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DEPARTMENT OF SOCIAL SCIENCES AND DEVELOPMENT STUDIES

EMPOWERMENT PROGRAMMES AS STRATEGIES OF MITIGATING GENDER-BASED VIOLENCE IN KIBERA SLUMS, NAIROBI COUNTY, KENYA

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A Thesis Submitted in Partial Fulfillment of the Requirements for the Award of a Master's Degree in Project Planning and Management (MPM)

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DECLARATION

I, Seline Makario certify that this research thesis work is entirely my original work and has never been submitted to any university or institution for the same award.

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DEDICATION

This work is dedicated first to God's abundant love, to my beloved Congregation and Family who tirelessly funded my education to this level.

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My utmost glory goes to our merciful God for His abundant love, wisdom, and protection throughout my entire academic life. The Lord of all glory whose grace enabled me to enjoy good health both of body, mind and soul. My indebted acknowledgments are owed to all who through their inspiration contributed immensely to shaping the success of this study.

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ACRONYMS/ABBREVIATIONS

AECF	Africa Enterprise Challenge Fund
AGYW	Adolescent Girls and Young Women
AMREF	African Medical and Research Foundation
ASEC	African Sisters Education Collaborative
CBO	Community-Based Organization
CFM	Child or Forced Marriage
CGS	Credit Guarantee Scheme
COVID-19	Corona Virus Disease 2019
CREAW	Centre for Rights Education and Awareness
DANIDA	Danish International Development Agency
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
FGM	Female Genital Mutilation
FPRJC	Feminist for Peace, Rights and Justice Centre
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GrOW	Growth and Economic Opportunities for Women
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICF	International Classification of Functioning
IDRC	International Development Research Centre
IPV	Intimate Partner Violence
IWDA	International Women's Development Agency

KEMRI	Kenya Medical Research Institute
KNBS	Kenya National Bureau of Statistics
LVCT	Liverpool Voluntary Counseling and Testing
MEDA	Mennonite Economic Development Associates
MSMEs	Micro, Small and Medium Enterprises
NACOSTI	National Commission for Science, Technology, and Innovation
NBS	National Bureau of Statistic
NGOs	Non-Governmental Organizations
PK	Participant meaning the Key Informant
PWDs	People with Disabilities
SASA	Start, Awareness, Support**,** and Action
SADC	Southern Africa Development Community
SDGs	Sustainable Development Goals
SHOFCO	Shining Hope for Communities Kibra
SPECS	Slum Peace and Empowerment Center
SPSS	Statistical Package for Social Sciences
SSA	Sub-Saharan Africa
STIs	Sexually Transmitted Infection
SV	Sexual Violence
UBOS	Uganda Bureau of Statistics
UNFPA	United Nations Fund Population Agency
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Education Fund

UNODC United Nations Office on Drugs and Crime

USAID United States Agency for International Development

WASH Water, Sanitation and Hygiene

WEE Women's Economic Empowerment

WIRE Women in Rwandan Energy

ABSTRACT

All people, regardless of gender, are vulnerable to gender-based violence, but women and girls suffer disproportionately. SDGs numbers 5 ('achieve gender equality') and 8 ('sustainable economic growth') show how governments are working to help women gain economic independence. The purpose of this research was to investigate "Empowerment Programmes as Strategies Mitigating Gender-Based Violence in Kibera Slums, Nairobi County, Kenya. The research was anchored on the following objectives; To determine the influence of Capacity Building on Gender-Based Violence among women in Kibera Slums, To investigate how the Credit Facilities influence Gender-Based Violence among women in Kibera Slums, to examine the extent to which Health Interventions influence Gender-Based Violence among women in Kibera Slum and to establish the Legal Interventions and their influence on Gender-Based Violence among women in Kibera Slums, Nairobi County, Kenya. The study was based on the Ecological and Empowerment Theories. The study used an embedded mixed design with qualitative and quantitative approaches. The target population was 178,284 men and women, and 10 Key informants; sub-county administrators, NGOs and CBOs. Simple random sampling technique was used to select 385 respondents while purposive sampling techniques was employed to choose key informants for the study. Cochran formula was used to calculate the sample size of women and men. Quantitative data was gathered using questionnaires while qualitative data was collected using interview guide. Cronbach's alpha was used to determine the reliability of the instruments where the coefficients were 0.990 and 0.993. Quantitative data was analyzed using descriptive analysis with the help of Statistical Package for the Social Sciences (SPSS) version 25. The results were the presented in tables, figures and charts. Chi-square was used in the inferential statistical test (P-value=0.000), showing significant relationship between empowerment programmes and GBV. The qualitative data was examined using thematic content analysis. The findings indicate that the greatest opportunity exists in addressing GBVs in the Kibra sub-county by empowering individuals through trainings and workshops. It was also found that male and female survivors of GBV need access to the same kinds of empowerment programmes and training initiatives if the problem is going to be reduced, and women's health and safety, as well as GBV principles, are more important in health care empowerment than interventions aimed at preventing gender-based violence in the sub-county. In conclusion, those in charge of economic autonomy programmes lack the resources and remedies to offer survivors what they need in terms of quality services towards health and legal measures, so women continue to suffer physically and psychologically as a result of being a survivor of violence. The study recommends that all actors must intervene by close coordination in introducing new programmes to the community to combat the phenomenon which is still at large in the region, a call upon various stakeholders, such as NGOs, CBOs, and the Subcounty administrators. The findings of this study is significant to men and women who undergo through empowerment programmes to deal with GBV in the slum of Kibra Sub- County.

CHAPTER ONE

INTRODUCTION

This section includes a brief overview of the study, a statement of the problem, the study's objectives, and the research questions; abbreviations used, the underlying assumptions, the justification, its significance, and the scope and limitations. The study explains the conceptual framework and defines the key terms.

1.1 Background to the Study

An umbrella term for any damaging act committed against someone's consent and based on socially ascribed (gender) disparities between males and females, gender-based violence (GBV) is a human rights violation that disproportionately affects women and girls but can also affect men and boys. Harmful acts, threats of harm, coercion, and other restrictions on freedom fall under this category. These deeds can happen in any setting United Nations High Commissioner for Refugees (UNHCR, 2020). Human rights and public health are both affected by GBV. Gender-based violence (GBV) is more likely to occur among women, girls, people with disabilities (PWDs), and minority groups, during emergencies including pandemics, conflicts, and natural disasters (Anne et al., 2023). New types of GBV continue to arise, degrading the social standing of people in the region regardless of their location, age, gender, religion, race, or level of education and extras.

The Sweden Statistical Review of 2021 accomplishment of the Agenda for Sustainable Development Goals shows that by 2030, all countries should promote sustainable public procurement practices in order to increase equitable and sustainable urbanization as well as capacity for participatory, integrated, and environmentally friendly community planning and management. all types of violence are drastically reduced, and nondiscriminatory laws and

policies are promoted and enforced by national climate change efforts (Sweden Statistical Review, 2021). Collective action on a global scale requires expanding and speeding up several long-term tactics, such as empowerment projects, mitigation and prevention of GBV; protection, care, awareness, and support services; credit services; capacity building; case management; and knowledge and information management, including best practices and coordination, should all be core tenets of the broad-based collaboration and strategy.

In 2021, only 23% of working-age Indian women were participating in the labor force, much below the global average of 47%. Despite gains in literacy and life expectancy, most women still lack the resources to live independently. The COVID-19 pandemic outbreak has only made a bad situation worse. Women's contributions to the economy and society are often underestimated because of this (WIRE, 2021).

The Southern African Development Community (SADC) released a paper entitled Initiative on Women, Peace, and Security from 2022 to 2030 to aid in the execution of UN Security Council Resolution 1325. By promoting and coordinating gender responsive laws, policies, programmes, and projects, hoping to promote the participation of women-owned enterprises and female entrepreneurs and eradicate prejudice on the path to gender equality. (SADC, 2022). Therefore, in order to put an end to GBV, there is need to put the focus on the people who can help do that; those responsible for designing and implementing effective preventative and mitigation programmes. As for Kibra, this emphasizes the importance of community action, particularly the formation of national partnerships between local governments and non-governmental organizations to address the economic and social consequences of social problems.

Africa Enterprise Challenge Fund (2022) confirms that the proportion of female entrepreneurs is highest in Sub-Saharan Africa, at 27%. According to the 2017 Mastercard Index of Women

Entrepreneurs, the greatest rates of female entrepreneurs in the world are found in Uganda (34.8%) and Botswana (34.6%). In 2019, women made up 30% of the tech workforce in Sub-Saharan Africa, and continue to get access to education and training, they are not only joining the industry in droves but also developing creative goods and services that have far-reaching effects.

Reporting for Global Citizen (2021), the number of survivors of GBV continues to soar: Women in Oceania, Southern Asia, and Sub-Saharan Africa between the ages of 15 and 49 have experienced intimate partner violence at rates ranging from 33 percent to 51 percent, and 200 million women have had female genital mutilation. According to Halim et al., (2023), survivors of violence against women and girls, as well as their families, pay a high emotional, financial, and social price. The World Health Organization estimates that violence against women costs the global economy 3.7% of GDP. A greater focus is needed to prevent GBV because of the resulting loss of productivity and, more often than not, the impact on family financial stability based on women's earnings. The physical health, sexual and reproductive health, and emotional health of women are all negatively impacted by GBV.

According to a study by the United Nations Population Fund Agency, GBV has negative economic and societal effects for men, women, and their children, as well as on families and communities as a whole. Sexual assault against women and girls is pervasive in East and Southern Africa. Twenty percent or more of people between the ages of 15 and 24 in seven different nations reported experiencing sexual violence from a relationship. The Democratic Republic of the Congo, Mozambique, Uganda, and Zimbabwe are the conflict and post-conflict nations with the greatest rates of sexual violence against young adolescents (UNPFA, 2022). Harmful effects on health, including emotional, physical, psychological, economic, and mental impairments, poverty, and social and economic inequalities, are directly attributable to GBV.

The Global Development Research Centre states that, empowering women and girls has long been recognized as an essential part in combating GBV. However, recent research has found mixed results when examining the correlation between women economic empowerment (WEE) programmes and rates of GBV. Research conducted by the Growth, Economic, and Possibilities for Women (GrOW) initiative found that sexual and GBV discourages women from participating in economic and political life. Even if they didn't bring up the topic of standards about such violence, the fact that it occurs so frequently suggests that it is widely viewed as unacceptable by women and some men. Sustainable Development Goal (SDG) 5 aims to "achieve gender equality and empower women and girls," while SDG 8 aims to create "inclusive and equitable growth in the economy, and productive employment" International Development Research Centre (IDRC, 2021). The GrOW Programme emphasizes this commitment by governments to empowering women and girls. IDRC served as the foundation for all countries to pledge to ending GBV by 2030; Kenya was included in this.

Mennonite Economic Development Associates' (MEDA) model for enhancing WEE begins with an in-depth analysis of the social, ecological, and economic setting; the interventions include promoting women's rights, GBV consciousness and prevention, financial literacy, and enhanced access to business and financial services, while addressing GBV for female empowerment relays that all necessitates gender lens investment. Programmes that encourage gender equality in hiring, advancement, and leadership can help lower women's vulnerability to and risk of experiencing sexual and/or domestic violence (MEDA, 2022). The more potential triggers there are, the more severe the phenomenon is likely to be. Capacity building, financing, legal measures, and health intervention programmes are all crucial for Kibra's empowerment.

Women's economic conditions can be improved by access to credit services; as loan amounts rise, more and more of the money is put toward helping women start or expand businesses. They pool their resources and use the money to launch new ventures and grow existing ones, so elevating their economic standing, business acumen, political savvy, organizational prowess, and freedom of movement. Economic empowerment indexes are greater for members who borrowed more money, and more egalitarian societies are being created as a result of women's empowerment (Mengstie, 2022). Women will be more equipped to stand up to GBV after numerous programmes are implemented to strengthen their social, monetary, political, and legal standing.

The United Nations International Children's Education Fund in 2021, testified that gender norms have been known to escalate into violence in every society on Earth. In her lifetime, one in three women and girls will be a survivor of physical or sexual violence. Statistics show that 1 in 5 Malawian girls would experience physical violence, 2 in 5 will experience sexual assault, and 1 in 5 will experience both types of abuse. All forms of assault against women and girls must be eradicated, and this requires a worldwide effort. Together with the United Nations Population Fund, the United Nations Development Programme, the United Nations Women's Organization, and the European Union, UNICEF has launched a programme to not just respond to but eradicate all types of violence (UNICEF, 2021). It is imperative that all nations work together to advance human rights and employ a wide range of empowerment techniques to eradicate this pervasive social phenomenon.

According to a Kenyan non-governmental organization (NGO), majority of the survivors of sexual violence were young women between the ages of 15 and 19 during the COVID-19 outbreak (Anne et al., 2020). However, the government had not made preventing GBV a top

priority, and non-governmental organizations (NGOs) had little resources to help women (Orindi et al., 2020). The justice system did not have the means to deal with GBV cases effectively. Formal judicial services were one of the least used methods, especially in cases of Intimate Partner Violence (IPV), due to factors including lengthy court procedures, exorbitant fees, and the failure to enforce GBV legislation. On average, resolving a case of GBV takes three years (Fernandes et al., 2020). Although official judicial systems were sluggish to respond, efforts were made in response to survivors' cries for help.

Kenya National Bureau of Statistics (2020) Economic Survey 2019 data shows that women only make up slightly more than a third (37%) of the country's wage earners. They are also underrepresented in the fields of information technology (36%), finance and insurance (39%), construction (23%), manufacturing (20%), office and administrative support (10%), and science, technology, engineering, and mathematics (29%). In addition, women are disproportionately represented in vulnerable occupations (68% compared to 39% of males) and in industries that highlight women's conventional positions in society (58% of women in human health and social work activities and 61% of women in domestic work activities). This is of the utmost importance and demonstrates the need for further action on the broad adoption of gender quotas if the target date of 2030 for achieving gender parity is to be met.

Although IPV targeting adolescent girls and young women (AGYW), particularly unmarried adolescents, continues to be a priority demographic for prevention of GBV and survivor-centered intervention, Decker et al., (2022) claim that this is not the case as rates peak. Non-partner sexual violence (SV) was 3% at both the 12-month and 18-month follow-ups, while the prevalence of intimate partner violence (IPV) remained stable at 17% (2020) and 18% (2021). In 2020, 11% of survivors of IPV and 4.6 % of survivors of SV sought help; by 2021, those numbers had risen to

21.7% and 15.4%. The qualitative findings shed light on the ways in which financial strain and curfews contributed to the escalation of violence, the erosion of gender norms, and the existence of other enabling situations. The 'shadow plague' ravaged Kibra without mercy, and in that moment, complete disorientation and panic set in. However, at the advent of COVID 19, the advances made by the Kenyan government and other partners to empower girls and women in the classroom were eroded.

Over two-thirds (73.6%) were aged 15–17 years, and 18% were older than 18 years, according to a study on "Exposure to violence, adverse life events, and the mental health of adolescent girls in Nairobi slums" by Ward et al., (2022). Eighty-plus percent of those who filled out the survey were either currently enrolled in school or planning to do so within the next year. Physical or sexual violence was reported by a higher percentage of 18–20-year-olds (23.7%), non-schooled youth (24.3%), youth with no formal education (27.3%), wage earners (33.2%), and married/cohabitating youth (38.9%) in the previous 12 months compared to their peers (Daniel et al., 2022). Another finding from a cross-sectional investigation conducted by Adu et al., (2022) shows that many demographic and economic parameters, like as location, level of education, married status, age, religious beliefs, and expenditures, are connected with the greater justification of IPV. Intervention measures to address the variables that may accelerate the GBV incidence are required, and these findings advocate for appropriate strategies such as public schooling and empowerment initiatives that target GBV.

According to the study "Assessment of Understanding of Available Gender-Based Violence Measures among Women of Reproductive Age in Kibera Slums" (Wairimu, 2021) found that there was a weak partnership in initiatives to prevent and respond to GBV due to the fact that many organizations were doing the same things and not using the same data on GBV. Citing

Joint Programme on Prevention and Responses to Gender-Based Violence 2017-2020, affirms that those poor investigations, the lack of legal aid for survivors, and insufficient capacity and resources to law enforcement agencies contributed to the delay in prosecuting GBV cases. Thus, this research aims to fill a gap by exploring the influence of empowerment programmes on the prevalence of gender-based violence in Kibra Sub County.

1.2 Statement of the Problem

Gender-based violence has been pervasive in Kibra and Kenya at large, and it does not discriminate based on socioeconomic status, cultural background, or education level. It entails threats of such acts; coercion or arbitrary deprivation of liberty; HIV/AIDS and STIs; unwanted pregnancies; physical and psychological trauma; depression; fear; guilt; low self-esteem; rejection; unsafe abortion; and fatality. Consequently, cultivates issues to survivors that link to poverty, racism, unemployment, displacement, negatively affect people's productivity, and human rights violations, conflict being some structural disparities that require systemic policy changes and urgent interventions.

