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Men in Collective Action on SGBV in Kenya: A Case Study

Jerker Edström, Chimaraoke Izugbara, Zahrah Nesbitt-Ahmed and Phil E. Otieno,
with Mia Granvik and Sarah Matindi

May 2014

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
APHRC	African Population and Health Research Center
CREAW	Centre for Rights Education and Awareness
CBO	Community-Based Organisation
CSO	Civil Society Organisation
CSA	Centre for Studies on Adolescence
DFID	Department for International Development (United Kingdom)
FBO	Faith-Based Organisation
FEMNET	African Women's Development and Communication Network
FGD	focus group discussion
FGM	Female genital mutilation
FHOK	Family Health Options Kenya
GSU	General Service Unit, Kenya Police Service
GVRC	Gender Violence Recovery Centre
HIV	Human Immunodeficiency Virus
HOYMAS	Health Options for Young Men on HIV, AIDS and STIs
IDP	Internally Displaced Persons
IDS	Institute of Development Studies (United Kingdom)
KI	key informant
LGBTI	lesbian, gay, bisexual, transgender and intersex
LVCT	Liverpool VCT Care and Treatment
MEGEN	Men for Gender Equality Now
MENKEN	Men Engage Network – Kenya
MMAAK	Movement of Men against AIDS in Kenya
MSM	men who have sex with men
M&E	monitoring and evaluation
NACC	National AIDS Control Commission
NGO	Non-Governmental Organisation
SGBV	sexual and gender-based violence
SOA	Sexual Offences Act
SRH	sexual and reproductive health
VAW	violence against women
VCT	voluntary counselling and testing (for HIV)

Executive Summary

As revealed by the 2008/9 Kenya Demographic and Health Survey, a staggering 45 per cent of women aged 15–49 have experienced either physical or sexual violence - mostly committed by their husbands or partners. Some of the causes behind the high prevalence of sexual and gender-based violence (SGBV) include traditional gender norms that support male superiority and entitlement, social norms that tolerate or justify violence against women, and weak community sanctions against perpetrators. It is critical to understand the national context of Kenya, particularly its electoral history and the varying levels of violence associated with it. Accusations that the government manipulated the election process in the 2007 election plunged the country into mayhem, with Kenya spiralling into an unprecedented political, economic and humanitarian crisis. This compounded the already high incidence of SGBV in the country. While the political crisis and violence were resolved at the end of February 2008, the level of SGBV experienced revealed some of the deeper problems the country is facing in addressing gendered inequity, including oppressive notions of masculinity. The imbrications of SGBV within broader contestations and violence have made both women's and men's organisations begin to reassess the roles of men within the response to SGBV.

This case study examines the ways in which collective action and the involvement of men may influence the prospects of effectively changing community perceptions and values regarding SGBV, and how it may strengthen the overall response to the problem. The broader aim is to help improve information access and to inform strategies of relevant actors (including activists and policymakers) addressing this issue, with meaningful male engagement, and to facilitate the forging and strengthening of strategic alliances for gender justice and ending SGBV. Men for Gender Equality Now (MEGEN), the African Population and Health Research Center (APHRC) and the Institute of Development Studies (IDS) joined together to engage with multiple actors for collective learning in this study. In order to achieve the objectives of the case study, the team designed a qualitative study of local perspectives and responses to the issue of the roles of men in collective action on SGBV. Based on a movement and influence mapping workshop, held in Nairobi 3–5 July 2013, a set of five questions for investigation were identified:

1. What factors have influenced men's involvement in addressing SGBV issues?
2. What SGBV strategies has the men's involvement movement focused on and why?
3. What successes has men's involvement to address SGBV recorded?
4. What challenges face the engagement of men in SGBV and (how) are these addressed?
5. What is the future of the men's movement in the fight against SGBV?

Eighteen respondents were consulted in the study from 12 civil society actors and three different branches of the Kenyan police service. Two-thirds of the respondents were male ($n=12$) and one-third of the sample ($n=6$) were female. All respondents were employed in, or representatives of, their organisations and participated with full informed consent. The findings of the study are summarised briefly, by five themes corresponding to each of the five research questions, below.

The factors that have *influenced* men's involvement and the men's movement in SGBV issues have ranged from socioeconomic and cultural to legal and personal factors or relational issues. A major factor cited was men's own realisation that the problem not only 'involves' but also 'affects' men. Alongside this is an increasing awareness regarding SGBV as a development issue which men can do a lot to address. Several groups emerged in this context seeking to make men allies in the fight against SGBV with impetus said to have

come from realisations that involving men can lead to better results. It was reported that men can change much faster and more enduringly if engaged by fellow men, although some respondents also mentioned a sense of 'backlash' caused by the neglect of men and boys in both women's empowerment programmes and development strategies of the 1980s and 1990s. Recent legal changes and the accompanying need for more 'tactical' gender justice work were also mentioned as influences on men's involvement in SGBV issues. Several respondents noted that the Kenyan legal system has improved, presenting opportunities for men to support progressive agendas on gender and power issues involving SGBV. The poor preparation of the Kenyan judiciary and police for new legislations on gender equality and SGBV issues was said to have triggered capacity building efforts with men in key national sectors, such as the police. Participants highlighted the response to HIV as an important variable in men's involvement in addressing SGBV. This was also viewed critically, given that early strategies for involving men in HIV prevention had often neglected highly at-risk and hard-to-reach men, such as gang members, men and boys in the informal settlements, as well as gay, bisexual or other men having sex with men (MSM). There is ample evidence in the data collected that some men joined the fight against SGBV due to personal experiences with SGBV, either as direct or indirect victims.

The problem of SGBV reportedly takes a variety of forms in different parts of the country and, consequently, organisations involving men in the response have focused on different *strategies*. Strategies range from one-on-one mentoring of men to group sessions, open forums, group therapies and couple counselling to inter-gender dialogues and multisectoral actions, involving communities, the media, medical, psychosocial, security and legal institutions, etc. A common strategy has been to involve and interest men in SGBV work through education and sensitisation. As a strategy, this was generally associated with increased awareness about SGBV among potential perpetrators, survivors/victims and the Kenyan public in general. Capacity building of organisations, opinion leaders and key personnel in various institutions was said to be another key strategy that the men's movement employs in its work, which was said to have reinforced the ability of individuals and groups to engage more actively and humanely on SGBV. Mobilisation of broad-based support for survivors in SGBV cases and advocacy events is also a strategy commonly employed by the organisations. The evidence we collected suggests that the mobilisation strategy has been used effectively in cases of rape and in the development of SGBV-related legislations in the country. Interview data consistently suggested that the use of media campaigns, radio and TV shows and other artistic productions, as well as popular theatre, has supported community education, sensitisation and improved access to SGBV information in a range of ways and places.

Various *successes* have been recorded in the prevention of and response to SGBV over the past years. Organisations in the field of SGBV acknowledge progress with regards to positive change in men's attitudes and male engagement, increased collaboration between various stakeholders involved in tackling SGBV, and strengthened national policies and legislations. Several respondents argued that: the establishment and presence of male groups and organisations can be seen as a success in itself; the idea of gender issues as women's issues has been 'demystified'; a broader mainstreaming and integration of male involvement has begun; and women's organisations interviewed acknowledged that the empowerment of both women and men can lead to an increase in the reporting of SGBV cases, including reporting by men. Reportedly, even male survivors of SGBV are increasingly finding the courage to come out and report. This was considered to be a crucial success, given the relative 'invisibility' of male survivors. Most respondents referred to the growing collaboration between various stakeholders involved in the SGBV response as a significant achievement, and the involvement of men in the SGBV discourse was said to have strengthened the policy formulation on gender, such as in the HIV Act (2005), the enactment of the Sexual Offence Act (SOA) and the ongoing Marriage Bill (tabled in 2013). The engagement of religious and cultural leaders was cited as a major step in ensuring that cultural factors propagating SGBV

are mitigated. Building the capacity of the police and their inclusion in community mobilisation and awareness activities was also cited as a success, although the high turnover and rotation of officers across postings and roles was said to make this strategy challenging at times.

Nevertheless, involving men carries *challenges*, such as poor public awareness of SGBV or of gender as having much to do with men, not to mention insufficient budget allocations or political commitment to work on gender with men. The social norm that intimate partner violence is broadly accepted in much of Kenya was said to be a major obstacle, as was the reported stigma and discrimination arising from being violated. Another challenge was identified as a lack of integration of the police, health and legal systems. The atmosphere towards men's engagement was said to remain hostile overall and respondents described what was termed as 'bad blood' between the Kenyan government and civil society. Men's organisations were said to find it difficult to get resources, as the government has reportedly not yet embraced male involvement. Interviews also revealed that the 'donor syndrome' is seen as another challenge, with funding typically only available for short periods of time – of six months to a year – along with high expectations for instant or rapid results. This was also said to heighten competition between men's organisations. Overall, it was felt that there is insufficient collaboration and solidarity between organisations in this field. Many organisations also cited challenges with working with the police, arguing that many police officers lack awareness of the standard procedures for handling SGBV cases. Another major challenge was identified as a lack of harmonised indicators and systems for reporting to monitor SGBV efforts. Gaps in research were seen as a major challenge and others included: a lack of male-friendly services; media misreporting; the difficulty in implementing sexual education in schools; and the exclusion of men in many approaches, as well as a lack of engagement with perpetrators for rehabilitation.

The final question sought to understand *predictions and priorities for the future* on men's engagement in addressing SGBV. Respondents prioritised: a need for more innovative thinking in gender justice movements; options for building on men's expanding involvement and priorities for movement building; new approaches to policy, advocacy and engagement with government actors; new solutions for overcoming resource mobilisation challenges; and better strategies for research and documentation. Directions for development and new approaches included: mobilising men for the increasing involvement and contributions of men and boys in the prevention and response to SGBV; addressing some obstacles in broader systems and the culture by 'shifting gear' and for approaches to become more innovative, more strategic, and less cautious around 'culture'; working more strategically with policymakers (including with 'champions') and agitating collectively for policy reforms; continued work with the police service, for capacity building and for reforms; engaging more strategically and substantively with the education sector and schooling system to reach younger men and boys better; and building stronger partnerships across organisations, movements and sectors.

