of sexual reproductive and rights, GBV and urban violence as well as creating community outreach awareness. However,

this remains insufficient hence backing from our national leaders is paramount.” (PK 3)

This calls for interventions and strategies from the local and national stakeholders for mutual coordination towards the vision 2030 namely elimination of all gender relates oppression, which is also worldwide realization for all leaders to total commitment.

Legal Interventions and Gender-Based Violence among Women

This section looked at how the people of Kibra view their own legal agency. The data was processed and presented in the tables below.

Table 13: Awareness on legal empowerment programmes

Responses	Frequency	Percent
No	14	3.8
Yes	356	96.2
Total	370	100.0

Source: Author, (2022)

Table 17 shows that almost all respondents (96.2% yes) agree that people are aware of empowerment programmes, while only 3.8% disagree. This indicated that the majority of those surveyed were aware of the intervention's programmes intended to address GBV in Kibra; yet, given the persistence of the phenomenon, additional measures should be done.

Findings presentation from the qualitative was as indicated:

“Many stakeholders keep supporting the GBV survivors through various interventions and the phenomena continue in the community rendering the survivors’ helpless situations. What is needed are the voices of all so that the laws may be implemented, at time the perpetrators are left free deterred by the law. As in December 2022 women and men from all walks of life convened at the Uhuru Park with a clear vision, the voices of survivors to be heard through organized march by CREAM and other supporters” (PK 4), (PK 1).

Inadequate community restrictions, poor safety in public areas, insufficient survivors care, lack of data, a high level of population density, survivor blaming, and survivors' confidentiality violations are all problems in Kibra and the rest of the country's legal and criminal justice system. Women and kids could also benefit from having systems in place for recognizing, reporting, recording, and referring. Respondents were requested to rate level of agreement with the following statements on awareness and legal programmes on a scale from 1 (strongly disagree) to 5 (agree). A score of 5 indicates complete agreement. Results are shown in tables that follow.

Table 14: Awareness and legal programmes on GBV

Statement	1		2		3		4		5	
	f	%	f	%	F	%	f	%	f	%
GBV is accepted as culture in Kibera.	76	20.5	105	28.4	48	13.0	76	20.5	65	17.6
Support services to survivors in emergencies are timely in Kibra.	98	26.5	124	33.5	41	11.1	61	16.5	46	12.4
GBV cases legislatively handled in favour of survivor in Kibra.	86	23.2	102	27.6	44	11.9	86	23.2	52	14.1
Access to justice facilitation follows the guidelines in Kibra.	98	26.5	129	34.9	49	13.2	56	15.1	38	10.3

Source: Field data, (2022)

Most respondents (28.4%) disagreed that GBV has been recognized as culture in Kibera, with the remaining respondents evenly split between those who agreed and those who strongly disagreed, each presenting 20.5% of the sample. Finally, 17.6% of respondents strongly agreed, while 13.0% were unsure. This finding implies that gender-based violence is not universally acceptable in the Kibra community. This is necessary because of the devastating effects that violence has on human life, especially the lives of women and children. In addition, 33.5% of respondents didn't think that emergency assistance services to survivors were provided quickly in Kibra, 26.5% strongly disagreed, 16.5% agreed, 12.4% highly agreed, and 11.1% weren't sure. The findings confirmed the existence of a lack of immediate support services for survivors of GBV and the necessity of an empowerment intervention to increase people's capacity to combat this issue. Further, only a minority of respondents (11.9% were unsure) believed that GBV cases were handled legislatively in favour of survivor in Kibra (27.6% disagreed, 23.2% strongly disagreed, 23.2% agreed, and 14.1% strongly agreed). If we do not put in place the robust structures necessary to eliminate GBV in our society and if legal rules aren't followed appropriately, our society will never be redeemed from its terrible reputation, as the current report reveals.

Finally, the data showed that most respondents (34.9%) did not agree with the assertion that access to justice facilitating adheres to the guidelines outlined in Kibra (26.5% strongly disagreed, while 15.1% did agree, 13.2% were unsure, and 10.3% did strongly agree. According to the findings, this means that, so long as the rules are followed, no programmes exist to impede survivors' access to justice. The actors in this space are being urged to act and ramp up their programmatic plans, as well as to contribute financially to the effort.

