Effectiveness of State and Non-State Actors' Initiatives in Addressing the Economic Empowerment Needs of Women Survivors of Gender-Based Violence

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Abstract

Gender Based Violence (GBV) is a widespread human rights violation that transcends all demographic groups. In Kenya, the prevalence is over 35%. GBV constraints work, subsequently limiting women's economic empowerment. Unfortunately, data to link GBV with survivors' economic output is not available. The efficacy of initiatives implemented by state and non-state actors is unclear. To address this gap, the Kenyatta University Women's Economic Empowerment Hub GBV team endeavored to establish the efficacy of the Gender-Based Violence Recovery Centre in Makueni County and the Life Bloom Services International recovery program in Naivasha, Nakuru County. It specifically sought to establish whether and how the initiatives empowered women survivors of GBV economically and contributed to their recovery. Anchored on the socio-ecological model, the study employed a mixed-methods approach to collect quantitative and qualitative data from survivors and key informants. The findings indicate that LBSI initiatives have an economic component while the GBVRC did not. Further, while both empower and contribute to survivors' recovery, those that have an economic empowerment component are more effective since they enabled GBV survivors to make decisions that ultimately free them from further abuse. The study recommends establishment of more programmes on women's economic empowerment for GBV survivors but with a caveat that this alone is not a panacea against GBV.

Key Words: Economic Empowerment, Gender based violence, Gender Based Violence Recovery Centre, Intimate Partner Violence, Rescue, Recovery and Rehabilitation Programmes

1.0 Introduction

Gender-Based Violence (GBV) is the most common type of gender inequality globally (World Bank, 2013). The World Health Organization (WHO) (2013) explains that one of three women in romantic relationships is subjected to physical and sexual violence or both, by a companion. Further, the State of Africa Women's Report (2018) indicates that in 19 out of the 28 countries for which data was available, 20-45% of women aged 15 to 49 had been subjected to the vice at least once in their life.

In Kenya, the prevalence of GBV is at over 35% (KNBS, 2014). It also underlines that GBV is a major health, social, economic and human rights issue that affects individuals, and communities. Mc Evoy (2012) notes that GBV is not only widely accepted by individuals and communities in Kenya, but also takes place within the intricate web of families who normalize it, compromising both preventive and response measures.

In Kenya, there are a number of state and non-state actors responding to and addressing GBV survivors' plight. Despite their existence, the prevalence of the vice against women and girls remains high. This raises questions on the efficacy and relevance of the initiatives. GBV not only interferes with girls' and women's wellbeing, it also constraints their work, subsequently limiting their economic empowerment (NGEC, 2016; Dimovitz, 2015; Temmerman et al. 2019),). Unfortunately, data on the nexus between GBV and survivors' economic empowerment is scarce. Further, there is need for context specific studies whose findings would inform county (regional government) policy. The study, therefore, sought to generate evidence on the effectiveness of RRRPs and GBVRCs in empowering survivors economically and enabling them to recover. The study assessed one state Gender Violence Recovery Centre (GBVRC) and one non-state Rescue, Recovery and Rehabilitation Programme (RRRP) to generate evidence on their efficacy in empowering survivors economically and enabling their recovery.

2.0 **Methodology**

The focus of the study was on the impact of programmes and initiatives addressing GBV as a constraint to women's economic empowerment. The specific objectives for this study were to; Establish the extent to which skills and experiences gained by GBV survivors' from Makueni Gender Based Violence Recovery Centre (GBVRC) and Naivasha's Life Bloom Services International led to their economic empowerment and to determine the effectiveness of Makueni GBVRC and Life Bloom Services International in facilitating the recovery of GBV survivors.

This study applied the exploratory research design and employed a mixed methods design combining qualitative and quantitative approaches. This is aligned to the phenomenological methodology that is applicable in GBV research (William (2006), cited in Gumani and Mudhovozi (2013). The study focused on one state GBVRC (Makueni County) and a non-state RRRP (Life-Bloom Services International) in Naivasha in Nakuru County. The population from which the study subjects were sampled consisted of 425 women survivors of GBV who had sought and received services from the Makueni GBVRC and Life Bloom International Services, aged over 18 years and willing to participate.

The desired sample size for the study was determined using Slovin's formula (Isip, 2015) as illustrated below:

a. $$Sample\ size = \frac{Population\ size}{1+(Population\ size)(Margin\ of\ error)^2}$$

With a total target population size of 425 and a 5% margin of error, the sample size was derived as follows:

b. $$Sample\ size = \frac{425}{1+(425)(0.05)^2} = 207 \text{ participants}$$

In implementation, the study reached 149 survivors[i] distributed as indicated in Table 1.1 below. The respondents were randomly selected from the master lists provided by the initiatives after screening to ensure that they fulfilled the inclusion and exclusion criteria. Attainment of the desired sample of 207 participants was constrained by a number of factors including the state of data in the facilities which was hardly disaggregated by age and forms of GBV experienced by the survivors. In Makueni GBVRC, the survivor data included minors and adults who were not actually survivors but had accompanied the latter to the centre. Secondly, many of the survivors were no longer residing in the counties of the study. Third, a number of targeted respondents were unreachable. Fourth, some survivors who had originally consented to the interviews reneged. The factors notwithstanding, the study collected data from 91 survivors (61.1. %) in Makueni GBVRC and 58 (38.9%) in LSBI in Naivasha, in Nakuru County.

The study collected primary data using in-depth face to face interviews with women GBV survivors to gain a deeper understanding of their experiences in the GBVRC/RRRP. Key informant interviews (KIIs) were conducted using semi-structured schedules administered to managers, staff of the GBVRC/RRRP and government officials in the counties of study. All interviews were captured using notebooks and recorders with the informed consent of participants. Quantitative data was captured using a pre-programmed questionnaire on *Survey to Go.*

Both qualitative and quantitative data were collected. Quantitative data were analyzed using measures of central tendency and dispersion and summarized in percentages whereas qualitative data were analyzed by coding (denotation of theme or variable identified from the data and developing a matrix with units fitting into a specific variable). The data were classified thematically and according to the variables of study, which involved identification of the relevant textual material.

