

SITA KIMYA IMPACT REPORT

AUGUST 2012 TO JANUARY 2013



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ACRONYMS

GBV- Gender based Violence

SGBV- Sexual and Gender Based Violence

HIV- Human Immunodeficiency Virus

STI- Sexual Transmitted Infection

NGO- Non Governmental Organization

FGD- Focus Group Discussion

P3- Kenya Police Medical Examination Report

MSF- Médecins Sans Frontières



*Inter-school debate on SGBV in Mathare.
Photo by Jackline Agwanda*

ABOUT FILMAID

FilmAid uses film and other media to bring lifesaving information — along with hope and joy — to communities affected by disaster, displacement and economic disparity. Individual programs may vary from one region to another, but every FilmAid activity falls into one of three broad categories.

Whether it is a life-saving informational video on cholera or a Charlie Chaplin masterpiece, we believe that films can change lives. With giant screens attached to the side of trucks, or a television set up under a tree, FilmAid’s Mobile Cinemas bring the power of film to the people who need it most.



Mobile Cinema



Making media



Teaching skills

Through these activities, FilmAid makes a practical impact on critical issues, from health education to human rights, conflict resolution to economic empowerment. By offering communities that can often be marginalized a voice on the issues that affect them, these programs allow the possibility of self-advocacy and self-determination. These same programs are designed to alleviate psychological problems associated with trauma, isolation, idleness and despair, offering hope through the simple joy of the movies and the creative outlet of self-expression.

ABOUT SITA KIMYA

In 2010, FilmAid International in partnership with APHAI 11 Nairobi, through the Population Service International (PSI), implemented a dissemination campaign on sexual and gender based violence (SGBV) in Kibera. The campaign saw the production of a 1 hour 20 minute drama feature with two 15 minute cut-downs targeting children between 6-10 years and 11-14 years, produced entirely in Kibera. The films were then used to promote cross-section information exchange, dialogue and understanding around issues of sexual violence through structure and focused video session followed by facilitated discussion.

The campaign was dubbed ‘SITA KIMYA’ (loosely, a pledge to break the conspiracy of silence on the SGBV issues) because it addressed the various forms of sexual and gender based violence like defilement, rape, sodomy, marital rape, gang rape etc. that had prevailed in many neighborhoods and households in Kibera and shed light on the available legal interventions that exist including provision of the Sexual Offences Act (SOA), relief services such as where to access post rape care and psychosocial counseling.

“The information we have gotten today will help us know what to do when handling rape cases.” *Mary Anyona 32 year old lady from Mathare.*

Since the start of this project, a total of 132,000 people have been reached through mobile cinema screenings and post screening discussions in the community, schools and outdoor cinemas at night.

From August 2012 FilmAid has been implementing video based activities in Kibera, Mathare, Kawangware, Mukuru and Kariobangi informal settlements in Nairobi and the same in Likoni, Kisauni and Bangladesh in Mombasa. This was the fourth phase of activities on sexual and gender-based violence that was first launched in 2010 in Kibera. These project areas are slums characterized by extreme poverty with heavy reported cases of SGBV. The project incorporated a new school outreach strategy targeting children in schools through video screenings, school debates and poetry, drawing sculpture and writing competition. Morio’s transformation may be the epiphany residents have been waiting for in breaking the conspiracy of silence and taking action on SGBV.



*Focus Group Discussion with youth in Kariobangi Nairobi.
Photo by Mordecai Odera*

Focus Group Discussion Rational

Focus group discussions with beneficiaries who were mobilized across the project locations was conducted attracting 9 participants per session. The nine participants must have participated in the project i.e.... adult men and women, children benefiting from outreach programs on SGBV conducted by FilmAid, key informant interview and any other collaborating partners like service providers on legal aid, rescue, care and recovery centres. A test group comprising of participants who have not interacted with FilmAid screenings was also interviewed to validate the findings.

Three sets of questionnaires were developed for this exercise, which were a child specific questionnaire, key informant interview and adult questionnaires.