The information gathered from the key informants was presented as shown below.

“Regardless of gender all persons are at risk of GBV manifestations, men, boys and individuals not limited to women and girls alone. Therefore, the actors should focus their risk mitigation, response and protection strategies to empower all peoples to face the cruelty of GBV at all levels in the society and especially Kibra” (PK 3).

Further information is that;

“The actors, microfinance, health/legal interventions should offer ways to improve people standard of living and collaborate with all stakeholders to shift the cultural norms that hinder the growth of the community” (PK 3).

The respondents mention the beneficiaries and actors mostly with young mothers, teenagers, adolescents, single mothers, women, girls, and the actors are women groups, social welfare services, CBOS, NGOS and Government.

Table 15: Challenges affecting handling of the GBV cases promptly

Response	Frequency	Percent
lack of resources/poverty	100	27.0
lack of empowerment/education how to handle the survivor medically	186	50.3
cultural/religious beliefs	41	11.1
lack awareness/ knowledge on GBV forms/effects from coordinated actors	43	11.6
Total	370	100.0

Source: Field data, (2022)

Most respondents (50.3%), lack of empowerment and education on how to handle the survivor medically (27%) lack of resources and poverty, (11.6%) lack of awareness and knowledge on GBV forms/effects from coordinated actors, and cultural/religious beliefs (11.1%) are listed as challenges in Table 19. In this scenario, there is a lack of empowerment and information about how to medically address the survivor when dealing with GBV in Kibra sub-county. Focus should not be narrowed to this one instance, though, because other issues are also impeding this procedure.

The qualitative finding was as presented;

“With increased community interventions the people will receive the treatment at various levels which calls for the community to come out and seek for these programmes” (PK 4).

Table 16: Recommendations that help reduce the prolonged GBV cases

Responses	Frequency	Percent
resources provision to the affected	110	29.7
create awareness/educate people guidelines of handling GBV cases	89	24.1
shift the cultural norms/religious beliefs	108	29.2
education on to handle GBV cases	63	17.0
Total	370	100.0

Source: Author, (2022)

Table 20 shows that most respondents (29.7%) advocated for providing resources to survivors, while (29.2%) wanted to see a change in cultural norms/religious beliefs, (24.1%) wanted to raise public awareness about how to respond to GBV cases, and (17.0%) said there need for education/training in this area. The results suggest that in order to address the obstacles preventing the fight against GBV in Kibra, sufficient funding should be supplied and people's mindsets should be shifted away from the cultural/norms or religious beliefs of the community.

This research demonstrates that survivors of GBV are unable to take action due to a lack of support and that more work has to be done to educate members of the community, including perpetrators, in order to effectively battle this issue.

Key informants confirmed their positions from the qualitative analysis.

“It is all about the slum dwellers who may be at risk on the menace of GBV and who need to access the programme strategies that are in place in large numbers at the readiness of the agencies. Furthermore, the stakeholders need to enhance the unity of their efforts to serve the people at once.” (PK 1)

In addition, it was asserted by the respondent that;

“Although Kenya embraced the prevention and response programmes that have been successful in other jurisdictions including support for survivors, empowerment programmes, cash transfers, and community mobilization interventions to change unequal gender norms, and extras. Much effort to be administered towards GBV reduction is very crucial.” (PK 3)

Inferential Statistical Test

This section displays the results of a chi-square test applied to the data, the study gathered about the prevalence of Gender-Based Violence. According to Turney (2022), an inferential statistics test, the Pearson's chi-square, was employed to evaluate whether or not the sample represented the greater population of respondents in a statistically meaningful way.