3.0 Results/Discussions

This chapter presents the study findings. It is divided into three main sections. The first section focuses on respondents' demographic characteristics, organized around age, religion, education and marital status. The second covers the economic status of respondents, specifically sources of, levels of and control over income. This is followed by a look at the contribution of the programmes studied to survivors' recovery.

3.1 Respondents' Demographic Characteristics

The demographic profile of respondents presented covers age, religion, education and marital status.

3.1.1 Age of Respondents

The study looked at the age of respondents primarily to detect which cohort is most affected by GBV, hence establish the implications of this for their economic empowerment. Table 3.1 presents the breakdown by cohort.

Table 3.1: Age of Respondents

County	Age Bracket	Frequency	Percentage
LBSI (Naivasha)	18-25 years	5	8.6
	26-35 years	27	46.6
	36-45 years	18	31.0
	46-55 years	5	8.6
	Above 55 years	3	5.2
	Sub-total	**58**	**100.0**
Makueni GBVRC	18-25ears	16	17.6
	26-35 years	28	30.8
	36-45 years	26	28.6
	46-55 years	16	17.6

	Above 55 years	5	5.5
	Sub-total	**91**	**100.0**

Source: Study Data (March, 2022)

Table 3.1 shows that majority of respondents were aged between 26 to 45 in both study sites, accounting for 66.4 % of all survivors. Thus, they fell within the economically productive age group. This finding corresponds with data from the KDHS (2014) which shows that majority (77%) of married women who had ever experienced violence fell in the age brackets 25 to 39. That women in this category face GBV implies an interference with their personal development, empowerment and livelihoods.

3.1.2 Respondent's Religion

Religion predetermines people's beliefs and practices, including attitudes towards and toleration of GBV as well as appropriate solutions to problems faced. Considering this, the study sought to document the religious affiliations of survivors. Results are presented in Table 3.2.

Table 3.2: Respondents' Religion

Facility	Religion	Frequency	%age
Makueni GBVRC	Christian - Catholic	26	28.5
	Christian - Evangelical	25	27.5
	Christian – Anglican	40	44.0
	Total	**91**	**100.0**
LBSI (Naivasha)	Muslim	9	15.5
	Christian - Catholic	16	27.6
	Christian - Evangelical	10	17.2

	Christian – Anglican No affiliation	17 2	29.3 3.4
	No response	4	7.0
	Total	**58**	**100.0**

Source: Study Data (March, 2022)

Table 3.2 shows that all respondents in GBVRC were Christians. In LBSI, the majority (77.5%) were Christians while 15.5% were Muslims. Additional information from survivors showed that some women opt to remain in violent marital unions due to religious canons on the sanctity and permanence of marriage. Religion is also recognized to perpetuate violence by legitimizing women's subservience (Stiebert, 2019).

3.1.3 Respondents' Education

Formal education facilitates decision-making and equips individuals with knowledge and skills that position them for opportunities in the labour market. As such, the study sought to establish respondents' levels of education as an indicator of personal empowerment and potential deterrent to GBV. Table 3.3 captures the findings.

Table 3.3: Respondents' Levels of Education

		Makueni GBVRC		**LBSI (Naivasha)**	
	Level of Education	**Frequency**	**Percentage**	**Frequency**	**Percentage**
1	Never attended school	2	2.2	9	15.5
2	Primary	34	37.4	18	31.0

3	Incomplete primary	4	4.4	12	20.4
4	Secondary	30	33.0	9	15.5
5	Incomplete secondary	1	1.1	2	3.4
6	College	9	11.7	5	9.2
7	University	2	2.2	1	1.7
	Total	**91**	**100.0**	**58**	**100.0**

Source: Study Data (March, 2022)

The results show that majority (82.5%) of respondents had primary and secondary levels of education. Less than a quarter (17.5%) had middle level college and university education. This suggests that exposure to GBV reduces with a rise in women's levels of education. It may be inferred, that this is because those with higher education have better knowledge of their rights and freedoms and are therefore ready to terminate abusive relationships. It could also be that education enables them to be self-reliant hence not depend economically on violent partners. The finding resonates with Marium (2014) that shows a positive relationship between a woman's high education level and lower domestic violence, attributed to improved dialogue between spouses.

3.1.4 Marital Status

Marital dynamics are critical in determining exposure to GBV. Being in an unstable marriage may predispose one to violence considering that intimate partners are the majority perpetrators of GBV (Decker et al., 2022). The study thus documented the marital status of survivors seeking services from the selected institutions before and after the violence. Figures 3.1 and 3.2 show the respective results.

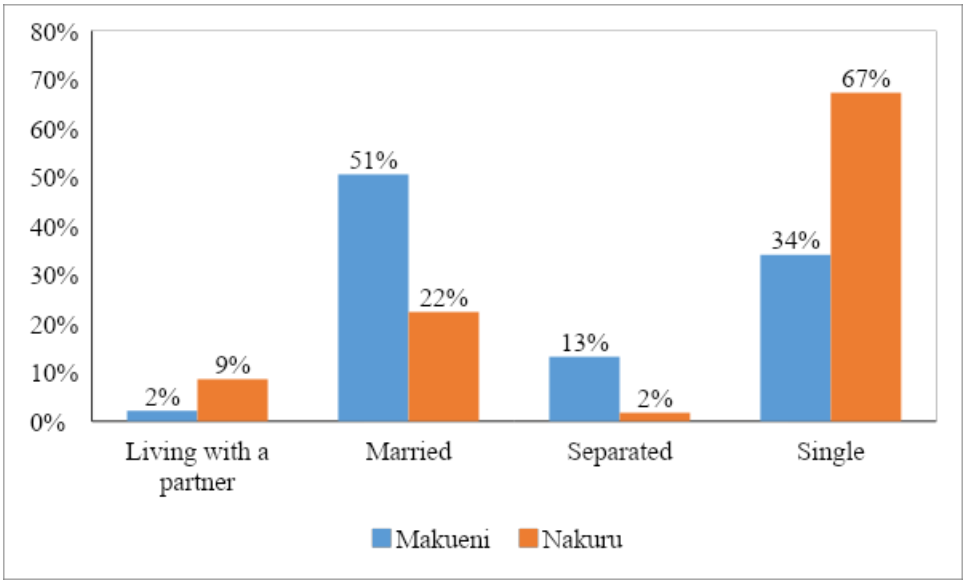

Figure 3.1: Respondents' Marital Status before Violence. Source: Study Data (March, 2022)

