

POST ELECTION RESEARCH REPORT: The situation of sexual violence following the electoral dispute.

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Compiled by Health Rights Advocacy Forum (HERAF).

The Kenyan political scene has reduced our country to a mirage of peace and unity for the past 3 months. With so many people displaced from their homes, and properties worth millions destroyed, one is left to wonder what more can we savor as a country.

The Gender Development Project which seeks to address issues related to gender based violation at KHRC has continued with its former activity of legal aid clinic and taken a new approach in implementing its activities by visiting people at the IDP camps to address Gender based violence issues which have been on the rise since December 28th 2007. Some of the pertinent issues have surfaced from the legal aid and the IDP camps.

During the first quarter of the year 2008, (January-March 2008), HERAF set out on a fact finding mission to 5 IDP camps: Limuru-Kirathimo, Tigoni Police post, Jamhuri, Huruma and Mathare. The purpose of the mission was to assess the situation of sexual violence following the electoral dispute by documenting cases of gender based violence and offering psychosocial support to victims. Most of those affected came from Western, Rift Valley and Nairobi Provinces where there was intense dispute of the presidential announcement.

The IDP camps were set up within town centres which made them accessible to people affected by the unsettlement in the country. Reports gathered from these camps indicated that most of the affected people following the displacements were PLWHA, women, the elderly, sick people, people living with disabilities and children who were in search for refuge at the IDP camps.

In an endeavor to intervene and try to advocate for peace, the Kenya Red Cross which was given the overall mandate to run the camps, the government and other stakeholders were faced with the problem of sustaining the people at the camps. The problem continued to largely persist because food, medicine, water and shelter were becoming a competitive space for the IDPs. Issues that emerged from interviews held with IDPs and camp officials showed that sexual violence was the most reported form of violence. Further discussions indicated that there were other contributing factors to sexual violence amongst some IDPs. These included;

Sexual violence

The number of sexual violence victims was on the rise. According to information gathered from the camps that HERAF visited, women and children were the most affected. Reports from health centers set up at the camps indicated that at that time, out of the 7 cases of rape reported in all the camps, 5 were young girls aged between 5 – 14 years, 1 was a woman aged 26 years and 1 boy aged 11 years who was sodomised in Kibera as he fled for safety. Health workers at the camps revealed that out of the reported number of rape cases only one girl aged 17 years had suffered severe physical injuries after being subjected to gang rape. There were also reported cases of rape committed by

people from host communities where the IDP camps were set up. A volunteer with the Kenya Red Cross at Tigoni camp said that 2 girls were lured by strangers who promised to give them money and a place for them and their families to live if they did manual work for them but ended up being sexually assaulted.

According to media reports, the cases of sexual abuse recorded by aid workers were said to have occurred at various levels. On one, women and girls were raped during the actual violence. For instance, in the first two days of the violence, 56 cases of rape were recorded within Nairobi alone. Similarly, during the first day of mass action, the Nairobi Women's Hospital admitted eight girls, the youngest aged 12 years.

Statistics from the Gender Violence Recovery Centre at Nairobi Women's Hospital indicated that there were 130 cases of sexual assaults and abuses to both men and women, from the time when violence erupted immediately after the announcement of the disputed presidential results December last year.

Forced marriages

Most young girls between the ages of 9 -17 yrs were being married off against their will by their parents. At Tigoni police camp about 3 girls had been married off against their will by their parents to men living at the camp who were IDPs from different provinces. Their young age made the young girls vulnerable due to their inability to make unapprised decisions and they were looked at as an easy way of getting money for their parents to buy new property and relocate; leaving them to start up new families they could hardly fed for. As a result, many young girls will not continue with their education while the boys will own up that privilege. According to reports these young girls were also exposed to HIV infection and other sexually transmitted diseases since men they were married off were said to be old and had multiple sexual partners. Early marriages poses a threat to the reproductive health of the young girls as a result of bearing children at an early age. This in addition has a negative impact on their health as a result of lowering their immune system and making them unproductive members of the society.

Forced circumcision

The number of reported circumcision cases from camps around Nairobi area was noted as overwhelming with approximately 43 cases reported from community leaders, health clinics and hospitals. It was feared that some of the victims had their private parts cut off while others got serious injuries as a result of the cuts. This was believed to result to new HIV infections for the reason that crude methods and tools were used to perform this exercise. Discussions with those in charge of health centers and the community showed that most perpetrators of these vicious acts were men who preyed on their victims after revelations made by people organized to be spies.

A victim of forced circumcision at Tigoni camp narrated to HERAF his story and said that he was taken captive by about 4 men on his way to the camp at around 6.30pm, after laboring as a casual for his former boss. He said that he did not feel secure enough to stay at the farm as there were threats to kill people from a particular tribe and therefore he opted to report to the farm on daily basis from the camp. He revealed that due to the much pain and bleeding he was experiencing, he stayed in the bush for close to five hours then went to the camp where he was given medical first aid by Red Cross volunteers before being transferred to Tigoni hospital.

New HIV cases

The sexual violence cases reported at the health camps posed a risk of new HIV infections among victims who did not report their cases on time. According to information sourced from the health centre set up at Jamhuri Park which was hosting over 3,000 IDPs, there were high numbers of women and children reporting cases of sexual violence but long after the violence. It was feared that if the perpetrators infected with the HIV virus continued to practice their acts of rape and sodomy, then more people in the society would become HIV positive and efforts put forth by organizations trying to control the spread would become futile.

It was found out that some of the IDPs did not know their status before getting into the camps making them a risk factor in case they engaged in unprotected sexual relations with HIV negative people. About 13 people at Limuru camp were said to know of their status while at the camp only after showing symptoms of chest and stomach pains when they got tested and were found to be HIV positive. This therefore meant that the numbers could be higher if more people were to get tested.

According to media reports, the hospital bed capacity due to HIV /AIDS in February had been reported as 66 percent. There were also high cases of women and children who were sexually abused which led to increased number of new HIV infections. Such indicators meant that there could be an escalation in the number of new HIV infections among victims who never reported their cases and therefore were not able to access prophylaxis (PEP) treatment on time to prevent infection of HIV.

Recommendations

There is a need for adoption of new strategies by organizations that deal with gender based violence and HIV and AIDS whereby the organizations need to make visits to the communities to find out if there are any unreported cases of sexual violence and to provide information to those affected on the importance of undergoing counseling and other support services. Victims of sexual violence also need to undergo HIV testing so that in case they are tested positive can be put on life prolonging ARVs.

Key actions need to be taken by organizations dealing with gender based violence like decentralization of clinics for gender recovery to other parts of the country where victims of sexual violence can access the services.

The government and Gender Based Violence centres should merge such that private organizations can also be involved in setting up emergency clinics in government owned hospitals to respond to gender based violence in humanitarian crisis.

NGO's and the government ought to identify risk routes by mapping the areas and give this information to the communities and the public. These risk routes should facilitate minimization of sexual violence occurrences as a result of more people becoming aware of where and when an attack is likely to occur and therefore be in a position to avoid these routes.