Table17: Analyzes the Chi-square test

Empowerment Programmes / Activities		Gender Based Violence				Pearson Chi-square		
		Sexual violence	Physical violence	Intimate partner violence	Female genital mutilation	Chi-square	Df	P-value
Capacity building	Training	50	0	0	0	539.830 ^a	12	.000
	Seminar	100.0%	0.0%	0.0%	0.0%			
	Quality education	30	70	0	0			
Credit facilities	Financial literate	30.0%	70.0%	0.0%	0.0%	658.898 ^a	9	.000
	Loans/table banking	0	30	110	0			
	Rotational savings	0	0	60	0			
Health intervention	Health talk	0	30	30	0	279.919 ^a	6	.000
	Prevention	0.0%	50.0%	50.0%	0.0%			
	Risk mitigation	80	70	0	0			
Legal intervention	Referrals	53.3%	46.7%	0.0%	0.0%	569.809 ^a	21	.000
	Support	0	30	110	0			
	Advocacy to justice	0	0	60	0			
		0.0%	0.0%	100.0%	0.0%			
		0.0%	33.3%	41.7%	25.0%			
		0.0%	0.0%	0.0%	88.7%			
		0.0%	0.0%	0.0%	100.0%			
		3	0	0	0			
		100.0%	0.0%	0.0%	0.0%			
		10	0	0	0			
		100.0%	0.0%	0.0%	0.0%			
		67	73	0	0			
		47.9%	52.1%	0.0%	0.0%			

Source: Field data, (2022)

Correlation rules:

1. There is significance relationship when p-value is less than or equal to Alpha level=0.05
2. There is no significance correlation when p-value is greater than Alpha level=0.05

Analysis by the capacity building of the respondents shows a degree of freedom (12) and at the computed Chi-square value =539.830, the P-value = 0.000 is less than the Alpha level 0.05. Therefore, there is statistically significance relationship between capacity building and gender-based violence. In presentation of the analysis on Credit facilities at (df = 9), the computed Chi-square = 658.898, the P-value= 0.000 is less than Alpha value= 0.05. This signifies that the credit facility has statistically significance relationship with gender-based violence. Statistical test on the health intervention revealed that at (df=6) and the computed Chi-square value = 279.919, the P-value = 0.000 is less than the Alpha level 0.05. Therefore, there is statistically significance relationship between Health intervention and gender-based violence. Finally, on the Legal intervention, where (df = 21), Chi-square value (569.809) and P-value = 0.000 is less than the Alpha level = 0.05, indicates there is statistically significance relationship between the Legal intervention in the households, and gender-based violence in Kibra.

Discussion of Findings

The study examined the effect of capacity building on Gender-based violence among women in Kibra and it was revealed that capacity building, empowering people through trainings and workshops take the greatest chance in dealing with GBV in Kibra sub-county. It was also found that if people access the capacity building empowerment, then chances of this situation encountered in Kenya and more particularly Kibra sub-county will be suppressed. In respect to the result of the research, capacity building has significantly influenced fight against GBV since various actions including training and development has indicated improvements. Similarity in findings with that of Philip and Kimaru-Muchai (2021) who stated that to ensure women's participation in peace building, conflict prevention and mitigation, narrow gender gaps in education, training, and employment and creating safe spaces for women and girls so that they can live free from gender-based violence. In addition, the report found evidence that women's self-help groups helped increase household income and diversification of economic activities.

The community needs training at various levels of preparedness, intervening in more up roaring cases, to target the training programmes for the community focusing on the guidelines for prevention, interventions to develop skills for coping with GBV regarding victims, perpetrators and bystanders. Through urgent awareness efforts, sensitization on issues related to violence in imparting knowledge and skills in people to face GBV issues. Another finding shows that the prevalence of GVB is not high among the empowered, though some women still face the situation. Therefore, this calls for more efforts to indulge various actors to introduce more programmes to the community to fight the phenomena. In addition, more women participate in empowerment seminars in Kibra sub-county. However, even if more women grab the chances to fight the phenomena, cases of GBV are still prevalent in the area, and serious interventions are needed. These findings are in similarity with the report of European Commission (2021) that awareness-raising and capacity-building training on gender equality can be delivered in different ways; campaigns over short introductory sessions for specific target groups, seminars and training, lectures, and dedicated courses. Again, findings show that men barely access capacity building programmes compared to their female counterparts, indicating the reason why the prevalence of GBV is still on rise in Kibra informal settlement, and training and

other programmes are sufficient to fight cases of GBV. This finding compares with Sardinha et al., (2022)' argument that progress in reducing violence has been slow and countries are not on track to meet the commitments outlined in the SDGs. It was also affirmed that the availability of mentorship trainings and workshops were rated highest as being provided in Kibra for the community, which significantly informs on the presence of high empowerment interventions in the area, enhancing the victims with the convenience, the involvement of bodies and religious association to act in mobilizing the community on effects of GVB. Finally, finding revealed that SHOFKO and CFK NGOs offer the intervention programmes that are geared towards curbing GBV in Kibra sub-county. The study further evaluated credit facilities and Gender-based violence among women in Kibra where results obtained indicated that exposure to GBV exploitation is the serious challenge affecting the residents of Kibra and to reduce GBV, women and men require provision of the empowerment programmes and training strategies for gender inclusive who are generally the victims of GBV. Furthermore, empowering the residents, more particularly women through entrepreneurial opportunities give them chance to grow their economic potentials and in turn enable them manage the social challenges they face in the families.

