

THE

COST *of* JUSTICE:

Assessing Barriers for SGBV Survivors in Rural Kinango,

Kwale County







Disclaimer

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ACRONYMS AND ABBREVIATIONS

ASAL

Arid and Semi-Arid Lands

CBO

Community-Based Organization

CEDAW

Convention on the Elimination of All Forms of Discrimination against Women

FGM

Female Genital Mutilation

GBV

Gender-Based Violence

HURIA

Human Rights Agenda

IDP

Internally Displaced Persons

IPV

Intimate Partner Violence

NGEC

National Gender and Equality Commission

NGO

Non-Governmental Organization

ODPP

Office of the Director of Public Prosecutions

PEP

Post-Exposure Prophylaxis

SGBV

Sexual and Gender-Based Violence

SDGs

Sustainable Development Goals

UNDP

United Nations Development Programme

VAW

Violence Against Women

A photograph of a red dirt road winding through a rural landscape. In the background, there are green hills, some trees, and a small building. A faint rainbow is visible in the overcast sky. A white text box is overlaid on the lower left side of the image.

**The cost of a single case
can average**

Ksh. 11,800

**an impossible amount
for families already
struggling with poverty**



“Justice delayed is justice denied for SGBV survivors in Kinango”

Acknowledgment

We extend our sincere gratitude to all the stakeholders, duty bearers, service providers, and community members in Kinango Sub-County who generously shared their time, experiences, and insights during this assessment. Special appreciation goes to survivors of sexual and gender-based violence who courageously shared their stories to inform this report. We also acknowledge the invaluable support of Kwale County Government officials, local justice actors, and civil society organizations who provided data, guidance throughout the process. In particular, we appreciate the collaboration of the Kwale Law Courts under the leadership of Hon. Lilian Lewa and the Kinango SGBV Technical Working Group.

We are grateful to Amkeni waKenya through UNDP for supporting HURIA through the Access to Justice Program implemented in Kwale County. We also recognize all individuals and institutions whose contributions, whether direct or indirect, made this assessment possible.

Finally, we extend our heartfelt thanks to the HURIA team, led by Yusuf Lule Mwatsefu, together with Antony Jimmy Maganga, Zahra Lumumba, Chamosi Mwinyihaji, and Teddy Otieno for their dedication and commitment in bringing this publication to fruition.





Dedication

This report is dedicated to the **survivors of sexual and gender-based violence in Kinango Sub-County and beyond** women, girls, boys, and men whose courage to speak out in the face of stigma, silence, and impunity continues to inspire us.

We honor the resilience of communities who, despite poverty and marginalization, remain committed to protecting their daughters, sisters, mothers, and wives from violence.

We also dedicate this work to the frontline actors paralegals, healthcare workers, teachers, police officers, community leaders, and civil society organizations who stand with survivors and ensure that justice, though distant, remains possible.

Above all, this report is a **call to action**: that no survivor should ever be forced to choose between justice and survival, and that every person deserves to live free from violence, with dignity, safety, and hope.

Antony Jimmy Maganga
Senior Programme Officer

Human Rights Agenda (HURIA)

Message

from the

Executive Director

Sexual and Gender-Based Violence (SGBV) is one of the gravest injustices of our time. It strips survivors of their dignity, breaks families apart, and weakens entire communities. In Kinango Sub-County, Kwale County, the journey to justice is even harder. Survivors, most of them women and girls, are forced to navigate poverty, stigma, weak institutions, and long distances to police stations, hospitals, and courts. For many, the cost of pursuing justice financially, socially, and emotionally is simply too high. Too often, silence becomes the only option.

At Human Rights Agenda (HURIA), we have walked alongside survivors of SGBV in Kinango. We have seen their courage in coming forward, even when the systems meant to protect them are out of reach. This report, *The Cost of Justice for SGBV Survivors in Kinango Sub-County*, captures these realities. It shows that the cost of a single case can average Ksh. 11,800 an impossible amount for families already struggling with poverty. But it also reminds us that behind these numbers are human stories: a girl pulled out of school, a woman living with lifelong trauma, a family trapped in cycles of violence and silence.

Yet, this report is not just about challenges. It is also about possibility. It offers a roadmap for change short-term interventions such as safe shelters and stronger police gender desks; medium-term solutions like mobile courts, community paralegal networks, and one-stop service centers; and long-term reforms that address cultural norms and institutionalize GBV response within county and national plans. It shows that if we commit ourselves, the cycle of impunity can be broken.

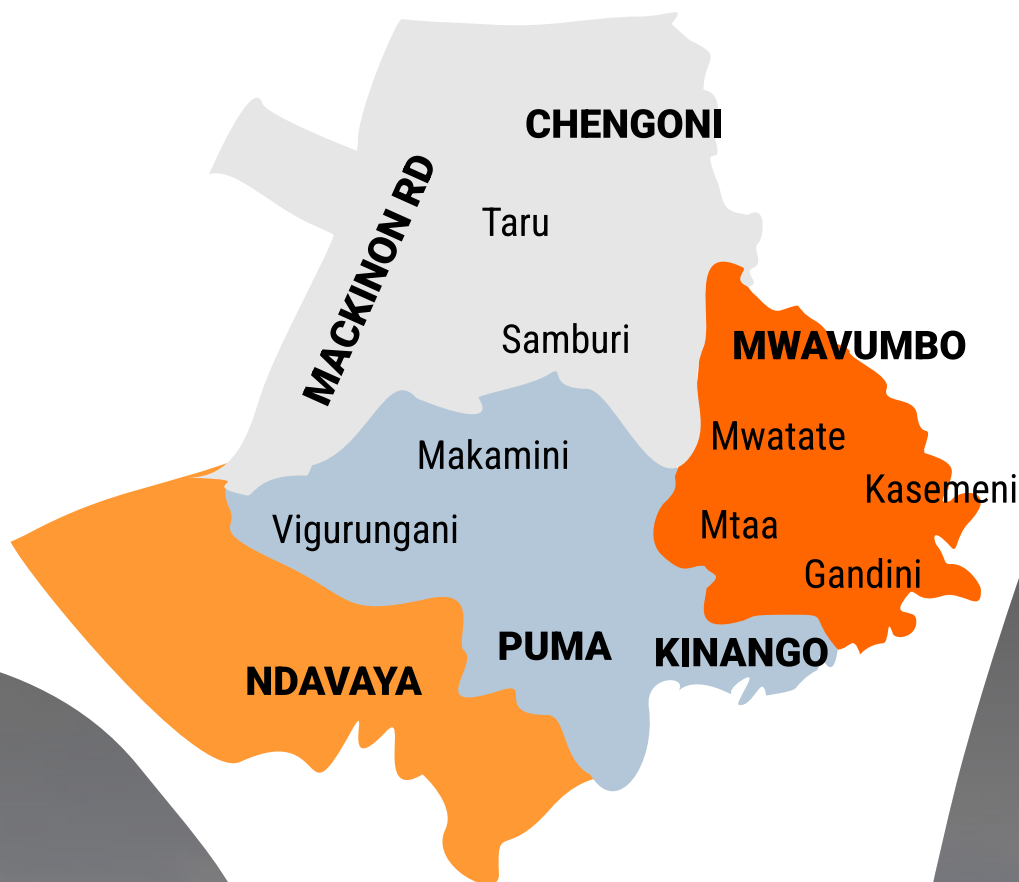


As HURIA, we dedicate this report to the survivors who refuse to give up, to the communities who continue to demand dignity and justice, and to the frontline defenders paralegals, health workers, teachers, police officers, and civil society partners who stand with survivors every day.

My message is simple: **justice must never be a privilege for the few. It must be a guaranteed right for all.** This report is both a mirror and a guide a mirror reflecting the harsh realities of Kinango, and a guide pointing us toward actionable solutions. I call on policymakers, partners, and all stakeholders to act with urgency. Survivors in Kinango and across Kenya cannot afford to wait any longer.

Yusuf Lule Mwatsefu
Executive Director
Human Rights Agenda (HURIA)

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“
1 in 3
women
globally
experience
GBV
”

This report examines the cost of justice for survivors of Sexual and Gender-Based Violence (SGBV) in Kinango Sub-County, Kwale County, highlighting the barriers survivors face, the systemic weaknesses in service delivery, and the socio-economic impacts of violence on women, girls, and vulnerable groups.