Some strategies have been implemented by local and national governments as well as non-governmental agencies to reduce GBV in Kibera, but the problem still does not appear to be solved. Bestirred by the above premises, the current research seeks to intervene by analyzing the effectiveness of empowerment programmes in reducing gender-based violence in the Kibra Sub County of Nairobi County, Kenya.

1.3 Research Objective

The primary objective of the study was to explore the empowerment programmes Strategies Mitigating Gender-Based Violence in Kibera Slums, Nairobi County, Kenya.

1.3.1 Specific Objectives of the Study

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

1.3.2 Research Questions

1. How do Capacity Building influence gender-based violence among women in Kibera Slums, Nairobi County, Kenya?
2. How do credit facilities influence gender-based violence among women in Kibera Slums, Nairobi County, Kenya?
3. To what extent do health interventions influence gender-based violence among women in Kibera Slums, Nairobi County, Kenya?
4. How do the legal interventions influence gender-based violence among women in Kibera Slums, Nairobi County, Kenya?

1.4 Research Assumptions of the Study

The study's author concluded that people living in Kibera's slums were cognizant of the dangers posed to women by gender-based violence. While tested on real-world respondents, the same reliability and validity findings that were subjected in advance pilot of the instruments on Association of Sisterhoods of Kenya (AOSK) Center staff residing in other slums hold true with those of the Kibra slums. The study affirmed that reducing GBV against women in Kibera's slums could be accomplished through empowerment programmes and projects. In the end, the study certified that participants were truthful throughout the process.

1.5 Justification of the Study

From the Office of the High Commissioner for Human Rights (OHCHR) (2021) on the occasion of International Day for the Elimination of Violence against Women, where a call for a joint effort by all states for regressive steps that must begin by attempting to coopt the justice system, change or issue new legislation, and curtail fundamental rights and freedoms for women and girls is made. The Constitution of Kenya, adopted in 2010, makes it illegal to treat anyone differently because of their race, sex, age, pregnancy, marital status, health, disability, religion, conscience, belief, culture, attire, language, place of birth, or any other characteristic that cannot be proven to be objectively determined (Constitution of Kenya, 2010). Kibra Sub County, which consists of 5 wards including the slum settlements, was chosen as a site due to symbolic significance for the incidence of GBV that can appeal to other similar contexts. Many scientists visit the site for its variety of interesting sceneries found there, also was easy and problem solving for the researcher to conduct the study in this slum. On the other side, this was done to reduce unnecessary costs that would prompt reorganizations of burdens.

Gender-based violence against women in Kibra Sub County is on the rise, making it all the more important for experts to examine the impact of women's empowerment on this issue. This research aims to examine the effectiveness of empowerment programmes in reducing GBV in Kibra Sub County. Justification for the study lies in the fact that it will provide suggestions that, if implemented, are likely to reduce instances of violence against women in Kibra Sub County and throughout Kenya.

1.6 Significance of the Study

This research will be useful for the women of Kibra Sub County, who have identified the need to combat violence against them by becoming economically independent through empowerment programmes. Depending on their priorities and areas of interest, several groups might find this study to be very relevant. The findings of this study may be used as a guide by local Kibra NGOs to address the prevalence of GBV in the area. These NGOs include Shining Hope For Communities Kibra (SHOFCO), Carolina For Kibera, AMREF Kibera, DREAMS, and CREAW initiatives, FPRJC, among others. Disability Caring Group, Amani for Kibera, Agape Hope for Kibera, Slum Peace and Enrichment Center (SPECS), Kibera Community Empowerment Project, and the Nubian Rights Forum are just a few of local Kibera Community-Based Organizations (CBOs) who may gain insight from this study.

One local NGO called SHOFCO focuses on empowering women and girls through community advocacy platforms, education, and leadership training. Women living with HIV also have access to psychosocial support services and income generation training through the SHOFCO Urban Network programme, which aims to promote community-led development in Kenya's urban slums, new ventures by providing them with resources such as business training (SHOFCO, 2022). CREAW, on the other hand, is a national feminist women's right organization

that collaborates with both men and women to eradicate discrimination based on gender and other types of injustice (CREAW, 2022).

Additionally, may shed light for future academics and researchers who may need to investigate it, this study also contributed to the understanding of how to better manage programmes that aim to empower women who experience gender violence by breaking down existing barriers, fostering a collaborative environment that encourages effective coordination and advocacy, and providing support to GBV survivors. This research was especially helpful for project managers since it highlighted the importance of connecting with other parties involved in the fight against gender-based violence in Kibra Sub County.

1.7 Scope and Delimitation of the Study

The research analyzed the effects of women's empowerment on lowering rates of sexual and domestic violence. Capacity development, financial resources, legal measures, and health interventions, as well as their effects on increasing or decreasing gender-based violence, were all factors included in this study. Both sexes gain from empowerment initiatives, but it is the women whose contributions to national development truly make a difference. Women's empowerment is crucial because it paves the way toward economic parity, ending poverty, and fostering a more just society. Women's full participation in the expansion of both the family and the community is another positive outcome of this investment in women.

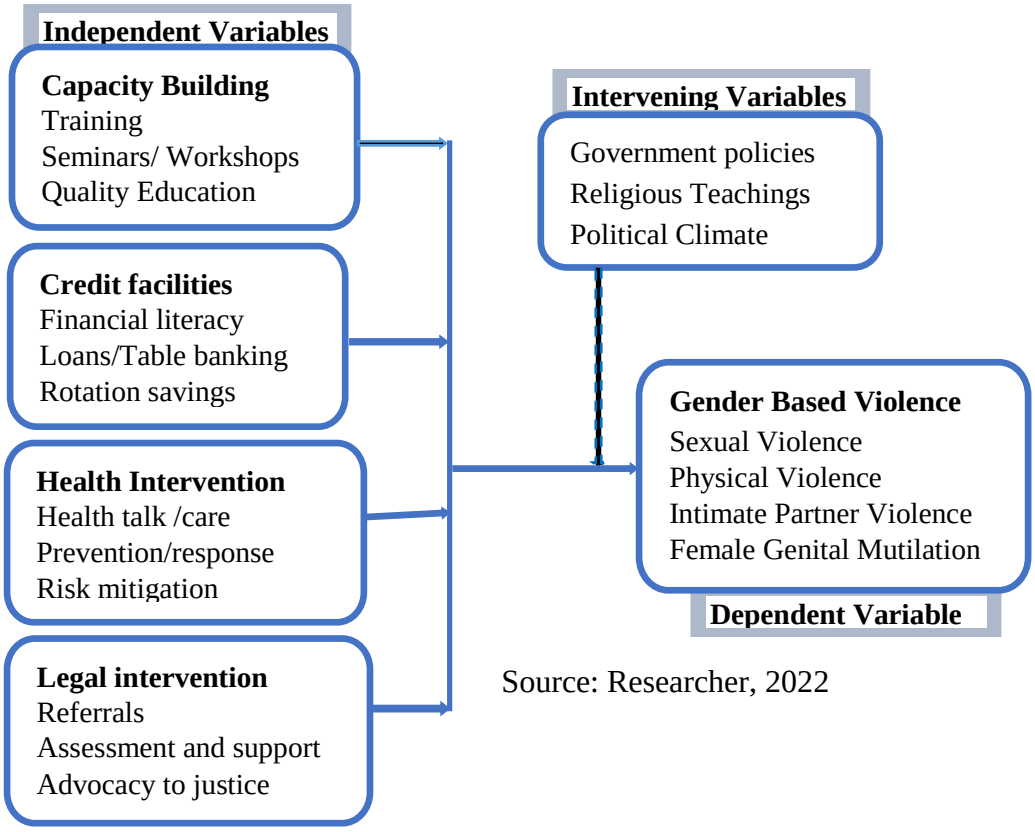
Men were included in the research to learn about their perspectives and experiences with preventing GBV in their communities. The research was conducted in the shantytowns of Kibra Sub County, some of which may include; Kianda, Raila, Gatwekera, Soweto East, Soweto West, Kichinjio, Kisumu Ndogo, Kambi Muru, Mashimoni, and Silanga distributed in the 5 Wards namely, Sarang'ombe, Woodley/Kenyatta, Laini Saba, Lindi, and Makina

1.8 Limitations of the Study

Some respondents in this study were inaccessible to reach reckoning the nature of their jobs, particularly when daytime contact was necessary. A Kibera research assistant with evening availability was appointed to help with this problem. Some respondents' semi-literacy posed a barrier to providing complete answers, this was overcome with the help of translation and direction. Furthermore, the researcher found it challenging to obtain information from all the slums within the 5 wards of Kibera due to the slums' wide extensive. Some respondents were hesitant to give full cooperation pending the delicate nature of the research and fears of retaliation. This was solved by teaming up with a Kibera local assistant free with the residents.

1.9 Conceptual Framework

Figure 1 demonstrates the relationships between independent variables and dependent variable.



Source: Researcher, 2022

Figure 1: Conceptual Framework

Figure 1 from the study explains the correlation between the four types of GBV (sexual violence, physical violence, domestic violence, and female genital mutilation) as the dependent variable and the four types of empowerment programmes (capacity building, credit facilities, legal interventions, and health interventions) as independent variables. Government policies, political climate, and religious doctrine, are the intervening variables. The dotted arrow illustrates the potential for untested confounding variables to have an effect on the strength of the link between the dependent and independent variables. Independent variables and dependent variables are correlated in that the former exerts influence over the latter.

Access to resources and opportunities, such as health discussions and care, assessment, mitigation and support, risk reduction, access to justice, advocacy for quality training and education, job creation, financial services, family possessions, skill development, and market information, were among the programmes that aided in this empowerment growth. Microfinance, economic engagement, financial literacy, table banking, self-help groups, merry-go-round, capacity building, skills training, access to loans from the government, uwezo funds, hustler loans, old-age subsidy, and cash transfer are all examples of interventions that are part of a larger strategy to combat GBV.

Additionally, the capabilities aimed at all members of society to engage in the economy; understanding health issues, and planning frameworks, increase decision-making rights, access social justice, and control one's own life, among others to confidently fight GBV and discrimination. Subsequently, the goal was to achieve GBV mitigation and highlight the significance of gender-inclusive growth. Last but not least, this research shows that the prevalence of GBV can be reduced in the Kibra circumstance by the empowerment of men and women through various programme techniques, as shown by the conceptual framework.

1.10 Definition of the Key Terms

Capacity Building: it means that a person is empowered to improve their quality of life.

Credit facilities: in this study, meaning having a solid foundation from which to respond to the adverse occurrence, both in terms of knowledge and access to accessible resources.

Empowerment: the process of gaining the information and abilities necessary to live a fulfilling life through formal education, informal learning, and/or workshops.

Gender-Based Violence: It's a term used to describe situations where people's rights have been violated because they were denied access to basic resources and education.

Gender: In this setting, people are typically classified as male or female depending on cultural norms prevalent at their area of residence.

Health Intervention: means making sure that everyone has the emotional and physical resources they need to thrive.

Influencing: In the context of this research, this term means "achieving mastery" over an issue that affects women. That the procedures for teaching are outlined in detail.

Legal intervention: means to an end, one must know what questions to ask on a daily basis in times of crisis in order to attain justice in favor of a known interest.

Programme: meaning a strategy and the weaving together of related goals.

CHAPTER TWO

LITERATURE REVIEW

Introduction

In this section, the study laid forth the theoretical framework for the investigation and conducted a comprehensive literature review. The review of literature provided a foundation for understanding on the topic at hand by summarizing the results of previous studies and highlighting the similarities and differences between the two sets of findings through the use of statistics. Empowerment programmes for women and strategies for reducing the prevalence of GBV against women are the subjects of this literature study.

2.1 Theoretical Framework

Ecological Theory and the Empowerment Theory provided the foundation for this research, and both are discussed here. Given the GBV and empowering tactics in describing, forecasting, and managing such phenomena, the focus was on defining the relation among them. The Empowerment Theory is the major underpinning indicator that finds its source in the system namely the Ecological Theory.

2.1.1 Ecological Theory

Urie Bronfenbrenner first proposed the ecological theory in 1993; since then, it has been expanded upon and revised by a number of scholars. Using the ecological theory of Bronfenbrenner (2005), this research shows that while violence is an assault in the ecology of townships and slums, it is also an integral aspect of survival. People's perceptions of social norms are rearranged by the laws of violence such that it is not questioned but rather dreaded and dealt with tactfully. Therefore, it is also a sociological theory that uses a social ecology method

to illustrate GBV's lived experience and application, with the notion that showing how GBV is seen by society can help inform our understanding of how best to respond to incidents of GBV. According to Oduro et al. (2012), ecological theory is concerned with "the role of the social environment in which people live and how it affects their behavior," specifically in situations where overlapping ecosystems have an impact on human growth. Women of all ages are especially vulnerable as a result of the effects of slum living, as pointed out by Kiwala et al., 2009. Constant overcrowding in living quarters, a lack of privacy and security, anger and frustration over a lack of money, food, and work that seeps into family relationships, and violence associated with substance abuse are all factors that have been linked to an increase in gender-based violence (Vandell et al., 2015). And as a result, women in slums have very little protection, are more likely to be survivors of personal violence, and are more likely to become infected with diseases like HIV/AIDS.

Verdict on Ecological Theory's Validity: Changes in both individual behavior and the surrounding environment are possible factors to this theory. It makes it possible to consider how one's character traits interact with their surroundings (Bronfenbrenner, 2006). Those in need can also benefit from the theory's ability to help them learn about the many elements that can affect their health. They can learn to strike a good balance between their own actions and their immediate surroundings. Vaccinations and checks once a year are only two examples.

Criticism in ecology Theory: Network experts, as cited by Neal and Neal (2013), have recently questioned the validity of the concept of nesting in ecological systems theory. Each system is shown within another, creating a hierarchical structure. It's possible that "nested" is not the best way to think about the interconnectedness of the many systems, though. Ecological systems theorists would view activities as a type of policy that falls under the umbrella of activities. In

contrast, a network perspective would view these as two separate systems that emerge in different contexts.

Ecological theory's applicability to this subject is bolstered by the fact that doing so necessitates proving that sexism and racism are not the only factors at play. Yet theory is not limited to many different disciplines for example, developmental psychology and sociology Again, this ecological theory is relevant to the current investigation because it shows the significance of environmental influences on the development of individuals and communities by explaining how, in a place like Kibera, there are overlapping environments that influence the progress of the people who live there.

It argues that your upbringing has an impact on every facet of your life, but it doesn't offer an explanation for how someone raised in a bad environment can make it out alive and even thrive, especially in areas like ending violence against women and girls and examining the connection between identities of gender and male power relations. Because of the complexities of human development and the lack of adequate interventions and evaluations to protect people and respond to violence, this theory has a wide range of application. For one, it serves to inform various actors that various programmes for intervention are needed on GBV mitigation, the shifting of social cultural norms, and the application of various types of evaluation models in Kibera.

2.1.2 Empowerment Theory

Empowerment is rooted in Marxist sociological theory and has historical ties to American community psychology via social scientist Julian Rappaport in 1995. Individual happiness is said to be tied to the larger social, economic, and political climate in the empowerment theory proposed by Zimmerman (2000). The empowerment idea also encompasses "empowerment"

focused interventions that seek to raise people's standard of living, address pressing social issues, provide people with the resources they need to expand their horizons professionally, and encourage them to work together in teams. References to the work of Zimmerman and Warschausky1998 on the relationship between organizational health and community vitality. When applied to the level of an organization, this broad framework suggests that empowerment may include procedures and frameworks that encourage member participation and boost the efficiency with which the organization achieves its objectives. In this context, empowerment may refer to community-wide efforts to enhance residents' quality of life and to the networks formed between various community groups and government institutions. But empowerment at the organizational and community levels is more than just the sum of its parts. The professional's role in connection to the population being served is rethought in an empowerment strategy for program design, implementation, and assessment (Zimmerman, 2000).

Scheyvens (2009), on the other hand, has divergent views on the empowerment movement. According to his definition, empowerment occurs when people work together because they share similar values and goals for their communities. Involving all members of society and encouraging them to work together to find solutions to planning problems and determine what needs to be done to improve the community are key components of the empowerment process in community development. When the proceeds are fairly distributed among the community members, empowerment can occur (Scheyvens, 2009).

Empowerment theory's strength: This thesis firmly proves that for a society to progress, its members must avoid being kept in the dark and deprived of empowerment programmes, which would otherwise inspire more dedication to one's work, greater creativity, and greater production. An individual's strengths are emphasized above their weaknesses in the

empowerment idea. In this method, the client is seen as an active participant in the aid process, contributing their own insights and aims. In many empowerment-based treatments, clients and professionals work together in making decisions about what they want to achieve and how they may best get there.