Given the challenges of a general lack of funding for work with men and boys on gender equality, and the related issue of competition and disunity among organisations and various actors, forging alliances and collaborative strategies around a more effective SGBV response were suggested for particular attention in the future. Directions for meeting research and documentation needs were also suggested, such as: better partnering between actors to strengthen the evidence base and documentation for learning about the impacts of the work; building capacity for documenting learning in less formal ways and pooling resources; and coalition building as a strategy for developing research accompanying interventions and mobilising resources together. Our more specific recommendations are summarised below.

Recommendations for mobilising men and strengthening their engagement on SGBV include that those men already active in the response are well placed and should be helped to

mobilise more men to take an active stand for gender equality and against SGBV. This mobilisation should take more account of psychological and political dimensions of such work, and that men should build on their existing dialogue with other movements such as women's groups or anti-violence groups to elaborate and clearly communicate their basic values and aims.

Recommendations for addressing structural and cultural obstacles include that a broader response should include a range of programmes. Capacity building efforts for the police service should be stepped up to restore public trust and build stronger institutional commitment. Primary and secondary schools should be targeted for change, with (a) better integration and delivery through curricula and teacher training processes, and (b) strategies for mobilising institutional change agents to strengthen the institutional response to SGBV. In order to improve public awareness and understanding on SGBV at the community level, men's organisations should engage certain cultural and traditional leaders in efforts to prevent and respond to SGBV, being careful to identify leaders open to the issue and to avoid reinforcing supremacist ideologies.

Recommendations for resourcing the response to SGBV are premised on the conclusion that policymakers must rethink and update their approaches to addressing issues of gender and SGBV. Policy objectives should be developed, and concomitant resources mobilised, to address the needs of men and boys, alongside women and girls, taking into consideration the damaging impacts of oppressive masculinities on all. Advocacy work by CSOs and other actors should be supported by the government and other development partners, to better inform policymaking and institutional solutions. Community organisations and local groups should be empowered and supported to act as a bridge between the community and local government.

Recommendations for coalition-building propose that more innovative and unifying narratives should be developed for building partnerships among various stakeholders across sectors and movements. Collective actors should be helped to come together to establish common objectives and agendas to mobilise resources for collaborative programming. Women's organisations should be reassured that their efforts and resources will not be compromised by involving men. Programmers, activists, researchers and policymakers should come together to carefully examine men's roles (alongside women's) within processes of policy change.

Recommended priority issues for research are to generate better evidence on: incidence and evolving forms of SGBV; approaches to reaching men and boys for gender equality at scale, and on associated outcomes; 'which men' to engage most effectively in what capacities and roles; as well as best practice approaches for specific groups of men, such as reaching men in informal settlements, working with young HIV-positive people who face SGBV, etc.

Recommended approaches to knowledge generation are that efforts should be invested in building stronger partnerships between actors who involve men and research institutions to learn from action, and that collaborative research should be developed specifically to accompany interventions in coalitions and mobilising resources together.

Recommendations for knowledge-sharing include that: capacity should be strengthened for documenting learning in less formal ways and pooling knowledge resources, using websites and social media to share promising approaches; dissemination of documented promising models should be targeted to organisations that have the capacity to scale them up; the decentralisation process in Kenya should be utilised strategically for sharing promising approaches in different regions; and that organisations should be supported to engage in international means of sharing resources with actors involved in similar work in other countries.

1 Introduction

There are many sexual and gender-based violence (SGBV) initiatives and interventions in the justice, health and education sectors around the world, and a growing number of programmes are working with young and adult men to challenge harmful masculinities, and the resulting violence. These efforts to change individual men's attitudes and behaviours have had some success with participants (WHO 2007) and approaches with the most promise are thought to be ones which: (a) seek to change group norms, many using collective action; (b) work across sectors; (c) connect individual, community and institutional levels; and (d) target young people (Bott, Morrison and Ellsberg 2005). But we do not know much about what works when it comes to changing broader social norms, particularly when it comes to working with men and the role of social movements in addressing SGBV.

This case study examines the ways in which collective action and the involvement of men may influence the prospects of effectively changing community perceptions and values regarding sexual and gender-based violence, and how it may strengthen the overall response to the problem in Kenya. The broader aim is to help improve information access and to inform the strategies of relevant actors (including activists and policymakers) addressing this issue, with meaningful male engagement, and to facilitate the forging and strengthening of strategic alliances for gender justice and ending SGBV in Kenya. The report seeks to contribute to the burgeoning literature on the role of men and collective action in addressing SGBV (Barker *et al.* 2011; Esplen 2006; Ricardo, Eads and Barker 2011). Efforts to involve men and boys are thought to stand a greater chance of succeeding if different stakeholders can build partnerships with other organisations and across social movements (Cornwall, Edström and Greig 2011). Yet the body of knowledge about the effectiveness and success of initiatives that engage men in the prevention of and response to SGBV remains relatively limited (Barker *et al.* 2011).

Kenya was selected for this case study because there has been a significant increase in the number of programmes seeking to engage men and boys in promoting gender equality in Kenya, and because responding to sexual and gender-based violence has featured importantly in these efforts in recent years. The shifting roles of men in collective action on SGBV in Kenya have not been thoroughly researched, nor evaluated to determine which specific successes can be directly credited or attributed to 'men's engagement' *per se*, and evidence about the successes is mostly anecdotal. Hence, in order to improve understanding and knowledge of the shifting roles of men in movements to address SGBV through collective action in Kenya, Men for Gender Equality Now (MEGEN), the African Population and Health Research Center (APHRC) and the Institute of Development Studies (IDS) joined together to engage with multiple actors in Kenya for collective learning in this study. An initial workshop was held with 11 collective actors in July 2013, followed six months later by field interviews and a validation workshop/focus group discussion, providing the basis for this report. This report will first discuss the national context of Kenya, including its electoral history and levels of violence associated with it, followed by a section on methodology. We then present our findings from interviews with organisations working with men on SGBV, to conclude with a discussion and recommendations.

2 Background

The prevalence of SGBV in Kenya is high. As revealed by the 2008/9 Kenya Demographic and Health Survey, a staggering 45 per cent of women aged 15–49 have experienced either physical or sexual violence – mostly committed by their husbands or partners. Some of the causes behind the high prevalence of SGBV in Kenya include traditional gender norms that support male superiority and entitlement, social norms that tolerate or justify violence against women, and weak community sanctions against perpetrators. It is critical to understand the national context of Kenya, particularly its electoral history and the varying levels of violence associated with it. Even before the notorious 2007 elections in Kenya, the perceived high incidence of violence in the country resulted in female lobbyists identifying the need for the establishment of gender desks for reporting domestic violence and rape in police stations in 2004 (Ombwori 2009: 2), with the first gender desk to address SGBV set up in Nairobi province at the Kilimani Police Station (Ombwori 2009: 3).

Kenya gained independence in 1963 and was governed under a one-party system until the first democratic multiparty election in 1992 – subsequent elections took place in approximately five-year intervals, with the most recent concluding in 2013. Past elections in Kenya have been characterised by varying degrees of violence centring mainly on issues of land and ethnicity. Accusations that the government manipulated the election process in the 2007 election plunged the country into mayhem, with Kenya spiralling into an unprecedented political, economic and humanitarian crisis which resulted in the death of some 1,300 people and the displacement of approximately 300,000 (Muhula 2009). Women and girls in particular suffered from a marked escalation in sexual and gender-based violence in this period, which also affected men and boys directly and indirectly. The post-election violence in Kenya that took place in 2007/8 (unfolding most dramatically between 27 December 2007 and 29 February 2008) compounded the already high incidence of SGBV in the country, particularly in the areas affected by the conflicts such as Nairobi, Naivasha, Nakuru, Burnt Forest, Eldoret and Kisumu (CREAW 2008). Women and girls experienced extreme sexual harassment, rape, female genital mutilation, psychological torture, forced divorce or separation, and physical abuse that sometimes led to death (Thomas, Masinjila and Bere 2013: 521).

During this period, the Nairobi Women's Hospital's Gender Violence Recovery Centre (GVRC) reported treating 443 survivors of SGBV and attended to 653 cases of gender-based violence related to the crisis (CREAW 2008). Some men also suffered mutilation of their sexual organs, forced circumcision, sodomy, and castration, and forced divorce or separation. It is estimated that 82 per cent of the women who were subject to sexual violence did not formally report to the police (CREAW 2008: 33), as there is widespread mistrust of the police and other security forces in Kenya. It also emerged that gender-based violence among women and young girls escalated in the internally displaced persons (IDP) camps swiftly erected following the violence, where those who were displaced feared attacks as a result of makeshift sleeping arrangements and a lack of security. This suggests that the surge in sexual violence was occurring as part and parcel of the collapse in the broader social order in Kenya brought by the post-election conflicts.

Additionally, there were countryside challenges to responding to the problem, as indicated in service delivery statistics from the Nairobi Women's Hospital and the Coast General Hospital. Both reported an upsurge in the numbers of women and children seeking treatment for rape since late December 2007, while survivors' accounts revealed gaps in the provision of essential services, such as security, psychosocial support or access to health services (CREAW 2008).

While the political crisis and violence were resolved at the end of February 2008 through the National Accord and Reconciliation Act (2008), the level of SGBV experienced revealed some of the deeper problems the country is facing in addressing these and related issues of gendered inequity, including oppressive notions of masculinity. The imbrications of SGBV within broader contestations and violence in Kenya have made both women's and men's organisations begin to reassess the roles of men within the response to SGBV, as this report will explore.

3 Methodology

In order to achieve the objectives of the case study, the team designed a qualitative study of local perspectives and responses to the issue of the roles of men in collective action on SGBV in Kenya. The aim was to supplement existing knowledge and provide a richer, contextualised picture and to identify potentials for strengthening the engagement and positive contributions of men to addressing sexual and gender-based violence. Thus, the overall study employed an interactive methodology engaging with actors on the ground, in order to provide useful information for local actors and African civil society networks, as well as policymakers in the Kenyan government, bi- and multilateral development organisations and funding programmes.