In further conclusion, understanding of credit services among women and men in Kibra area was given weight on inclusion of financial empowerment and access in responsibilities of the vulnerable, which are prone to GBV. Another result was that low-income level among most of the households in Kibra must be the sole cause of GBV. It is again important to note that families that are stable financially have the ability to withstand the reported cases of GBV in the informal settlement of Kibra. Finally, it was revealed that sustainable income to women is associated with less violence experienced in the families of Kibra and majority of the women take part in the credit empowerment, as a measure against GBV in sub-county. However, men hardly access credit services in Kibra, which is an indicator that there is need for adequate training and programmes on credit facilities to both genders. The findings show similarity to that of Yount et al., (2021) who affirmed that Microfinance, in the forms of micro-savings, micro-credit, micro-insurance, payments and remittances are designed to alleviate poverty, increase resilience, and increase assets and financial independence, particularly among women.

In the study of health interventions against gender-based violence among women in Kibra, it was found that health and safety of women, and principles on GBV are more significant in health care empowerment of women. The solutions to GBV in the area of Kibra can be stage-managed through awareness and health care services and the mechanism of prevention and mitigation of GBV issues are not sufficient in Kibera, and it therefore calls upon relevant bodies to act and restore the empowerment programmes to fight the menace. Further, the interventions to GBV by the relevant bodies through health policies and response health mechanism are not timely. This finding was similar to Hanley, (2019) finding in Bangladesh, and Brazil that limited attention to ensuring safe access to shelter, firewood, and WASH facilities. Again, this contributes to GBV when the cultural or religious beliefs are not well addressed by community prevention, response, and intervention programmes. This shows a need for adjustment through health education, education advocacy for both men and women on gender equality to strengthen people become self-defense. This is geared towards reducing the risk of GBV and to ensure that the survivors of GBV get quality services among others and a plan to take action against GBV--related risks within families and communities, and in humanitarian service providers. In comparison, Kågesten et al., (2021) affirmed that the highest rates of sexual violence and

other forms of GBV as national data indicate that 35% and 47% of young women have experienced physical and/or sexual violence in their lifetime. This risk is high in urban informal settlements, characterized by high levels of poverty, unemployment, violence, crime, and a lack of health and educational services.

In response, greatest challenge was inadequate provision of resource to implement and prevent the GBV in the health sector. This concept informs the current study that there is need for enough empowerment programmes as well as enhanced coordination among the actors and stakeholders. Prior mitigation to achieving and thriving in building diverse communities of Kibera, by advocating against human rights, abuse through equity to all irrespective of their age, gender status or class. As CBO believe in transformative leader, initiates programmes that gear up to magnify the visibility of the youth in the slum among others.

The study assessed the awareness of legal empowerment in dealing with gender-based violence among women in Kibra, where it was indicated that majority of the households are aware of the intervention's programmes set to deal with GBV. It was also found that there is weak legal and criminal justice system in Kibra and the country at large, when it comes to perpetrators prosecution, legal rights of victims, social and cultural norms support violence challenging gender roles and dominance, weak community sanctions, poor safety in public spaces, inadequate victims care, lack of information, high population density, victims blaming and survivors' confidentiality violations. In addition, GBV is a condition unaccepted totally among the residents of Kibra, and there are limited support services to the survivor in emergency thus a need for empowerment intervention for the people's potential to fight GBV.