Critics of empowerment theory say it overgeneralizes complex social problems by putting the onus of change on the individual, which they see as a flaw of the approach. They argue that poverty, racism, and sexism are structural disparities that require systemic policy changes rather than individual action alone. While empowering individuals may result in short-term improvements, this may not convert into lasting systemic change if the underlying causes of injustice are not also addressed.

Theoretical Justification: Empowerment theory is applied to promote the well-being and autonomy of individuals, organizations, and communities; this is especially relevant in the Kibra situation, where women live in abject poverty and face gender discrimination, inequalities, and socially oppressed people through child marriage and other crimes like raping, killing, and humiliation. Empowerment theory, which is grounded in values like as participation, cooperation, advocacy, and self-determination, aims to provide individuals with the tools they need to address GBV in their communities by improving their access to information, training, and support for individual, group, community and political power. The women and children who, for instance, make up the bulk of GBV survivors in Kibra Five Wards can benefit from this idea.

2.2 Empirical Review

The literature review provides a more in-depth explanation of the works that adequately cite the topic under examination. Thus, careful attention was paid to citing sources so that they were all properly contextualized.

2.2.1 Capacity Building and Gender-Based Violence among women

The lives of millions of women and children are negatively impacted by male intimate partner violence, and a recent worldwide survey and findings back this up as a global public health crisis. Compared to high-income countries, low-income countries have a higher lifetime incidence and an even more pronounced past-year prevalence. Countries are not on track to reach the objectives contained in the SDGs, and progress in reducing violence has been modest (Sardinha et al., 2022). Campaigns over brief introductory sessions for targeted audiences, seminars and training, lectures, and specialized courses are only some of the methods the European Commission suggests for developing awareness and bolstering ability in the area of gender equality (European Commission, 2021).This research finds that women's low educational attainment and inadequate income puts them at risk for GBV, suggesting that efforts to raise awareness and create capacity should focus on enhancing people's knowledge and skills to deal with problems of gender equality. Then, it's imperative that women receive more advanced degrees of training and empowerment, disseminating knowledge that will hopefully lead to a worldwide decrease in gender violence.

As asserted by Jungari et al., (2022), that an estimation of about one-third of women living in urban slums in India are subject to recurrent violence in their lifetime. Further, the studies conducted show the standard protocol for systematic reviews and meta-analyses, alcoholism on the part of the husband, low levels of education for both women and men, dowry concerns, age differences between spouses, and the termination of a prior pregnancy were recognized as key risk factors for violence, and included prevalence any form of violence which ranged from 15% to 59.3%. These comments address global problems, such as those in Sub-Saharan Africa and

East Africa; all must stress how crucial this is to advancing sustainability and enhancing living standards in Kibra.

It was stated that majority (77.9%) respondents showed work decreased due to government restrictions or GBV services being deemed non-essential, and overwhelmingly in agreement (99.3%) in a cross-sectional online survey of people who work in GBV prevention and response in Kenya, Uganda, Nigeria, and South Africa in 2020. The various services were community-based prevention, shelters, and legal services, nevertheless the GBV prevalence identified adolescents and women with disabilities as particularly vulnerable groups (Roy et al, 2022). Epidemics and other complex emergencies historically have had a disproportionate impact on women and girls, increasing their vulnerability to GBV and perpetrators took advantage lending the survivors helpless, extreme poverty and inflexible conditions.

In Kibera, for example, survivors of GBV who sought recourse faced widespread impunity, a lack of knowledge and negative attitudes from service providers, and cumbersome, overly regulated processes because of a lack of trainings and workshops and a failure to systematically address GBV. United Nations Office of Drugs and Crime (UNODC, 2020) states that addressing gender-based violence requires a focus on strengthening capacity for the collecting and analysis of relevant data on crimes, which includes victimization surveys and data gathered by police, prosecution services, or the judiciary.

United Nations Population Fund Agency (UNPFA, 2022)), both as a stand-alone dedicated area and as a mainstreamed approach, affirms that gender equality, with a focus on women's and adolescent girls' empowerment in all programmatic and intuitional engagements enhanced through; technical capacity building; community mobilization to eliminate discriminatory gender; Increased multi-sectoral capacity to prevent and address gender based violence using a

continuum approach with a focus on advocacy, data, health and health systems, psychosocial support and coordination; Strengthened response to eliminate harmful practices, including child, early and forced marriage, female genital mutilation, son preference; community mobilization and male engagement in the prevention of all forms of gender based violence and harmful practices; Promote gender norms transformation to address gender discriminatory norms, by building the capabilities of girls and women to claim their rights, and enabling men and boys to challenge gender norms and enjoy more equitable relationships.

Increased in adult literacy, school enrollment, and rates of progression to technical colleges and higher education are just a few of the many goals that will be supported by the Kenyan government in order to bring about the necessary transformations. This criterion assumes that effective measures are made to improve the growth and development of the county, such as incorporating early childhood education into primary education, revamping secondary curricula, and modernizing teacher training.

For Gibson et al., (2019) study "Resilience and Social Cohesion through the Lens of Residents in a Kenyan Informal Settlement," in Kibra, stresses that the emancipation of women leads to new dynamics within the community, while education may lead to an improvement in the environment as infrastructure is improved. Social workers who seek to empower all members of society should not let the prospect of change deter them from acting on their knowledge of existing programmes and tactics and community influencers and from their willingness to learn from programme participants as their initiatives develop. Lack of formal elementary, secondary, and university education as well as training, seminars, and workshops is another factor that contributes to the spread of GBV.

2.2.2 Credit Facilities and Gender-Based Violence among women

Tutoring in basic literacy and numeracy, guidance on revenue-generating endeavors, cash transfer programmes, and schemes for credit and saving are all examples of the ways in which civil society and United Nations partners work with governments to empower women and girls economically and socially. The promotion of life skills through tools such as our Adolescent Girls Toolkit, details on where to report sexual exploitation and abuse, and information on how to receive aid are all examples of social empowerment efforts. Clinical health services, dignity kits, psychosocial support, and safe spaces are essential for survivors to seek care and protection during numerous situations (UNICEF, 2022). To effectively combat GBV, community-wide participation in such initiatives is essential.

Yount et al. (2021) conducted a study using propensity-score methods in Bangladesh and found that contrary to popular belief, women's access to microfinance increased their mobility, decision-making power, leadership, and affect in the community without negatively impacting their mental health or vulnerability to GBV. While there was no correlation between microcredit and an increase in intimate partner violence, women who took part in the programme nevertheless faced the strain of repaying loans while juggling other, sometimes unpaid, responsibilities at home. Several studies point to the need for mental health services to counteract the initial stress of participating in microfinance as gender norms shift within households, and the inclusion of components which encourage gender equity within unpaid labor to resolve time burden constraints.

In their study, Wado et al, (2021), used data from Demographic and Health Surveys (DHS) conducted in 27 countries in SSA. AGYW reported IPV in the year before the survey ranged from 6.5% in Comoros to 43.3% in Gabon, also IPV levels were higher in countries in the

Central Africa region than other sub-regions. Although the prevalence of IPV varied by place of residence, education and wealth, with no clear pattern of inequalities. As a result, the goals of microfinance are to help people get out of poverty, strengthen their ability to bounce back from setbacks, and give them more control over their economic lives, especially women.

Sub-Saharan nations looked into the link between micro-credit and family violence via the lens of entrepreneurship. The chances of becoming a business owner will improve if when one join the scheme. The findings point to the possibility that domestic violence can be reduced if more women have access to microfinance so they can start their own enterprises. Even if some forms of domestic abuse are not responsive to microfinance initiatives, they can still be reduced by providing women with access to the law and other institutional support. Women in these states would benefit greatly from access to microcredit, notably through village savings and loan groups (Mwale et al., 2021). In order to intersect with and strengthen gender inequity around the world and in places like Kibra, it is necessary to develop various micro-finance and other financial empowerment measures.

The United States Agency for International Development states that, together with its partners, they work to encourage women's participation in all facets of Kenya's development in order to achieve their development goals. Their efforts were directed toward empowering women economically by expanding their access to finance and expanding their roles in decision-making and policymaking at all levels. Safe places for women and girls where they can be free from gender-based violence were created, and women were empowered to take part in peacebuilding, conflict prevention, and conflict reduction. By use of support expanded approaches for addressing gender-based violence priorities across a range of thematic areas to bring to scale what works, enhance our partnerships, and improve our capacity (USAID, 2022). Moreover, group-based as

opposed to individual services are encouraged through flexible loan payback schedules, allowing women to reap the psychological benefits of group identity active participation and solidarity

Kameri-Mbote and Meroka-Mutua, (2020) used a mixed-method approach to evaluate the access to credit enjoyed by women-owned businesses in Kajiado, Kirinyaga, Kitui, Nairobi, and Nakuru counties. It looked into what factors influence women's access to credit, how widespread use of the Credit Guarantee Scheme (CGS) is among businesses owned and operated by women, and what obstacles and possibilities exist for the scheme's implementation. Women's self-help groups were shown to have contributed to higher household income and a wider range of economic activities, according to their investigation (Philip and Kimaru-Muchai, 2021). Micro, Small, and Medium-Sized Businesses (MSMEs) owned by both men and women as surveyed using both quantitative and qualitative data gathering methods. Thus, the research shows that there have been no previous studies in Kenya that have thoroughly examined WEE in the implementation of CGS.

Risks of GBV rise during and after a crisis, and women's economic and social position suffers as a result. More worries have been voiced by GBV in light of the financing facilities (Bourgault et al., 2021). Small and medium-sized enterprises (SMEs) have struggled to maintain operations in the wake of the COVID-19 Pandemic and preexisting barriers such as insufficient collateral, and a lack of best practices in information management. Indeed, less than 30% of MSMEs rely on bank-sourced financing for working capital. Taking into account the economic upheaval, greater time with potential abusers, financial and social stress, and additional hurdles to help-seeking, the available research suggests an increase in GBV related to an increase in loan taking by women in various situations.

Yet, the study conducted by Nyandieka, (2022) using the descriptive survey with a 5-point Likert scale, the small and medium enterprises (SMEs) were found important subsector for any nation and generally outnumber large organizations and create vast amounts of employment opportunities. The majority are women who contribute to their economies, in Kenya and the world over, with the focus on their access to financial resources on implementation of owned income generating projects, cost of loan, collateral, financial literacy, and small business assistance in Ongata Rongai (Nyandieka, 2022). Women often keep abuse hidden out of shame, self-blame, impunity, and a lack of understanding about services (Wenham et al., 2020), despite the fact that survivors benefit from disclosure, safety planning, and support (Roesch et al., 2020). The results are contradictory, with surveys of rising levels of both domestic violence and interpersonal violence. Further, suggestion is made to policy makers and practitioners to improve the long-term viability of SMEs, also to the government to design policies, methods and, revenue-generating ventures for the area under investigation.

Microfinance, economic engagement, skills training, financial literacy, and encouraging slum dwellers to join many groups like women's groups, rotation savings and credit associations, and to engage in capacity building, either alone or in combination with microfinance-based interventions like loans, Uwezo funds, hustler loans, old-age funds, cash transfers, and so on are all part of the government and non-government programmes in the Kibera region under investigation. However, it appears that little progress has been made in Kibera regarding empowerment programmes as a means to reduce GBV among women. This discrepancy is what the present research aims to address.

2.2.3 Health Interventions and Gender-Based Violence among women

The interventions implemented by USAID and partners to integrate them into programs and activities around the world, as there is an increasing awareness about the importance of mental health and psychosocial support. While poor mental health and psychosocial well-being are not causes of GBV. Consequently, 20 percent of women in a setting experience intimate partner violence, and at least one in every five female, hence, all organizations must train and respond appropriately to disclosures of abuse, including any legal requirements to report the abuse of children or vulnerable adults, and establish referral pathways to professional health, legal, and psychosocial services (USAID,2022). Access to secure housing, firewood, and Water, Sanitation, and Hygiene (WASH) facilities were not given sufficient weight in evaluations in Bangladesh and Brazil, according to a study by Hanley (2019). For this reason, these will focus on referrals and inadequate intervention programmes for tackling GBV and urge the partners including national authorities and civil society to prevent, mitigate, and respond to GBV. A collective action to reduce gender-based violence integration of survivor services into sexual and reproductive health advocacy, health care facilities, policymaking, and programming is an important part of the response is very critical.

When not guided by professionals who have a bird's-eye view of the problems plaguing the community, efforts to challenge established gender roles and the authority they entail can increase the chances of violence against women. Leading organizations like the International Women's Development Agency (IWDA) used the research findings to develop a series of practical tools and materials like the Do No Harm Toolkit (IWDA, 2020) to further research on how to examine gender-based violence in a safe and ethical manner in Caniberra. Therefore, it is essential to raise awareness about the issue and hold discussions and write guidelines that stress

the value of involving all members of the affected communities, especially women and girls, in the planning, design, implementation, and evaluation of efforts to reduce GBV.

Nearly one-third of girls in 30 countries in Sub-Saharan Africa have been married off before the age of 18. This is known as child or forced marriage (CFM). If no deliberate interventions are made, the number of girls who are married off before the age of 18 is projected to rise to 1.2 billion by 2050 from the current annual estimate of 15 million. Community and family concerns about maintaining traditional or religious values like purity, honor, fidelity in marriage, keeping virginity before marriage, and financial security play a role in the practice of FGM/C and CFM. It's possible for the two methods to occur simultaneously or separately (Esho et al., 2022). Therefore, in places like Kibra, where men and boys are seen as powerful and in positions of control over women and can, as a result, commit all forms of violence against women, a shift in traditional norms and beliefs is necessary.

According to the Uganda Bureau of Statistics (UBOS, 2021) citing the 2016 Uganda Demographic and Health Survey, the 2017 Uganda Bureau of Statistics and International Classification of Functioning (ICF), and the 2018 Uganda Bureau of Statistics, harmful practices like child/early marriage and female genital mutilation (FGM) are still prevalent in some parts of Uganda. The studies conducted using the cross-sectional design, survey findings, in Uganda best indicate the correlation between early marriage, sexual debut, and the belief that a formal education does not guarantee a successful future (UBOS, 2021). This is an invitation to all stakeholders to join the fight to eliminate GBV, which occurs in all situations but is under-reported, and is connected with hazardous habits that lead to negative health outcomes but hinder progress toward the goals.

One in three Kenyan women will experience gender-based violence in her lifetime, increasing their risk of physical harm or even death (Gillum et al., 2018). To put it another way, IPV accounts for more than a third of all homicides against women. The Kenya Medical Research Institute ((KEMRI), 2022), in its findings the study observed that most rural health facilities in Kenya including Beyond Zero mobile clinics are insufficiently equipped, have inadequately, understaffed in their capacity to provide quality health services under accelerant services geared towards the implementation of the reproductive and women's health strategies by supporting the development of guidelines, approaches and tools to ensure universal coverage. The purpose of this study was to examine the effects of an empowerment-based behavior change intervention on reducing gender-based violence among young people in an informal community in Nairobi, Kenya.

The types of GBV that are fueled by a confluence of social and ecological elements, such as gender norms that diminish the agency of girls and women while demanding conformity to stereotypically violent and risky masculinity ideals among boys and men. The highest rates of sexual violence and other types of GBV are also found among young women; according to national data, 35% and 47% of young women, respectively, have suffered physical and/or sexual violence, respectively (Kågesten et al., 2021). Coinciding with the author (Kågesten, 2021) echo that in urban informal settlements, where there is often a lack of access to basic services like healthcare and education as well as high rates of poverty and unemployment, violence and crime, and substance abuse, the risk is elevated

Rapid phone-based surveys were used by the Population Council COVID-19 study team to obtain data on knowledge, attitudes, and behaviors among a longitudinal cohort of household heads using the Taskforce strategy. Throughout the epidemic, this cooperation helped shape the

creation and execution of behavior modification campaigns, COVID-19 tracking, and other interventions (Abuya et al., 2021). In addition, the assessment by Mbushi et al., (2022) stated that the COVID-19 school closures exacerbated education inequities, particularly for girls and young people in rural regions, as well as adolescent mental health difficulties, food and economic instability, and violent encounters. The Government of Kenya and non-state actors' COVID-19 response plans were not successful in fully mitigating the effects of school closures on adolescents, teachers, or schools. While many groups work to learn more about the effects and aid vulnerable students, others should back efforts by women living in places like Kibera's slums to get the resources they need to rebuild their lives after being hit by the COVID-19 pandemic.