The sampled population was purposive (deliberate) and participants were mobilized among those who had interacted with FilmAid activities. However test group who were selected from a across section of population who had never interacted with FilmAid activities in Shanzu areas of Mombasa was used as the control group to validate the findings. In total the exercise interacted with 82 participants through focus group discussion and 3 key informants and 2 in-depth interviews.

To analyze focus group discussion, key informant and in-depth interviews, responses were grouped under

access and general feedback on the program, impact and recommendation. Under access questions to determine reach of activities was sort while under impact, questions that sort to determine health seeking behaviour, accountability and participation. The last cluster was recommendation where participants were given an opportunity to share their wishes and suggest adjustment to the program.

Who was interviewed?

Two groups of girls in school between 10-15 years from St Mary's, St Agatha, St Peters and Jerusalem Education Centre schools from Bangladesh sums in Mombasa and St Juliet primary school from Nairobi's Kibera slums were interviewed. Trained female moderators sat in through the sessions to facilitate open interaction.

A session with female youth between 16-25 years was conducted in Kariobangi and Likoni areas of Nairobi and Mombasa country respectively. Two sessions were also held with boys of the same age bracket as above in Bamburi- Kisauni and Mukuru slums of Mombasa and Nairobi Counties.

A mixed adult groups comprising of men and women above 25 years of age was interviewed in Likoni and Mathare slums of Mombasa and Nairobi Counties.

The key informants targeted for this survey were

teachers where the schools programs were implemented one...; from St. Juliet School in Nairobi's Kibera slums and a peer educator from Jerusalem Education centre in Mombasa's Bangladesh Slums. In-depth interviews with two mobilizers working with the program in Mombasa also formed part of the primary data source. A representative of a private clinic in Mukuru Slums Nairobi (Multiple Options Health Care) provided more insight on the outreach programs implemented by FilmAid.

Pre and post video based discussion rational

FilmAid conducts pre and post-video screening tests determine knowledge increase among participant attending the video based workshops. A questionnaire designed to test knowledge on sexual and gender based violence (SGBV) before participant interact with the film and the same question asked after participants have interacted with the film. Resulting increase in knowledge levels on specific issues related with the subject of discussion is analysis to determine knowledge increase. Primary data collection was carried out between October 2012 and January 2013 in Nairobi's Kariobangi, Kawangware, Kibera and Mukuru informal settlement as well as Mombasa Changamwe and Likoni.

A total of 562 respondents, who were identified by facilitators during video based learning sessions, completed a knowledge assessment questionnaire. The respondents were selected using random sampling. This gave 6 respondents, at each video based learning session conducted, a chance to participate in the survey. Using the sample size formula, a sample size was identified to determine the total sample size needed to conduct the survey.

The results were analyzed manually using Excel with customized executions to identify knowledge levels before and after video based learning sessions. The software also generated language preferred during sessions, frequency of screening/testing locations and client satisfaction with our video based activities.

Participation in the study was voluntary and verbal informed consent of all participants was obtained. Participant confidentiality was guaranteed and no identifying information was made available to anyone.



IMPACT OF SITA KIMYA

Analysis of knowledge levels of participants attending video based discussions on sgbv in Nairobi and Mombasa



*Evening screening in Taita taveta.
Photo by Mordecai odera*

To determine impact of its dissemination programs, FilmAid uses knowledge test to determine increase in understanding among participants attending its video based sessions. FilmAid does this by administering a questionnaire to sampled participants during a predetermined number of video based workshops.

The questionnaire is administered before the start of any video based session to between 3-6 randomly selected participants. The same questions asked earlier are repeated to the same participants after the video based discussions. The pre and post answers are entered into a database and analysed to determine knowledge increase on specific subjects covered during the video based sessions.

For this reporting period 562 questionnaires were administered, 242 in Nairobi and 320 in Mombasa. Cumulatively 95.3% increase in knowledge was recorded 15.3% above the 80% target. Knowledge increase is calculated by determining the percentage knowledge score on correct and wrong responses before and after the video discussion sessions. The total percentage knowledge increase is thus derived from calculating on average how many more participant are getting the responses right at the post screening stage compared to the pre screening stage added to the percentage reduction in wrong responses at the post screening stage compared to the pre screening stage.