Executive Summary

“
40% of
survivors
fail to
report
within
72 hours
”

Kinango is the most marginalized sub-county in Kwale, with poverty levels (54.8%) well above the county average. The sub-county's vast geography, semi-arid climate, poor infrastructure, and low female literacy rates combine with entrenched patriarchal norms to create a hostile environment for survivors of SGBV. Women living in remote areas are disproportionately affected, as distance, poverty, and stigma limit their ability to seek justice.

152

TOTAL SGBV CASES

TOTAL GBV CASES

250

Justice Ecosystem and Access to Services

Kinango is underserved by justice and protection institutions. The sub-county has only one police station, two police posts, one law firm, and one referral hospital. Survivors must often travel between 27 and 104 kilometers to access courts in Kwale town, incurring high transport and accommodation costs. Health facilities are poorly equipped for medico-legal services, while referral pathways between police, healthcare providers, and the judiciary are fragmented. Shelters and safe houses are non-existent, leaving survivors exposed to ongoing risks.

Nature and Scale of SGBV

SGBV in Kinango manifests in multiple forms including early and forced marriage, defilement, rape, incest, and intimate partner violence. Women with disabilities, widows, and elderly women face particular vulnerability to abuse, exploitation, and property grabbing. Records from Kinango Sub-County Hospital (July 2023–May 2024) show **250 GBV cases, 152 of which were SGBV**, but actual figures are likely far higher due to pervasive underreporting driven by stigma, intimidation, and economic dependency on perpetrators.

31

KASEMENI

56

68

KINANGO

81

26

PUMA

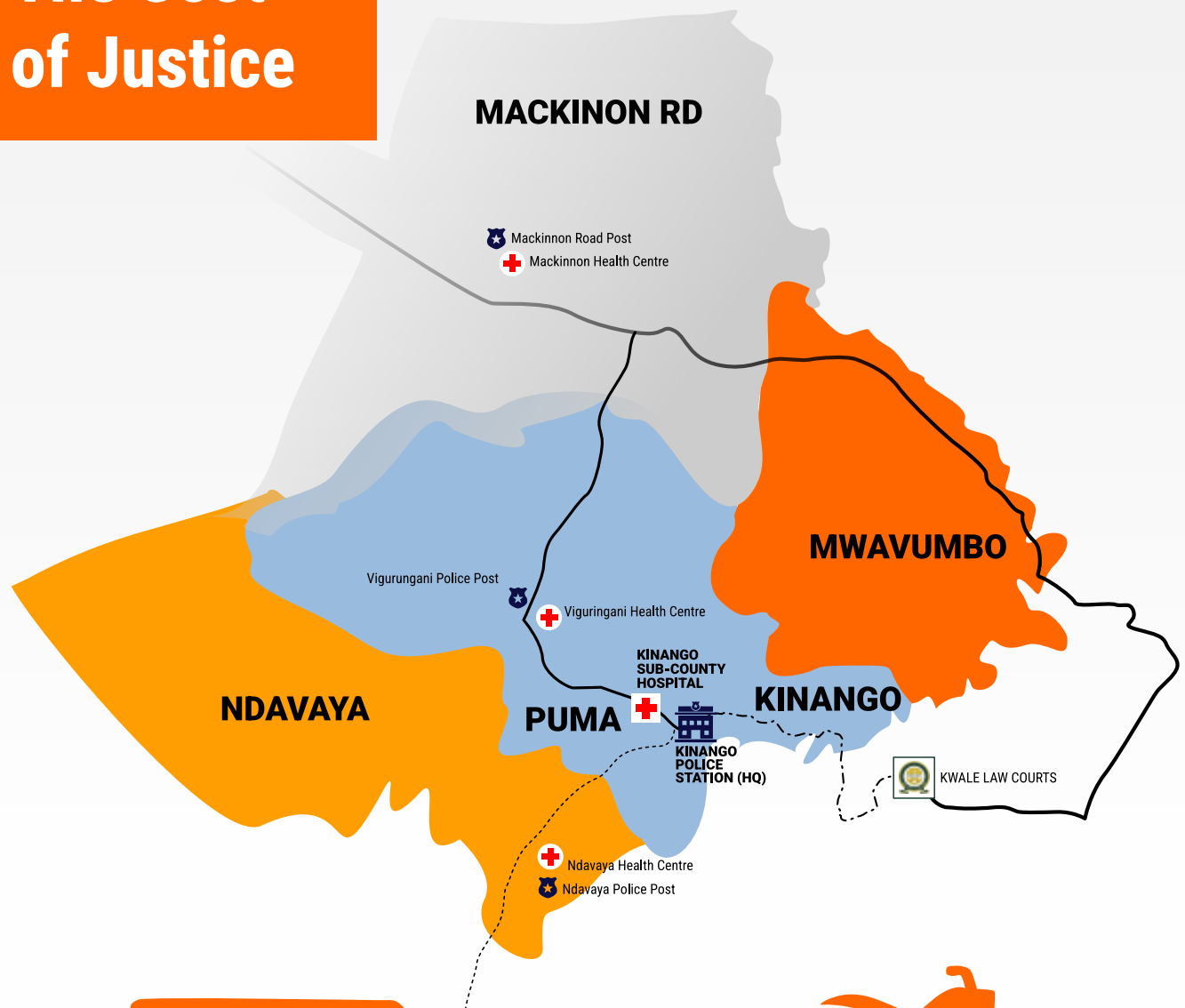
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27

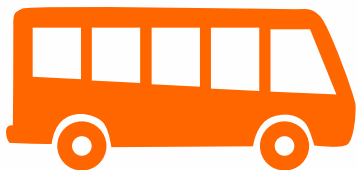
NDAVAYA

30

The Cost of Justice



Average
cost per
case



Ksh11,800



Ksh3,000
50km trip

40%

**SGBV cases
are Reported
within 72 hours**

- Survivors in Kinango face both direct and indirect costs in their pursuit of justice:
- Direct costs average Ksh. **11,800 per case**, mainly for transport to police stations, hospitals, and courts. In remote wards, survivors may pay up to **Ksh. 3,000** for a single trip by motorbike to access services.
- Indirect costs include physical injuries, trauma, stigma, social isolation, loss of productivity, unwanted pregnancies, and sexually transmitted infections. These impacts deepen cycles of poverty and vulnerability for survivors and their families

Comparative Perspective

A comparison with Mvita Sub-County in Mombasa highlights structural inequalities. While Mvita has courts, SGBV desks, and proximity to services, survivors in Kinango face profound structural and geographic barriers. This contrast underscores the urgent need to decentralize justice services to rural, marginalized contexts.



Since 2022, Human Rights Agenda (HURIA) has operated a **Human Rights and Social Justice Centre** in Kinango, offering free legal aid, awareness creation, and community-based support. While these interventions have improved access to justice, systemic barriers including limited shelters, weak coordination, poor enforcement, and inadequate forensic services continue to undermine accountability and survivor protection.

HURIA's Response

The report proposes a sequenced roadmap to strengthen access to justice for SGBV survivors:

Recommendations

- **Short-term (0–1 year):** Establish safe shelters, strengthen police gender desks, integrate psychosocial support, and improve referral mechanisms.
- **Medium-term (1–3 years):** Set up mobile/specialized courts, expand paralegal support, establish a one-stop center at Kinango Hospital, and invest in forensic capacity.
- **Long-term (3+ years):** Institutionalize GBV services through dedicated budgets, integrate GBV response into county and national plans, improve monitoring systems, and promote community-level cultural change.

The **financial, social, and emotional costs of justice in Kinango are prohibitively high**, locking survivors in cycles of silence and impunity. Addressing these barriers requires a coordinated, survivor-centered, and adequately resourced approach that combines immediate relief with systemic reform. With political commitment, investment in justice infrastructure, and sustained community mobilization, Kinango can move toward a future where survivors of SGBV are protected, empowered, and able to access justice with dignity

Key Definitions and Descriptions

Access to justice;

Access to justice is the ability of individuals to seek and obtain a just resolution of legal problems through a wide range of legal and justice services. These services **include legal information, legal assistance, access to a lawyer and representation, formal** (e.g. courts) **alternative dispute resolution, and enforcement mechanisms**. Article 48 of our constitution indicates that the State shall ensure access to justice for all persons and, if any fee is required, it shall be reasonable and shall not impede access to justice

Refers to the principle that every individual, regardless of their background, economic status, or social standing, has the right to access legal services and protection under the law.

Equal access to justice

Gender Based Violence (GBV);

The United Nations Declaration on the Elimination of Violence against Women offered the first official definition of gender-based violence in two articles: **Article 1: 'Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life'.** **Article 2:** of the Declaration states that the definition should encompass, but not be limited to, 'acts of physical, sexual, and psychological violence in the family, community, or perpetrated or condoned by the State, wherever it occurs'. GBV applies to women and men, girls and boys, while Violence Against Women (VAW) focuses on women only, because they are overwhelmingly affected.