The SASA Model, which consists of four stages - "Start," "Awareness," "Support," and "Action" with its aims is said to have been used in the Kibra slums to reduce instances of gendered violence against women. The intervention challenges conventional wisdom about GBV in an effort to curb it and cut down on the spread of HIV/AIDS. The intervention model relies on a system of trusted community activists as primary referral sources for incidents of domestic or sexual violence. CREAW worked with two other organizations to implement a programme that aims to improve the lives of women and girls in the few communities of Lindi, Laini Saba, Makina, Kianda, and Gatwekera by raising awareness, providing mentorship, mobilizing residents, and challenging entrenched attitudes, behaviors, and cultural practices (CREAW, 2018). For consistency, this method should think about other communities as well in order to reduce vice in Kibra slums.

To combat the effects of poverty and GBV on women's economic empowerment, Oxfam and DANIDA launched a Covid-response campaign to specifically aid women living in informal settlements (Youth Alive Kenya, 2021). As minimal male involvement in GBV prevention and response is widely believed to be a result of social-cultural conventions, stereotypes, and religious beliefs, it is commonly held that women in Kibra lack empowerment. Social norms, a lack of economic resources, and a lack of access to assistance are all factors that contribute to an underestimating of the prevalence of gender-based violence. The analysis shows that much of the literature evaluated focused on the connection between pandemics like Covid-19 and HIV/AIDs and GBV, but it did not offer health strategies to control the GBV epidemic in Kibra. This study aims to help fill this gap by putting an emphasis on health-related treatments and domestic violence against women in the Kibera slum.

2.2.4 Legal Interventions and Gender-Based Violence among women

Legal interventions, capacity training, and credit welfare appear especially lacking and insufficient in the literature on GBV coordination throughout health. Increased multi-year and flexible funding for GBV throughout situations, funding of dedicated GBV coordination posts in all emergencies, and the establishment of a worldwide network to improve the efficacy of GBV coordination in disaster circumstances are all possible ideas for strengthening GBV coordination. Hence, successful GBV coordination in various circumstances can be further investigated with the aid of the evidence-based methodology given above (Raftery et al., 2022). This calls for worldly leaders coordination to review relevant national legal and policy documents, and examine their organization's own strategic and operational documents to mitigate the GBV.

The prevalence of gender-based violence is alarmingly high in India. There were over 428,278 cases of violence against women in 2021, according to the National Crime Records Bureau. Some examples are female infanticide, dowry-related violence, and acts of physical and sexual assault. Alarmingly, 31,677 rapes against women were reported in 2021 (NaariSamata, 2022). Operations to guarantee quality case and referral channels are in place to ensure all survivors have safe and meaningful access to appropriate, timely, and quality specialist GBV services that suit their unique needs and support long-term rehabilitation and reintegration. Health care, psychological assistance, physical security, and the administration of justice are all considered fundamental in the area of inquiry.

As a result, safe, ethical, and all-encompassing GBV programming requires collaboration amongst a wide range of actors in order to be coordinated effectively. Coordination around the issue of gender-based violence (GBV) helps increase awareness of the problem and encourages consensus on how to address it across humanitarian, national, and local actors (Gender-Based Violence Area of Responsibility, 2019).To effectively prevent and respond to GBV in all its forms, particularly in Kibra, there must be effective coordination and partnerships between various groups, including as religious institutions, communities, businesses, local civil society, national and local government officials, and service providers.

The effects of the COVID-19 pandemic on the sexual and reproductive health of adolescents were investigated by Groenewald et al., (2022). They quickly combed through three databases, looking for relevant literature with an emphasis on Africa. This report helps fill in the gaps in the scant research that has been done on African adolescents. Multiple studies conducted in different nations found that lockdown policies made it more difficult for adolescents to gain access to sexual and reproductive health care. Reports of sexual violence against adolescents also

increased during the lockdown, according to the literature. In their conclusion suggestions are made for how to better care for the sexual and reproductive health of young people in Africa in the wake of the pandemic's unforeseen consequences.

Various policies, plans, and visions were endorsed by the government of Tanzania in an effort to combat GBV. These included the Women and Gender Development Policy of 2000, the National Plan of Action for the Prevention and Eradication of Violence Against Women and Children, 2001-2015, and the National Development Vision 2025 (NBS, 2014). National policy and institutional frameworks, such as the National Strategy for Growth and Reduction of Poverty (NSGRP), reflect the government's efforts to address GBV by including perspectives on violence against women. Literature from Tanzania reveals that legislative efforts have been made to outlaw domestic violence against females and children. Human rights were guaranteed by a charter she signed in Africa. Whether or not such legal frameworks have been put in place to mitigate GBV is unclear from the studies conducted in Kenya, and this is especially true in the informal settlements of Nairobi. This study aims to address this context by assessing the relationship between the existing legal framework and instances of GBV against women in the Kibra area.

More work is also required to ensure that public health responders understand and handle their duties in light of GBV guidelines not being routinely integrated in public health emergencies. Investment is also necessary to ensure that affected people are included in the planning, implementation, and evaluation of risk reduction strategies (Murphy and Bourasa, 2021). Operations will incorporate risk mitigation measures into all planning documents, work plans, and strategies in order to contain the GBV case management services, which require specialized

intervention from a range of service providers in order to meet a survivor's immediate needs and support long-term recovery.

Intimate partner violence (IPV) and domestic violence against women were reported to be common and, in some cases, escalated, during the COVID-19 epidemic in Kenya and Burkina Faso. It is imperative that post-pandemic measures to recover from the spread of COVIDs include both primary preventive and survivor-centered support programmes, such as those aimed at economic empowerment for women. According to data collected and analyzed from a Kenyan setting, IPV is more common than non-partner household abuse (11.5 percent of households vs. 23.5 percent of individuals). There has been an increase in the prevalence of both IPV (33.6% of those with experiences) and domestic violence (26.2% of those with experiences) since COVID-19 (Decker at et. 2022). There is a pressing need to focus on Kenya's recovery and mitigation of GBV widespread due to the country's internal problems, which have resulted in resource-based conflicts, political and ethnic violence, and climate-related crises like drought, locust invasions, floods, and the context of pandemics.

They worked with key stakeholders to develop gender-equitable and inclusive responses to violence against women in Kenya's Tana River and Nairobi counties (Women's Refugee Commission, 2023), and their findings and recommendations are summarized in a policy brief. This research project from 2021-2022 a two-year feminist action worked by key stockholders, showed GBV as global health issue. Many incidences of sexual and gender-based violence have been documented in Kibera's slums over the years, and this problem shows no signs of going away. The violence perpetrated against these women only serves to deepen their economic hardship. The well-being, worth, safety, and independence of its survivors are all put at risk by gender-based violence, which both reflects and maintains existing inequalities between men and

women. It is important that survivors are given the tools they need to seek justice, that both survivors and relief workers are encouraged to report and document incidents, and that any follow-up is handled in a sensitive, discreet, and confidential manner to prevent any further pain.

Over thirty women gather at the Feminists for Peace, Rights, and Justice Centre (FPRJC, 2022) in the informal settlement of Kibra every year for a legal aid camp set up to assist survivors of gender-based violence in gaining access to justice. It operates a shelter for women and girls who have been survivors of GBV and provides them with a variety of services, including monthly support group meetings, legal aid, training in income generating operations, and the distribution of contraceptives, reaching nearly 600 women in Kibera. The Center for the Nurturing of Young Women Leaders provides a safe haven, mentorship programmes, and information on where to receive help in the event of a sexual assault or other form of gender-based violence. However, this has not ended the persistent problem; instead, it calls for ongoing collaboration between community campaigns and government efforts to address the root causes of GBV and find ways to manage, reduce, resolve, and change them.

UNFPA and FPRJC formed a new cooperation in 2020 to aid in the renovation of the rescue shelter, the provision of legal aid, and the promotion of economic empowerment for survivors of gender-based violence (UNFPA, 2021). In summary, Kibra women and girls should not have to give their basic rights to male partners or guardians, e.g., right to sexual and reproductive health. This includes access to the most crucial empowerment instruments needed to improve living conditions, eradicate poverty, and raise awareness on bodily autonomy.

2.3 Summary of the Chapter

In the first scenario, the researcher concludes from a variety of articles and materials that the incidence of GBV as described by different researchers is, for the most part, not different from the area under examination. Therefore, it is essential to place primary emphasis on lessening the severity of GBV in Kibra and elsewhere. To ensure that women and girls, as well as other people, have equal access to economic and political possibilities through increased education and other program activities such as microcredit, income-generating activities, and capacity building.

The focus is on educating and mobilizing the community to address sexual and gender-based violence. Survivors must be actively involved in health programmes to provide them the tools they need to overcome the severe hurdles that some communities place on survivors of sexual and/or physical violence. However, despite the widespread belief that GBV is on the rise even as laws are progressively enacted, all actors including global leaders, national and local governments, and civil society, especially non-governmental organizations (NGOs), are called upon to foster influence through legal interventions. Similarly, Local groups, feminist organizations, religious groups, advocacy groups, trade unions, self-help groups, social movements, business groupings, and coalitions. Finally, in order to increase community-wide engagement in preventing GBV and implementing the aforementioned treatments, it is crucial to jointly derive the investigated evaluation models, such as SASA, MEDA, and others.

2.4 Research Gaps

Using quantitative and qualitative methods, Kameri-Mbote and Meroka-Mutua (2020) investigated the factors that influence women's access to finance for businesses owned by them, such as Micro, Small, and Medium Enterprises (MSMEs). Previous research in Kenya have not

systematically examined what works to empower women during the implementation of CGS, the study found.

Uganda's early marriage rate is associated with both early sexual initiation and the belief that academic achievement does not guarantee a successful future (UBOS, 2021). A lot more research is needed in this area, namely regarding forms and consequences of GBV and measures to empower survivors.

The Women and Gender Development Strategy of 2000, the National Plan of Action for the avoidance and elimination of violence against women and children from 2001-2015, and the National Development Vision 2025 were all endorsed by the government in Tanzania, as confirmed by a study report published by the National Bureau of Statistic in 2011. However, Kenya was not included in this study, and it is unclear whether or if the Kenyan government has also developed legal frameworks to protect women against GBV.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

Introduction

The approach employed in this study is described in the chapter. It was divided into numerous areas, including the research design, site description, research population, and target population, sampling strategies, sample size, data collection tools, data analysis steps, validity and reliability of research instruments, and ethical issues.

3.1 Research Design

Research design is defined by Creswell and Creswell (2018) as the steps taken in conducting an inquiry to collect, analyse, interpret, and present data. A mixed-method embedded design approach, the central concept that qualitative data was nested within quantitative data sources (Hafsa, 2019), study analysed the primary data collected from the respondents' perceptions of different rich insights to premise the current state of women's empowerment programmes and gender-based violence under investigation. Thus, the study chose to collect quantitative and qualitative information simultaneously because there is strength in numbers and there is strength in stories, and vice versa.

3.2 Site Description

UN-Habitat (2021) asserts that Kibera is the biggest informal settlement in Kenya and arguably in the Africa continent. Its population is estimated at 250,000, and has the highest settlement density of any settlement in Kenya. Thus, the facilities in the settlement such as WASH are shared, and this makes the slum highly vulnerable to numerous risks. The residents of the resettlement largely earn their livelihoods from the informal economy, and there are numerous

organizations in the settlement supporting livelihoods. (UN-Habitat, 2021). As a result, this location is favored since it can produce results that can be extrapolated to other circumstances given its figurative rate for the incidence of GBV. With an attractive venture for many scientists to visit and its variety of interesting sceneries found there, was easy and problem-solving for the researcher to conduct the work in this slum, also reduced unnecessary constrained costs that would have prompted reorganizations of burdens, and then freedom employed to a user-friendly language.

Eighty-four percent of families in Kibra, included the Kibera slum as well as surrounding rich estates and is bounded to the south by the Nairobi River, Dam, and the Southern Nairobi Highway/Bypass, have access to a toilet or shower. The Royal Nairobi Golf Club, located in the northeast, has a new and upgraded water supply, while the Ngong Forest and a University of Nairobi campus are to the west. But just 45% of inhabitants use private wells, while 16% purchase their water from vendors. Only 11% of non-slum households (mostly those with higher incomes) have access to piped water (KNBS, 2019).

3.3 Target Population

According to Majid (2018), researchers draw samples from the populations they wish to examine. From the target poppulation of one hundred and seventy-eight thousand two hundred and ninty-four (178 294), the study got sample size three hundred ninety-five (395)**.** One hundred and seventy-eight thousand two hundred and eighty-four (178284), included women and men, selected from the populations of Kibra Sub County's five wards (Sarang'ombe, Woodley/Kenyatta/Golf, Laini Saba, Lindi, and Makina).Three Kibra Sub County authorities, four non-governmental organizations (NGOs), and three community-based organizations (CBOs)

selected as secondary research participants (Kenya Cradle, 2021). This was then figured out in a specified formula for obtaining the sought-after result.

3.4 Sample Size and Sampling Techniques

A statistical technique sampling refers to the process to determine a representation taken from the larger population to analyse (Tuovila, 2020), a random subset and probability sampling was involved in this investigation. Hence, household simple random sampling was used to collect data from women and men in each of the five wards' villages, while purposive sampling was used to identify key informants like Kibra Sub County officials, NGO and CBO representatives in charge of women's empowerment programmes.

Using the method provided by Cochran, (1977) Sampling Techniques, the researcher determined the appropriate size of the sample to collect data from. Using the predicted proportion of the property in the population and the required level of precision, the Cochran formula may determine the optimal sample size.

Cochran's formula is often used in situations when a large population is involved. Given that any expected sample size can tell you more about a small population than a large one, there exists a "correction" that can be applied to the number provided by Cochran's formula in cases where the entire population is tiny.

That's what the Cochrane method:

$$n_0 = \frac{Z^2 pq}{e^2}$$

Where:

n_0 is the required return sample size (n is the sample size),

e is the desired level of precision (i.e., the margin of error),

p is the (estimated) proportion of the population that has the attribute in question,

q is 1 – p. The z-value is found in a Z table (value at reliability level).

$$\frac{((1.96)^2\ (0.5)\ (0.5))}{(0.05)^2} = 385$$

That's why the study was confident in this results after surveying just 385 randomly selected households. The following formula was used to determine the sample size in each of the five wards by division out of a total population of: Ward, Population, Calculate, then determine the number of female and male participants in the study: for instance, Sarang'ombe: 54347/178284*385 (118), in that order for Woodley/Kenyatta; Laini Saba; Lindi and Makina

Table 1

Sample Matrix

Category	**Pseudonyms**	**T/population**	**S/Size**	**S/Technique**	**D/Collection**
5 Wards (Women/Men)	PK 1	178284	385	Simple random	Questionnaires
Sub-County Officials	PK 2	3	3	Purposive	Interview
CBOs Officials	PK 3	3	3	Purposive	Interview
NGOs Officials	PK 4	4	4	Purposive	Interview
Total		**178 294**	**395**		

Source: Statistics, (2022)

3.5 Data Collection Toos

Data was gathered with the help of interview guides and questionnaires. These methods allowed the researcher to combine and triangulate qualitative and quantitative information. Study objectives and indicators were used to inform the development of the questionnaires.

3.5.1 Research Questionnaire

A questionnaire is a set of questions or other objects designed to elicit information about a respondent's beliefs, behaviors, or experiences. Quantitative and qualitative data can be gathered with the help of questionnaires (Pritha, 2021). Primary data was gathered through the use of a research questionnaire that had both open-ended and closed-ended questions. A research

questionnaire is a reliable method of gathering this sort of descriptive information. The approach was both cost-effective and time-efficient, as it was possible to contact a sizable representative sample and elicit a wide range of opinions and judgments on the issue. The questionnaire consisted of five parts: the first covered respondents' demographic data, while the next four dealt with the study's objectives.

3.5.2 Interview Guide

Interviews, a type of qualitative research that relies on the participant being asked a series of questions, were employed in this study. In an interview, there are at least two people, one of whom acts as the questioner (Tegan, 2022). Key informants, including members of Sub County officials, NGOs, and CBOs in charge of women's empowerment programmes in Kibra, the interview guide was administered by researcher to obtain the primary sources.

3.6 Data Analysis Techniques/Procedures

In order to find actionable insights in large amounts of data, data analysis entails organizing, modifying, and modeling the data (Johnson, 2022). Extracting actionable insights from data and basing decisions on those insights is what data analysis is all about; doing so helps keep usage statistics decision-making risks to a minimum. The researcher followed a technique to arrange and clean the data from the field that would assist mitigate the inherent risk of decision-making and yield more fruitful insights and statistics. Pearson's chi-square test was performed to evaluate if the data significantly differed from the expected value (Turney, 2022). Using the computer program Statistical Package for the Social Sciences (SPSS) version 25, descriptive statistics were applied to the quantitative data. Various kinds of graphs and tables were used to display the results of the data analysis. Thematic analysis of content, a method for assessing qualitative data

in the collection of text, was used; in an interview, the investigator thoroughly studies data to uncover common themes, subjects, concepts, and patterns of significance that recur (Jack, 2019).