In Mombasa participants scored highest knowledge increase level on aspects of the sexual offences act (SOA) that dealt with preferred charges on violators of sexual offences law scoring and average 139.4% increase in knowledge. For Nairobi 102.1% increased knowledge levels was reported with correct identi-

fication of gender based violence recovery centres within Nairobi. Lowest levels on knowledge increase were recorded on responses seeking participants to appreciate importance of providing psychosocial/ psychological support to survivors of SGBV at 39.7% recorded in Nairobi. In Mombasa the lowest scores recorded were at 65% on the topic relating to identifying the link between drug and alcohol abuse and perpetration of SGBV crime.

On average 41.2% males were sampled during this exercise compared to 58.8% females. Of this total people who participated in the pre and post knowledge assessment tests 4.5% had a form of disability with 62% of the total number of participants being youth between 15 and 30 years of age.

Client satisfaction that measures duration of the video based discussion session, suitability of the venue, workshop content and facilitation skill, measured 89.6% approval as good compared to 10.4% moderate approval.

Swahili was the preferred language of discussion at 81.4% in Nairobi and 100% in Mombasa.



Analysis of Knowledge



95.3%

Overall Knowledge increase



562

Total questionnaires distributed



58.8%

Survey respondent sexes



41.2%



4.2%

Survey respondent sexes

139.4%

Highest mean score on knowledge test questions

39.7%

Lowest mean score on knowledge test questions

65%

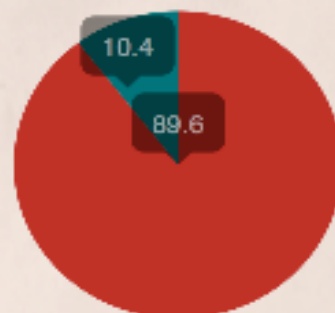
Youth composition in survey

58,000 reached through video/theatre

444 video education session conducted

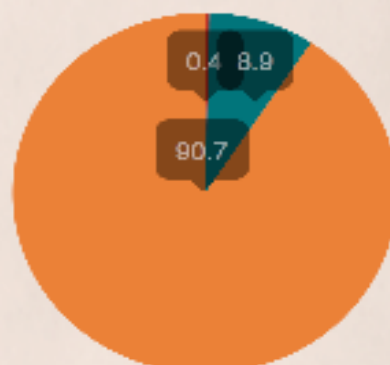
79 school outreach and theatre sessions conducted

Participant satisfaction on video screenings



Good (90%) ■
Moderate (10%) ■

Language of facilitation during video screenings



English (0%) ■
English/Swahili (9%) ■
Swahili (91%) ■

OUTCOMES OF FOCUS GROUP DISCUSSIONS

Findings of children in the school programs

The interviews were conducted for girl between the ages 10 to 15 years who fall between Standard 6 to 8 of the Kenyan primary education system. The girls falling in this age bracket have sexual debuted whether consensual or forced . This then formed the rationale for selecting this age bracket for this study. All the girls interviewed first heard of sexual and

Listed are comments and thoughts of children as they participated in the schools outreach program:

- **Avoid wearing provocative clothing like short skirts because this would encourage rapist.**
- **Do not walk alone but in groups. Do not go out at night or be sent out by parents at night. This is a popular practice in both the locations. Children are often set out to buy domestic items such as food stuff for the house when the parent(s) come back home from late from work.**
- **Tell your parent where you are going and not lie to them**
- **Not to be lured by perpetrators using chips, sweets, money or such like things.**
- **Never keep quiet when you fall victim but report to a trusted person.**
- **Not to sit near drunken men.**
- **Not to hang out with 'bad' boys- to mean not hang out with boys in school or older whose characters were questionable.**
- **Not to allow men guests who come looking for someone into the house when parents are away.**
- **One participant mentions- 'Parents should not put too much trust on teachers because they also defile us'. She goes ahead to mention that not long ago a parent took his 3 year old girl to a teachers home and she ended up defiled by the teacher.**

gender based violence from the school outreach programs implemented by FilmAid. The students admitted that understanding of terminologies like rape defilement ('Najisi' it Swahili equivalent), indecent touch and sodomy was first introduced through this program. The girls were readily able to identify where to report cases of defilement and indecent touch with most of them mentioning their parents as the first trusted point of referral followed by teachers. All girls had a good understanding of the consequences of rape/defilement like unwanted pregnancies, infection with STIs and HIV, school dropout possibly due

to earlier interaction through peer clubs on reproductive health issues. However, responses to the importance of accessing helps within 72 hours of assault in the case of SGBV stood out to suggest student had a clear grasp of the issue from the outreach program.