Based on a movement and influence mapping workshop, held in Nairobi 3–5 July 2013 (Edström *et al.* 2014), a set of five critical questions for investigation were identified as:

1. What factors have influenced men's involvement in addressing SGBV issues in Kenya?
2. What SGBV strategies has the men's involvement movement in Kenya focused on and why?
3. What successes has men's involvement to address SGBV in Kenya recorded?
4. What challenges face the engagement of men in Kenya in relation to SGBV and (how) are these being addressed?
5. What is the future of the men's movement in the fight against SGBV in Kenya?

It is clear that judgement on these issues is influenced by respondents' positions within Kenyan society and that many actors and stakeholders are involved from many sectors and perspectives. Hence, an important premise of the design became one of *triangulating* perspectives on the questions across stakeholders, such as men's organisations, women's organisations, health-focused organisations, the police and a youth organisation. Fourteen key informants (KI) were interviewed from ten different civil society organisations and the Kenyan police service using the same five key questions (with minor adaptations for different informants and a few context-specific probing questions). Below we describe the sample, ethical considerations, data processing and limitations of the study, in respective sub-sections.

3.1 Selection and description of the study sample

The selection of participants for the study was made in two stages. First, the main group of respondents were drawn from organisations participating in the mapping workshop in July 2013. These were from known *organisations that work directly or indirectly with men and boys* on:

- changing harmful gender norms to prevent and/or respond to cases of SGBV and HIV/AIDS;
- improving reproductive and sexual health for women and girls and/or men and boys;
- building partnerships across organisations working with men and boys to establish links with other social justice movements.

Participants from the police service were also selected, due to the fact that they are constantly involved in the legal/justice system for the survivors and the prosecution of perpetrators of SGBV, and because civil society organisations need to work together with the police in responding.

At a second stage, additional respondents were included from three organisations, which had – for different reasons – initially not taken part in the mapping workshop; one youth organisation and two men’s groups.

In addition to the in-depth key informant interviews, we also conducted a one-day consultation workshop to process preliminary findings on the five questions, which also functioned as an extended focus group discussion (FGD). Through this activity we (1) verified preliminary conclusions from interviews with the broader group, and (2) collected additional information and views from participants, some of whom had been interviewed and others who had not. Participants of the consultation/FGD meeting included civil society representatives and two police personnel not previously interviewed in person. Table 3.1, below, lays out the organisations and number of organisations engaged in interviews and in the consultation and focus group discussion. In total, 18 respondents were consulted in the study from 12 civil society actors and three different branches of the Kenyan police service. Two-thirds of the respondents were male ($n=12$) and one-third of the sample ($n=6$) were female.

Table 3.1 Collective actors interviewed and convened for focus group consultation

Interviews			Additional actors at consultation meeting		
Collective actors (No.)	Respondents	(M/F)	Collective actors (No.)	Respondents	(M/F)
Men’s groups (5)	6	(5/1)	Men’s health CBO (1)	1	(1/0)
Women’s groups (3)	4	(1/3)			
Health NGOs (1)	1	(1/0)	Health NGO (1)	1	(1/0)
Youth association (1)	2	(1/1)			
Police branch (1)	1	(1/0)	Police branch (2)	2	(1/1)
Total (11)	14	(9/5)	Total additional (4)	4	(3/1)

Note: All collective actors interviewed were invited to the one-day consultation; seven civil society actors were able to attend. Two additional civil society groups, not reached in interviews, also attended. Additionally, two police officers not interviewed attended from two different branches of the police. In total, 11 respondents attended the meeting with five researchers.

Secondary sources – data available from government bodies, publications and non-governmental organisations – were also used to supplement the interview and FGD data. The tools were administered in English, as all respondents were fully conversant in English.

3.2 Ethical considerations

Prior to the start of the research, the project was reviewed and checked for ethical considerations through IDS’ management group of an Accountable Grant. Prior to each interview/discussion, the interviewer obtained consent from the study participants. To obtain consent, interviewers described the research in full to the respondents. It was explained to all the respondents that they had the right to refrain from answering any question posed by the interviewer, or to terminate the interview at any time of their choosing. Respondents were also made to understand that they were at liberty to refuse to participate in the study, or end the interview at any point, with the understanding that there will be no sanctions for such refusals. Respondents were asked to read the informed consent form and sign it if they were willing to participate in the study. All respondents were employed in, or representatives of, their organisations and participated in the study with full informed consent.

3.3 Data management and analysis

Data recording started with detailed handwritten notes during the interviews. This was followed by typing up notes from the interviews, including verbatim quotes, in Microsoft

Word. All KI interviews and notes from the consultation workshop were in English and typed up from handwritten notes.

Interviews were not tape-recorded for a number of reasons, including: engendering a positive interview dynamic to prevent potential concerns about confidentiality; encouraging engagement with the substance of the information on the part of interviewers who were asked to type up notes following interviews; and savings in time and cost by avoiding additional steps and media for data processing.

The analysis of the interview data was conducted via a two-tiered process. First, notes were re-read and typed up in Word, as described. Second, all answers to each question were collated against respondent in an Excel Workbook, comprising five tabs – each displaying all answers to one particular research question, with respondents grouped into broad ‘types’ of collective actors (similar to the categories of Table 3.1, above). This provided for an easy overview and triangulation on issues from different perspectives of different actors, for each question.

This process thus syncretised a large amount of rich data into one manageable analytic tool, facilitating the elaboration of a cognitive map for understanding patterns and perspectives. The results were then written up by question and thematically to address the objectives of the study.

Following a preliminary analysis, initial findings were presented in the stakeholder consultation workshop in Nairobi on 16 January 2014. The emphasis of this meeting was twofold: to validate findings in a shared public setting, as well as to supplement missing perspectives and explore the potential implications for policy and research. Replies to the five research questions were discussed, validated and further explored for approximately one hour per question.

3.4 Study limitations

As with many qualitatively rich field studies, the small number of respondents and bias towards actors in the capital, along with potential bias in the purposive sampling method employed, all place certain limitations on the degree to which results may be generalised across the country. Comparison and resonance with findings from other research may mitigate these limitations to a certain degree, but not completely.

This study, which was reflecting different stakeholders’ subjective perceptions, did not set out to track and quantify aspects such as the incidence of SGBV cases, their reporting or follow-up, nor resource flows, nor verify any allegations of biases in resourcing, inefficiencies or corruption specifically. The triangulation of perspectives mitigates this limitation to a certain extent, and the results may benefit from being considered in conjunction with more quantitative research if this can be organised and implemented in the future.

A certain amount of bias, or over-representation, might be expected from certain respondents, in light of their own relative position and access (or lack of access) to resources and influence, as well as from a potential impression that researchers might leverage resources to their organisations. Explanations in connection with informed consent aimed to clarify the independent nature of the research and aimed to dispel notions of additional resources linked to the study.

As with any field study, the positionality of field researchers and analysts may privilege certain perspectives or insights. To mitigate this potential bias, interview teams were set up to pair researchers to observe, cross-check and discuss impressions and scripts after interviews, which was intended to reduce bias and ensure greater objectivity.

4 Findings

The findings of the study are presented in separate sections, by five themes corresponding to each of the five research questions, below.

4.1 Factors driving the involvement of men in tackling SGBV

What factors have influenced the involvement of men and the men's movement in SGBV issues in Kenya? Comparing the perspectives of all participants, these factors have clearly been diverse and multifaceted, ranging from socioeconomic and cultural to legal and personal factors or relational issues. A frequently mentioned factor in the engagement of the men's movement in SGBV issues in Kenya was the realisation by men themselves that the problem not only 'involves' but also 'affects' men in far-reaching ways. Whilst commonly mentioned by men's groups, this was also a realisation made amongst women's organisations and movements, going back for some time. For example, GVRC had come to their strategy for male involvement, through a realisation that '90 per cent of perpetrators were men' and another women's organisation, FEMNET, had – for similar reasons – embarked on a regional strategy to instigate dialogues about men's involvement more broadly at a regional level well over a decade back, as described in Box 4.1 below.

Box 4.1 FEMNET's regional strategy to instigate men's engagement in gender issues

In 2001, FEMNET organised the regional 'Men to Men Conference' that was held in Nairobi, Kenya, and brought together men from six African countries: Botswana, Kenya, Malawi, Namibia, South Africa and Zambia. The conference was organised with an aim of looking for ways to engage men progressively towards the goal of combating violence against women (VAW) and the spread of HIV. Following this regional conference, new ways of thinking emerged and in Kenya MEGEN was established and set out to demonstrate what a national movement could do, using different methodologies to reach out to men in diverse communities, using feminist methodologies like consciousness-raising. From MEGEN's experience, FEMNET sought to find out why other countries did not follow up on the agreements made at the consultative meeting in Nairobi. The study revealed that the participants from other countries often lacked the skills to carry out activities. During a regional follow-up meeting in 2003, again held in Kenya, one mainstream newspaper reported that 'a group of battered men are meeting in Nairobi to discuss their plight' and, as a result of the newspaper article, one participant left the meeting and went back to his home country, demonstrating both the poor understanding in the broader culture and the severe challenges men can face in coming out to organise and engage on the issue.

The Men to Men programme under FEMNET has reached out to seven countries in Africa and MEGEN in Kenya was initially run as a project under FEMNET, before becoming established as an autonomous NGO. There is also a MEGEN Malawi, which is an offshoot of the MEGEN Kenya project under FEMNET.

Interviews revealed that, until fairly recently, Kenyan men were not often aware of the implications of SGBV for them as men. The majority of men in the country considered SGBV to be an issue for women and did not fully realise how it negatively implicated as well as impacted them as men. Between the mid-1990s and late-2000s awareness grew in Kenya regarding SGBV as a development issue, as a problem that men can also suffer, and as an issue that men can do a lot to address. Interviews with the study participants suggest that it was particularly over this period that it dawned on many men that SGBV put them, their daughters, sisters, wives, mothers and relatives at risk. Several groups – many interviewed in this study – emerged in this context seeking to make men allies in the fight against SGBV. Further impetus for the involvement of men in SGBV issues was said to have come from several realisations by development actors and programmers in Kenya, such as that:

involving men led to better and quicker results; men were not only willing to change but also ready to be engaged; and men changed much faster and more enduringly if engaged by fellow men rather than by women.