Figure 3.1 shows that majority (51%) of survivors in GBVRC were married before the onset of violence. On the other hand, most (67%) of those from LBSI were single. The figure also shows that in Makueni, single women were the next most affected group, at 34%. For Naivasha married women were the second most affected category at 22%. This variation may be associated with contextual factors, particularly the fact that Makueni respondents were largely rural while those in Naivasha were partly urban. The pattern from the combined findings shows that both married and single women were predisposed to GBV. This is significant when linked to the fact that intimate partners (boyfriends and husbands) are the main perpetrators of GBV (WHO, 2013; KDHS, 2014).

This study further looked at the age when survivors started living with a partner. This would help in detecting whether the age of a woman determines domestic power dynamics and helps to show the potential longevity of exposure to GBV. Findings on this variable are presented in Table 3.4.

Table 3.4: Age Survivor Started Living with a Partner

Programme	Age	Frequency	Percentage
Makueni GBVRC	Below 18 years	5	5.5
	18-25 years	38	41.8
	26-35 years	11	12.1
	36-45 years	1	1.1
	46-55 years	4	4.4

	No response	31	34.1
	Not Applicable	1	1.1
	Sub-total	**91**	**100.0**
LBSI (Naivasha)	Below 18 years	4	6.9
	18-25 years	11	19.0
	26-35 years	3	5.2
	36-45 years	1	1.7
	No response	39	67.2
	Sub-total	**58**	**100.0**

Source: Study Data (March, 2022)

Table 3.4 shows that majority (41.8%) of respondents in GBVRC started living with a partner when aged 18-25. For LBSI, the majority (67.2%) did not disclose such information. However, 19% indicated that they also started living with a partner at that age. This resonates with Wado et al. (2021) that in Sub-Saharan Africa, a substantial number of women/girls aged 15-25, who are in intimate relationships reported experiencing physical and/or sexual violence. The onset of GBV seems to come early in marital life and its persistence leads to women experiencing life-long exposure to the vice and its consequences.

Combined with data on the age at which women entered a union, information on the duration in current marriage helps in establishing the length of time survivors have tolerated violence, from which economic implications can be deduced. Findings are presented in Figure 3.3.

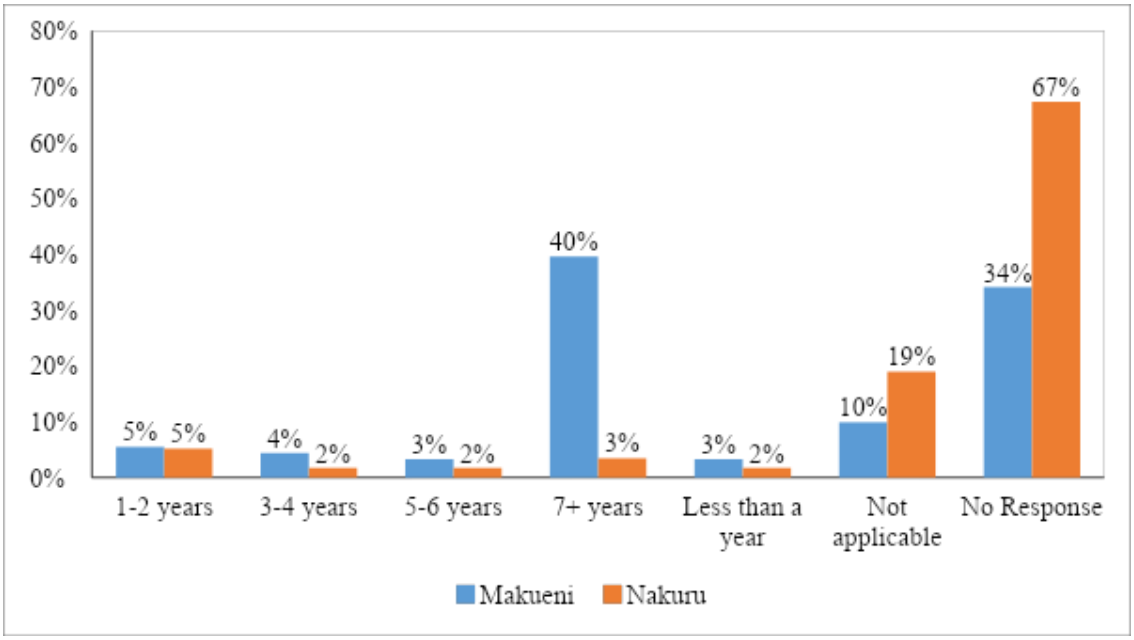

Figure 3.3: Duration in Current Marriage. Source: Study Data (March, 2022)

3.2 Skills and Experiences Gained from Rescue Centres in Enhancing Women's Economic Empowerment

The first objective of the study was to establish the extent to which skills and experiences gained from Makueni GBVRC and LBSI (Naivasha) led to women's economic empowerment. This was examined by looking at their economic status in terms of sources of, levels of and control over income. Findings on the three variables are presented below.

3.2.1 Sources of Income

Information on the respondents' main sources of income is shown in Figure 3.4.