Categories of GBV;

GBV can be categorized into four major groups: - Sexual, Physical, Psychological and Economic.

The definition has since been expanded to include examples such as **economic** deprivation, exploitation and isolation which may cause eminent harm to safety, health and well-being, material deprivation, emotional and sexual abuse including marital rape and even forced prostitution and pornography. Broader examples also include harmful cultural practices such as early child marriages, forced marriages, widow inheritance, disinheritance, infanticide, virginity testing, ritual and spousal battery. Emotional and psychological violence as well as human trafficking also fall within the purview of GBV. Violations of the rights of women in situations of armed conflict, including systematic rape, sexual slavery and forced pregnancy.

Types of GBV;

High Risk GBV Groups;

The Second World Conference on Human Rights in Vienna in 1993 and World Conference on Women in 1994 gave priority to GBV as a serious problem which jeopardizes women's lives, bodies, psychological integrity and freedom and expanded the definition to include high risk groups such as; *children , adolescent girls, indigenous, refugee and migrant communities; Migrant workers, Domestic workers, Sex workers, persons living conflict and crisis-affected contexts, forcibly displaced persons—including internally displaced persons (IDP), those affected by disasters, famine, or political crisis, Office and factory workers, women in lower paying, and lower status jobs with little decision-making or bargaining power (IDLO 2011) and Women living in impoverished rural or remote areas or in detention. It has also been noted that GBV may be higher in low-wage industries where women workers predominate and hold few managerial positions.*

Background and Context:

Access to Justice for SGBV Survivors in Rural Coastal Kenya

Sexual and gender-based violence (SGBV) remains one of the most pervasive human rights violations worldwide, with one in three women globally experiencing physical, sexual, or psychological abuse, often at the hands of intimate partners or family members [Beijing Declaration and Platform for Action]. In rural and marginalized regions of Kenya, such as Kinango in Kwale County, the barriers to justice for survivors are particularly severe and entrenched in socio-economic and structural inequalities.

In Kinango, SGBV survivors are trapped in a cycle of violence, poverty, and institutional neglect

Geographical and Economic Barriers

Survivors in rural areas often live far from critical service points such as police stations, hospitals, and legal aid providers. Poor infrastructure and vast distances make it extremely difficult to report cases promptly or access medical and psychosocial support. These challenges are compounded by the high costs of transport, medical care, and legal processes costs that many survivors, particularly women, girls, and persons with disabilities from low-income households, cannot afford. This economic exclusion discourages survivors from pursuing justice and delays reporting, which in turn leads to loss of crucial medical and forensic evidence.

Weak Institutional Response

Even when survivors manage to report, cases frequently stall at the police station and rarely progress to court. Law enforcement officers, medical providers, and the judiciary often demonstrate weak follow-up, inadequate commitment, or systemic inefficiencies, creating an environment where perpetrators go unpunished. These failures contribute to a cycle of impunity that normalizes repeated violations and further discourages survivors from coming forward.

Marginalization and Exclusion

Women, girls, and persons with disabilities in marginalized communities face heightened risks of exclusion and denial of services due to intersecting forms of discrimination. They are often unable to access comprehensive, survivor-centered medical and psychosocial care that is critical for recovery and for supporting legal processes. As a result, survivors not only suffer physical and emotional harm but are also denied equitable opportunities for justice and redress.

Hidden and Underreported Violations

Many incidents of SGBV in rural Kenya remain invisible, unreported, undocumented, and outside the focus of authorities or the media. This invisibility allows abuses to persist unchecked, reinforcing neglect and shielding perpetrators from accountability. Survivors are left to bear the consequences of both the violence and the systemic failures that prevent redress, entrenching silence and vulnerability.

In places like Kinango, SGBV survivors are trapped in a cycle of violence, poverty, and institutional neglect. Limited access to services, compounded by weak accountability mechanisms, perpetuates impunity and further victimizes survivors. Breaking this cycle requires urgent and targeted interventions that improve access to services, strengthen institutional accountability, and prioritize marginalized groups. Without such measures, survivors in rural coastal Kenya will continue to face systemic denial of justice, dignity, and protection.

Purpose and Objectives of the Report

Kenya has made notable progress in developing legal and policy frameworks to address sexual and gender-based violence (SGBV). However, significant gaps remain in ensuring survivors' access to justice, particularly in rural areas where poverty, gender inequalities, and geographical isolation intersect to deepen vulnerabilities. These persistent gaps highlight the need for localized, evidence-driven assessments that reflect the lived realities of survivors.

Without a clear understanding of the economic costs, institutional challenges, and systemic inequities faced by survivors, interventions risk being fragmented, inadequate, or ineffective. This assessment therefore provides critical data and cost estimates that illuminate both the human and financial implications of the justice journey for survivors in Kinango Sub-County, Kwale County.

The specific objectives of the report are to:

1. **Document and analyze barriers** to accessing justice for SGBV survivors in Kinango, with attention to the ways poverty, gender, and rural vulnerabilities intersect.
2. **Estimate the financial and systemic costs** of pursuing justice, both for survivors and for duty bearers/service providers.
3. **Highlight gaps and inequalities** in justice delivery and service provision, including the consequences of inadequate amenities, poor infrastructure, and weak institutional responses.
4. **Promote a survivor-centered approach** by showing how context-specific realities shape survivors' access to justice and accountability.
5. **Inform policy, programming, and advocacy** by equipping development partners, project implementers, and both national and county governments with actionable insights.
6. **Contribute to broader efforts to end SGBV** by raising awareness, strengthening accountability, and supporting strategies that foster safer, more just communities.

Methodology

This assessment adopted a mixed-methods approach designed to capture both the qualitative and quantitative dimensions of survivors' experiences in accessing justice. Field observations and community visits were conducted in Kinango Sub-County to document prevailing conditions and the lived realities of survivors. These were complemented by a review of institutional records from hospitals, police stations, and other service providers, which offered contextual and operational insights.

Primary data was gathered through structured and semi-structured interviews with key informants, alongside questionnaires administered to duty bearers and service providers. This process generated both quantitative data and qualitative narratives that reflect the systemic and human dimensions of the justice process. In addition, desk-based research was undertaken to supplement field findings with existing literature, reports, and comparative studies on SGBV and access to justice in Kenya.

To provide a broader context, the study also reviewed national legal and policy frameworks alongside relevant socio-economic data to identify systemic barriers and drivers of inequality. Finally, both direct and indirect costs associated with pursuing justice were estimated to highlight the full financial implications for survivors as well as for the institutions tasked with supporting them. This comprehensive approach ensures that the findings presented in this report are evidence-based, locally grounded, and responsive to the realities of survivors and service providers alike.



Limitations of the Study

While every effort was made to ensure the accuracy and reliability of the findings, the study faced certain limitations. Survivors of SGBV often experience stigma and fear of reprisal, which may have discouraged full disclosure during interviews and contributed to underreporting. In addition, logistical constraints such as poor infrastructure and the remoteness of some communities limited the scope of field visits. Finally, the reliance on institutional records many of which were incomplete or inconsistently maintained posed challenges to comprehensive data verification. Despite these constraints, the triangulation of methods strengthened the credibility of the findings and ensured that the insights remain robust and representative.

Legal, Policy, Regulatory and Institutional Framework on Prevention of SGBV

Kenya has developed a relatively progressive legal and policy framework to prevent and respond to Sexual and Gender-Based Violence (SGBV), guided by both international obligations and national commitments.

International and Regional Commitments

Kenya is a signatory to numerous global and regional instruments that commit the State to protect women, girls, and other vulnerable groups from violence. These include the **Convention on the Elimination of All Forms of Discrimination against Women** (CEDAW, 1979), the **Beijing Platform for Action (1995)**, the **International Conference on Population and Development (ICPD, 1994)**, and the **Maputo Protocol on the Rights of Women in Africa (2003)**. More recent frameworks such as the **2030 Agenda for Sustainable Development (SDGs)**, particularly **Goal 5 on Gender Equality** and **Women's Empowerment**, reinforce these obligations. Kenya has also endorsed the **Convention on the Elimination of Violence Against Women (1993)**, the **Dakar and Beijing Platforms for Action**, the **African Plan of Action (1999)**, **UN Security Council Resolution 1325 on Women, Peace and Security (2000)**, the **Millennium Declaration (2000)**, and the **Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003)**. Collectively, these instruments require States to take legislative, policy, and programmatic action to prevent SGBV, protect survivors, and prosecute perpetrators.