Some respondents mentioned a sense of 'backlash' caused by the neglect of men and boys in both women's empowerment programmes and the development strategies of the 1980s and 1990s, which was reported as a contributing influence on the emergence of male involvement in SGBV issues in Kenya. The absence of corresponding programmes for men (compounded by the broader context of economic crises, structural adjustment and urbanisation), reportedly left many men poor and jobless, feeling vulnerable, insecure and frustrated at the family level. Many men were said to have resorted to violence and force to reassert themselves 'as men'. This situation was said to have made it urgent to engage men, educate, sensitise and support them to accept women's new ascendancy in society and to understand how socialisation and cultural and social constructions of masculinity have affected their behaviours and practices.

Recent legal changes in Kenya and the accompanying need for more 'tactical' gender justice work were also mentioned as major influences on men's involvement in SGBV issues. Several respondents noted that the Kenyan legal system has continued to improve, presenting opportunities for men to become more open in their support of progressive agendas on gender and power issues, including SGBV. Respondents from organisations such as Liverpool VCT Care and Treatment, MEGEN and the Centre for Studies on Adolescence (CSA) noted that new legislations have offered prospects for men to engage with SGBV issues, and to support or challenge other men to understand that the 'old regime' where they battered their wives, had passed. Key examples mentioned were the Sexual Offences Act 2006, the Prohibition of Female Genital Mutilation (FGM) Act 2011, the Children Act 2001, a Marriage Bill 2013, a Matrimonial and Property Bill 2013, the National Gender and Development Policy of 2000 and the promulgated Kenya Constitution 2010. Further, these legislations and other national initiatives offered the men's movement an opportunity to couch their work within a legal framework, rather than within the domain of sheer humanism. Civic education on the rights and entitlements of women became urgent in this context. Men needed preparation to deal and live with their perceived reduced powers, particularly in the face of resistance from some – what was referred to in the consultation workshop as – 'men's rights organisations', such as the Maendeleo Ya Wanaume Organisation (loosely translated as Men's Development Organisation) said to be aiming to maintain the status quo. The poor preparation of the Kenyan judiciary and police for new legislations on gender equality and particularly SGBV issues also created the need to strengthen the capacity of men in key national sectors, such as the police, to support efforts addressing SGBV.

Participants' narratives also highlighted the response to the HIV epidemic in Kenya as an important variable in men's involvement in the fight against SGBV. Respondents suggested that in the 1990s and early 2000, the fight against HIV in Kenya began to fail, at least in part due to the inadequate involvement of men and boys. As explained by Movement of Men against AIDS in Kenya (MMAAK), while men, gendered power relations and SGBV all became recognised as important factors in the spread of HIV, prevention and response efforts paid little attention to these in the past. The need to address rising rates of HIV infection and the risky and violent practices among men created an urgent need to engage men directly, proactively and intensively and for effective and efficient ways to bring men on board in ongoing efforts to combat violence against women (VAW) and the spread of HIV. It was in this context that men's organisations like MEGEN emerged to design and deliver different methodologies for reaching men in diverse communities, and for building the capacities of national organisations to carry out activities that promoted men's engagement in matters of health, among others. This was particularly critical given that strategies, spearheaded by women's organisations, for involving men in HIV prevention in Kenya had

neglected highly at-risk and hard-to-reach men, such as gang members, especially men and boys in the informal settlements, as well as gay, bisexual or other men having sex with men (MSM).

There is also evidence in the data collected that some men joined the fight against SGBV due to personal experiences with SGBV either as direct or indirect victims. For instance, one respondent noted that he established an organisation to fight against SGBV after his sister was raped to death by men in his community. In the study, several men and women driven by personal experiences to join the fight against SGBV and to engage men generally felt that more positive masculinities and effective legislations were key to addressing SGBV issues.

4.2 Focus of strategies with men's involvement in SGBV

Emerging narrative data indicated that SGBV was common in Kenya. The problem of SGBV reportedly takes a variety of forms in the country, including domestic violence, marital rape, coerced sex, defilement, early marriage, FGM, wife-beating, homophobia and violence against sexual minorities. The data collected during the study suggested that the men's movement and organisations have engaged with these different forms of SGBV, focusing on different levels and entry points. However, while some of these SGBV issues were recognised as common in Kenya, respondents noted that they do not occur at the same levels or magnitude in all parts of the country. Specific forms of SGBV, such as FGM and child marriage, were significant issues in a few ethnic communities, but problems like domestic violence, rape, and violence against sexual minorities were considered widespread and prevalent in both urban and rural parts of Kenya. SGBV was also viewed as driven by a variety of factors. In some instances, SGBV was associated with poverty, cultural factors, unemployment, religion and conflict situations. There were also forms of SGBV that respondents blamed on ignorance, traditional gender relations and socialisation, and substance abuse.

The involvement of men in SGBV issues in Kenya has been pursued through a number of diverse strategies, ranging from one-on-one mentoring of men to group sessions, open forums, group therapies and couple counselling to inter-gender dialogues and multisectoral actions, involving communities, the media, medical, psychosocial, security and legal institutions, etc. A commonly mentioned strategy that has been used to involve and interest men in SGBV work is education and sensitisation. Reportedly, this strategy has targeted different groups of people and institutions: individual men, men's groups, communities, and institutions etc., including the police, with different types of messages and methods. Judging from the interviews, sensitisation and education efforts involve the dissemination of information on the causes, nature, and consequences of, as well as mechanisms for, the prevention of SGBV. Education and sensitisation were also reportedly at the heart of the numerous school-based programmes and other youth-focused programmes run by men's organisations that continue to provide information and skills on SGBV to adolescents in Kenya. These tools were also viewed as a key feature of men's work with communities as well as traditional and religious leaders. As a strategy, education and sensitisation was generally associated with a strengthened response to the problem of SGBV as well as increased awareness about it among perpetrators, survivors/victims and the Kenyan public in general.

Capacity building of organisations, opinion leaders and key personnel in various institutions was said to be another key strategy that the men's movement employs in its work on SGBV issues in Kenya. Interviews indicated that the capacity to work on SGBV issues was, until recently, generally weak in the country. A major focus of certain organisations like MEGEN, MMAAK or the Coexist Initiative (Coexist) was said to have included support to strengthening the capacity of individuals, health workers, parents, men, women and organisations in SGBV detection, prevention, reporting and response. Men's organisations have also reportedly

been active in strengthening the capacity of government institutions and workers on issues of SGBV. Commonly mentioned governmental staff and institutions that have received capacity support included health workers, members of the police and other security forces, and school teachers. Capacity building on SGBV issues has reportedly resulted in the reinforced ability of individuals and groups in Kenya to engage more actively and humanely on matters of SGBV.

Mobilisation of broad-based support for survivors in SGBV cases and advocacy events is also a strategy commonly employed by men's organisations in Kenya. The evidence we collected suggests that the mobilisation strategy has been used effectively in cases of rape and in the development of SGBV-related legislations in the country. Some men's organisations working on SGBV issues, such as MMAAK and MEGEN, were said to collaborate with women's organisations and health groups, like the Gender Violence Recovery Centre (GVRC), Centre for Rights Education and Awareness (CREAW) and LVCT, on both referral of cases to services, and identifying or providing legal aid and lobbying, as well as in advocacy on SGBV issues at the highest political levels in Kenya. It was widely reported that men's groups were a major force that lobbied top politicians and officeholders, including the former prime minister, the attorney general and other senior public figures in the country to push for legislations, resources and public acknowledgement for SGBV. Some respondents saw the impact of men's organisations as key to – for example – the passage of the Sexual Offences Act (SOA) in 2006, in the documentation of post-rape care guidelines or the development and dissemination of abridged versions of key SGBV legislations. Others recognised many of these areas of strength, but were also somewhat more cautious, with a participant from LVCT arguing that the collaboration of men's groups with government had been insufficient and that men's 'organisations give inputs into government documents and processes, but when it comes to collaboration, men's organisations have not really been as effective as the women's movement in working with the government'.

The men's movement's efforts in the documentation and development of easy-to-read and popular versions of key policy and legislation documents was reported as largely responsible for the wide dissemination of key documents that has resulted in more public awareness of SGBV issues. Related to this is the strategic use by men's organisations of 'open air magnet theatres', media campaigns, radio and TV shows and other artistic productions that ensure clear and consistent messaging around SGBV issues. Interview data consistently suggested that the use of popular theatre has supported community education, sensitisation and mobilisation campaigns, and ensured access to SGBV information in a range of ways and places. These include among hard-to-reach groups, such as men and boys in resource-constrained urban settings, street families and groups, unemployed people, and rural communities.

4.3 Successes recorded in men's involvement in the response to SGBV

Whilst detailed research on successes in men's engagement in addressing SGBV in Kenya is lacking, as noted in the introduction, certain developments have been observed by most of the studied organisations. These observations indicate that initiatives that aim to combat SGBV and increase gender equality in Kenya, and which include men's organisations or efforts to directly reach out to men, are indeed contributing to a more conducive environment for creating awareness around SGBV. According to the respondents of this study, various successes have been recorded in the prevention of and response to SGBV in Kenya throughout past years, and organisations in the field of SGBV acknowledge progress with regards to change in men's attitude and male engagement, increased collaboration between various stakeholders involved in tackling SGBV, and strengthened national policies and legislations.

Several respondents argued that the establishment and presence of male groups and organisations that work to sensitise men about gender and to combat SGBV can be seen as a success in itself. The perception that gender issues are women's issues was said to have been 'demystified' and more men were said to be getting involved in gender justice work. FEMNET, for example, argued that SGBV is no longer solely a 'women's affair' in Kenya but, rather, becoming a societal issue. Although there are no national statistics that confirm the number of men involved in the SGBV response, or gender equality work in Kenya more broadly, the emergence of male activists, having young men at community level trained as 'male champions' against violence, and the sensitisation of boys and men in communities and schools were all cited as tangible and positive indications of movement in the right direction. For example, Coexist reported that many men are beginning to realise that (so-called) male 'change-makers' are receiving recognition for their participation in SGBV prevention and response initiatives, which in turn was said to motivate other men to take action. This involvement of men was argued to have 'opened up a space in society', allowing men to feel more able to engage in discussions around gender. Indeed, different respondents described a perceived ongoing transformation in Kenyan men's attitudes regarding SGBV, as well as what was seen as an increased response, reporting and capacity for handling SGBV issues in the community. For instance, MMAAK reported that more men are beginning to 'speak out' against SGBV in the communities and, according to the women's organisation CREAM, it is no longer uncommon for (male) community Chiefs to report or refer cases of SGBV, nor unusual for male relatives to accompany female survivors of SGBV to receive support.