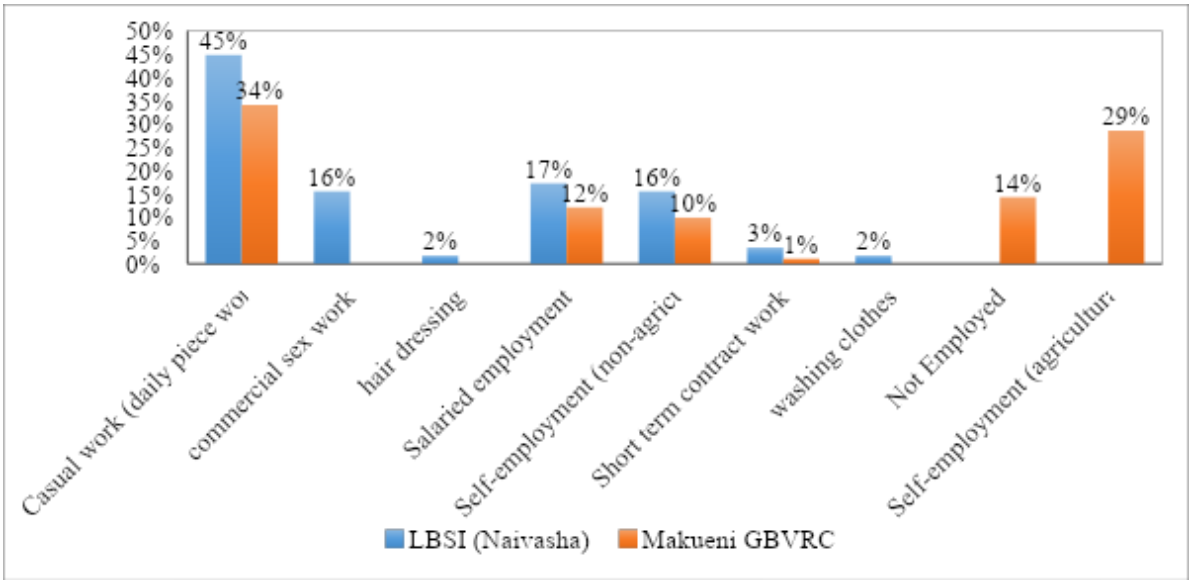

Figure 3.4: Sources of Income. Source: Study Data (March, 2022)

The findings indicate that casual work was the main source of income for majority of respondents; 45% in LBSI and 34% in GBVRC. Considering the temporal nature of such work, this means that majority of respondents did not have consistent and predictable income, which is an indicator of their economic vulnerability. In addition, some survivors lamented that they earned so little it was a mockery labelling it as income. A number in LBSI specified that lack of reliable income pushed them into commercial sex work, a predicament caused by the fact that they were single parents hence sole providers for their children.

These findings indicate that the survivors had low levels of economic power. As captured in Peterman, Roy and Ranganathan (2019), such socio-economic groups face a high risk of exposure to GBV and tend to live in locations with fewer support services and weaker legal systems. Logically then, they are prime candidates for economic empowerment programmes.

3.2.2 Levels of Income

Concomitant to the sources of income, the study investigated the survivors' total earnings before and after going through the RRRPs. Table 3.5 presents the findings.

Table 3.5 Income Before and After Programmes

		Before		After		% Difference
County	**Indicator**	**Frequency**	**Percentage**	**Frequency**	**Percentage**	
LBSI (Naivasha)	Nil	10	17.2	1	1.7	-15.5
	Kshs. 10,000 and below	36	62.1	35	60.3	-1.8
	Kshs. 10,001 - 20,000	10	17.2	18	31.0	13.8
	Over Kshs. 20,001	2	3.4	4	6.8	3.4
	Sub-total	**58**	**100.0**	**58**	**100.0**	
Makueni GBVRC	Nil	16	17.6	15	16.5	-1.1
	Kshs. 10,000 and below	62	68.1	60	65.9	-2.2
	Kshs. 10,001 - 20,000	9	9.9	11	12.1	2.2
	Above Kshs. 20,001	4	4.4	5	13.2	8.8
	Sub-total	**91**	**100.0**	**91**	**100.0**	

Source: Study Data (March, 2022); cell sample sizes too few (e.g. 0, 1, 2)

The data above shows that 17.2% of respondents in LBSI and 17.6% in GBVRC did not have tangible income before the programme. After the programme, only 1.7% reported remaining with no income with LBSI, showing a remarkable change in their status. In GBVRC, the improvement was modest; from 17.6% to 16.5%. The general pattern is that survivors' incomes improved after going through the programmes.

To ascertain that the programmes contributed to the changes in the incomes, respondents were asked to state whether the variations resulted from the initiatives studied. The findings are shown in Figure 3.5 below.

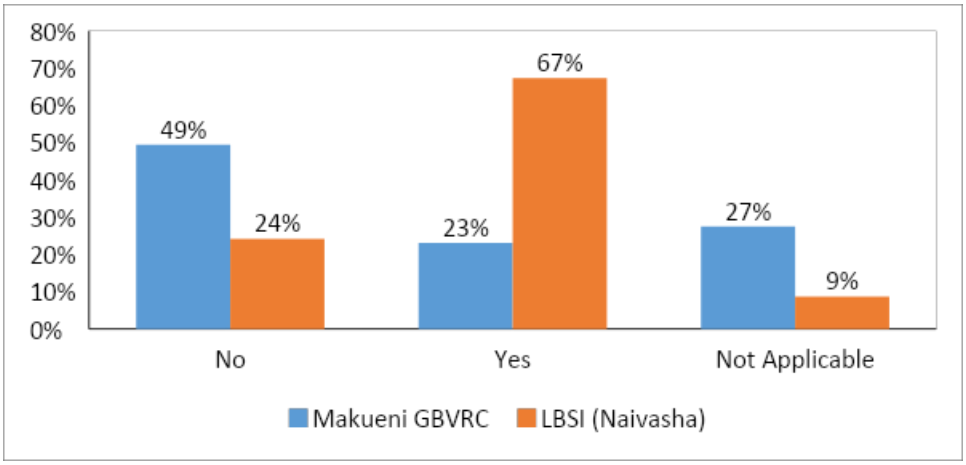

Figure 3.5: Attribution of Income Changes to Programmes. Source: Study Data (March, 2022)

The results reflected in Figure 3.5 indicate that majority (67%) of respondents in LBSI attributed the changes in their incomes to the programme. Only 23% did so in GBVRC.