National Constitutional and Legislative Provisions

The **Constitution of Kenya (2010)** guarantees equality and freedom from discrimination, human dignity, personal security, and the rights of children. Articles 27, 28, and 29 explicitly protect individuals from violence and uphold human dignity, while Article 53 emphasizes the protection of children from abuse and harmful practices. The Constitution also binds both national and county governments to promote human rights, equity, inclusiveness, and protection of marginalized groups under Article 10 on national values and principles.

Complementary legislation has further strengthened the framework for addressing SGBV, including:

- **The Sexual Offences Act (2006):** Defines and criminalizes sexual offences, prescribes penalties, and sets survivor protections.
- **The Prohibition of Female Genital Mutilation Act (2011):** Criminalizes FGM and related practices.
- **The Protection Against Domestic Violence Act (2015):** Provides mechanisms to protect victims of domestic violence.
- **The Survivor Protection Act (2014):** Safeguards rights of survivors during judicial processes.
- **The Penal Code:** Criminalizes acts of violence and abuse.
- **The National Policy for Prevention and Response to Gender-Based Violence (2014):** Provides strategic direction for prevention, protection, and response interventions.



Institutional Framework

Institutionally, response to SGBV involves multiple actors across the justice, security, and health sectors. These include the National Police Service (including the Gender and Children's Desks), the Office of the Director of Public Prosecutions (ODPP), the Judiciary, health facilities, the Ministry of Public Service, Gender and Affirmative Action, the National Gender and Equality Commission (NGEC), and county governments. Civil society organizations and community-based groups also play a critical role in awareness, survivor support, and advocacy.

Although the Kenya's legal, policy, and institutional framework on SGBV is progressive and aligned with international human rights standards. However, persistent structural and systemic barriers undermine its effectiveness. Bridging this gap requires stronger enforcement, resource allocation, survivor-centered approaches, and transformative efforts to dismantle entrenched cultural and institutional barriers



The Cost of Justice for SGBV Survivors in Kwale County, Kinango Sub-County

About Kinango Sub-County

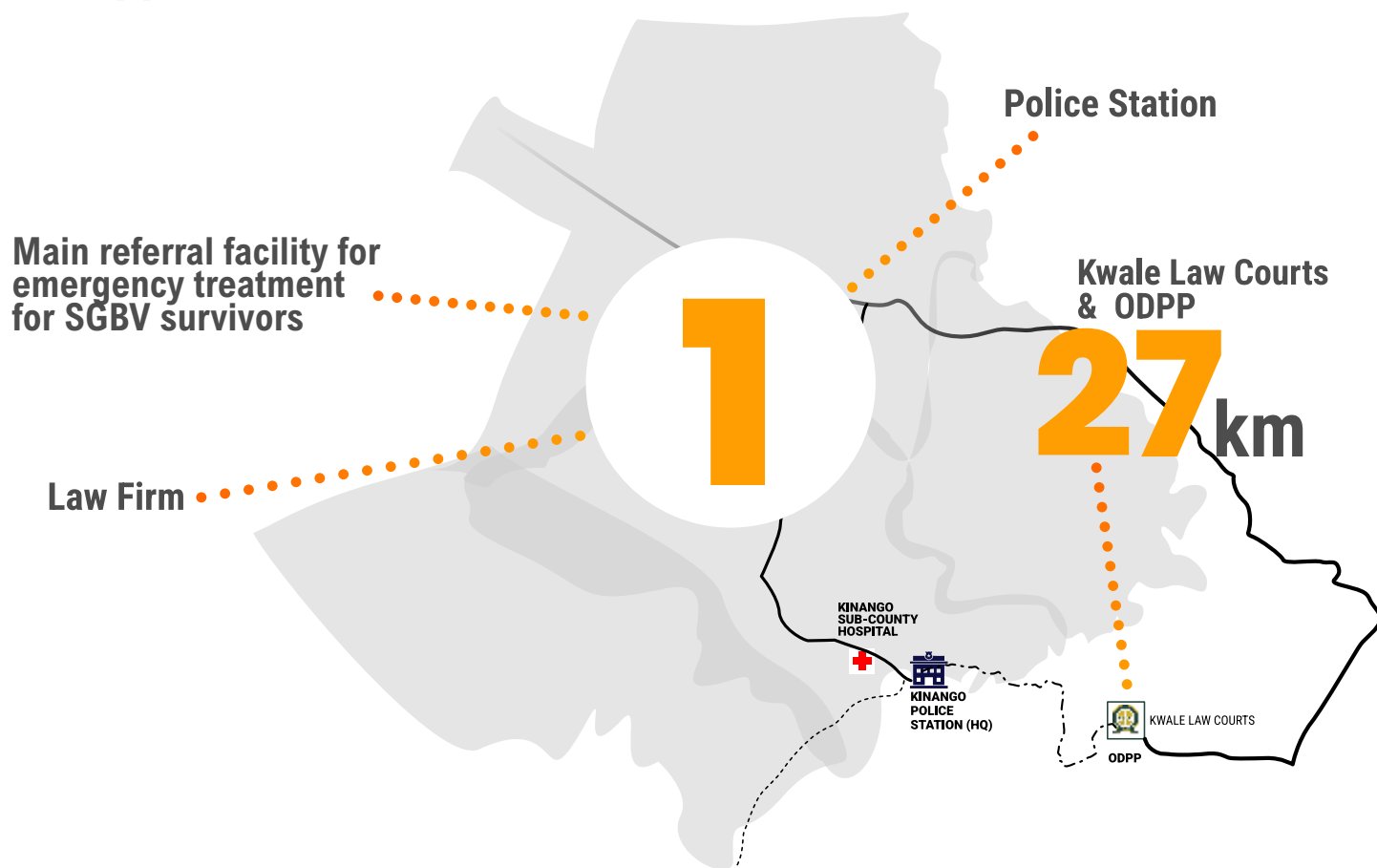
Kwale County is among the poorest and most marginalized counties with a poverty rate of 47.4% higher than the National poverty rate of 36.1%. Female literacy levels in Kwale County is 47.4% and coupled with regressive cultural norms, it denies women the right to decision making. According to the 2019 census, Kwale County has a population of 866,820. Kinango Sub-County covers a geographical area of 4011.70 sq. km size with a dispersed population of 94, 220 scattered in slightly over 16,043 households. As per the 2019 census report, the population growth of Kinango urban centre is currently at 5,928 as compared to 4,317 in 2009. This is an indication of a steady growth whose demand for services and resources like access to justice amenities is high. Poverty rate in Kinango is highest at 54.8%, compared to Lunga lunga at 44.2%, Matuga at 35%, and Msambweni at 27.8%. According to the 2019 census, teenage pregnancies in Kwale

County, consisting of women aged 15-19 who had ever had ever been pregnant, was 14.8%. Kinango is a semi-arid area with the population dispersed/scattered due to harsh climatic conditions and poor infertile soils. Being an arid and semi-arid, it receives a minimal amount of 53.64 millimetres of rain annually making the climate situation generally serious.

Communities in Kinango have been struck by high levels of poverty for many years and remain to be prone to poverty since residents depend on agricultural produces that is non-performing due to the interruption of climate change. Women leaving in poverty and in the most interior parts of Kinango experience more legal problems which go unreported than those who are better off or leave closer to police station and have accesses to service providers and institutions.