Some respondents argued that a broader mainstreaming and integration of male involvement has also begun. Organisations that do not primarily work with men, such as CREAM, reported being increasingly cognisant of the importance of including men in their work. They described how they now train male volunteers and reach out to unemployed young men in slum areas to engage them on gender issues. Women's organisations interviewed acknowledged that the empowerment of both women and men can lead to an increase in the reporting of SGBV cases, including reporting by men. LVCT observed that even male survivors of SGBV are increasingly finding the courage to come out and report. This was considered to be another crucial success, particularly given the relative 'invisibility' of male survivors, engendered by the simplistic understanding of SGBV as simply 'violence against women' in much media and public debate.

Most respondents referred to the growing collaboration between various stakeholders involved in SGBV prevention and response as a significant achievement. MEGEN, for example, explained that the approach to survivor support in Kenya is becoming more multisectoral, involving civil society organisations (CSOs), the police and health facilities. CREAM agreed, adding that service providers are now 'speaking to each other'. For instance, healthcare services were perceived to be more likely to refer survivors to the police, and *vice versa*, than was said to be the case in the past. The GVRC reported that they work closely with the police and judiciary on SGBV cases, especially on appropriate evidence-gathering and preservation, and explained how this 'leads to more success in the prosecution of SGBV cases in court'. CSOs were also said to engage with other actors by providing training on SGBV. Groups such as MEGEN were recognised for their support of the police service by training and building their capacity in the field of gender. This was seen as crucial, as particularly the older generation of Kenyan police officers have never been exposed to any gender-related training. When it comes to cooperation within civil society, men's organisations such as MMAAK felt that women's organisations are beginning to realise that men's organisations are partners that need to be 'brought on board'. The Masculinity Institute also asserted that relations between men's and women's organisations are becoming more 'harmonious'. For instance, MEGEN and CREAM reported cooperating directly in Kibera slum, where MEGEN has been empowering young 'male champions' who in turn support CREAM's projects.

The respondent from LVCT, as did some others, also felt that the involvement of men in the SGBV discourse has strengthened policy formulation on gender. Examples cited to illustrate the point included: the Children Act (2001), the HIV Act (2005), the enactment of the Sexual Offences Act (SOA) in 2006, the new Constitution of Kenya 2010 (particularly Chapter 4, on the Bill of Rights), as well as other Acts such as the Prohibition of Female Genital Mutilation (FGM) Act (2011) and the ongoing Marriage Bill (tabled in 2013). When it comes to the role of the men's movement in policy development, the Masculinity Institute particularly emphasised the SOA, where male activists went to the streets in support of the legislation, which raised the pressure on male members of parliament to pass the Act. Correspondingly, CREAM highlighted that the FGM Prohibition Act was passed primarily as a result of the strong backing of a male Member of Parliament from the Mt. Elgon region, an area where cases of FGM are rampant.

The engagement of religious and cultural leaders like the *Njurinjeke* in Meru County (upper Eastern Kenya), was cited by FEMNET as a major step in ensuring that cultural factors propagating SGBV are mitigated. Involving cultural gatekeepers was said to have opened up a platform to discuss SGBV issues, which were initially seen by some communities as a taboo subject. Building the capacity of the police and their inclusion in community mobilisation, sensitisation and awareness activities, as pursued by MEGEN, was also cited as a success in the male movement in Kenya, although the high turnover and rotation of officers across postings and roles was said to make this strategy challenging at times. As with training, advocacy, service delivery and other strategies were also described as facing multiple challenges, which will be elaborated below.

4.4 Challenges in men's engagement in SGBV and responses to these

The successes detailed above suggest that there are many good reasons to engage men in addressing SGBV issues as a means to build gender equality. Nevertheless, involving men carries challenges, such as poor awareness of SGBV or limited understandings of gender as having much to do with men, not to mention insufficient budget allocations and lack of political commitment to work on gender equality with men.

Many respondents suggested that the social norm that domestic and intimate partner violence is broadly accepted in much of Kenyan culture is a major stumbling block and challenge. According to respondents, traditional culture dictates that men are expected to be heads of their household and that beating a woman is considered a sign of love. This was said to be prevalent and largely condoned in many communities, indicating a tremendous need to engage men and boys in changing or shifting cultural and social beliefs. However, this was said to be difficult, as the men's movement has not yet defined a clear agenda as to men's roles in relation to SGBV. Respondents felt that most men have not yet embraced men's issues or taken male engagement as seriously as they have the idea of 'women's issues'. One reason behind this ambivalence about male involvement, as suggested by a respondent from CREAM, was that it has not been 'fully appreciated that men and women have equal rights'. For other respondents, the reported belief that men need some sort of incentive (e.g. money) to take part in trainings – or that it is not seen as 'manly' to volunteer your time for charitable causes – was seen as another challenge.

As SGBV was said to still be mostly 'off men's radar', and as men reportedly need to be convinced of 'what is in it for men', several respondents argued that it is essential that men are sensitised on their multiple potential roles in the prevention of and response to SGBV. Training and capacity building were suggested as solutions to this. It was also argued that men should be engaged in serious dialogue, which – as mentioned by CREAM – should be intergenerational, with different strategies developed for talking to older men and to younger men. It was suggested that consciousness-raising amongst men may have to differ across

communities, whilst it was also noted that in every community there are indeed men who are ready and willing to be engaged in efforts and initiatives to combat SGBV.

One suggested strategy to engage men was to identify national male champions. The strategy was however also viewed as difficult, since a rigorous process would need to be put in place to determine the criteria for the 'ideal' champion. Another suggestion was placing emphasis on re-framing the narrative from women's issues to a societal issue – which requires men and women, boys and girls to change the underlying gender norms and unequal power relations that perpetuate violence. Yet another option, as suggested by FEMNET, was proactively dealing with the tensions between cultural and religious leaders on SGBV issues to guard against a backlash. As religious institutions can become a conduit to influence norms around SGBV, it was suggested by Coexist that their capacity to engage with the communities should be used, for example through interfaith dialogues.

One identified challenge was said to be that there is still stigma and discrimination arising from being violated, and as a result, that victims (including male survivors) who have experienced violence are often not willing to report such acts. This reluctance to report was explained partly with reference to a general 'taboo' of speaking about things to do with sexuality. Another suggested reason was the difficulties faced by those who do report to the authorities in navigating different procedures of the health and legal systems – for example, where to go to first; the hospital or the police? There were also reported to be challenges of withdrawal of survivors, many of whom reportedly opt for out-of-court settlements, as described by MEGEN. In general, there was said to be a need for more support for survivors, as there is limited provision of services, and that this was an even more acute problem for sexual minorities and male survivors. As pointed out by GVRC, which does provide medical and counselling support, there are many cases of violated LGBTI, but they will rarely take the legal route, since same-sex relations are criminalised in Kenya.

Another major challenge in the country overall was identified as a lack of integration of the police, health and legal systems. A good illustration was provided in what has come to be known as the 'Justice for Liz' case, which happened in 2013 and where a 16-year-old girl was allegedly gang-raped by six men and then dumped into a pit latrine, breaking her leg and spinal cord in the ordeal. Reportedly, the police took up the case, but let the perpetrators off with minor 'community service', giving them machetes to clear the grass around the police compound, rather than the matter being taken to court. In a different case of defilement, we were told, a doctor did not want to sign the P3 form¹ because he did not want to have to attend court. Indeed, several interviewees reported that doctors are generally reluctant to go to court as witnesses, citing the long and winding legal process that they see as a 'waste' of their time.

It was also said that, overall, the atmosphere towards men's engagement is still hostile, as it is at times perceived as promoting 'men's rights'. Negative perceptions about men's involvement in movements to champion gender equality were seen as a major hindrance to men's engagement in the fight against SGBV. Most respondents also revealed that men's organisations are often perceived as competitors to women's organisations, suggesting that men's groups are seen to be 'in it to capitalise on women's resources', in the words of our LVCT respondent. Due to the tensions between some actors in women's movements and men's organisations, one solution suggested to mitigate this issue was to dissipate the suspicion that men's groups are there to capitalise on 'their resources'.

Several respondents also described what one participant termed 'bad blood' between the Kenyan government and civil society; members of the latter reportedly perceiving the former as trying to limit the funding from international donors to CSOs. Male organisations were also said to find it difficult to get resources for their activities, in particular, as the government has

¹ The P3 is the standard form used by the Kenya police for recording assaults.

reportedly not yet embraced the male involvement concept, according to our respondent from MMAAK. Additionally, there was said to be a continued lack of political will or coordination on the part of national government and other duty bearers to meaningfully prioritise SGBV, or allocating funding – whether for women’s or men’s responses. As concluded by one respondent, there are ‘good intentions to male involvement, but no investments are being made’. One respondent suggested that ‘men’s organisations are starving’ and this was said to be a particular problem for those working on SGBV issues, finding it difficult to mobilise resources to address the issues. For example, one MEGEN respondent argued that as a result their informal shelters for survivors are too few and inadequate to deal with the numbers of survivors.

One suggested way around this was said to be to sensitise government workers on the issues, but interviews also revealed there are challenges in government collaboration. Organisations, such as CSA, MEGEN, FEMNET and Coexist, which have trained government workers, revealed that high turnover of staff leads to less consistency. Training of government workers was said to become costly with such high turnover and internal redeployment that is explained by the fact that it tends to be the lower cadre personnel who get trained. Furthermore, even after training, it was reportedly still difficult to get authorisation for follow-up training or collaboration, due to bureaucracy, as staff claim they do not have the authority to make decisions.