Upon further probing, the LBSI beneficiaries explained that the programme enabled them to: negotiate increased salaries; access credit for business; learn and apply entrepreneurial skills; and diversify sources of income. Some indicated that they were advised to be self-sufficient while others were motivated by programme alumni on how to progress after counselling. The study observes that the confluence of counseling and economic empowerment is potent in enhancing survivors' recovery. The effect of the programmes on economic empowerment are captured in stories of beneficiaries.

Sabina (not her real name) a survivor at LBSI) said;

*"... I trained as a **caterer** and events planner, and developed my skills through the **finance and business literacy classes at LBSI**. The programme inspired me to become a peer counsellor and **programme manager**. I went from zero income to buying plots of land which I developed and rented out.".*

Another survivor *Esther (not her real name)* noted;

*"Life Bloom took me through **counseling** and **training on beauty therapy, catering, paralegal work and computers**. We were then **organized into women's catering groups**. From this, we would earn between 1,500 and 2,000 shillings per event. **We learnt to save and invest**."*

The above excerpts indicate that at LSBI, survivors benefited from skills' training in the economic empowerment component. However, the programme at GBVRC did not have such a component. Notwithstanding, beneficiaries of the facility underlined that the counseling received helped them to begin thinking about what they would do to earn an income.

While respondents reporting improvements in income attributed this to the programmes, those who did not observed that the support received was meant to address their immediate material needs and was not business capital. Additionally, they blamed economic stagnation on shortage of opportunities in the labour market, expenses incurred in relation to the abuse, and perpetual prohibition by partners from working.

3.2.3 Control over Income

The survival and financial stability of any individual is determined not only by levels of income, but also control over the same.

According to Vyas and Jansen (2018), inequalities between men and women are products of broader structural systems. One of the main indicators of such inequalities is the control over resources. The study was therefore interested in checking the income control patterns among study respondents before and after getting assistance in order to establish whether it changed for the better. Findings are shown in figures 3.6 and 3.7.

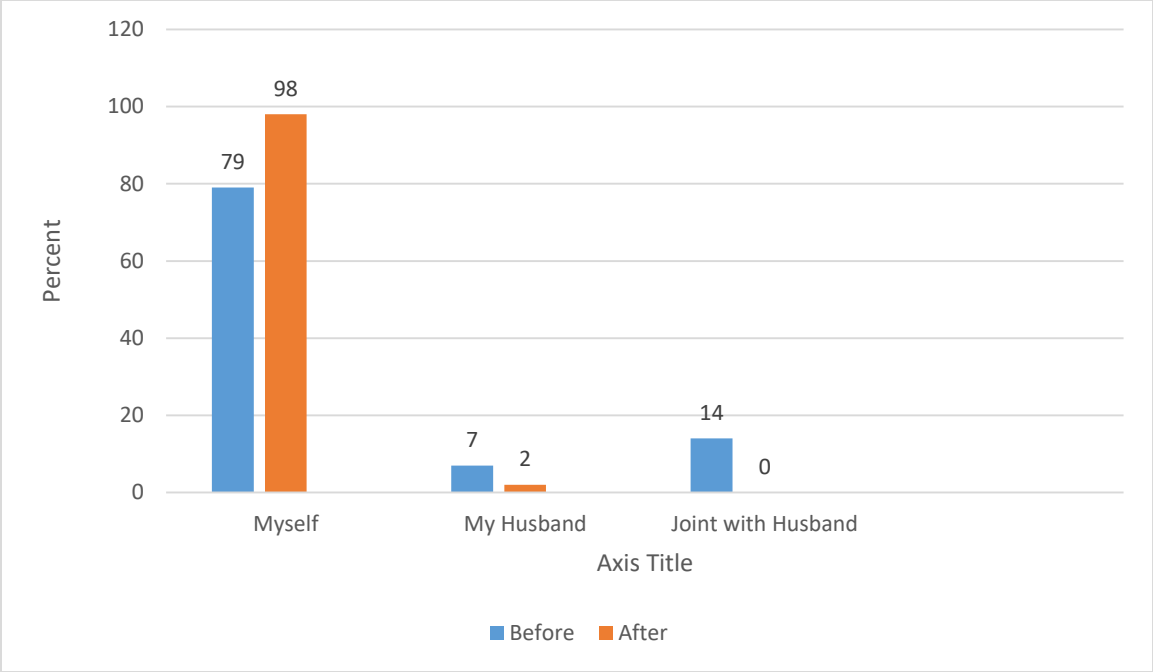

Figure 3.6: Control of Income Before and After Programme – LBSI (Naivasha)