3.7 Reliability and Validity of Research Instruments

When assessing the same construct over time or across numerous administrations, a reliable instrument will dependably yield the same score. All else being equal is necessary for scores to remain stable over time (Al Jaghsi et al., 2021). When results are consistent throughout time, between observers, and within the test itself, they can be replicated if the study is repeated under the same conditions.

When discussing research methods, validity relates to how well certain methods actually measure their target variables. A high level of validity in research indicates that its findings are commensurate with the actual traits, characteristics, and variances present in the real world. The degree to which the outcomes accurately reflect the targeted variables. The next step is to compare the findings to previous research and other indices of the same topic to see how well they fit together. If a test yields consistent, trustworthy results, then it can be considered a valid measurement (Fiona, 2019).

This method assumed that Cronbach's alpha = 0 as a straightforward guidance for the internal coherence of the research equipment for a single coefficient alpha test. Using SPSS, researcher calculated how well each instrument performed; if the rate fell between 0.7 and 1, the instruments were accepted; otherwise, will alter them and try again (Moshki et al, 2020). However, a larger sample size could be justified by making the Cronbach's alpha coefficient greater than zero under the null hypothesis. When comparing two Cronbach's alpha coefficients, a higher sample size was required to detect smaller impacts (Bujang et al., 2018). Cronbach's

alpha was commonly used as a gauge of scale dependability since it quantified the degree to which individual items correlated with one another.

Table 2

Reliability Test

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	Number of Items
.990	.993	18

Sources; (Field Data, 2022).

Cronbach's alpha was used to evaluate the consistency of the two collections of scaled objects. Correlation values of 0.990 and 0.993, as shown in table 2, are significantly higher than the nominally accepted norm of r= 0.05. Cronbach's alpha values over 0.7 indicate sufficient internal consistency. With a range from 0.990 to 0.993, the values were all higher than the minimum and maximum allowed, validating the questionnaires' status as reliable data collectors. Crutzen and Peters (2017) agreed, stating that while 0.65 - 0.80 is good, values of 0.90 and above are remarkable, 0.80–0.80 is outstanding, 0.70–0.80 is acceptable, and 0.60–0.60 is poor. Cronbach's alpha scores of 0.90 or higher indicated very strong internal consistency in the reliability test statistics generated by this study.

3.8 Ethical Considerations

The importance of conducting research ethically cannot be overstated. This scholarly investigation was approved by the National Commission for Science, Technology, and Innovation (NACOSTI) after the researcher obtained an approval from the Catholic University of Eastern Africa's (CUEA). The researcher sought permission the sub-county administration before proceeding to the filed. Dooly and Moore (2017) state that the researcher respected the subjects' right to anonymity and confidentiality. The participants' identities were concealed through the

use of pseudonyms, parental permission for minors' participation was sought, also all were informed of the study's goal and that data was for academic purposes.

CHAPTER FOUR

DATA ANALYSIS

Introduction

Methods for assessing, displaying, and interpreting information gleaned through surveys and interviews are presented in this section. This section explains how the data was analyzed, including the use of cross-tabulation tables, numbers, and percentages. According to the goals of the study, the data was examined and evaluated. Kibera Slums, Nairobi County, Kenya: Presentation of Primary Data on Empowerment Programmes and Gender-Based Violence.

4.1 Response Rate

From the five Wards of the Kibra sub-county, a total of 395 participants participated in the study, of the 385 questionnaires sent out by the researcher, 15 were never returned. In total, 370 questionnaires were reviewed for this report. This comprised 96% of all questionnaires sent out, and of the 10 key informants originally slated for interviews, 8 were completed, for an overall response rate of 80%. As suggested by Aaron et al., (2019), the indicated rates were statistically significant above the 50% cutoff. The percentage confirms the significance level, showing the certainty in the genuine population whose result falls inside the error margin. All participants did an outstanding job, demonstrating excellence in participation, which is a valid answer in the social sciences (Aaron et al., 2019).

Table 3

Response Rates

Response	Frequencies	Percentage
Questionnaires		
Returned	370	96
Not returned	15	04
Sub-total	**385**	100
Interviews		
Turned up	8	80
Unavailable	2	20
Sub-total	**10**	100

Source: Author, (2022)

4.2 Demographic Information

This section contains some background on the people who filled out the questionnaires, including their gender, age, marital status, level of education, occupation, religion, and annual household income.

Table 4

Respondents' Socio-Demographic Characteristics

Class/Item	Category	f	%
	Makina	51	13.8
	Laini Saba	59	15.9
Ward of Residency	Lindi	76	20.5
	Woodley/Kenyatta/Golf	70	18.9
	Sarang'ombe	114	30.8
	<2 yrs	20	5.4
	3-5 yrs	25	6.8
Years of Residency	6-8 yrs	110	29.7
	9-11 yrs	120	32.4
	>12	95	25.7
	<25 yrs	50	13.5
Age	26-35yrs	100	27.0
	36-45 yrs	60	16.2
	46-55 yrs	85	23.0
	>56	75	20.3
Gender	Female	200	54.1
	Male	170	45.9
	Married	100	27.0
	Separated	82	22.2
Marital Status	Divorced	60	16.2
	Single	88	23.8
	Widow/Widower	40	10.8
	None	3	0.8
	Adult Education	10	2.7
	Primary	140	37.8
Education Level	Secondary	104	28.1
	Vocational Training	50	13.5
	Bachelor's Degree	50	13.5
	Master's Degree	10	2.7
	Doctorate	3	0.8
	Unemployed	150	40.5
Occupation	Self Employed	140	37.8
	Employed	60	16.2
	Peasant	20	5.4
	< 1000	120	32.4
Income Levels	1001-5000	110	29.7
	5001-10000	90	24.3
	>100001	50	13.5
	Christianity	240	64.9
Religious Affiliation	Muslim	125	33.8
	None Affiliated	5	1.4

Source: Author, (2022)

This subsection aimed to break down the respondents into the five Wards that make up the Kibra sub-county. Age, gender, marital status, education, occupation, income, and religious affiliation were among the demographic factors considered.

Residential: Sarang'ombe ward had the most respondents (114, or 30.8%), followed by Lindi (76, or 20.5%), Woodley/Kenyatta/Golf (70, or 18.9%), Laini Saba (59, or 15.9%), and finally Makina (51, or 13.8%). This indicates that there were plenty of homes in Sarangombe, hence new data from this sample was anticipated.

Age: The respondents' ages are also presented in the table: 13.5% were under 25, 27.0% were between the ages of 26 and 35, 16.2% were between the ages of 36 and 45, 23.0% were between the ages of 46 and 55, and 20.3% were aged 56 and up. The age range of the respondents, 36-45, indicates an active phase of life for the average person who took part in this study.

Gender: The gender breakdown of responders was also shown, with women making up 54.05 percent of the sample and men 45.95 percent. Participation from a higher proportion of females than males may reflect the fact that women are more likely to be the direct targets of GBV. The study's inclusion of both sexes creates the appearance that men are more frequently mentioned as perpetrators of GBV, suggesting that women's empowerment initiatives should focus on addressing this issue.

Marital status: Based on the results, married people make up the largest share of respondents (27%), followed by the single with 23.78%, separated with 22.16%, divorced with 16.23%, and widow/widower with 10.10%. Married respondents make up the bulk of the sample, and domestic violence is concentrated among married respondents in this study. However, it is shown that some of them have had GBV even if they were not married. In actuality, it is obvious that every human nature is susceptible to GBV regardless of the marital status of the survivor.

Education Levels: The breakdown of respondents by educational attainment is also shown by the analysis. The majority of respondents had only completed elementary school (33.84%), followed by secondary school (28.11%), vocational training (13.51%), and then a bachelor's degree (13.51%). Doctorates were earned by only 0.81 percent of the population. Adult education and master's degrees were equally dispersed at 2.70 percent. While some respondents had completed elementary or secondary school, the vast majority had not progressed beyond that level of education. This demonstrates how inadequate the rate of empowerment through education is in Kibra. The responses suggest that persons with higher levels of education are more likely to be involved in economic empowerment. This is especially true for those with vocational training. Therefore, the focus of the present research is on the part played by empowerment programmes in the fight against GBV.

Occupation: An additional analysis of respondents' professions shows that 40.54 percent are unemployed, 37.84% are self-employed, 16.22% are employed, and 5.4 percent are farmers. This highlights the importance of participation in the labor market, as half of the respondents are not participating despite being self-employed.

Income Levels: The majority of respondents (32.4%), those with incomes between $1001 and $5,000 (29.7%), those with incomes between $5,0001and $10,000 (24.3%), and those with incomes of $100,001 or more (13.5%) were surveyed to determine their income levels. This shows that survivors of GBV have little financial resources, which leaves them open to a variety of forms of abuse. This suggests that the majority of Kibra residents who are low-income are also able to have an impact on the incidence of GBV. On the other hand, the fact that women make up the bulk of respondents shows that women are economically empowered, which threatens men and has the potential to mitigate abuses against them through women making an

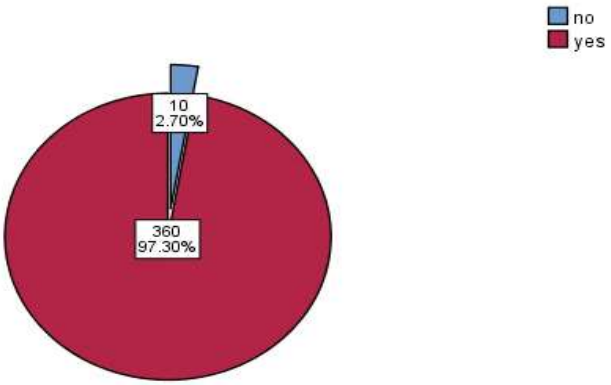
informed choice, men's inability to take part in the empowerment initiatives and produce income activities, subjecting them to GBV, and to a greater extent, tolerating violence.

Religious Affiliations: At this point, 240 (64.9%) of the respondents identified as Christians, 125 (33.8%) as Muslims, and 5 (1.4%) as non-religious. The results of the study imply that Christians were the most numerous demographics. The study's findings suggest that a failure to adhere to religious teachings in this society could hasten the spread of the phenomenon.

4.3 Capacity Building and Gender-based violence among women

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

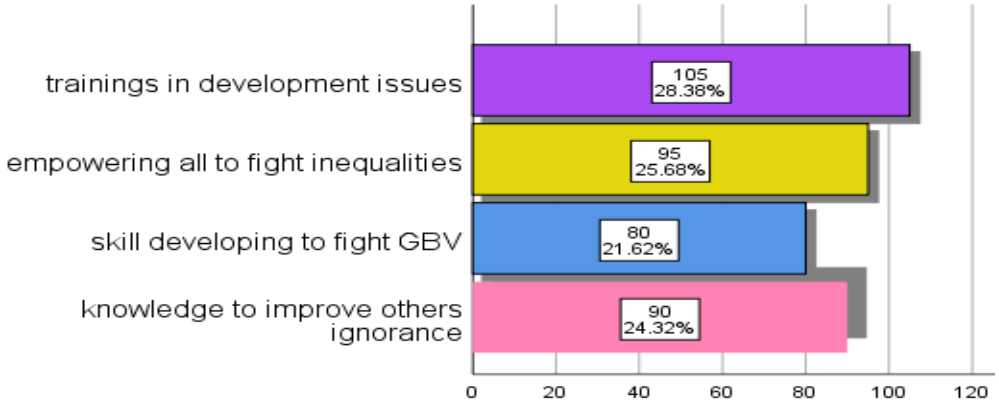
Figure 2: Capacity building counts to GBV



Source: Author, (2022)

Figure 2 shows that nearly all respondents (97.3%) agree with the statement, while only a small percentage (2.7%), disagree. Therefore, it demonstrates the importance of women's capacity building in preventing GBV. This indicates that this problem will be less likely to arise in Kenya, and in the Kibra sub-county in particular, if people make use of the capacity development empowerment that is available to them.

Figure 3: Explanation on capacity building and GBV



Source: Author, (2022)

Figure 3 shows how respondents feel about the claim that GBV is necessary for capacity building. Most respondents (28.38%) said they had received training in development issues to help them deal with GBV; another 25.68 percent said they had been empowered to take action against inequalities; 21.62 percent said they had learned skills that were crucial to their success in combating GBV; and 24.32 percent said they had learned facts that would help them educate others about the problem. The research found that numerous initiatives, such as training and development, have shown considerable improvements in the fight against GBV, suggesting that capacity building has played a crucial role in this effort.

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

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

Training programmes for the community should focus on policies for preventative measures, interventions to create capabilities for coping with GBV addressing survivors, perpetrators, and bystanders, and should target more up-roaring cases. People can be better prepared to respond to

acts of GBV in their communities if they are made aware of it and sensitized to the issues surrounding violence at various levels.

Table 5

Women/girls participation in capacity building reduce violence

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

Source: Author, (2022)

In table 5, it indicated that most respondents (27.8%) reported high, then (23.0%) claimed very high, then (22.2%) were for moderate, (18.9%) affirmed low, and (8.1%) said very low in terms of women's participation in capacity building. Based on the results, it can be concluded that less violence is experienced when women and girls are actively involved in capacity building projects. While the study found that GBV was less common among more independent women, it did find that it affected some of these women. Therefore, more work is needed to engage many players in introducing more community-wide programmes to combat the phenomenon.

Table 6

Participation of many women in empowerment seminars

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

Source: Author, (2022)

The results of the survey asking if more women attend empowerment seminars are presented in Table 6. The results showed that 30.8% of participants rated it as "very high," 28.9% as "high," 6.5% as "moderate," 14.3% as "very low," and 19.4% as "low." The study's findings suggest that in the Kibra sub-county, more women than males attend the empowerment workshops. Although more women are seizing opportunities to combat GBV, the problem persists and urgent actions are required.

Table 7

Access to capacity building programmes by Men

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

Source: Author, (2022)

According to the data in table 7, the majority of respondents selected "low" (25.9%), followed by "very low" (25.4%), "moderate" (24.3%), "high" (15.1%), and "very high" (9.2%). The results suggest that the continued increase in the prevalence of GBV in Kibra in informal communities is due, in part, to the fact that fewer men than women participate in capacity building projects.

Table 8

Sufficiency of Trainings and Programmes in capacity building

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

Source: Author, (2022)

The results of the investigation into the adequacy of capacity building trainings and programmes are displayed in Table 8. The majority of respondents (36.5%), followed by a sizable minority (25.7%), indicated extremely low, while others (20.5%) were for low, 11.9% revealed moderate, and 5.4% confirmed very high. The results demonstrate the efficacy of training and other programmes. However, conflicting viewpoints were also encountered, with some participants being skeptical that current GBV intervention measures go far enough. Therefore, increasing interventions and helping all survivors should be the goal of any solution to the problem of GBV among women in Kibra.

Table 9

List of capacity building and trainings empowerment

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

Source: Author, (2022)

Table 9's analysis showed that most respondents (37.8%) said they had attended workshops or trainings on being a mentor, while 34.3% said they had training on leadership, and 20.5% said they had attended workshops on quality learning and/or land rights and 7.3% attended community forums. This indicates that Kibra is home to some of the best empowerment actions in the country, with survivors benefiting greatly from the accessibility of guidance trainings and workshops. However, in order to truly mobilize the community in response to the effects of GBV, it is essential for bodies and religious associations to get involved.

Table 10

Capacity building programmes by Governmental /NGOs and agencies

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

Source: Author, (2022)

Table 10 ranks various non-government organizations and organizations that provide training and development activities, the agencies run by government were mentioned but only those that obtained criteria got the priority. The highest percentage of correct answers was earned by SHOFCO (25.9%), followed by CFK (24.3%), CREAW (12.7%), and Amani Kibera (9.1%). Additional information was provided by AMREF Kibera (10.8%), DREAMS (9.2%), and Agape Hope Kibera (7.3%). To the best of our knowledge, SHOFCO and CFK were top ranked NGOs in the Kibra sub-county that provide intervention programmes aimed at reducing GBV.