As resources are limited, it was explained, a lot of the work being done is funded by external donors. However, interviews also revealed that the so-called ‘donor syndrome’ is another challenge. Respondents illustrated this problem by pointing to the fact that funding is typically only available for short periods of time – of six months to a year – along with high expectations of instant or rapid results. This problem was said to be compounded by funders’ frequently shifting focus and priorities, affecting the sustainability of any programme. Respondents explained that they usually only share their studies and strategies with donors (and not other organisations in the field) for fear that the strategy will be picked up by another organisation. This then leads to suspicion and ‘backstabbing’ amongst organisations and further competition between men’s organisations over the limited resources available to them. Overall it was revealed that there is a general lack of collaboration and solidarity between organisations in this field. SGBV actors were described as poor at coming together and lobbying for funding, like the HIV movement has been and, in the words of one respondent, ‘self-centred approaches will never deliver results’.

Many organisations cited challenges with working with the police. Interviews suggested that many police officers lack awareness of the standard procedures for handling SGBV cases, as most reportedly lack any deeper knowledge about SGBV, said to result in frequent failures to acknowledge the gravity of SGBV cases. One respondent from CREAM revealed that victims are still blamed in many cases, illustrating the point by explaining that women are often asked questions, such as ‘why were you walking alone later at night?’, ‘what were you wearing?’, or ‘why are you not taking care of your baby?’. The respondent from Coexist reported that in some cases the law enforcers have themselves been involved in violations. There were also several respondents reporting issues with police evidence-gathering and preservation, as officers were said to sometimes tamper with evidence, not produce files appropriately or change statements. Some respondents spoke of problems of corruption within the police service, where police officers are perceived as open to bribery, or demanding it, for helping to prevent or hindering cases from going forward. Overall, the police were seen as an ‘impediment to the realisation of justice by survivors of SGBV’ in spite of the fact that gender is part of their current training curriculum.

As mentioned in the Background section of this study, there are gender desks in police stations established to encourage survivors to report instances of SGBV to trained police officers. According to many respondents interviewed these desks simply do not work and

one respondent even called them 'moribund'. One of the major obstacles facing the police in addressing SGBV issues was said to be inadequate capacity and prioritisation within the police service itself. As one respondent rhetorically or sceptically asked, 'can they deal with issues of SGBV as and when it happens? Are they also reported well?' Respondents felt police officers have not been given the capacity to take on the issue as well as they should be able to. This was corroborated by interviews with several police officers. One respondent revealed that while being aware of gender training as part of the training curriculum, he had not received any, due to the line of duty and the many constraints that come with it – the location of the trainings and the timings, the posting of their duty, and so on.

One suggested solution to this challenge was to gauge the quality of the services and training offered to the police, as SGBV should already be part of their training curriculum. MEGEN, who have done work on training the police, reported finding it easier to work with passionate individuals rather than entire units, in the hope that these individuals will in turn influence their departments. There was also said to be a need for organisations to train officers specifically on issues that are currently not provided for in the police curriculum (e.g. modules for working with girls and boys respectively).

One major challenge was identified by respondents as a lack of harmonised indicators and systems for reporting to monitor SGBV efforts. Respondents mentioned not having a central pool of resources or common network for data around the issue, and having to go through different bodies to get the information as a major hindrance. Another issue raised by a respondent at CREAM was the lack of data on the 'cost of SGBV', such as the numbers of people being defiled, the ages of people being defiled, where it takes place – for example at home or on the way to school, etc.

Lack of documentation was another problem cited by some respondents. For instance, CREAM brought up various projects that focused on changing attitudes and behaviours of young men – were they continuous and following these young men to see the changes or were they one-off? The respondent asked, 'are we talking to the same groups of people or do they keep moving?' and 'do we document what is working and not working?'

In general, gaps in research were seen as a major related challenge. Interviews with CSA revealed that there were many remote areas with high incidences of SGBV, withdrawn from the main national structure, such as Samburu, parts of northern Kenya, in the South Rift and northwest, where research is wanting. These areas experience infrastructural difficulties and communication problems and, as such, there is a lack of reporting of incidence. The general focus in the field of SGBV was also described as being on low-income groups in informal settlements, potentially neglecting wealthier groups and, for example, 'people in power', such as parliamentarians, executives and other opinion leaders. CSA – being a centre for studies on adolescence – mentioned the opportunity for research with youth in different contexts: young people living with HIV, young people living on the street, young people with disabilities, young people in various religious contexts, etc. Similar sentiments were expressed by other respondents who mentioned the need for more research linked to aspects of HIV, sexual and reproductive health (SRH), and gender equality issues more broadly, as well as on aspects of sexual violence and behaviour specifically. One of the reasons behind the low levels of research as indicated by a respondent from Coexist is the phenomenon of bureaucratic bottlenecks in the country, where even acquiring permission to conduct research can be a lengthy process.

Other challenges identified by respondents included: the lack of male-friendly services at the community and national level; media misreporting (illustrated in the case of a workshop on men addressing SGBV issues being misrepresented as a 'conference of battered men' in a local newspaper article); the difficulty in implementing sexual education in the curriculum to educate young boys and girls on the links between sexuality and SGBV; and the exclusion of

men in prevention and response approaches as well as a lack of engagement with actual perpetrators.

Overall, our analysis suggests that meeting and minimising these challenges may require framing men's involvement in ways that are more explicitly pro-feminist, while being sensitive to the diversities among men and supportive of men's positive contributions, as well as needs. There is also a need for heightened awareness among policymakers about SGBV and its impact on so many aspects of social and economic development, as well as for stronger leadership on this issue from national champions. Finally, there need to be advances on measuring and evaluating SGBV programmes, since the more evidence on prevalence, impacts, and best practices there is, the more effectively these problems may be tackled. Above all, any route forward must be informed by the perspectives, predictions and aspirations of the actors on the ground.

4.5 Directions for the future on men's engagement in addressing SGBV

The final question in the interviews sought to understand such predictions, aspirations and priorities for the future on men's engagement in addressing SGBV. Responses focused on the need for more innovative thinking in gender justice movements; options for building on men's expanding involvement and priorities for movement-building; new approaches to policy, advocacy and engagement with government actors; new directions for overcoming resource mobilisation challenges; and clearer directions for research and documentation.

Most respondents – especially men's organisations – commented on the future with optimism and bright predictions on *mobilising men* for the increasing involvement and contributions of men and boys in the prevention of and response to SGBV, although sometimes 'laced' with certain challenges. For example, a respondent from MMAAK felt that the future 'looks bright, since men are ready to shun retrogressive behaviours'. The LVCT respondent predicted a turnaround, adding that 'I see men's movements playing a more central role in the next five years'. The participant from Coexist also predicted that men's involvement will grow, pointing out that 'young men in particular are questioning their male entitlements, and feel scared of negative attributes of masculinities', and are increasingly seeking out SRH services. Similarly, a respondent from MEGEN predicted a stronger future in the men's movement, as the younger generation has increasingly been exposed to these issues. Yet, even the most optimistic predictions were tempered with the challenges discussed above, including the need for a paradigm shift to overcome divisive competition and in order to build effective alliances.

With regard to addressing some of these obstacles in broader systems and the culture, respondents mentioned the need to 'shift gear', for approaches to become more innovative, more strategic, and less cautious around 'culture'. Like some others, the respondent from the Masculinity Institute felt that 'the culture' has been 'overprotected' and the interviewee at GVRC suggested that it has been 'too much business as usual', arguing for a need to get more inventive and responsive, proposing that 'we need a paradigm shift – from prevention to the laws – everything!'. One respondent illustrated the point with an example: 'The violence is mutating faster than we can respond. In a recent meeting with head teachers I heard about young teenagers in gangs organising in crime and raping young girls – in Nakuru and Njoro, the farm areas'.

Several respondents pointed to a need to focus more strategically on the schooling process – one pointing out that 'you cannot teach an old dog new tricks' – and many felt that traditional systems that uphold patriarchy must be brought into the limelight more directly, that 'entry strategies' are needed and that changes can be achieved to turn those around, since culture is not static. In terms of existing work with men and boys, the Masculinity

Institute reflected on how the women's movement has 'graduated from rights to empowerment', whilst – in contrast – 'the boy-child and men [have been] left behind and have lost identity and a lot of self-esteem'. In a suggestion to make the work more psychologically sensitive, it was argued that 'if you can address men's [and boys'] sense of identity and low self-esteem, women can be safer. Men need to be helped to feel safer and to deal better with powerful women'.

Key directions for development and new approaches included:

- working more strategically with policymakers (including identifying and working with 'champions') and agitating collectively for policy reforms;
- continued work with the police service, for capacity building and for reforms;
- engaging more strategically and substantively with the education sector and schooling system to reach younger men and boys better;
- building stronger partnerships across organisations, movements and sectors.

However, two specific challenges were identified as particularly constraining progress in all of these areas: first, a general lack of funding for work with men and boys on gender equality; and second, a related issue of competition and disunity among organisations and various actors.

In terms of mobilising resources, one suggested solution was 'targeting' or 'earmarking' funding for work with men and boys in order to avoid perceived 'competition' with women's organisations, whilst another recommendation was building stronger partnerships amongst organisations involved with gender issues. Some also felt that it is essential to strengthen coordination to deal with the problem of disjointed activities, and one respondent from GVRC suggested a National Coordination body (like the NACC for HIV and AIDS prevention and response) to coordinate the prevention of and response to SGBV along the lines of the three 'ones' principles (one coordinating body, one strategy and one M&E framework), acknowledging that substantive funding is required for this approach. Virtually all groups interviewed commented on the problem of constrained resources for the work and the respondent from Coexist pointed out that since donors tend to 'demand that we have partnerships, alliance building will be key'. One participant from CREAM noted that there is a need for women's and men's groups to learn to complement each other better. FEMNET's respondent emphasised the need for more strategic approaches to resource mobilisation for men's organisations, partly by offering technical support through exchange programmes for fledgling men's organisations, by showcasing how men and women's movements are not competing for resources but rather play complementary roles (and that women should not be made to feel they are being edged out), as well as advocating for specific funding earmarked for men or a funding component that targets men – however, men should showcase their best practices.