Justice Ecosystem

and Mapped-Out Justice Actors and SGBV Prevention Services



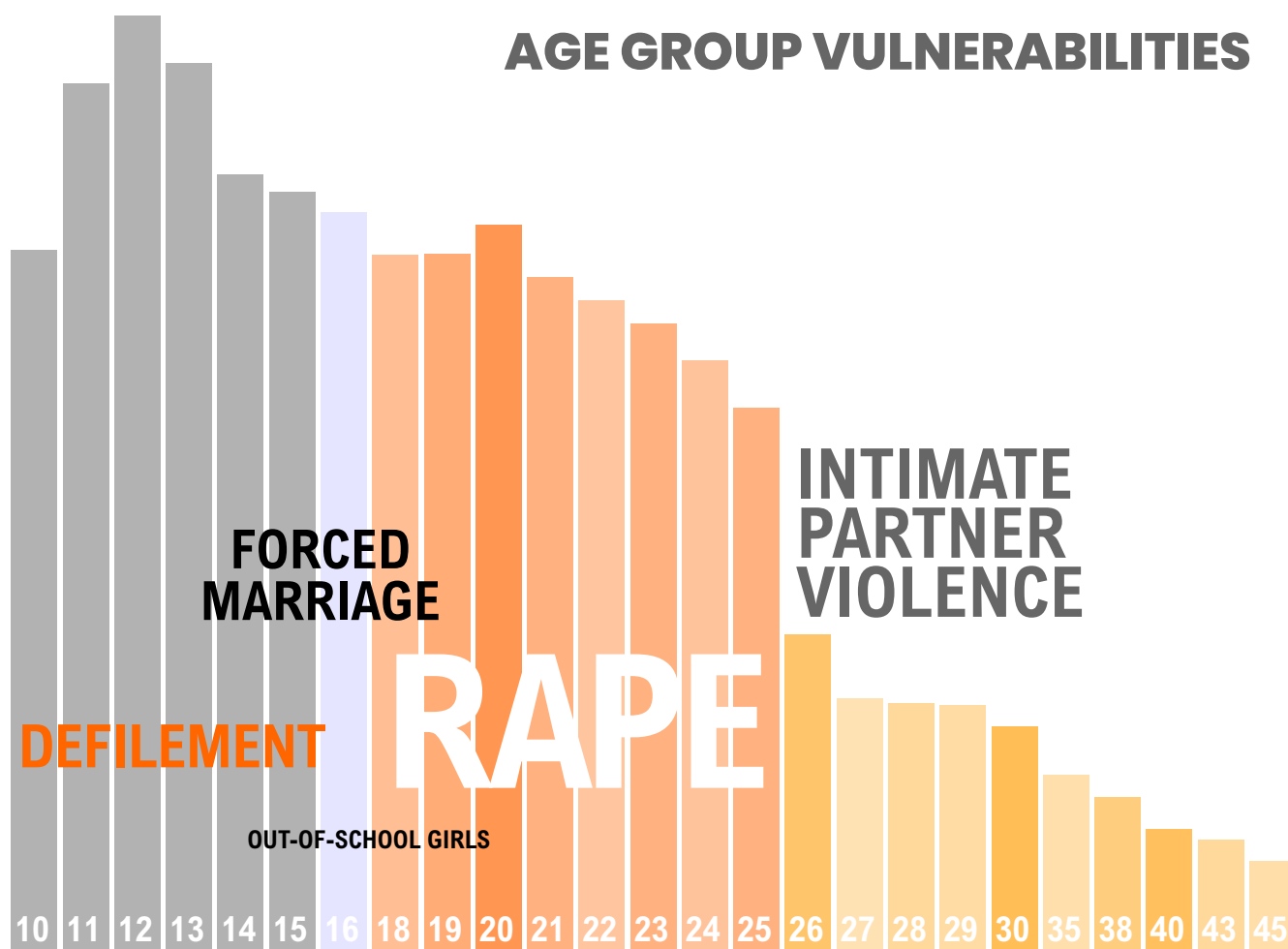
Kinango Sub-County faces significant challenges in accessing justice and SGBV prevention services due to limited institutional infrastructure and inadequate service providers. The justice ecosystem is largely concentrated within Kinango town, leaving most rural communities underserved. The sub-county is served by only **one police station** located in Kinango town, supported by **two police posts**, which are insufficient to effectively cover the vast area. Legal representation is equally constrained, as there is only **one law firm** operating in Kinango, with most legal services centralized in Kwale town, where the **Kwale Law Courts** and the **Office of the Director of Public Prosecutions (ODPP)** are located, approximately **27 kilometers away**.

In terms of health services, the **Kinango Sub-County Hospital** is the main referral facility that provides medical care, including emergency treatment for SGBV survivors. However, survivors are often forced to travel long distances to access specialized services, and the absence of **SGBV rescue centers**

across the entire sub-county further compounds their vulnerability.

Civil society organizations have stepped in to bridge some of these gaps by offering community empowerment, legal education, and awareness creation on SGBV. Notably, in 2022, **HURIA established the only Human Rights and Social Justice Center** in Kinango township, which provides critical support to survivors and community members seeking justice. Other organizations, grassroots organisations and trained Human Rights Defenders play an active role in prevention and response through advocacy, community sensitization, and linking survivors to available services. Despite these efforts, the justice and protection ecosystem remains fragmented, under-resourced, and inaccessible to many survivors in rural areas, underscoring the need for a coordinated, multi-sectoral approach to SGBV prevention and response in Kinango Sub-County

Categories and Types of GBV in Kinango Sub County



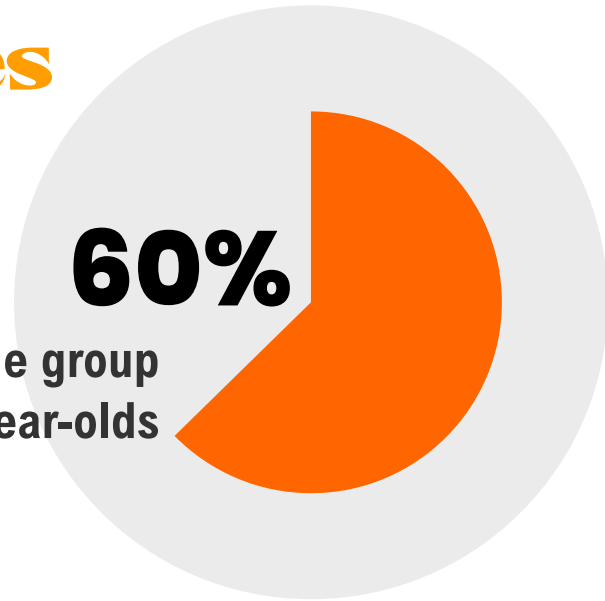
In Kinango Sub-County, women and girls make up the majority of survivors of sexual and gender-based violence, with certain groups facing heightened risks due to their age, socio-economic status, and social roles. Young girls between the ages of 10 and 16 are the most affected, accounting for nearly 60% of defilement cases, often linked to early sexual exploitation and forced marriages. Women and girls aged 18 to 25 are also highly vulnerable, particularly to forced marriages, rape, and coerced pregnancies, with perpetrators frequently taking advantage of their pursuit of employment opportunities in an environment of limited economic options.

Women aged 25 to 45, many of whom are married or in cohabiting relationships, face significant risks of sexual coercion, including forced sexual intercourse with intimate partners, alongside other forms of domestic abuse. For women aged 35 and above,

intimate partner violence is common, with many cases tied to household expectations, such as failure to provide meals or fulfill traditional gender roles, which are often used as justifications for abuse. Out-of-school girls and school-going children represent another vulnerable group, particularly as they are often unprotected and lack access to safe reporting mechanisms. Persons with disabilities (PWDs) are also at considerable risk, experiencing heightened vulnerability to exploitation, neglect, and denial of services due to systemic discrimination and limited access to justice. Physical violence is widely reported among women across all age groups, while men are rarely identified as being at significant risk of SGBV in Kinango. Collectively, these patterns highlight how age, gender, disability, and socio-economic pressures intersect to reinforce cycles of abuse and vulnerability in the region