4.4 Credit Facilities and Gender-based Violence among Women

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

Table 11

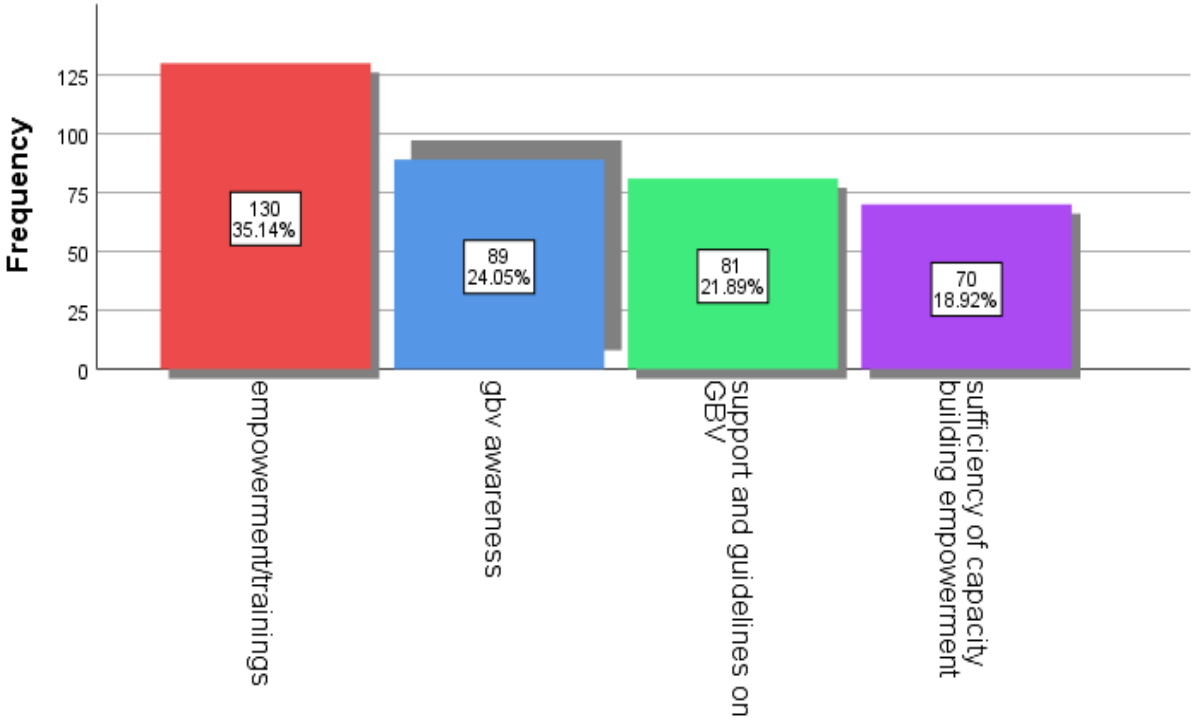
Challenges associated with individual's capacity building empowerment lead to GBV

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

Source: Author, (2022)

Table 11 was used to examined the challenges and barriers that contributed to gender-based violence and was associated with an individual's capacity building empowerment. The majority of participants 42.2% reported the exposure to GBV exploitation, whereas 26.8% blamed inadequate family protection, 17.0% blamed human rights violations, and 14.1% blamed a lack of self-knowledge. Therefore, it is evident that the population of Kibra face a significant issue due to their vulnerability to GBV exploitation. The lack of awareness about GBV concerns among the local population may have contributed to this.

Figure 4: Recommendation to alleviate GBV toward the challenges



Source: Author, (2022)

Recommendations to lessen the impact of GBV were presented in Figure 4. The vast majority of respondents (130, or 35.14%) agreed that there is urgent need sufficient empowerment/trainings, but only 89, or 24.05 percent, stated there is need for sufficient GBV awareness, and 81, or 21.89 percent, reported the need for guidance and support guidelines on GBV, while (70, or 18.92%)

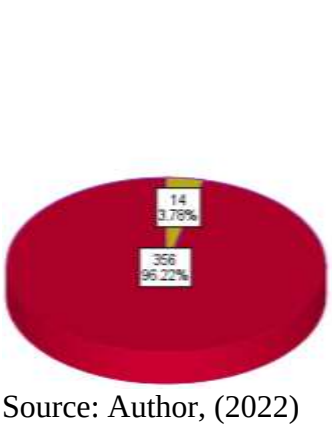
reported sufficiency of capacity building activities. Women and men, both of whom may be survivors of GBV, need access to empowerment programmes and training initiatives if the epidemic is to be contained. Other techniques, such as raising awareness about sexual assault and domestic violence, were also found to be helpful.

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

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

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

Figure 5: Whether empowerment in credit services matter in GBV



Source: Author, (2022)

Asked whether empowerment in credit services matter in GBV, (356), 96.22 percent of the respondents agreed that access to credit services is important in preventing GBV, as shown in Figure 5, while (14), 3.78 percent disagreed. Based on this research, it appears that efforts to combat domestic violence in the Kibra sub-county have focused on expanding access to credit for women's economic development. This suggests that low poverty among most Kibra

households must be the primary cause of GBV and, more crucially, that additional interventions are necessary.

Table 12

Analysis by the given explanations

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

Source: Author, (2022)

According to the data in table 12, which was informed by the argument presented in figure 6, the majority of respondents (29.2%) opted for stable in life to overcome GBV, while the following close response was represented by (28.9%) each for capacity growth in capabilities and the ability to spent resources well (28.4%). Finally, 13.5 percent of people cited input into decision making. Families in Kibra that are financially secure are better equipped to cope with the prevalence of sexual assault and other forms of violence against women.

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

Table 13

Credit facilities Empowerment and GBV against Women and Girls

Statement	1		2		3		4		5	
	f	%	f	%	f	%	f	%	f	%
Women financial literate experience less violence.	55	14.9	59	15.9	90	24.3	109	29.5	57	15.4
Many women participate in credit empowerment.	81	21.9	39	10.5	40	10.8	94	25.4	116	31.4
Men access credit facilities programmes.	92	24.9	122	33.0	32	8.6	84	22.7	40	10.8
Trainings and programmes on credit facilities are sufficiency in Kibera.	101	27.3	84	22.7	64	17.3	106	28.6	15	4.1

Source: Author, (2022)

Table 13 shows that most respondents (29.5% to be exact) agree that financially literate women are less likely to be survivors of violence, while 24.3% are unsure, 15.9% disagree, 15.4% strongly agree, and 14.9% strongly disagree. This suggests that domestic violence is reduced in Kibra households when women have access to stable income. For the community as a whole, credit services in particular should be evaluated, and intervention programmes should be brought up to speed.

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

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

Key informants' perspectives were as shown.

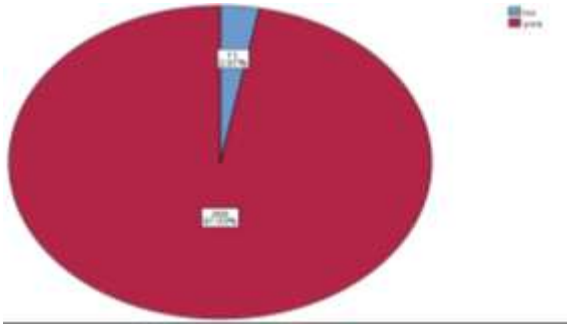
> *"The residents of Kibera are not deprived of accessing the various forms of loans from various agencies in order to establish and grow economically. This will thwart all forms of GBV at large in our society. (PK 2)*

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

4.5 Health Interventions and Gender-Based Violence among Women

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

Figure 6: Availability of health services in Kibera



Source: Author, (2022)

Figure 6 showed that 97.03% of respondents agree that health services are provided in Kibra, while 2.99% disagree. It appears that Kibra has made adequate preparations for dealing with instances of GBV by mobilizing the necessary health resources.

The effectiveness with some health services in the Kibra sub-county at reducing GBV against women and girls, the respondents were asked to rate their level of agreement with these statements on a Likert scale from 1 (strongly disagree) to 5 (strongly agree). A score of 5 indicates complete agreement. The results are shown in table 17.

Table 14

Health services reduce GBV against women and girls

Statement	1		2		3		4		5	
	f	%	f	%	f	%	f	%	f	%
The health care services and awareness contribute to prevention of GBV in Kibra, Kenya, and worldwide	20	5.4	60	16.2	66	17.8	178	48.1	46	12.4
Prevention and Mitigation mechanism in Kibera are sufficient and reduce GBV.	99	26.8	114	30.8	46	12.4	63	17.0	48	13.0
Health guidelines and response health mechanism from actors are timely in emergencies	107	28.9	111	30.0	66	17.8	65	17.6	21	5.7

Source: Author, (2022)

Information on the effectiveness of health services in reducing GBV against women and girls is summarized in Table 14. Based on the results, 48.1% of respondents agreed that "health care services and awareness aid in the preventing GBV in Kibra, Kenya, and worldwide," 17.8% were unsure, 16.2% disagreed, 12.4% strongly agreed, and 5.4% strongly disagreed. Awareness and health care services are shown to be stage-managed remedies to GBV in the Kibra area.

Results also showed that 30.8% of respondents did not think that GBV is being effectively prevented and mitigated in Kibera, with 26.8% strongly disagreeing, 12.4% expressing uncertainty, 17.0% agreeing, and 13.0% highly agreeing with the statement. This suggests that Kibera's mechanism for preventing and addressing GBV concerns is insufficient, and it urges the appropriate authorities to take action and revive empowerment activities to combat the scourge.

According to the data, 30 percent of respondents didn't agree that "health guidelines and reaction health mechanisms from actors are timely in emergencies," while another 28 percent were strongly disagreeing, 17 percent were unsure, 17 percent agreed, and 5 percent were very agreeing. Health policies and health response mechanisms are not being implemented quickly enough by the necessary bodies to prevent and respond to GBV. There's obviously some tweaking to do here.

> The findings presented from the qualitative analysis indicated that;
>
> *"If the stakeholders concerned can screen the workshops on interventions to empower and train community since many people lack knowledge thus, need education on what to do especially when one become GBV survivor" (PK I)*

Health education, campaigning for both men and women on gender equality, and other measures taken to improve people's health and well-being can also serve as a form of self-defense. This includes a strategy to take action against GBV-related dangers within communities and families, and among humanitarian service providers, with the goal of lowering the risk of GBV and

ensuring that survivors of GBV receive quality treatment. Slum residents in both settings will have access to lifesaving, predictable, accountable, and effective preventive, mitigation, and response in emergencies if the programmed measures are put into place.

Table 15

Challenges concerning health factors don't prevent GBV

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

Source: Author, (2022)

Table 15 shows that the most common reasons for not taking action are: a lack of resources (cited by 32.4% of respondents), a lack of collaboration among actors (cited by 25.1%), a lack of awareness/education about GBV concerns (cited by 14.6%), a lack of cultural promotion (cited by 14.1%), and, finally, a lack of empowerment initiatives (cited by 13.8% of respondents). This demonstrates the primary challenge was the lack of funding for GBV prevention and implementation in the health sector.

Table 16

Recommendations help reduce GBV

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

Source: Author, (2022)

The results, summarized in Table 16, show that the vast majority of respondents approve of the current level of empowerment programmes (24.9%), that coordination among actors needs to be improved (23.2%), that cultural norms need to change (17.6%), that more resources need to be made available (17.3%), and that everyone in the community should be educated about gender-based violence (17.0%). Based on this idea, the current research indicates that more and better cooperation between various actors and stakeholders is required. Despite these opportunities to empower people, health problems, poverty, and GBV occurrences rates are still high, particularly in areas far from this implementation.

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

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

Furthermore, it was added that;

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

It was added,

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

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

Another addition,

> "*As one of the actors, able believe in transformative leadership, initiation of programmes that gear up to magnify the visibility of the youth in the slum among others. Also, in implementing a project on issues of sexual reproductive and rights, GBV and urban violence as well as creating community outreach awareness. However, this remains insufficient hence backing from our national leaders is paramount."* (PK 3)

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

4.6 Legal Interventions and Gender-Based Violence among Women

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

Table 17

Awareness on legal empowerment programmes

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

Source: Author, (2022)

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

Findings presentation from the qualitative was as indicated:

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

Inadequate community restrictions, poor safety in public areas, insufficient survivors care, lack of data, a high level of population density, survivor blaming, and survivors' confidentiality violations are all problems in Kibra and the rest of the country's legal and criminal justice

system. Women and kids could also benefit from having systems in place for recognizing, reporting, recording, and referring.

Respondents were requested to rate level of agreement with the following statements on awareness and legal programmes on a scale from 1 (strongly disagree) to 5 (agree). A score of 5 indicates complete agreement. Results are shown in tables that follow.

Table 18
Awareness and legal programmes on GBV

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

Source: Author, (2022)

Most respondents (28.4%) disagreed that GBV has been recognized as culture in Kibera, with the remaining respondents evenly split between those who agreed and those who strongly disagreed, each presenting 20.5% of the sample. Finally, 17.6% of respondents strongly agreed, while 13.0% were unsure. This finding implies that gender-based violence is not universally acceptable in the Kibra community. This is necessary because of the devastating effects that violence has on human life, especially the lives of women and children.

In addition, 33.5% of respondents didn't think that emergency assistance services to survivors were provided quickly in Kibra, 26.5% strongly disagreed, 16.5% agreed, 12.4% highly agreed, and 11.1% weren't sure. The findings confirmed the existence of a lack of immediate support

services for survivors of GBV and the necessity of an empowerment intervention to increase people's capacity to combat this issue.

Further, only a minority of respondents (11.9% were unsure) believed that GBV cases were handled legislatively in favour of survivor in Kibra (27.6% disagreed, 23.2% strongly disagreed, 23.2% agreed, and 14.1% strongly agreed). If we don't put in place the robust structures necessary to eliminate GBV in our society and if legal rules aren't followed appropriately, our society will never be redeemed from its terrible reputation, as the current report reveals.

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

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

> *"Regardless of gender all persons are at risk of GBV manifestations, men, boys and individuals not limited to women and girls alone. Therefore, the actors should focus their risk mitigation, response and protection strategies to empower all peoples to face the cruelty of GBV at all levels in the society and especially Kibra" (PK 3).*
>
> Further information is that;
>
> *"The actors, microfinance, health/legal interventions should offer ways to improve people standard of living and collaborate with all stakeholders to shift the cultural norms that hinder the growth of the community" (PK 3).*

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

Table 19

Challenges affecting handling of the GBV cases promptly

Response	Frequency	Percent
lack of resources/poverty	100	27.0
lack of empowerment/education how to handle the survivor medically	186	50.3
cultural/religious beliefs	41	11.1
lack awareness/ knowledge on GBV forms/effects from coordinated actors	43	11;6
Total	370	100.0

Source: Author, (2022)

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

The qualitative finding was as presented;

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

Table 20

Recommendations that help reduce the prolonged GBV cases

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

Source: Author, (2022)

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

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

Key informants confirmed their positions from the qualitative analysis.

> *"It is all about the slum dwellers who may be at risk on the menace of GBV and who need to access the programme strategies that are in place in large numbers at the readiness of the agencies. Furthermore, the stakeholders need to enhance the unity of their efforts to serve the people at once." (PK 1)*
>
> In addition, it was asserted by the respondent that;
>
> *"Although Kenya embraced the prevention and response programmes that have been successful in other jurisdictions including support for survivors, empowerment programmes, cash transfers, and community mobilization interventions to change unequal gender norms, and extras. Much effort to be administered towards GBV reduction is very crucial." (PK 3)*

4.7 Inferential Statistical Test

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

Table 21

Analyzes the Chi-square test

Empowerment Programmes		Gender Based Violence						
		Sexual violence	Physical violence	Intimate partner violence	Female genital mutilation	Pearson Chi-square: Chi-square	df	P-value
Capacity building	Training	50	0	0	0	539.830[a]	12	.000
		100.0%	0.0%	0.0%	0.0%			
	Seminar	30	70	0	0			
		30.0%	70.0%	0.0%	0.0%			
	Quality education	0	30	30	0			
		0.0%	50.0%	50.0%	0.0%			
Credit facilities	Financial literate	80	70	0	0	658.898[a]	9	.000
		53.3%	46.7%	0.0%	0.0%			
	Loans/table banking	0	30	110	0			
		0.0%	21.4%	78.6%	0.0%			
	Rotational savings	0	0	60	0			
		0.0%	0.0%	100.0%	0.0%			
Health intervention	Health talk	80	100	60	0	279.919a	6	.000
		33.3%	41.7%	25.0%	0.0%			
	Prevention	0	0	110	14			
		0.0%	0.0%	88.7%	11.3%			
	Risk mitigation	0	0	0	5			
		0.0%	0.0%	0.0%	100.0%			
Legal intervention	Referrals	3	0	0	0	569.809a	21	.000
		100.0%	0.0%	0.0%	0.0%			
	Support	10	0	0	0			
		100.0%	0.0%	0.0%	0.0%			
	Advocacy to justice	67	73	0	0			
		47.9%	52.1%	0.0%	0.0%			

Source: Author, (2022)

Correlation rules:

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

Analysis by the capacity building of the respondents shows a degree of freedom (12) and at the computed Chi-square value =539.830, the P-value = 0.000 is less than the Alpha level 0.05. Therefore, there is statistically significance relationship between capacity building and gender-based violence.

In presentation of the analysis on Credit facilities at (df = 9), the computed Chi-square = 658.898, the P-value= 0.000 is less than Alpha value= 0.05. This signifies that the credit facility has statistically significance relationship with gender-based violence.