Findings show difference with the report by National Bureau of Statistic (NBS, 2011) in Tanzania, where government has made efforts in tackling GBV through the endorsement of policies, plans and visions like the Women and Gender Development Policy of 2000, the National Plan of Action for the prevention and eradication of violence against women and children 2001-2015 and the National Development Vision 2025. The study informed that there are no programmes for the survivors' access to justice as facilitation follow the guidelines. In other findings, dealing with GBV in Kibra encounters lack of empowerment/education on how to handle the survivor medically. Therefore, there is a call for the actors to intervene and increase the programme strategies, to provide resources to enhance this progress of reducing GBV prevalence from in society and fight against GBV in Kibra requires enough resources and people should shift their mind set from the culture/norms or the religious beliefs of the community.

1.6 Conclusion

The study's findings are grounded in the questions that were asked. The capacity building conclusion was that the still-high prevalence of GBV could be reduced by providing more concrete empowerment methods to people, such as trainings and workshops, business administration, record keeping, handling money, self-projects, access to various loans, capacity building, health care, and legal measures. Empowerment methods were found to have a statistically significant impact in decreasing instances of GBV. Finally, it is clear that the availability of resources for strengthening capacities is key to addressing this problem in Kenya. Awareness campaigns, enlightenment on violence-related issues,

and the training of individuals to deal with GBV are of paramount importance. The widespread paranoia and misunderstanding that plague most societies can be alleviated in this way. Great interventions, such as sensitization, education of women, men, girls, boys, and children, and assistance offered by the local and national government to the stakeholders who deliver the interventions programmes, and interested actors. A study titled "Credit Facilities and Gender-Based Violence among Women" found that although women in Kibra wards have access to economic programmes provided by several intervention groups, the prevalence of GBV remains high despite these efforts. Likewise, the community-based health and legal measures in Kibra did not prove effective in reducing GBV. It was determined that much had to be thought about in order to make the necessary mitigating steps in this circumstance. Health Interventions and Gender-Based Violence Among Women concludes that there were weak programmes on GBV mitigation at both the local and national levels due to a lack of enhanced coordination among the stakeholders, follow-up frameworks and awareness, financial constraints, a lack of documented evidence on primary prevention, and poor data management, such as duplications of activities in the large Kibra sub county, which consists of five wards.

Last but not least, the conclusion on legal interventions and gender-based violence among women was that those in charge of economic autonomy programmes lack the resources and remedies to offer survivors what they need in terms of quality services towards the health and legal measures, so women continue to suffer physically and psychologically as a result of being a survivor of violence. According to the results of the study, survivors of domestic violence often experience a lack of resources and a judicial system that is delayed, ineffectual, and lacks sufficient integration of the information they submit. In addition, males and male-identifying people are disproportionately affected by GBV, and survivors of this crime generally remain silent.

1.7 Recommendations

The study recommends that all actors must intervene by close coordination in introducing new programmes to the community to combat the phenomenon which still at large in the region, various stakeholders, such as NGOs, CBOs, and the Sub-County. Administrators, evaluate the effect of empowerment interventions and programmes aimed at women in order to significantly increase possibilities of women involvement in politics, access to education and market, digital technology, and conduct integrated community forums like trainings. This will be crucial in lowering the rate of GBV in our homes and dagger national efforts to challenge the tolerance to any forms of violence particularly by women.

The government need to comply with other actors and expose to sub-county populations, male and female especially GBV survivors to access same kinds of empowerment programmes and training so to benefit from financial education and credit services like loans and business ownership, educational opportunities. Survivors of GBV will benefit from this knowledge since they will be able to take appropriate action.

The study also recommended for urgent action by the national and county governments' use health systems to provide survivors with quality care and talks, which would involve the enforcement of policies and legal programmes, protection and support services, actions and measures by various service providers and stakeholders (such as the police, justice system, health system, social services,

and non-formal elements), as well as the public sanctioning of perpetrators, the protection of survivors' privacy, and the prevention of further victimization.

Finally, the study recommends that strengthening national commitment and action to reawaken coordination among a wide range of actors who may comprise of local health authorities and community leaders, global leaders, national and local governments, and civil society, especially non-governmental organizations (NGOs), international donors are called upon to foster influence through legal interventions and need to review relevant national legal framework and policy documents used by Judicial Service Commission to make changes to the way it processes cases, especially those involving the kind of assumed GBV that often goes unpunished to advocate for survivors' access to justice. The eradication of GBV and the prosecution, sanction, and redress of those responsible must be made possible by law as soon as possible.

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