Rate of SGBV cases in Kinango Sub County

60%
SGBV cases by age group
10-16-year-olds



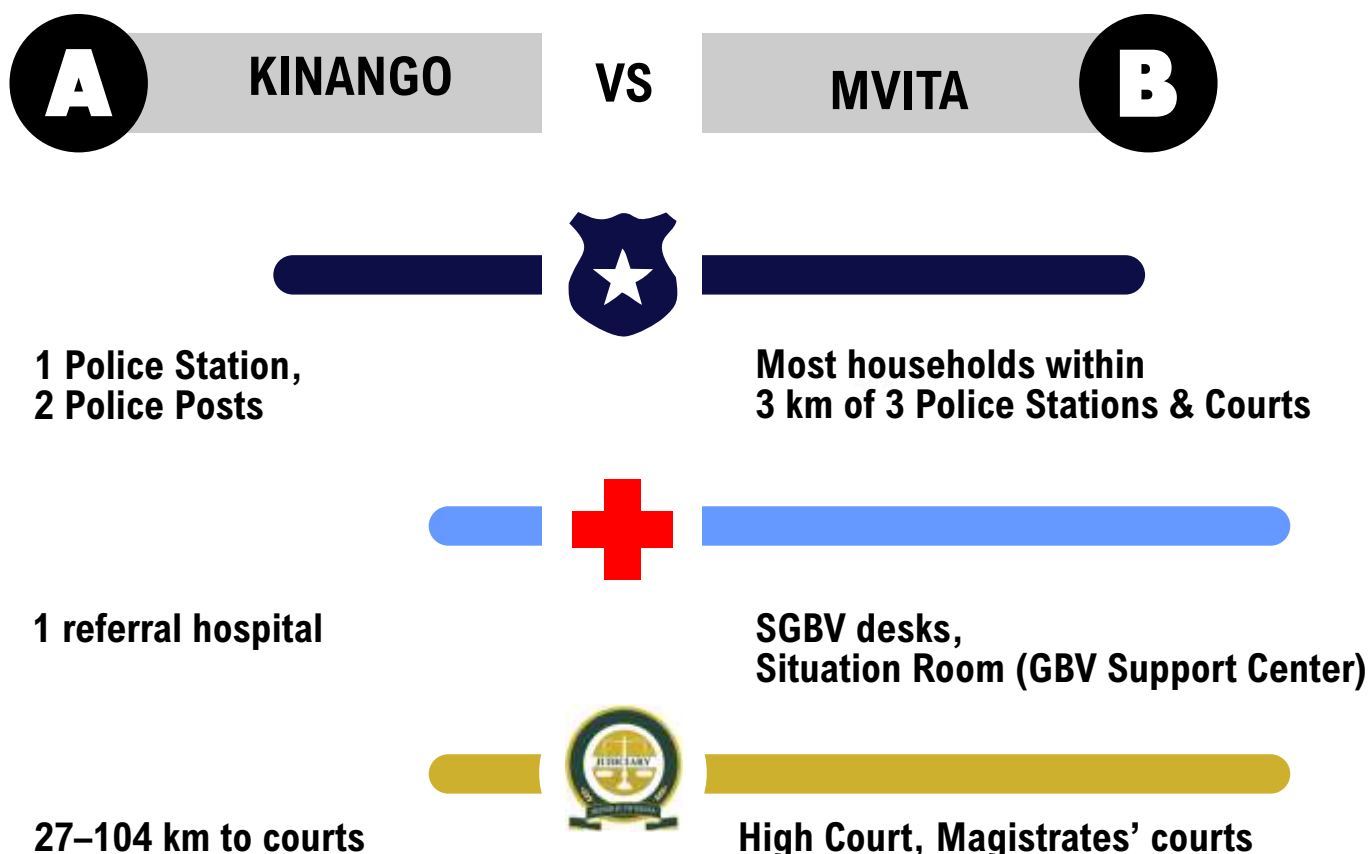
The true magnitude of sexual and gender-based violence (SGBV) in Kinango Sub-County is difficult to quantify, as the number of reported cases represents only a fraction of the reality on the ground. Many incidents remain hidden due to the stigma, fear, and systemic barriers that discourage survivors from coming forward. Survivors often face threats and intimidation, particularly when perpetrators are close family members or intimate partners, making disclosure unsafe. Shame and cultural norms further reinforce silence, as families often prefer to conceal violations rather than expose themselves to community scrutiny. In many households, perpetrators are breadwinners, which discourages survivors or their families from reporting since pursuing justice could jeopardize the family's livelihood and social standing. Additionally, weak or unreliable public services including delayed responses, lack of follow-up, or limited access to police stations and health facilities undermine confidence in the justice system, leaving survivors feeling powerless. As a result, the majority of SGBV cases in Kinango are believed to be underreported, with most violations committed by individuals known to the survivor, particularly intimate partners and family members. This culture of silence and fear not only obscures the true scale of SGBV in the sub-county but also perpetuates impunity and cycles of abuse.

Records from Kinango Sub-County Hospital indicate that Kasemeni, Kinango Township, Puma, and Ndavaya Wards report the highest numbers of survivors seeking medical support. Between **July 2023 and May 2024, the hospital recorded a total of 250 GBV cases**, out of which **152 were specifically related to SGBV**. Community-level monitoring by HURIA's Social Justice and Human Rights Centre in Kinango further **documented 14 cases in 2023 and 31 cases in 2024**, with the majority of these emanating from **Puma and Ndavaya Wards**. Although these figures are significant, they are widely recognized as only a partial reflection of the reality, as many cases never reach health facilities or justice centers due to fear, intimidation by perpetrators often family members or intimate partners stigma, and socio-economic dependence on offenders. Thus, while official reports provide useful insights into the hotspots of SGBV within the sub-county, they likely underrepresent the actual scale of violations, underscoring the urgent need for strengthened reporting systems, community awareness, and survivor-centered support services.

Comparative Analysis

Mombasa County, Mvita Sub-County

Access to justice for SGBV survivors in Mombasa County, Mvita Sub-County



Compared to Kinango sub-county, Mvita Sub-county presents an urban setting with better-developed infrastructure and relatively higher literacy rates. Survivors have comparatively easier physical access to institutions, though urban poverty, overcrowding, and cultural stigma still pose significant challenges. Survivors have closer proximity to services, including legal aid organizations, paralegals, and medical facilities such as Coast General Teaching and Referral Hospital. Proximity to justice institutions is greater since most households are within 3 km of a police station or court. The subcounty hosts High Court, magistrates' courts, and specialized SGBV desks at police stations. Survivors are more likely to encounter professionalized services and formal justice mechanisms, due to the developed referral pathways with stronger presence of NGOs, shelters, and psychosocial support services.

Looking at the most key comparative insight, in Kinango subcounty, justice gaps are structural and geographic, compounded by poverty and weak state presence, however compared to Mvita Sub County Justice access is institutionally available, but systemic inefficiencies, stigma, and socio-economic inequalities limit impact.

Situational Analysis

Barriers and Challenges Encountered by Survivors of SGBV in Kinango

Survivors of sexual and gender-based violence (SGBV) in Kinango Sub-County face multiple barriers and challenges that hinder their ability to access justice and essential services. Economic inequality, geographical remoteness, and limited availability of legal aid create significant obstacles, as survivors are often required to travel long distances to reach police stations, hospitals, or government offices, an effort many cannot afford due to high costs of transport and related expenses.

Women with complex family responsibilities or personal needs are particularly reluctant to seek help, often constrained by misinformation, lack of legal awareness, and the fear of being stigmatized. A lack of clear information on where and how to report SGBV crimes, combined with inadequate knowledge of available support services, further discourages survivors from pursuing justice. Social dynamics exacerbate these challenges, as many women avoid reporting violence in workplaces due to fear of stigma, retaliation, or escalation of violence within their homes or communities.

Deeply ingrained cultural norms of victim-blaming, alongside shame, fear of ostracization, and isolation, perpetuate underreporting and result in inadequate statistics that obscure the true scale of the problem. These cultural and systemic barriers also limit access to psychological, medical, and legal services, leaving survivors without the support they need. Furthermore, while many Kinango residents experience high rates of illiteracy, their lack of sufficient legal knowledge and awareness undermines confidence in formal justice mechanisms. This often leads to fear, mistrust, and reluctance to engage with the criminal justice system, thereby reinforcing a cycle of silence and impunity.

Infrastructural Barrier

Kinango Sub-County is one of the most marginalized areas in Kwale County, and its weak infrastructural development continues to undermine efforts to respond effectively to sexual and gender-based violence (SGBV). The sub-county is characterized by poor road networks, limited electricity and water supply, under-equipped and understaffed health facilities, and a lack of fully functional police gender desks. These challenges create significant barriers for survivors who must often travel long distances under difficult terrain to reach service providers. Poor transport infrastructure and the absence of affordable and reliable means of transportation exacerbate the problem, with survivors largely relying on motorbikes, which are both costly and unreliable. In some cases, survivors pay as much as **Ksh 3,000** to cover a distance of about **50 kilometers**, making access to services unattainable for many. As a result, up to **40% of SGBV survivors in Kinango fail to report cases within the crucial 72-hour window**, leading to the loss of medical and forensic evidence that is vital for investigations and prosecution.

The impact of these infrastructural barriers is far-reaching. First, the geographical remoteness and vastness of Kinango, combined with its poor road networks, hinder state actors—particularly the police and judiciary—from responding rapidly to urgent and sensitive cases. This delayed response not only denies survivors access to comprehensive, timely medical treatment but also allows perpetrators to go unpunished, thereby fueling cycles of impunity. Second, late reporting caused by long distances and territorial difficulties significantly weakens legal processes; doctors are often unable to conduct meaningful medical examinations in cases of rape, defilement, and sodomy, while crucial evidence is lost. Furthermore, the statutory requirement that investigations and medical examinations be completed within **24 hours** becomes almost impossible to achieve in rural parts of Kinango, where access to certified doctors is extremely limited. These delays contribute to prolonged case handling, during which many survivors lose hope and abandon their claims altogether. Finally, the cumulative burden of territorial and infrastructural challenges discourages survivors from reporting cases in the first place, further entrenching underreporting and leaving numerous violations undocumented.