Statistical test on the health intervention revealed that at (df=6) and the computed Chi-square value = 279.919, the P-value = 0.000 is less than the Alpha level 0.05. Therefore, there is statistically significance relationship between Health intervention and gender-based violence.

Finally, on the Legal intervention, where (df = 21), Chi-square value (569.809) and P-value = 0. 000 is less than the Alpha level = 0.05, indicates there is statistically significance relationship between the Legal intervention in the households, and gender-based violence in Kibra.

4.8 Discussion of Findings

The study examined the effect of capacity building on Gender-based violence among women in Kibra and it was revealed that capacity building, empowering people through trainings and workshops take the greatest chance in dealing with GBV in Kibra sub-county. It was also found that if people access the capacity building empowerment, then chances of this situation encountered in Kenya and more particularly Kibra sub-county will be suppressed. In respect to the result of the research, capacity building has significantly influenced fight against GBV since various actions including training and development has indicated improvements. Similarity in findings with that of Philip and Kimaru-Muchai (2021) who stated that to ensure women's

participation in peace building, conflict prevention and mitigation, narrow gender gaps in education, training, and employment and creating safe spaces for women and girls so that they can live free from gender-based violence. In addition, the report found evidence that women's self-help groups helped increase household income and diversification of economic activities.

The community needs training at various levels of preparedness, intervening in more up roaring cases, to target the training programmes for the community focusing on the guidelines for prevention, interventions to develop skills for coping with GBV regarding victims, perpetrators and bystanders. Through urgent awareness efforts, sensitization on issues related to violence in imparting knowledge and skills in people to face GBV issues. Another finding shows that the prevalence of GVB is not high among the empowered, though some women still face the situation. Therefore, this calls for more efforts to indulge various actors to introduce more programmes to the community to fight the phenomena. In addition, more women participate in empowerment seminars in Kibra sub-county. However, even if more women grab the chances to fight the phenomena, cases of GBV are still prevalent in the area, and serious interventions are needed.

These findings are in similarity with the report of European Commission (2021) that awareness-raising and capacity-building training on gender equality can be delivered in different ways; campaigns over short introductory sessions for specific target groups, seminars and training, lectures, and dedicated courses.

Again, findings show that men barely access capacity building programmes compared to their female counterparts, indicating the reason why the prevalence of GBV is still on rise in Kibra informal settlement, and training and other programmes are sufficient to fight cases of GBV. This finding compares with Sardinha et al., (2022)' argument that progress in reducing violence

has been slow and countries are not on track to meet the commitments outlined in the SDGs. It was also affirmed that the availability of mentorship trainings and workshops were rated highest as being provided in Kibra for the community, which significantly informs on the presence of high empowerment interventions in the area, enhancing the victims with the convenience, the involvement of bodies and religious association to act in mobilizing the community on effects of GVB. Finally, finding revealed that SHOFCO and CFK NGOs offer the intervention programmes that are geared towards curbing GBV in Kibra sub-county.

The study further evaluated credit facilities and Gender-based violence among women in Kibra where results obtained indicated that exposure to GBV exploitation is the serious challenge affecting the residents of Kibra and to reduce GBV, women and men require provision of the empowerment programmes and training strategies for gender inclusive who are generally the victims of GBV. Furthermore, empowering the residents, more particularly women through entrepreneurial opportunities give them chance to grow their economic potentials and in turn enable them manage the social challenges they face in the families.

In further conclusion, understanding of credit services among women and men in Kibra area was given weight on inclusion of financial empowerment and access in responsibilities of the vulnerable, which are prone to GBV. Another result was that low-income level among most of the households in Kibra must be the sole cause of GBV. It is again important to note that families that are stable financially have the ability to withstand the reported cases of GBV in the informal settlement of Kibra. Finally, it was revealed that sustainable income to women is associated with less violence experienced in the families of Kibra and majority of the women take part in the credit empowerment, as a measure against GBV in sub-county. However, men hardly access

credit services in Kibra, which is an indicator that there is need for adequate training and programmes on credit facilities to both genders.

The findings show similarity to that of Yount et al., (2021) who affirmed that Microfinance, in the forms of micro-savings, micro-credit, micro-insurance, payments and remittances are designed to alleviate poverty, increase resilience, and increase assets and financial independence, particularly among women.

In the study of health interventions against gender-based violence among women in Kibra, it was found that health and safety of women, and principles on GBV are more significant in health care empowerment of women. The solutions to GBV in the area of Kibra can be stage-managed through awareness and health care services and the mechanism of prevention and mitigation of GBV issues are not sufficient in Kibera, and it therefore calls upon relevant bodies to act and restore the empowerment programmes to fight the menace. Further, the interventions to GBV by the relevant bodies through health policies and response health mechanism are not timely. This finding was similar to Hanley, (2019) finding in Bangladesh, and Brazil that limited attention to ensuring safe access to shelter, firewood, and WASH facilities. Again, this contributes to GBV when the cultural or religious beliefs are not well addressed by community prevention, response, and intervention programmes.

This shows a need for adjustment through health education, education advocacy for both men and women on gender equality to strengthen people become self-defense. This is geared towards reducing the risk of GBV and to ensure that the survivors of GBV get quality services among others and a plan to take action against GBV--related risks within families and communities, and in humanitarian service providers. In comparison, Kågesten et al., (2021) affirmed that the highest rates of sexual violence and other forms of GBV as national data indicate that 35% and

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

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

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

Findings show difference with the report by National Bureau of Statistic (NBS, 2011) in Tanzania, where government has made efforts in tackling GBV through the endorsement of policies, plans and visions like the Women and Gender Development Policy of 2000, the

National Plan of Action for the prevention and eradication of violence against women and children 2001-2015 and the National Development Vision 2025.

The study informed that there are no programmes for the survivors' access to justice as facilitation follow the guidelines. In other findings, dealing with GBV in Kibra encounters lack of empowerment/education on how to handle the survivor medically. Therefore, there is a call for the actors to intervene and increase the programme strategies, to provide resources to enhance this progress of reducing GBV prevalence from in society and fight against GBV in Kibra requires enough resources and people should shift their mind set from the culture/norms or the religious beliefs of the community.

4.9 Summary of the Chapter

In this section, researcher examined information about the demographic make-up of those who have experienced GBV as survivors. In addition, results for the study's many initiatives to combat gender-based violence are presented. These initiatives focus on education, credit, health, and the law. This research included both quantitative and qualitative methods, and it concluded with the results of a Chi-square test.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, RECOMMENDATIONS, AND AREAS FOR FURTHER STUDY

Introduction

Summarizing the research aims of the study on the Empowerment Initiatives and Gender-Based Violence Mitigation Strategies in Kibera Slums, Nairobi County, this chapter presents discussions based on the study's conclusions, recommendations, and further areas of study for the research.

5.1 Summary of the Findings

A section offering a synopsis of analysis with information gathered from the primary respondents and centering on the anticipated outcome of the study summarized the findings in accordance with the study objectives.

5.1.1 Capacity Building and Gender-Based Violence among Women

Findings from capacity building indicate that the greatest opportunity exists in addressing GBVs in the Kibra sub-county by empowering individuals through trainings and workshops. Access to capacity building empowerment was also shown to reduce the likelihood of this phenomenon occurring in Kenya, and in the Kibra sub-county in particular. The research found that numerous initiatives, such as training and development, have shown considerable improvements in the fight against GBV, suggesting that capacity building has played a crucial role in this effort.

Training programmes for the community should focus on the guidelines for prevention, interventions to create skills for coping with GBV addressing survivors, perpetrators, and bystanders, and should target more up-roaring cases. People can be better prepared to deal with

gender-based violence (GBV) if they are made aware of and sensitized to the concerns surrounding this type of violence.

Another research indicates that the rate of GBV is lower among more independent women, however it is nevertheless experienced by some. Thus, additional work is required to involve many actors in introducing new programmes to the community to combat the phenomenon. More women in Kibra sub-county are also attending empowerment seminars. But even if more women take advantage of opportunities to combat the phenomenon, GBV is still pervasive in the region, and robust interventions are required.

Although training and other programmes are effective in reducing instances of GBV in the Kibra informal settlement, the data again shows that fewer men than women participate in capacity building initiatives. High-quality empowerment interventions, such as mentorship trainings and workshops, have been confirmed to exist in Kibra, giving survivors greater access to help and making it easier for organizations like churches and other faith-based groups to take action to raise awareness about the dangers of GBV. Finally, results showed that SHOFCO and CFK NGOs provide the greatest number of intervention programmes to prevent GBV in the Kibra sub-county.

5.1.2 Credit Facilities and Gender-Based Violence among Women

Based on the facilities used to treat cases of GBV in Kibra, it has been determined that the most significant problem facing locals is vulnerability to GBV exploitation. Insufficient focus on GBV issues or general lack of knowledge among sub-county populations may have played a role in this. Male and female survivors of GBV need access to the same kinds of empowerment programmes and training initiatives if the problem is going to be reduced.

In addition, there is evidence that providing citizens, and especially women, with access to entrepreneurial possibilities helps them to realize their full economic potential and better cope with the social issues they confront at home. It was also discovered that most women in the Kibra sub-county participate in credit empowerment as a tool against GBV, and that households where women earn a sustainable income have lower rates of violence. Furthermore, the belief that males in Kibra have insufficient access to credit services is an indication that these beliefs about credit empowerment need to be addressed for equality and as a battle against GBV. According to the results, the vast majority of respondents agreed that both sexes had access to training and programmes about financial facilities.

5.1.3 Health Interventions and Gender-Based Violence among Women

Women's health and safety, as well as GBV principles, were shown to be more important in health care empowerment than interventions aimed at preventing gender-based violence among women in the Kibra sub-county. The mechanism of prevention and mitigation of GBV issues is not sufficient in Kibera, and so it calls upon relevant bodies to act and restore the empowerment programmes to fight the menace. Other findings indicate that the solutions to GBV in the area of Kibra can be stage-managed through awareness and health care services.

In addition to this, the health policies and response health mechanism interventions to GBV by the relevant bodies are not timely. This demonstrates the need for alterations, interventions, and health education, lobbying for both men and women on gender equality, and strengthening people via education to become self-defenders. This includes a strategy to take action against GBV-related dangers within families and communities, and among humanitarian service providers, with the goal of lowering the risk of GBV and ensuring that survivors of GBV receive quality treatment.

According to the results, the lack of funding to adopt and prevent GBV in the health sector was the biggest obstacle. Based on this idea, the current research indicates that more and better cooperation between various actors and stakeholders is required. Once again, local and national governments must provide substantial aid to the many agencies providing the interventions. Last but not least, preventative measures for success in Kibera's varied communities include speaking out against human rights abuse and promoting equality for people of all ages, genders, and socioeconomic backgrounds.

5.1.4 Legal Interventions and Gender-Based Violence among Women

The majority of Kibra households are aware of the initiatives and programmes in place to address GBV, according to research on legal empowerment. Social and cultural norms support assault challenging gender roles and authority, weak community sanctions, poor safety in public areas, insufficient survivors care, lack of information, high population density, survivor blaming, and survivors' confidentiality violations were also identified as problems in the legal and criminal justice system in Kibra and throughout the country.

Evidence suggests that Kibra locals do not condone GBV, possibly because of the devastating effects violence has on human life, and especially on the lives of women and children. The necessity for an empowerment intervention to increase the people's capacity to combat GBV was also confirmed, as was the scarcity of emergency care for survivors. The prevalence of GBV is again portrayed, and until effective measures are put in place to eliminate it and legal rules are followed appropriately, our society will not be redeemed from its terrible repute.

The study concludes that there are no programmes facilitating the survivors' access to justice in accordance with the criteria. In order to further this progress toward eliminating GBV from our society, it is imperative that players step in and increase the programming strategies, hence

providing resources. There is a dearth of empowerment and information about how to medically handle a survivor of GBV in Kibra. Findings suggested that in order to combat GBV in Kibra, sufficient resources are needed, and that community members' mindsets should be shifted away from cultural/societal norms and religious beliefs.

5.2. Theoretical Implications of the Study

Given that humans can't survive without the earth system (in terms of water, air, and food), and that any system can only be optimized at the level of the system, the study employed the Ecological and Empowerment Theories as its base in Kibra. Relational definitions of empowerment within the framework of oppressive power neglect to address the recognized main connectivity difficulties between the individual, society, and the earth system. It may be claimed that the system itself is the optimal unit of empowerment, given that all other levels and organizations fall short.

Because it is self-organizing, power is with the system as a whole, not with the societies or individuals that make up that whole. Therefore, in accordance with system theory, the earth system, weak ecology, where nature is seen as an inspiring, comforting, and useful analogy, indicating balance, functional integrity, resilience, and vulnerability as evidenced by its ongoing destruction, should be the unit of empowerment. Nature can serve as a teacher in this way. In contrast, those who advocate for a "strong ecology" see the Earth system as the one and only place we may find true meaning and survival. As a species, we've progressed to the point where we're now a living extension of the planet's ecosystem. Therefore, it is essential to stress the scope of this new concept of empowerment and its consequences for integration, policy, legislation, and practice in social and ecological theory from the outset.

One could argue that it is via an ecological lens that empowerment is best understood. People and ecosystems are treated as the units of empowerment. Where one grows up has a profound impact on every aspect of their lives, regardless of whether they are able to change their circumstances through the application of the empowerment theory, acquire critical consciousness, or participate in ecological group efforts.

5.3 Contribution of the Research to Project Management Knowledge

This comparative research adds to the existing body of knowledge used by project managers to realize their goals. The results supported the hypotheses on which the study was based and provided evidence of the elements that affect GBV for use in immediate empowerment activities at community, individual, and societal levels of education.

According to Bahadar (2020), this research has established a noble project that will benefit from the contributions of project managers on its complexity, success, and implementation. This will necessitate full networking and collaboration with the existing stakeholders at the local, national, and international levels in order to reduce the prevalence of GBV and work together to achieve the Sustainable Development Goals and the 2030 Agenda for Sustainable Development. As a result, countries will need to work more closely together than ever before to make this agenda and vision a reality in their own countries.

5.4 Conclusions

The study's findings are grounded in the questions that were asked. The capacity building conclusion was that the still-high prevalence of GBV could be reduced by providing more concrete empowerment methods to people, such as trainings and workshops, business administration, record keeping, handling money, self-projects, access to various loans, capacity

building, health care, and legal measures. Empowerment methods were found to have a statistically significant impact in decreasing instances of GBV. Finally, it is clear that the availability of resources for strengthening capacities is key to addressing this problem in Kenya. Awareness campaigns, enlightenment on violence-related issues, and the training of individuals to deal with GBV are of paramount importance. The widespread paranoia and misunderstanding that plague most societies can be alleviated in this way. Great interventions, such as sensitization, education of women, men, girls, boys, and children, and assistance offered by the local and national government to the stakeholders who deliver the interventions programmes, and interested actors.

A study titled "Credit Facilities and Gender-Based Violence among Women" found that although women in Kibra wards have access to economic programmes provided by several intervention groups, the prevalence of GBV remains high despite these efforts. Likewise, the community-based health and legal measures in Kibra did not prove effective in reducing GBV. It was determined that much had to be thought about in order to make the necessary mitigating steps in this circumstance.

Health Interventions and Gender-Based Violence Among Women concludes that there were weak programmes on GBV mitigation at both the local and national levels due to a lack of enhanced coordination among the stakeholders, follow-up frameworks and awareness, financial constraints, a lack of documented evidence on primary prevention, and poor data management, such as duplications of activities in the large Kibra sub county, which consists of five wards.

Last but not least, the conclusion on legal interventions and gender-based violence among women was that those in charge of economic autonomy programmes lack the resources and remedies to offer survivors what they need in terms of quality services towards the health and

legal measures, so women continue to suffer physically and psychologically as a result of being a survivor of violence. According to the results of the study, survivors of domestic violence often experience a lack of resources and a judicial system that is delayed, ineffectual, and lacks sufficient integration of the information they submit. In addition, males and male-identifying people are disproportionately affected by GBV, and survivors of this crime generally remain silent.

5.5 Recommendations

1. The study recommends that all actors must intervene by close coordination in introducing new programmes to the community to combat the phenomenon which still at large in the region, various stakeholders, such as NGOs, CBOs, and the Sub-County Administrators, evaluate the effect of empowerment interventions and programmes aimed at women in order to significantly increase possibilities of women involvement in politics, access to education and market, digital technology, and conduct integrated community forums like trainings. This will be crucial in lowering the rate of GBV in our homes and dagger national efforts to challenge the tolerance to any forms of violence particularly by women.
2. The government need to comply with other actors and expose to sub-county populations, male and female especially GBV survivors to access same kinds of empowerment programmes and training so to benefit from financial education and credit services like loans and business ownership, educational opportunities. Survivors of GBV will benefit from this knowledge since they will be able to take appropriate action.
3. The study also recommended for urgent action by the national and county governments' use health systems to provide survivors with quality care and talks, which would involve the enforcement of policies and legal programmes, protection and support services, actions and

measures by various service providers and stakeholders (such as the police, justice system, health system, social services, and non-formal elements), as well as the public sanctioning of perpetrators, the protection of survivors' privacy, and the prevention of further victimization.