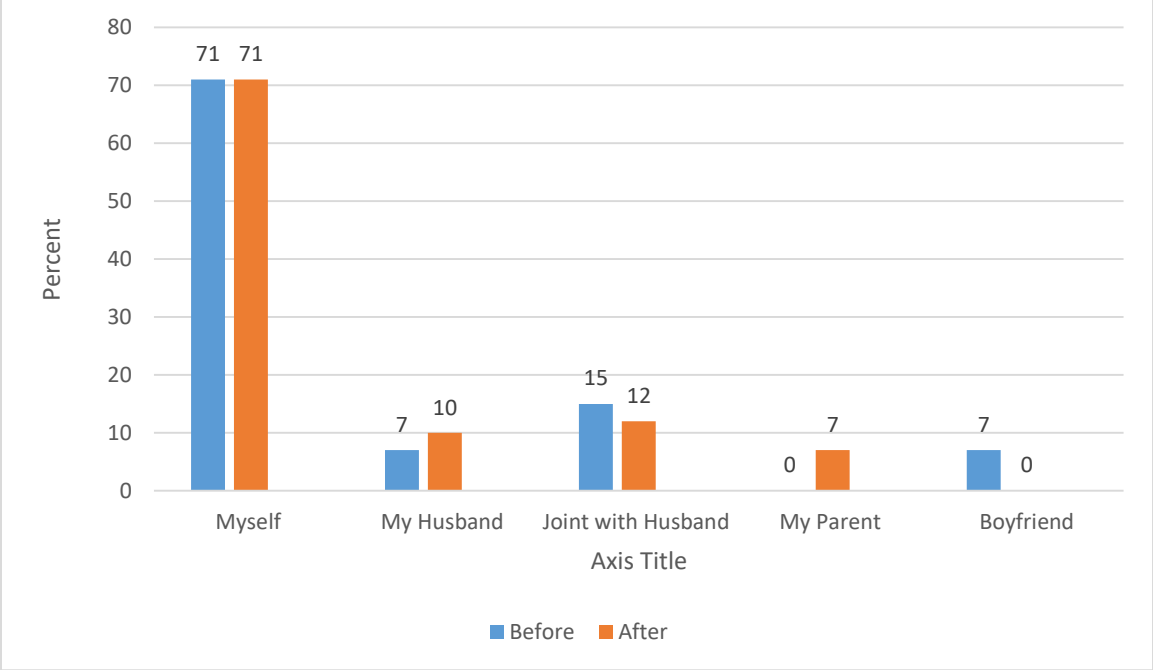

Figure 3.7: Control of Income Before and After Programme – Makueni GBVRC

Figures 3.6 and 3.7 show that in both study sites, majority of respondents controlled their incomes before participating in the programmes. That only 7% from both LBSI and GBVRC indicated that their income was controlled by husbands, shows that the women largely had freedom on the use of their earnings.

After the programmes, however, the proportion of respondents who controlled their incomes increased from 79% to 98% at LBSI but remained 71% in GBVRC. This depicts a remarkable increase in LBSI, suggesting a strong association between income control and their experiences at the programme. At LBSI, the percentage in joint control with husbands reduced to zero while in GBVRC, it decreased to 12% from 15%. The results suggest that the programmes enhanced survivors' in control over their incomes.

LBSI seems to have had a greater impact in doing this than GBVRC. This could be attributed to the fact that they benefitted from the vocational and financial skills training offered at LBSI. Besides, majority were noted to be single (unmarried, divorced or separated), information that shows increased in autonomy due to increase in levels of income Since Makueni did not have an economic empowerment component, data does not show much difference, indicating that most probably, women remained in their economic status quo.

3.3 Effectiveness of Makueni GBVRC and LBSI Naivasha in Facilitating GBV Survivors Recovery

The second objective of the study was to determine the effectiveness of Makueni GBVRC and Life Bloom Services International in facilitating the recovery of GBV survivors based on the services received. This section presents findings on the triggers of the GBV experienced, the kind of help survivors sought in response, what they received and how this contributed to their recovery. It also presents some indicators of recovery.

3.3.1 Triggers of Violence

Respondents were asked to indicate what variables triggered the violence they experienced. The responses are summarized in Figure 3.8 below.

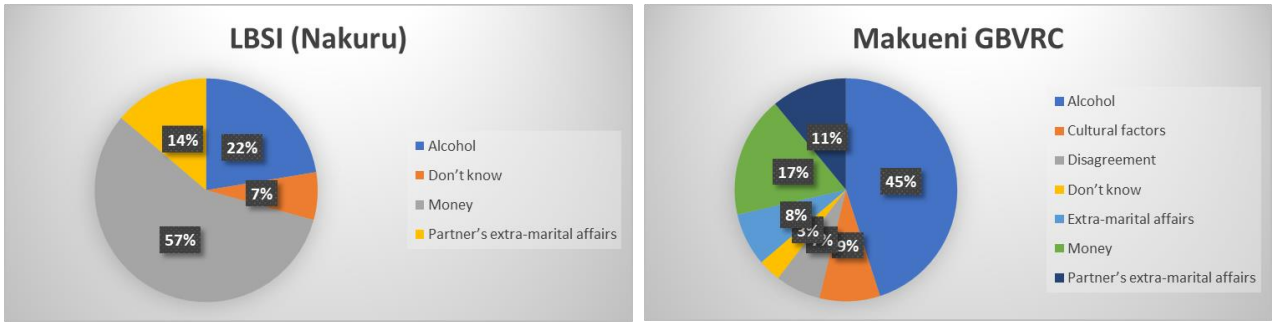

Figure 3.8: Causes of violence in LSBI and GBVRC. Source: Study Data (March, 2022)

Figure 3.8 shows that for LBSI, money issues were the major cause of violence as reported by 57% of respondents followed by alcohol abuse (22%). In GBVRC, the latter accounted for 45% and the former 17%. This indicates that the two factors were the primary triggers of GBV in both study sites. The emergence of money as a leading trigger is of interest as it hints at economic control by intimate partners. While this suggests that empowering women economically could have a significant impact in lowering GBV by giving them financial autonomy, studies ironically show that control over finances also predisposes women to GBV (Sichimba, Nakazwe & Phiri, 2020; Sethi, 2020). This indicates that economic independence is both a cause of and solution to GBV. The implication is that promoting it should be tempered with a caveat that it is not a panacea, unless the beneficiary stays away from the abusive partner. Otherwise, programmes that do not tackle other triggers of GBV, but only concentrate on economic empowerment, are not likely to have holistic effect. Family oriented rehabilitation programs, which also incorporates GBV predators and perpetrators may go a long way in responding to it.

3.3.2 Type of Help Sought and Received by Survivors

Efficient service to survivors is critical in responding to GBV. In order to determine the relationship between what service survivors sought and what they received, respondents were asked to indicate the specific help they sought from the programmes and the actual assistance received. The findings are presented in tables 3.6 and 3.7 below.

Table 3.6: Help Sought and Received – Makueni GBVRC

SN	Help Sought	Percentage Seeking	Percentage Receiving
1	Rescue/shelter	9	3
2	Family/child support	3	Nil
3	Legal assistance	25	27
4	Medical treatment	37	31

5	Psychological counselling	16	37
6	Police action	7	0
7	Others	5	2
	Total	100	100

Source: Study Data (March, 2022)

Table 3.6 shows that the most common forms of assistance sought at Makueni GBVRC were medical (37%), legal (25%) and psychosocial counselling (16%). The two next popular motivations for seeking help were to get rescue/shelter (9%) and police action (7%). It is notable that economic empowerment was not one of the reasons for seeking help. The main forms of actual assistance received were psychological counselling (37%), medical treatment (31%) and legal information (27%). The pattern depicts a correspondence between the help sought and received, with psychological counselling standing out as a service provided to significantly more people than those who sought it.