Institutional Challenges

(Scarcity of Referral Linkages, and Medico-Legal Services)

Although duty bearers in Kinango Sub-County are mandated to curb and prevent sexual and gender-based violence (SGBV), they face numerous institutional and structural limitations that severely compromise their effectiveness. The police, for example, operate with limited financial and logistical support, which hinders timely responses and arrests. In many instances, the arrest of perpetrators relies heavily on the goodwill of boda boda (motorcycle) riders, as police stations lack sufficient vehicles to carry out enforcement duties. Furthermore, survivors often face unnecessary hurdles in accessing crucial medico-legal documentation, as many police stations do not stock **P3 forms**, which should be readily available and free of charge. Instead, survivors are frequently forced to bear the cost of printing and producing these forms, further discouraging them from pursuing justice. Weak community policing structures exacerbate these challenges, as they fail to provide reliable channels for relaying investigative information or supporting the reporting of SGBV-related crimes. In addition, the absence of strong inter-sectoral collaboration among security actors, healthcare providers, and social services undermines coordinated responses to SGBV in Kinango.

The scarcity of referral linkages between institutions further compounds the problem. Health facilities in Kinango often lack the resources, equipment, and specialized skills necessary for the proper collection, processing, and preservation of forensic evidence, which is critical for successful prosecutions. In many cases, hospitals are understaffed and unable to provide comprehensive survivor-centered care, leaving victims without adequate medical, psychological, or legal support.

These institutional weaknesses have had severe impacts on survivors and the justice system. Many SGBV cases remain incomplete due to gaps in investigations, while others are withdrawn or abandoned altogether as survivors lose faith in the process. The lack of proper coordination and follow-up contributes to widespread impunity, eroding community trust in state actors. As a result, survivors increasingly demonstrate apathy and low morale in reporting cases to security agencies, further entrenching underreporting and perpetuating cycles of violence.

Poverty, Economic and Social Inequality

Article 48 of the 2010 Constitution of Kenya guarantees access to justice for all and obligates the state to ensure that the cost of justice does not impede its accessibility. In principle, this provision emphasizes that both state and non-state actors must safeguard the right to justice by ensuring it is neither denied nor delayed. However, in practice, poverty and economic inequality remain some of the most significant barriers to justice for survivors of sexual and gender-based violence (SGBV) in Kinango Sub-County. Low-income levels, widespread unemployment, and economic hardship limit the ability of survivors to pursue justice or access essential services, whether through formal legal processes or community-level mechanisms. For many, the lack of financial resources needed to cover transportation, medical treatment, or legal documentation prevents them from reporting cases or following them through to conclusion.

The impact of these economic barriers is far-reaching. Survivors frequently lack the money required to access key government facilities such as hospitals, police stations, and courts, particularly since these services are often located far from their communities. The costs incurred ranging from transportation to medical fees are often exorbitant relative to survivors' means, making access to justice effectively unattainable. As a result, high financial burdens discourage survivors and their families from reporting human rights violations, filing cases, or following up on ongoing matters in police stations and courts of law. Vulnerable and socially excluded groups, including women, girls, and persons with disabilities in Kinango, face an even greater disadvantage, as their limited resources compound the effects of unresolved legal problems. Ultimately, poverty not only restricts survivors' ability to seek assistance and navigate the justice system but also perpetuates cycles of impunity, silence, and marginalization within the community.

Other Key Challenges; Organizational Problems

Key institutional challenges in Kinango are related to the integrity of formal justice actors and their capacity to handle SGBV cases, fueling distrust in the formal justice system, including: corruption and lack of judicial and Police independence; lack of gender sensitiveness and mistreatment of survivors by the police; limited financial resources and forensic specialist capacity, and poor information systems; lack of data collection to track national trends and respond to SGBV; Procedural barriers, including evidentiary challenges and lack of adequate procedural safeguards for survivors; impunity and Court delays contribute to eroding trust with most of the survivors. Currently, there is a poor multisectoral coordination for survivor-centered services. Functional, easily accessible referral pathways are absent in Kinango creating a gap in linking State services, humanitarian actors, and local organizations, and in delineating respective roles and responsibilities in handling SGBV cases and referral procedures.

Access to justice remains a challenge due to inadequate financing of key government institutions such as the National Legal Aid Service and the Judiciary. Both the Legal Aid Act and Alternative Justice Systems are imperative as they set in place legal and policy frameworks for the promotion of access to justice in Kenya.

The Costs of SGBV Survivors in Kinango

Costs Incurred in Pursuing Justice

Most SGBV survivors incur both direct and indirect costs immediately after the incident/Violation or while accessing justice. Direct costs include monetary expenses incurred in accessing justice by the survivors and their families, while Indirect costs have no monetary value and their effects cannot be measured or estimated numerically.

Categories of Costs incurred by survivors

Direct Costs	These costs are actual expenses paid, representing real money spent in response to SGBV by the survivor's family. They include transport money (Logistics) or fare to a referral hospital, police station, Court and a safe house or shelter.
Indirect Costs	These costs result directly from SGBV incident but have no monetary value. These effects cannot be measured or estimated numerically. They include pain, injury, physical harm, trauma, isolation, negative psychological effects on children, reduced productivity, unwanted pregnancy, infection

The Direct Cost of Accessing Justice for SGBV Survivors in Kinango

Costs Incurred in Pursuing Justice

For survivors of sexual and gender-based violence (SGBV) in remote villages of Kinango Sub-County, the financial and logistical burden of pursuing justice is overwhelming. On average, a survivor spends approximately **Ksh. 11,800** on logistics alone, covering expenses incurred from the initial reporting of the matter at a police station, seeking medical treatment at the Sub-County Hospital, and attending court sessions at the Kwale Law Courts. The most common means of transport available to survivors is the motorcycle, locally known as **boda boda**, due to the unreliability or complete absence of alternative transport in many remote areas. Motorbikes are often preferred because of their availability and ability to navigate through poor roads and rugged terrain. However, the high costs associated with this mode of transport place an additional burden on survivors.

Data obtained from survivors in Kinango illustrates the magnitude of these costs. A survivor from **Ndavaya Ward** must travel approximately **72 kilometers**, incurring costs of about **Ksh. 2,000**, to reach the Kwale Law Courts to attend court sessions or give evidence. For those in **Kinango Township**, the distance is shorter—about **27 kilometers**—but still costly, while survivors in **remote parts of Puma Ward** face the longest journey, covering more than **104 kilometers** to access the same court services. Reaching medical or police services also requires significant time and expense; for instance, it can take **more than 10 hours** for a survivor to report a case at a police station or receive treatment at a health facility. Survivors in **Puma Ward** must travel about **50 Kilometers**, paying an average of **Ksh. 3,000**, to make a report at **Vigurungani Police Station**, while accessing the **Kinango Sub-County Hospital** from some villages requires traveling **35 Kilometers** at an average cost of **Ksh. 1,200**.



These costs highlight how economic and infrastructural barriers combine to deny survivors timely access to justice. The distances travelled, the exorbitant transport charges, and the long hours required not only delay reporting and weaken investigations but also discourage survivors from pursuing their cases, thereby reinforcing cycles of silence and impunity in Kinango

Non-Monetary Costs and Impacts

While the existing policy and legislative framework makes provision for prosecution of perpetrators and protection survivors of GBV, existing challenges include inadequate shelters and safe houses, limited coordination of stakeholders, limited capacity of the health, security and justice sectors, inadequate enforcement, the misconception that GBV unduly focuses on girls and women, the legal dilemma of sex between minors, weak chain of custody of forensic evidence resulting in acquittals and lack of comprehensive prevention mechanisms. Moreover, despite all these, gender mainstreaming in the county and national government budgets remains elusive. Women voice and issues are underrepresented in both political and public debate. Systemic barriers including low levels of education and literacy, patriarchy and retrogressive cultural beliefs continue to shrink the space for female participation in decision making platforms. Underdevelopment and poor infrastructural hinder service delivery and effectiveness of duty bearers to support survivors

All forms of violence are costly and negatively impact economic growth and poverty reduction efforts. HURIA's focus on survivors of SGBV in Kinango is informed by the reality that most of them are unable to access justice based on **personal, family and communal challenges** that hinder them from reporting and follow up of their cases. Additionally, **social, economic and political factors contribute to the barriers and challenges**. Most of the challenges cut across the **inaccessibility of service providers, distance, expenses and exorbitant costs a survivor or their family of the survivors incurs in pursuit for immediate help, legal and medical support and access to justice**.