The interconnected problems of competition and resources were also noted to have deeper connections with how men's groups might approach questions of competition, as well as ideas around the reasons for getting involved. The perception that men are not as likely as women to be willing to volunteer for a good cause was mentioned by a few respondents. The respondent from MMAAK underlined that 'men must realise [that] the negative competition affects us all... [and that]... collaboration between men's and women's organisations can only be realised if women see men as partners'. He then went on to explain that 'this requires a change of attitude within the men's organisations... Men need to be innovative and develop unique interventions... instead of duplicating', then concluding that 'men need to be more passionate about the issues they are dealing with' and that 'resources should not be the main driver'. Whilst not diminishing the resource challenge, this then raises deeper issues about how best to go about movement-building and strengthening strategic alliances to really advance together on addressing SGBV.

A major theme for future directions centred on the need to approach alliances and movement-building more strategically. A participant from MEGEN argued strongly for a need to consolidate the work of actors in male movements and ‘team up’, pulling resources together and making stronger joint efforts. The respondent from Coexist suggested a need for further mapping of partners (what people are doing and where) extending across different regions of Kenya and encouraging joint research and resource mobilisation. Most groups mentioned the need to ally in ways that maximise on the complementarities of men’s and women’s organisations, but also link national to local actors better and across generations involving more youth. As some groups are primarily focused on other – related issues – such as health or HIV, or women’s empowerment more broadly, and since SGBV is an issue around which organisations commonly come together, there were dialogues about how to define ‘movements’ and how these may overlap. For instance, there might be a movement for ‘men’s involvement’ that overlaps with various other movements – to address SGBV, for women’s empowerment, to address HIV and AIDS, or for the protection of equal human rights for sexual minorities. SGBV was seen as a central issue around which different networks and movements can come together, whilst acknowledging some tensions and challenges in this.

All groups stressed that SGBV can also be an issue for men as victims or survivors and that this is even less adequately addressed in the overall response than the broader problem of violence against women and girls. Furthermore, many pointed out that the two are connected and rooted in the same patriarchal attitudes and cultures. The team were told that GVRC, for example, come across many cases of violated LGBTI, and try to provide or link them with treatment and counselling, but they do not feel well placed to push for their rights, and the options for a legal route to seek redress are limited by legislation criminalising homosexual sexual relations. The GVRC respondent pointed out a need to nevertheless be supportive, as regular services for this group are virtually non-existent. Coexist pointed out that ‘society is still hostile to LGBTIs and link it to the male movement’, posing a slight challenge for many men’s groups trying to reach out to men of many kinds. Nevertheless, most stressed the need to reach out and link with groups working with sexual minorities and support them in different ways. The respondent from MMAAK for example explained how the organisation works with other groups like ‘Ishtar MSM’ (working on HIV with men who have sex with men) and yet others link with Health Options for Young Men on HIV, AIDS and STIs (HOYMAS), an organisation providing services to male sex workers, amongst others. The HIV response has provided some space for progress here. The LVCT respondent explained that they have conducted research in collaboration with NACC, explaining:

We know how many MSM are out there and we deliver services for them as well – condoms, counselling, testing and treatment. We still have challenges in that the law criminalises same-sex relationships (both the penal code and – now – the new constitution). But, the community levels need a lot of awareness-raising as well... Western countries have set a standard – it may not be accepted yet, but it’s a standard with good documentation, etc. Two, there is [now] a bit more tolerance amongst politicians.

Whether forging alliances and collaborative strategies around more effective prevention of SGBV, or for better referrals and back-up in terms of response to cases, including demanding justice for survivors or policy reform, a number of types of partnerships and strategies for networking were suggested for particular attention in the future. One respondent from MEGEN, for example, argued that a number of types of partnerships need to focus on redressing some of the key challenges facing the field: institutions of learning were suggested as partners both in terms of reaching youth for engagement in the fight, but also as partners in research and documentation of the work; CSOs need to partner strategically with health and legal partners to develop strategic networks of support in responding to cases; government representatives and structures need to be engaged with in

different ways for policy advocacy, as well as support and pressure in terms of improving, for example, the police, health or education sectors' contributions in the response; correctional facilities (including related probation services) need to be engaged for reaching out to 'reformed perpetrators' and to help rehabilitate perpetrators before re-integration into society; and linking up strategically with certain faith-based organisations (FBOs) and/or religious leaders, since they influence a lot of people for better or worse.

Directions for meeting research and documentation needs were discussed at several levels. Better partnering between actors involving men in the prevention, response and research institutions was suggested as one avenue to strengthen the evidence base and documentation for learning about the impacts of the work. Another suggestion was to build capacity for documenting learning in less formal ways and pooling resources – for example, using resources like the Interactions website to share and profile promising approaches. One suggestion was that different groups should take on the task of mapping different activities in different provinces, with a central actor collating this for sharing in the broader sector. Another suggestion was that the decentralisation process in Kenya might provide an opportunity for sharing promising approaches in different regions as described by LVCT: 'devolution means you can bring stories down to county levels and people will listen to experiences from other places in the country'. Coalition-building came up repeatedly, including as a strategy for developing research accompanying interventions and mobilising resources together. Suggested issues to research included basic data on – and understanding of – the violence itself and how this is evolving into new expressions and situations, which men to engage most effectively in what capacities and roles, documentation of approaches and outcomes in terms of services such as the police or education, or more specific issues like reaching men in informal settlements, or working with young HIV+ people who face SGBV.

5 Conclusions and recommendations

5.1 Summative conclusions

Emerging from decades of work by the feminist movement in Africa around the turn of the millennium – and finding different forms of impetus from the HIV response as well as the surge in sexual and gender-based violence, triggered by the widespread 2007–2008 post-election violence – Kenyan men’s involvement in gender equality and SGBV issues has increased markedly in recent years. It has attracted substantial attention and interest, also interacting with significant policy and programmatic developments, as documented in this report. This involvement has focused on a range of areas in prevention as well as response and it has been pursued through a number of diverse strategies, ranging from one-on-one mentoring of men to group sessions and open forums to inter-gender dialogues, advocacy and multisectoral actions. A number of areas of success are seen as including: positive changes in men’s attitudes and increased male engagement; increased collaboration between various stakeholders involved in tackling SGBV; and strengthened national policies and progress with legislation.

Nonetheless, as we have also seen, a number of challenges will need to be addressed in order to build positively on these achievements and ensure further progress with men’s positive engagement in the projects for gender equality and ending sexual and gender-based violence in Kenya. Whilst engagement with health services and the police service has seen some progress we heard a widespread acknowledgement that progress with the education sector has been far more limited. In Kenya, adolescent girls and young women are especially at risk of various forms of SGBV, sexual violence and abuse including incest, rape and harmful practices such as FGM and early and/or forced marriages, etc. Yet, young people appear more open to changing their views about the acceptability of violence than older adults. Aside from better equipping young people in general, educational institutions also have an opportunity to prepare the next generation of professionals to respond adequately to SGBV and create a more equal society in the long run.

Underlying rivalries between – and within – CSOs, and limiting policy narratives, all present challenges to planning, coordination, collaboration and effective scaling-up. Engaging men and boys as a strategy for preventing and responding to SGBV is faced with the need to show that it is cost-effective as well as complementary to ongoing efforts by women’s organisations and others. Civil society organisations’ activities remain relatively uncoordinated across organisations and with government programmes (also charged with insufficient coordination across services), which has reportedly led to serious gaps in and some duplication of interventions. In turn, this appears to be driven – at least in part – by a perceived imperative of acquiring and sustaining external funding, as Kenyan CSOs report experiencing competition and acknowledge adapting their programmatic focus and approaches to match donor requirements, rather than the needs of their target beneficiaries, a common pattern also found in other research on the HIV response in Kenya (Mudege *et al.* 2010).

Developing a multisectoral approach was seen by participants as an important key to more effective SGBV prevention and response. However, achieving the intended goals will require strong and effective linkages with communities and with all other actors in the field of SGBV towards addressing the complex realities posed by this endemic problem (occasionally flaring up to epidemic proportions). Even though men’s organisations are particularly challenged to demonstrate quick results (as funding for their work rarely falls under rubrics of longer-term empowerment), it should be noted that meeting this imperative appears unrealistic, at least in the short term. Nevertheless, men’s organisations must strive to ensure

and demonstrate that their strategies are moving in the right direction and are likely to have a lasting and catalytic effect.

5.2 Specific recommendations emerging from the study

Whilst the progress, successes and challenges are all numerous and noteworthy, with plenty of potential, momentum and political opportunities, our recommendations for the future are informed by our assessment of the situation, the perceived capacities and the aspirations of the actors in the field who were interviewed; men's organisations, women's organisations, health and youth groups, as well as rank and file members of the Kenyan Police Service. We address these recommendations primarily to the current actors engaged on the ground, but also to government policymakers and development partners. We group the recommendations below into those aimed at: further mobilising men to address SGBV; addressing some systemic and cultural obstacles; the needs for coalition and partnership-building; resource mobilisation; and progress with research and the sharing of knowledge for a stronger response to SGBV.

Recommendations for mobilising men and strengthening their engagement on SGBV

- Men already active in the response are now well placed and should be helped to mobilise more men to take a clear and active stand for gender equality and against SGBV. Such support should help them strike a fine balance between focusing on redressing the injustices inflicted on women and girls and also acknowledging men's and boys' own needs and (often) neglected issues – including as direct or indirect victims and survivors – but without promoting any false sense of equivalence.
- This mobilisation of men in the response should thus take more account of psychological and political dimensions of such work, not shying away from challenging men's and boys' own structural investments in patriarchal privileges and male supremacy, but also highlighting the many contradictions, stresses and harms that oppressive masculine cultures and norms imply for different men, women, boys, girls, intersex or transgenders.
- As such, these groups and organisations of men should build on their existing dialogue with other movements such as women's groups or anti-violence groups to elaborate and clearly communicate their basic values and aims. Men's movements should also aim to build partnerships and work with other organisations working significantly with men and boys, such as youth organisations, sports clubs, or cultural groups.

Recommendations for approaching broader structural and cultural obstacles

- A broader and more coordinated response should include a range of programmes from public education, the training of law enforcement agents, justice, and public health workers, to the sensitisation and education of appropriate individuals in the media and of schoolchildren.
- Capacity building efforts for the police service should be stepped up, with an aim of restoring public trust and stronger institutional commitment. This can be achieved through improved dialogue and cooperation, better integration with existing police training curricula and processes, and the establishment of mechanisms for proper documentation including evidence-gathering and preservation.
- Preventing and addressing SGBV against adolescent girls, young women, boys and sexual minorities, and fostering non-violent, respectful behaviour among boys and young men should be a major component of SGBV prevention and response. Primary and secondary school, as well as out of school youth, should be targeted for change.
 - A major part of this response needs to focus on better integration and delivery of stronger teaching of the topic through curricula and teacher training processes.