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

5.6 Recommendations for further Research

1. Researcher recommend that this phenomenon be studied in the context of the intervention tactics employed by various agencies, including as NGOs, CBOs, and the Government, despite the fact that a greater proportion of women receiving support has no bearing on the reduction of GBV.
2. It is important to research the impact of cultural factors on GBV programmes and to assess the efficacy of initiatives in Kibra.
3. Future research of a similar nature is required to assess the impact of economic empowerment programmes for women on gender-based violence in Kibra and to address

male survivors of this crime. This is necessary for targeting intervention efforts depending on the prevalence of GBV.

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APPENDICES

Appendix I: Letter of Transmittal

Dear Respondent,

I am Sr Seline Makario, a student at the Catholic University of Eastern Africa pursuing a Master's degree in Project Planning and Management. Presently I am conducting academic research on "Empowerment Programmes as Strategies of Mitigating Gender-Based Violence in Kibera Slums, Nairobi County, Kenya". I wish to make a humble request that you accord me some time to fill this questionnaire with the relevant information that is required. Kindly the information that you provide will be treated highly with confidentiality and only will be used for academic purposes.

Thank you.

Appendix II: Questionnaire for Women/Men

Section A: BIO-DATA (Please tick where applicable)

1. Which Ward do you reside in Kibra?

Ward	**Tick (✓)**	**Ward**	**Tick (✓)**
Makina	☐	Sarang'ombe	☐
Laini Saba	☐	Woodley/Kenyatta/Golf	☐
Lindi	☐		

2. Gender:

Male ☐ Female ☐

3. Age

Below 25 yrs ☐ 26-34yrs ☐

35-45 yrs ☐ 46-55 yrs ☐ 56+ yrs ☐

4. Level of Education:

None ☐ Adult Education ☐ Master's Degree ☐

Primary School ☐ Vocational Training ☐ Doctorate Degree ☐

Secondary School ☐ Bachelor's Degree ☐

5. Marital Status:

Married ☐ Separated ☐ Divorced ☐

Single ☐ Widow/widower ☐

6. How long have you been residing in your Village?

Less than 2 yrs ☐ 3-5yrs ☐

6-8yrs ☐ 9-11yrs ☐ 12+ yrs ☐

7. What is your occupation?

Unemployed ☐ Self-employed ☐

Employed ☐ Peasant ☐

8. What is the level of your income?

Below 1000 ☐ 1001-5000 ☐

5001-10000 ☐ 10001+ ☐

9. What is your religious affiliation?

Christian ☐ None Affiliated ☐

Muslim ☐

Section A: Capacity Building and Gender-Based Violence

The capacity building empowerment is known long been considered a key component in structural interventions to reduce gender inequality and the experience of gender-based violence (GBV) among women and girls, there is evidence indicating increased empowerment programmes reduces GBV in capacity building.

10. (i) In your opinion does capacity building matter when it comes to GBV? Yes ☐ No ☐

(ii) If yes, please give brief explanation. _____

_____

_____

12. Read the following statements carefully and indicate your choice by ticking **(✓)** in box to scale what is applicable.

1 –Very High 2 – Low 3 – Moderate 4 - High 5 –Very High

Capacity Building in the Kibra sub-county reduce to GBV against women and girls	1	2	3	4	5
Women and girls who participate in capacity building training experience less violence					
Many women participate in the workshops/seminars on empowerment					
Men access these capacity programmes as facilitated by the actors					
Skills training and programmes are sufficiency as provided by the government and other agencies in Kibera					

13. (i) In this regard list some of the capacity building and trainings you engage in

_____

_____

(ii) Please mention these Government and Non-government agencies that offer these trainings and capacity building empowerment programmes

_____

_____

14. Based on your opinion what are some of the challenges associated with persons' capacity building empowerment and to a certain extent do bring about GBV.

_____

_____

15. Please highlight some of the recommendations that when put in place can alleviate the menace of GBV in line with the highlighted challenges. _____

_____

Section B: Credit Facilities and Gender-Based Violence

The credit services empowerment is known long been considered a key component in structural interventions to reduce gender inequality and the experience of gender-based violence (GBV) among women and girls, there is evidence indicating empowerment on financial literacy, table banking, rotation savings, accessing loans decreases women's risk of experiencing violence.

16. (i) In your opinion does credit service empowerment matter when it comes to GBV?

Yes ☐ No ☐

(ii) If yes, please give brief explanation. _____

_____

17. Read the following statements carefully and indicate your choice by ticking **(✓)** in box to scale what is applicable.

1 –Very High 2 – Low 3 – Moderate 4 - High 5 –Very High

Credit facilities Empowerment in the Kibra slums lead to GBV against women and girls	1	2	3	4	5
Women who are financial literate experience less violence					
Many women and girls participate in the credit empowerment					
Men do access the credit programmes from the facilitating actors					
Skills training programmes from the government and other agencies are sufficiency in Kibera					

18. In this regard list some of the credit facilities and trainings you engage in

_____

_____

19. Based on your opinion what are some of the challenges associated with an individual's credit facilities empowerment and to a certain extent do bring about GBV.

_____

_____

20. Please highlight some of the recommendation that when put in place can alleviate the menace of GBV in line with the highlighted challenges. _____

_____

Section C: Health Interventions and Gender-Based Violence

GBV has implications for almost every aspect of health and may lead to serious, and often fatal consequences. Like the survivors of GBV have a right to high-quality health services that protect their health, well-being, and safety.

21. (i) Are you aware of the health services in your village? Yes ☐ No ☐

(ii) If yes, read the following statements carefully and indicate your choice by ticking **(✓)** in box to scale what is applicable.

1 - Strongly disagree 2 – Disagree 3 – Uncertain 4 - Agree 5 - Strongly agree

Some health services in the Kibra sub-county reduce GBV against women and girls	1	2	3	4	5
The health care services and awareness contribute to prevention of GBV in Kibera slums					
Prevention and Mitigation mechanism in Kibera are sufficient and reduce GBV					
Health guidelines and response health mechanism from actors are timely in emergencies					

22. Please depict some challenges concerning health factors that don't prevent GBV in your society _____

_____

23. Kindly suggest some recommendations that can be put on board to help in reducing GBV in your community _____

_____

Section D: Legal Interventions and Gender-Based Violence

To ensure the equal access of women to justice, various ways to achieve a balanced participation of women and men in political and public decision-making. Support a survivor of gender-based violence towards referrals, case management and access to justice.

24. (i) Are you aware of the legal programmes in your village? Yes ☐ No ☐

(ii) If yes, read the following statements carefully and indicate your choice by ticking **(✓)** in box to scale what is applicable.

1 - Strongly disagree 2 – Disagree 3 – Uncertain 4 - Agree 5 - Strongly agree

Some legal programmes in the Kibra sub-county led to GBV against women and girls	1	2	3	4	5
GBV is commonly accepted as part of the culture in Kibera slums					
The support provided to GBV survivors in emergencies is timely					
The GBV cases are dealt legislatively to favor the survivor					
The access to justice is facilitated according to the guidelines					

25. Please highlight some challenges concerning handling the GBV cases are promptly.

    _____

    _____

26. Kindly suggest some recommendations that can be put on board to help in reducing prolonged of GBV cases in your community

_____

_____

Thanks for taking your time to answer the questions, may the Lord bless you abundantly.

Appendix III: Interview Guide to NGOS/CBOS Officials Running Women Empowerment Programmes

Dear Respondent,

I am Sr Seline Makario, a student at the Catholic University of Eastern Africa pursuing a Master's degree in Project Planning and Management. Presently I am conducting academic research on "Empowerment Programmes as Strategies of Mitigating Gender-Based Violence in Kibera Slums, Nairobi County, Kenya." I wish to make a humble request that you accord me some time to fill this questionnaire with the relevant information that is required. Kindly the information you provide will be treated highly with confidentiality and only will be used for academic purposes.

1. What can you say about GBV occurrences in Kibera slums?
2. In your opinion indicate how the capacity building programmes counts in terms of GBV in Kibra.
3. Please can you comment on the credit services programmes offered in Kibra?
4. Would you relate health interventions and GBV cases in Kibra?
5. Would you relate legal interventions and GBV cases in Kibra?
6. Who are the beneficiaries and actors?
7. In your opinion give some of the good practices that curb GBV in Kibra
8. Generally, deliberate on how the GBV has affected the residents of Kibra
9. What recommendations would you suggest curbing the GBV in Kibra

Thanks for taking your time to answer the questions, may the Lord bless you abundantly.

Appendix IV: Interview Guide to Sub County Officials

Dear Respondent,

I am Sr Seline Makario, a student at the Catholic University of Eastern Africa pursuing a master's degree in Project Planning and Management. Presently I am conducting academic research on "Empowerment Programmes as Strategies of Mitigating Gender-Based Violence in Kibera Slums, Nairobi County, Kenya". I wish to make a humble request that you accord me some time to fill this questionnaire with the relevant information that is required. Kindly the information you provide will be treated highly with confidentiality and only will be used for academic purposes.

1. What can you say about GBV occurrences in Kibera slums?
2. In your opinion indicate how the capacity building programmes counts in terms of GBV in Kibra.
3. Please can you comment on the credit services programmes offered in Kibra?
4. Would you relate health interventions and GBV cases in Kibra?
5. Would you relate legal interventions and GBV cases in Kibra?
6. Who are the beneficiaries and actors?
7. In your opinion give some of the good practices that curb GBV in Kibra
8. Generally, deliberate on how the GBV has affected the residents of Kibra
9. What recommendations would you suggest curbing the GBV in Kibra

Thanks for taking your time to answer the questions, may the Lord bless you abundantly.

Appendix V: Budget / Plan

Budget for Proposal/Thesis Writing

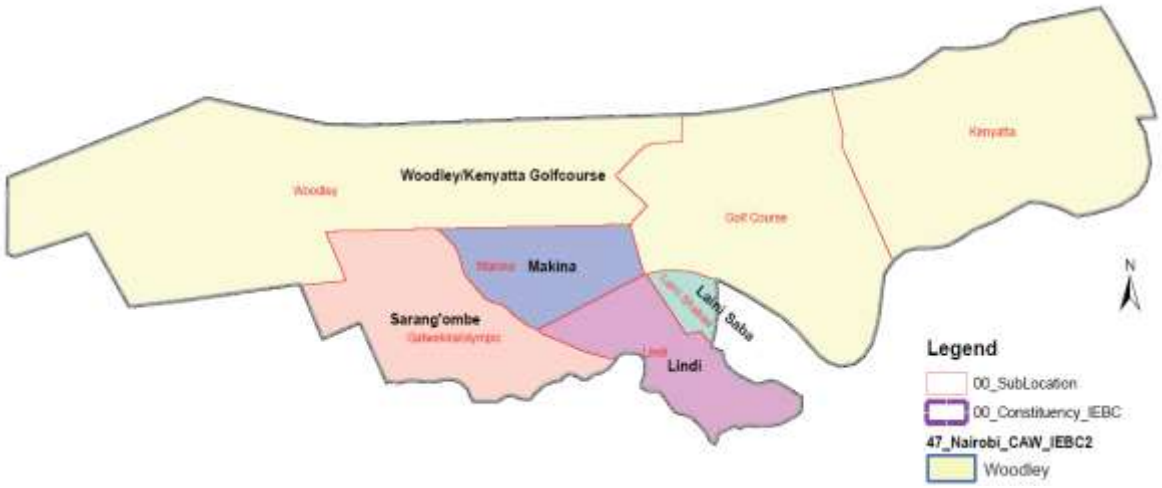
NO	ITEM	TOTAL KSHS
1.	PROPOSAL (3 copies), Printing	850
	Spiral binding @ 50/ x 3	150
2.	CHAPTER 4 & 5 Spiral binding	300
3.	FULL REPORT Binding (6 Copies) @800/	4,800
4.	TRAVEL (Fare) Data Collection	2,000
5.	NACOSTI Authority	1,000
6.	PUBLISHING	20,000
7.	QUESTIONNAIRES (Printing, distribution, and collection)	2,000
8.	Data Analysis	20,000
9.	SPSS PROGRAMME	1,500
10.	PLAGIARISM	3,000
11.	FIELD Assistants	2,000
12.	COMMUNICATION	1,000
13.	MISCELLANEOUS	900
	TOTAL	**59,400**

THE PLAN FOR PROPOSAL/THESIS WRITING

ACTIVITY	TIMELINE	DURATION
Proposal Writing	June-September 2022	3 Months
Data Collection	December 2022	1 Month
Data Analysis	Jan-April 2022	4 Months
Defense and Corrections	May-June 2023	2 Months
Graduation	October 2023	2023

Source; Author, (2022)

Appendix VI: The Kibra Constituency Map



Source: Kibra Constituency Map (2021)

Appendix VII: CUEA Letter to Permit NACOSTI License

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA
Faculty of Arts and Social Sciences
Department of Social Sciences and Development Studies

10th November 2022

The Director
National Commission for Science, Technology and Innovation
Box 30623 - 00100
NAIROBI - KENYA

RE: SELINE MAKARIO **REG. NO. 1040118**

I am writing to introduce to you **Seline Makario** who is a finalist student pursuing Masters of Arts in Project Planning and Management Degree at The Catholic University of Eastern Africa, Nairobi – Kenya, and to request you to assist her to accomplish her academic research requirements.

Seline has completed all course work requirements for this programme. However, every student in the programme is required to conduct research and write a report/thesis submitted during the final years of studies.

Accordingly, **Seline's** research topic has been approved. She will conduct research on the following topic:

"Economic Empowerment Programs and Gender-Based Violence Mitigation Strategies, Kibera Slums, Nairobi County, Kenya"

Thanking you in advance for any assistance given to Seline

Sincerely yours,

Dr.S. Ngacha Njeri, PhD, OFS
Head, Department of Social Sciences and Development Studies

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA (CUEA) P.O. BOX 62157 00200 Nairobi – KENYA
Tel: 020-2525811-5, 8890023-4, Fax: 8891084, Website: www.cuea.edu
Founded in 1984 by AMECEA (Association of the Member Episcopal Conference in Eastern Africa)

Appendix VIII: NACOSTI License

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION

Ref No: **470244**

Date of Issue: **21/November/2022**

RESEARCH LICENSE



This is to Certify that Sr.. SELINA MAKARIO of Catholic University of Eastern Africa, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: ECONOMIC EMPOWERMENT PROGRAMS AND GENDER-BASED VIOLENCE MITIGATION STRATEGIES, KIBERA SLUMS, NAIROBI COUNTY, KENYA for the period ending : 21/November/2023.

License No: **NACOSTI/P/22/22049**

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Director General
NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY &
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See overleaf for conditions

Appendix IX: Kibra Sub-County Letter permitting the student

THE PRESIDENCY
MINISTRY OF INTERIOR AND CO-ORDINATION OF NATIONAL GOVERNMENT

Telegram.....
Telephone: 020-2629946
dcckibra@gmail.com

DEPUTY COUNTY COMMISSIONER
KIBRA SUB-COUNTY
P.O. Box 30124-00100
NAIROBI

Ref: KBR/ED/10/9/52

Date: 5th December, 2022

All Assistant County Commissioners
Kibra sub-county

RE: RESEARCH AUTHORIZATION

I would like to inform you that authority has been granted to **Sr. Seline Makario** to conduct a research on`` ***Empowerment Programs and Gender-Based Violence Mitigation Strategies''*** in Nairobi County on condition that the laid down guidelines are strictly adhered to.

Accord her all the necessary assistance she may require.

DEPUTY COUNTY COMMISSIONER
KIBRA SUB-COUNTY

GIDEON M. OMBONGI
DEPUTY COUNTY COMMISSIONER
KIBRA SUB-COUNTY

c.c. Seline Makario

Appendix X: Plagiarism Report

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I HEREBY CONFIRM THAT **SELINE MAKARIO** REG NO: **1040118**, SUBMITTED A CHECK OF ANTIPLAGIARISM ON CRITICAL EVALUATION OF **EMPOWERMENT PROGRAMMES AS STRATEGIES OF MITIGATING GENDER - BASED VIOLENCE IN KIBERA SLUMS, NAIROBI COUNTY, KENYA. A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A MASTER'S DEGREE IN PROJECT PLANNING AND MANAGEMENT (MPM) AT THE CATHOLIC UNIVERSITY OF EASTERN AFRICA.**

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