With heightened socioeconomic marginalization and poverty in the area, most needs of survivors go unmet. Survivors, who are disproportionately women and young girls, suffer isolation, inability to work, lack of participation in daily activities, and limited ability to care for themselves and their dependents. HURIA therefore was prompted by the concerns and broadly looks at the support for survivors and the concept of access to Justice that goes beyond access to courts or legal representation.

HURIA's response to the prevalence of SGBV in Kinango

Our trigger in understanding the cost for accessing justice

HURIA's approaches justice delivery with a people-centered perspective. In September 2022 we established a **Community Social Justice and Human Rights Center** in Kwale County, Kinango Sub- County. The Centre was established courtesy of the access to justice and inclusive governance project supported by **EU** and the **Embassy of Netherlands** through **Amkeni WaKenya civil society facility**. Through the sustenance of Free Legal Aid, legal empowerment activities and swift response visits to human rights complaints and calls, the Centre has remained critical in expanding formal justice in far flung areas that are under-served and as a first point of reference to communities aggrieved and who are at risk of having their rights threatened, abused or violated, and thus diminishing the frustration of not being heard or represented.



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**Poverty
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distance
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Key Recommendations

A Roadmap for Action



Short-Term (Immediate to 1 Year)

Strengthen Initial Support and Protection

- Establish temporary shelters and safe houses in partnership with faith-based institutions and community groups to provide emergency protection for survivors fleeing violence.
- Integrate psychosocial counseling into existing health facilities and schools by training health workers and teachers in trauma-informed care.
- Provide financial and logistical support for survivors and witnesses to attend court, ensuring trauma is minimized through comfort counseling and clear explanations of legal processes.

Enhance Police and Health Response

- Support police station gender desks with infrastructure, equipment, and training to handle SGBV cases sensitively and effectively.
- Improve access to timely post-rape care, PEP, and evidence collection in local health facilities to safeguard both survivor recovery and legal outcomes.

Strengthen Coordination and Referral Pathways

- Develop clear referral mechanisms between chiefs, police, health workers, judiciary, NGOs, and community leaders.
- Convene regular multi-sectoral forums to improve coordination, accountability, and case follow-up.



Medium-Term (1–3 Years)

A Path Forward

Bring Justice Closer to Communities

- Establish a mobile or specialized court within Kinango to reduce long distances survivors currently travel to Kwale town.
- Expand the role of community-based paralegals and local CBOs to provide legal aid, case management, and accompaniment for survivors.

Strengthen Integrated Service Delivery

- Set up a mini one-stop centre at Kinango Sub-County Hospital as a hub for medical, psychosocial, and legal referral services.
- Expand forensic services by equipping health facilities to carry out clinical evaluations, specimen collection, and documentation to support prosecutions.

Promote Prevention and Empowerment

- Implement community-based prevention and response programmes, including economic empowerment initiatives, cash transfers, and interventions that challenge unequal gender norms.
- Scale survivor-centered legal aid services in rural and remote communities, raising awareness of rights and available support.

Long-Term (3+ Years)

A Path Forward

Institutionalize and Sustain GBV Services

- Advocate for the National and Kwale County Governments to create a **dedicated budget line for GBV prevention and response**, ensuring sustainable funding for shelters, psychosocial care, legal aid, and awareness campaigns.
- Mainstream GBV response into county development plans and national policies to guarantee long-term integration and political commitment.

Expand Evidence and Accountability Systems

- Strengthen GBV monitoring and data collection systems to track trends, evaluate impact, and ensure accountability.
- Invest in long-term research to identify what works best in prevention and response, ensuring policies and practices remain evidence-based.

Build Resilient Communities

- Foster integration of formal and informal justice mechanisms to improve prevention, protection, and redress pathways for survivors.
- Promote broad-based community mobilization to shift harmful gender norms, reduce tolerance of violence, and build safer, more inclusive communities.





Conclusion

The barriers faced by survivors of SGBV in Kinango are complex but not insurmountable. By sequencing interventions across short-, medium-, and long-term horizons, stakeholders can ensure immediate relief, build systemic capacity, and sustain change over time. A survivor-centered and collaborative approach anchored in accountability, resource allocation, and community empowerment is essential for creating a future where gender-based violence is rejected, justice is accessible, and dignity is upheld for all.

Annexes

1; Indicator sheet for Kinango Sub-County SGBV Data

KINANGO SUBCOUNTY GBV DATA					
JULY 2023-MAY 2024					
INDICATOR	KASEMENI	KINANGO	PUMA	NDAVAYA	
TOTAL GBV CASES	56	81	83	30	
TOTAL SGBV	31	68	26	27	
REPORTED WITHIN 72 HOURS	8	21	21	9	
REFERRED TO POLICE	2	34	29	19	
REFERRED TO PSYCHOLOGICAL COUNSELLING	28	5	8	1	

2. Distance covered and cost implication on survivors in accessing Hospital, Police station and the Courts from the difference wards in Kinango Sub- County

WARD	HOSPITAL	POLICE STATION	COURT	TOTAL AMOUNT SPENT
Ndavaya Ward	KM; 35km	KM; 10km	KM; 72km	3,400ksh
	<u>Amount Spent; 1200 ksh</u>	<u>Amount Spent; 200ksh</u>	<u>Amount Spent; Ksh2,000</u>	
	Name of Hospital; Kinango Sub-County Hospital	Name of PS; Ndavaya Police Station	Kwale Law Courts	
Puma; Nyango	KM; 77km	KM; 50km	KM; 104km	11,800ksh
	<u>Amount Spent; 4000ksh</u>	<u>Amount Spent; 3000ksh</u>	<u>Amount Spent; 4800 ksh</u>	
	Name of H; Kinango Sub County Hospital	Name of PS; Vigurungani Police station	Kwale Law Courts	
Samburu Ward	KM; 18km	KM; 18km	KM; 20km	

2. Distance covered and cost implication on survivors in accessing Hospital, Police station and the Courts from the difference wards in Kinango Sub- County

	<u>Amount Spent; ksh 100</u>	<u>Amount Spent;</u> <u>ksh 100</u>	<u>Amount Spent;</u> <u>ksh 200</u>	400 ksh
	Name of H; Samburu Sub-County Hospital	Name of PS; Samburu Police Station	Mariakani Law Courts	
Mwavumbo Ward	KM; 17km	KM; 19 km	KM; 22km	
	<u>Amount Spent; Ksh 200</u>	<u>Amount Spent; Ksh 200</u>	<u>Amount Spent;</u> <u>Ksh300</u>	700ksh
	Name of H; Mariakani hospital	Name of PS; Mariakani police station	Mariakani Law Courts	
Kasemeni Ward	KM; 23km	KM; 21km	KM; 26km	
	Amount Spent; 300ksh	Amount Spent; 300ksh	Amount Spent; 400ksh	1,000ksh
	Name of H; Mazera hospital	Name of PS; Mazera police station	Mariakani Law Courts	
Kinango Township	KM; 6km	KM; 6km	KM; 27km	
	Amount Spent; 50ksh	Amount Spent; 50ksh	Amount Spent; 1000ksh	1,100ksh
	Name of H; Kinango sub county Hospital	Name of PS; Kinango Police station		

Annexes

1. Beijing Declaration and Platform for Action, 1995.
2. Constitution of Kenya, 2010.
3. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979.
4. International Conference on Population and Development (ICPD), 1994.
5. Maputo Protocol on the Rights of Women in Africa, 2003.
6. National Policy for Prevention and Response to Gender-Based Violence, 2014.
7. Protection Against Domestic Violence Act, 2015.
8. Prohibition of Female Genital Mutilation Act, 2011.
9. Sexual Offences Act, 2006.
10. Survivor Protection Act, 2014.
11. UN General Assembly, Declaration on the Elimination of Violence Against Women, 1993.
12. UN Security Council Resolution 1325 on Women, Peace and Security, 2000.
13. Kwale County Government. (2019). *Population and Housing Census Report*. Kenya National Bureau of Statistics.
14. HURIA (2023–2024). *Kinango Social Justice and Human Rights Centre Community Monitoring Data*.
15. World Health Organization (WHO), 2021. *Violence Against Women Prevalence Estimates*.



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