- A complementary part of the effort in schools (and other institutions of learning) should focus on strategies for mobilising institutional change agents to strengthen the institutional response to SGBV, including anti-sexual harassment policies and mechanisms for enforcement and protection, building on existing methodologies including ones piloted in Kenya (Greig 2012).
- In order to improve public awareness and understanding of SGBV at the community level, men's organisations should engage certain cultural and traditional leaders in efforts to prevent and respond to SGBV, being careful to strategically identify leaders open to the issue and to avoid reinforcing any pre-existing male supremacist ideologies.

Recommendations for resourcing the response to SGBV

- If significant progress is to be made, policymakers and practitioners must rethink and update their approaches to addressing issues of gender and SGBV. Conceptualisations – and resulting policy narratives and tools – need to take seriously 'gender as social relations' and as shaped by structures of power involving men and women of many kinds, rather than reducing 'gender' to 'sex', even 'one sex' – i.e. 'women and girls'.

As long as investment in gender justice remains treated as simply an issue of resourcing programmes and policies aimed at women and girls, a concerted response remains compromised by design and the issue will remain vulnerable to marginalisation.

- Policy objectives should be developed, and concomitant resources mobilised, to ensure a fuller engagement of men and boys in achieving gender equality and the prevention of and response to SGBV, also addressing the needs of men and boys alongside women and girls, taking into consideration the damaging impacts of oppressive masculinities on all.
- Engaging with men and boys in SGBV prevention and response, should become prioritised as an integral strategy for gender justice by policymakers and programmers both in the government and in CSOs.

Programmes on gender, masculinities, SGBV and SRH have largely remained the domain of CSOs, whilst government needs to be supported to become better engaged with civil society efforts.

- Advocacy work by CSOs and other actors should be supported by the government and other development partners, to better inform policymaking and institutional solutions.
- Community organisations and local groups should also be empowered and supported since they can act as a bridge between the community and local government structures.
- More energy and resources should be focused on working with existing community structures (especially in rural settings), thus better leveraging the local resources and contributions of communities and organisations to reach out to men and boys.

Recommendations for alliance and coalition-building

- More innovative, neutral, positive and unifying narratives should be developed and supported for building partnerships among various stakeholders across sectors and movements. In particular, such narratives need to challenge binary and essentialist understandings of gender, in terms of individual men and women, linked to masculinity and femininity and, rather, foster better understandings of gender as dynamic and contested social relations of power.
- Collective actors should be helped to come together to resolve differences in perspective to establish common – and/or explicitly complementary – objectives and agendas and to mobilise resources for collaborative programming. It should be understood that no organisation or movement can fully advance its agenda without others' contributions.
- Women's organisations should be reassured that their efforts and resources will not be compromised by involving men. Connectedly, any efforts at pitting constituencies against each other, based on arguments of limited funding, should be resisted by all, jointly advocating for adequate resourcing of the SGBV response and gender justice.
- Different stakeholders should be encouraged to invest the time to develop trust, confidence and an understanding that the benefits accrued from efforts to involve men and boys can benefit all. In particular, donors should find more enabling ways to encourage organisations to find innovative ways to work together towards a common agenda.
- Programmers, activists, researchers and policymakers should come together to carefully examine men's roles (alongside women's) within processes of policy change.

Recommendations for research and knowledge-sharing

Recommended *priority issues* for research are to generate:

- improved basic information and evidence on the incidence and evolving forms of SGBV;
- evidence on different approaches to reaching men and boys for gender equality at scale, and on associated outcomes, in terms of national services such as the police or education;
- better information and evidence on which men to engage most effectively in what capacities and roles;
- best practice approaches for specific groups of men, such as reaching men in informal settlements, working with young HIV-positive people who face SGBV, etc.

Recommended *approaches* to knowledge generation:

- Efforts should be invested in building better partnerships between actors who involve men and research institutions to strengthen the evidence base and learning from action;
- Collaborative research should be developed to accompany interventions in coalitions and mobilise resources together

For example, programmers and researchers could join together to identify, assess and prioritise viable and diverse programmatic models. This should include identifying and evaluating effective models on how to engage men and boys in SGBV prevention and response for replication or adaptation. It could also usefully include research on how programmes working to engage men and boys in the promotion of gender justice can best establish links with concurrent social movements for social justice.

Recommendations for *knowledge-sharing* and capacity building:

- Capacity-strengthening should be supported for documenting learning in less formal ways and pooling knowledge resources, using websites and social media to share promising approaches. For example, multiple groups could usefully collaborate in a joint mapping of different activities in different provinces, with an agreed central sharing platform to the broader sector;
- Dissemination of documented promising models should be targeted to organisations that have the capacity to scale them up, and to relevant government departments, development partners and think tanks for policy development;
- The decentralisation process in Kenya should be utilised strategically for sharing promising approaches in different regions, through CSO collaborations with central and local governments;
- Organisations in Kenya should be supported to engage in international means of sharing lessons and resources with groups and actors involved in similar work in other countries.

Annex 1 Research questions

(Note: these need breaking down by where we get the information and verification and 1-2-1 interviews. They will need to be more targeted at 'your organisation' or 'your network', etc.)

- What is your role in your organisation?
 - How long have you been working on SGBV issues?
1. What factors have influenced the involvement of men (/the men's movement) in Kenya in SGBV issues?

Possible probe question:

- a. What specific factors have influenced you and your organisation/network to get involved in addressing SGBV?

2. What SGBV issues has the men's movement in Kenya focused on and why?

Possible probe questions:

- a. What strategies or approaches have you taken in your work on this?
- b. In relation to prevention, which are the key strategies used? Do they work?
- c. For responding to cases and victim support, and justice, how does civil society–government collaboration work?

3. What successes has the men's movement in Kenya recorded in relation to SGBV issues?

Possible probe questions:

- a. What has worked particularly well in terms of collaboration with e.g. the police (with universities/schools, health services, etc., depending on informant)?
- b. Have there been specific successes in relation to other movements (e.g. women's rights) or institutions (like the church, etc.)?

4. What challenges face the men's movement in Kenya in relation to SGBV issues and (how) are these being addressed?

Possible probe questions:

- a. What specific challenges and tensions are there in working across civil society and governmental services/sectors, like the police? (etc., depending)
- b. How can you characterise these challenges (e.g. what 'kind'?) and where are they rooted (where do they come from)?

5. What is the future of the men's movement in Kenya in relation to the fight against SGBV?

Possible probe questions:

- a. What are the opportunities, emerging/new challenges and possibilities *vis à vis* the government?
- b. What about *vis à vis* other movements like those for women's or sexual rights?

Annex 2 Consent form

Lessons from Male Engagement in Addressing SGBV in Kenya

Consent form to participate in the study

This learning and documentation study aims to explore – through an in-depth case study – where men play or have played significant roles in relation to SGBV in Kenya. In turn, this is intended to help improve information access and to inform strategies of relevant actors (including activists and policymakers) addressing this issue, with meaningful male involvement, and to facilitate the forging and strengthening of strategic alliances for gender justice and ending SGBV. Having met in a workshop in July 2013 to establish an overview of different movements, issues and actors in Kenya, we are now aiming to deepen our understanding of where and how men make a significant impact on responses to SGBV, in order to suggest avenues for strengthening the contributions of men in the response. In addition to Kenya, similar projects are or will be conducted in five other countries, including Egypt, Uganda, India, and others.

In all countries the work is funded by the UK Department for International Development (DFID).

The project is conducted by the Institute of Development Studies (IDS) UK; African Population and Health Research Center (APHRC) and Men for Gender Equality Now (MEGEN), both in Nairobi.

We are not employed by DFID or any other government or funding organisation.

We are asking: *'Would you agree to participate in this research by answering some questions in an individual interview or in a group discussion?'*

- You are under *no obligation to agree* or to give up your time.
- You are also *free to stop* answering the questions and (*ask us*) to leave at any point.
- If you are agreeable, you can *decide whether you want what you say to be kept anonymous* (the latter case in which we would not link your name to your comments in the study report).
- If you do not mind letting us link your name to your statements, you can choose for us to use just your first name or your full name.
- All documentation *notes are kept confidential* (i.e. we keep the notes and papers documenting the learning safely and nobody else has access to them).
- If you are HIV-positive or a victim of violence and you choose to tell us of your status, this information will be kept strictly confidential, unless you expressly indicate otherwise.

Please ask us/me for more explanation now if there are any points that you are unsure about.

I agree to participate in the study:

Signature/thumbprint:

Signature of Documenter:

Date:

Tick as appropriate:

I do not mind if my first name and surname are linked to my comments

I do not mind if my first name is linked to my comments

I wish what I say to remain anonymous

Other – please tell us how you would like to be quoted/referred to _____

Annex 3 Collective actors involved in the study

1. African Women’s Development and Communication Network (FEMNET)
2. Centre for Studies on Adolescence (CSA)
3. Centre for Rights Education and Awareness (CREAW)
4. Coexist, Kenya
5. Family Health Options Kenya (FHOK)
6. Gender Violence Recovery Centre (GVRC)
7. Health Options for Young Men on HIV, AIDS and STIs (HOYMAS)
8. Liverpool VCT Care and Treatment (LVCT)
9. The Masculinity Institute
10. Men for Gender Equality Now (MEGEN)
11. Men Engage Network – Kenya (MENKEN)
12. Movement of Men against AIDS in Kenya (MMAAK)
13. Kenya Police Service
 - a. Including the General Service Unit (GSU) Training School, Kenya Police Service

Research partners implementing the study:

- Institute of Development Studies (IDS)
- Men for Gender Equality Now (MEGEN)*
- African Population and Health Research Center (APHRC)

Note: *MEGEN acted as both research partner and respondent. Interviews with MEGEN staff were carried out by IDS, along with an intern at MEGEN, from a Swedish NGO, *We Effect*.

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