The responses tally with the mandate of the Centre, explained by one key informant as "to provide free medical treatment and psycho-social support to survivors of GBV in the county and beyond". This included temporary shelter and collaboration with the police for reporting cases and apprehension of perpetrators.

It was noted that the assistance sought in LBSI did not necessarily reflect the services offered but the needs of the GBV survivors that have been identified by the service providers. Likewise, the help received is not necessarily from LBSI directly but includes referrals to partners. Findings are presented in Table 3.7.

Table 3.7: Help Sought and Received – LBSI (Naivasha)

SN	Help Sought	Percentage Seeking	Percentage Receiving
1	Employment	Nil	4
2	Skills for income generation	11	25
3	Start-up loans	Nil	10
4	Family/child support	18	4
5	Legal assistance	24	9
6	Medical treatment	9	11
7	Psychological counselling	7	34
8	Police action	20	Nil
9	Others	11	3
	Total	100	100

Source: Study Data (March, 2022). Was this help provided by the LBSI directly or partners

According to Table 3.7 above, the main reasons for seeking help from LBSI were: legal assistance (24%); police action (20%); and family/child support (18%). Skills for income generation featured as the fourth reason, at 11%, which is rather curious given that LBSI runs a vocational training programme. This finding implies that LBSI is best known as a sanctuary for GBV survivors rather than as a vocational training programme. In terms of actual help rendered, LBSI provided mainly psychological counselling (34%) and business training (25%) for survivors, followed by medical treatment (11%) and start-up loans (10%). It is notable that the LBSI services related to economic empowerment covered 39% of respondents. The two leading forms of assistance rendered fall under two of LBSI's programmes which cover counselling and economic empowerment.

Overall, the findings confirm the primacy of psychological counselling provided in both study sites. Additionally, they show that where a programme has an economic empowerment component, it benefits even those that have not directly sought it as evident in the LBSI findings.

3.3.3 Indicators of Survivor Recovery

GBV disorients survivors and makes them feel helpless in the society. Consequently, the core aim of the RRRPs was to help survivors regain their worth in society, and resume normal life. As such, the study used a broad framework based on Folkman's (2011) "problem focused" analysis to test how the programmes helped survivors in their recovery. Respondents were asked to indicate their agreement or otherwise with specific statements on indicators of recovery. Findings are presented in Table 3.8 below.

Table 3.8: Indicators of Recovery

SN	Indicators of Recovery	Response	Frequency	Percentage
1	The help made me to review my value in the society.	Yes	133	89.3
		No	6	4.0
		No response	10	6.7
2	The help prompted me to start standing up for myself by saying "No" to what I do not believe in.	Yes	129	86.6
		No	11	7.4
		No response	9	6.0
3	The help inspired me to join others campaigning against GBV in my community or neighborhood.	Yes	104	69.8
		No	36	24.2
		No response	9	6.0

SN	Indicators of Recovery	Response	Frequency	Percentage
4	The programme enhanced my ability to participate in income-generating activities.	Yes	72	48.3
		No	70	47.0
		No response	7	4.7
5	The help inspired me to join a women's group.	Yes	102	68.5
		No	41	27.5
		No response	6	4.0
6	The help encouraged me to go for further education/training.	Yes	30	20.1
		No	110	73.8
		No response	9	6.0
7	The help encouraged me to seek employment.	Yes	55	36.9
		No	84	56.4
		No response	10	6.7
8	The help motivated me to start saving.	Yes	84	56.4
		No	61	40.9
		No response	4	2.7
9	The help enabled me to recover my lost property.	Yes	18	12.1
		No	110	73.8
		No response	21	14.1
10	The help changed my life for the better.	Yes	136	91.3
		No	10	6.7
		No response	3	2.0

Source: Study Data (March, 2022)

Table 3.8 shows that 89.3% of respondents affirmed that the programmes helps them regain their worth in society. A substantial number (69.8%) were inspired to campaign against the vice within their communities. This indicates that they gained a voice, which is a critical pathway towards addressing GBV. It also shows that survivors were empowered and had moved from being victims to being agents of change.

Often, women who experience GBV are socially stigmatized and do not wish to belong to a social group due to feelings of shame. As a result of going through the programme, 68.5% of respondents affirmed taking action towards joining women's groups which is a common avenue in Kenya for women to pool their resources towards individual and collective socio-economic development.

This indicates a move towards reintegration into the society and readiness to focus on the future. The specific women's group activities survivors engaged in are captured in Figure 2.9.

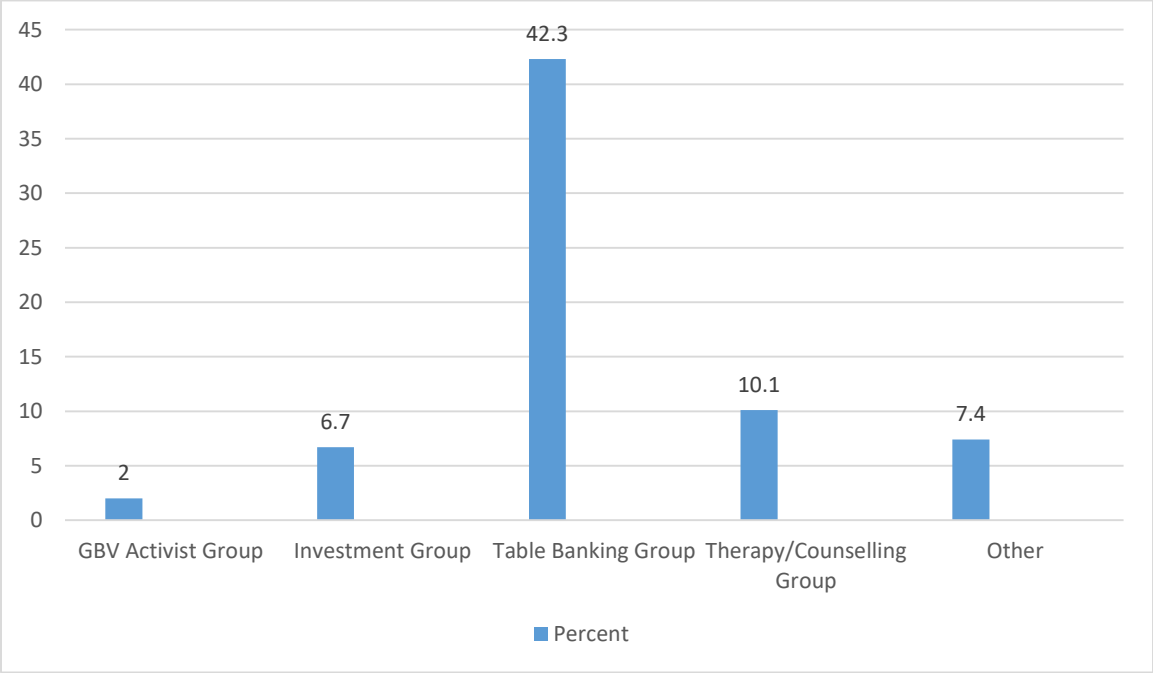

Figure 3.9: Nature of Group Survivors Joined. Source: Study Data (March, 2022)

This data indicates that majority (42.29%) of survivors joined table banking[1] groups, showing they prioritized economic empowerment. Researchers have identified table banking as a strategy that enables women to save and pool resources for borrowing which enables them to generate additional income ((Wanaswa, 2015; Ngumbau, 2017)). That the programmes helped survivors join such ventures is a clear indicator of their economic empowerment potential. As captured in Gopal & Nunllal (2017), although GBV disempowers women, the survivors exhibit great resilience thereafter. Economic empowerment solidifies this resilience, as it minimizes or eliminates dependency, which sustains violence.

The other variables on which respondents were affirmative about as resulting from the programmes were standing up for themselves (86.6%) and motivation to start saving (56.4%). Further data gathered shows that among those who started saving, 20.8% did it through formal banks, 16.1% informal saving schemes and 19.5% through mobile money phone App popularly known as

[1]Table banking is a system in which members of a group meet regularly (e.g. monthly) to pool their finances which are then instantly loaned out on a rotational basis and paid back with interest (Wanaswa, 2015; Ngumbau, 2017).

Mpesa[2]. These gains show the significance of economic empowerment as a recovery strategy for survivors.

GBV interrupts life patterns such as access to education and training, both key components of empowerment. On this variable, 73.8% did not consider the programmes helpful. This may mean that either the programmes did not emphasize this element of empowerment, survivors were satisfied with their levels of education, they could not afford the investment or the help sought focused on immediate survival needs, or a combination of these reasons.

Majority (56.4%) also responded negatively to seeking employment after the programmes. This can be related to low levels of education, hence limited opportunities in formal employment. On another note, recovery of property lost through the violence would enable survivors to pick up economically. However, 73.8% of the respondents indicated that the programmes did not enable such recovery. Observably, the fact that a few (12.1%) were energized to recover their property indicates that programmes empower survivors to regain autonomy often crushed by experiencing GBV.

Overall, while a number of responses to the indicators were negative, the positive ones demonstrate that the programmes changed the lives of the survivors for the better as indicated by 91.3%.

4 Conclusion and Recommendations of the Study

The section below presents the conclusions and recommendations of the study in line with the focus.

Conclusions

The first objective was to establish the extent to which skills and experiences gained from Makueni GBVRC and LBSI (Naivasha) led to women's economic empowerment. That majority of respondents were casual workers implies that they were economically vulnerable hence candidates for economic empowerment. It is evident that the programmes offered by the RRRP/GBVRC had a positive effect on survivors whether through direct economic components or implicitly through counselling. Adoption of initiatives such as financial self-help groups demonstrates the potential of economic empowerment as a recovery strategy. The programmes gave survivors a chance to consider alternatives to remaining in abusive relationships.

[2] The name is a combination of English and Swahili words. M stands for Mobile, and Pesa is a Swahili word meaning money. So in simple terms, M-Pesa means mobile money. It is a system aimed at helping people send and receive funds easily from any mobile device, as well as save money.

Survivors' incomes improved after going through the programmes, especially in LBSI, which had an economic empowerment component, indicating a causal relationship between the two variables. The same correspondence was evident in the increase in number of survivors who controlled their incomes after the programmes. In this case, the trend is attributable to the fact that majority were single (unmarried, divorced or separated) and had benefited from the vocational and financial skills training, which were not available in Makueni GBVRC.

Emergence of money as a leading trigger of violence indicates that empowering women economically could have a significant impact in lowering GBV. However, studies show that control over finances also predisposes women to GBV thus the need for holistic programmes targeting both men and women.

The second objective of the study was to determine the effectiveness of Makueni GBVRC and LBSI in facilitating the recovery of GBV survivors. Psychological and medical assistance emerged as the priorities because of their direct implications on physical and mental recovery. That most survivors were satisfied with the change realized as a result of assistance received indicates the programmes contribution to recovery.

Findings from both sites suggest that programmes offer more services than were sought by survivors. Thus, in LBSI survivors got support geared towards economic empowerment while at the GBVRC, survivors were offered psychological counselling regardless of whether these services were sought.

Recommendations

1. The government should build a GBV survivors' component into existing affirmative funds, with clear policies and procedures on how to access the funding. The survivors should be given information on availability and access to these funds.
2. Programmes on GBV survivors' economic empowerment are important and should be implemented as they offer them skills and capacities that can enable them get jobs or run profitable businesses.
3. The government should put in place and ensure compliance with sound policy and procedures on the establishment and operationalization of RRPPs.
4. RRPPs should provide half-way shelters where women can reflect and decide on their economic empowerment path away from the violence. Such shelters should be collaborative ventures involving the government, NGOs and communities.

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