The girls appreciated the role parents play to prevent sexual exploitation by shielding their children from harm through education and action. An accusing figure was however pointed to parents especially in Mombasa's Bangladesh slums for not doing enough to shield them from sexual abuse based on the stories from children highlighted above blame is put squarely on parents for trusting strangers in the form of religious overseers, teaching the fraternity and extended family male members. The girls were able to identify best practices and mentioned how Junia's mother took time to teach her children about sexuality, where not to be touched by anyone. Also mentioned by the girls from both locations was Junia's effort to help Doreen understand what the father was doing to her (touching her indecently) was wrong and she should report. This stood out as the most liked scene in the films. The Kibera team however added that Morio's transformation from a perpetrator to activist was also impressive most likely because the films' character hails from their locality.

A good number of girls were able to identify the different forms of sexual and gender based violence even mentioning the differences between rape and defilement and sentencing. The girls were also able to clearly describe how to secure evidence if they fell victims and why it was important to report and access help within 72 hours.

A lot of suggestions on how to prevent sexual offence were the highlight of the discussions across the locations with a myriad of suggestion and solutions to this listed in the transcripts attached to this report. Though the school outreach program partly contributed to this wealth of knowledge on what to do to prevent SGBV among the girls. The existence of some peer education either in the school clubs or as part of the school curriculum and from other sources such as religious camps cannot be overlooked. *'I am my sisters keeper'* is a statement that stood out from the discussion with the girls all expressing responsibility for each other, keeping an eye on each other, vowing to take action and not remain silent if

any of them were to fall victim or was going astray.

Majority of the participants when asked why they wanted to participate in the inter school debates, or writing articles for the newsletter, easy writing and drawing competitions said it helped them develop their public speaking skills, grammar and provided a platform of self expression in a setting that was open and free. A few mentioned they wanted to compete to win prizes as well.

There is an overwhelming desire by the participant for the school outreach program to incorporated as part extra curricula activities in school. A lot of good will from teachers and school heads is present as FilmAid should ride on this to make the school outreach programs part of school activities.

Finding from mixed group discussions

Three groups of nine participants each above 25 year of age and below 45 years were interviewed in Nairobi's Mathare slums and Likoni and Shanzu areas of Mombasa. The Shanzu team comprised of participants who had never interacted with FilmAid or the Sita Kimya program.

Both Likoni and Mathare participants acknowledge accessing information on sexual and gender-based violence from FilmAid activities such as community based video screening and workshops and mobile outdoor video screenings. Some participants in Likoni admit to have watched the film 'Sita Kimya' more than once as it interests them and is entertaining.

When asked what in particularly they liked, disliked and remembered about the film, the Likoni team mentioned Morio's transformation from rapist to activist in particular almost participating in the gang rape of his sister. Morio's transformation may be the epiphany residence have been waiting for in breaking the conspiracy of silence and taking action on SGBV.

Throughout the discussion in Mathare there was consensus that sexual and gender based violence is rife targeting all ages in the slums but that targeted at children is elevated to greater prominence and treated as shocking, an abomination and disgust-

ing. Interestingly in the test group in Shanzu and the group in Likoni have a lot to say about cases of SGBV involving children their conversations centred on reasons this happens and what they have done and can be done about it. The practice in the coastal region has been for the two families the victims and perpetrators to solve SGBV cases among themselves usually with the assistance of village elders or chiefs and not proceed to the courts. In Nairobi's Mathare however the practice slightly leans towards accessing medical and legal aid. However families of the perpetrator and victim settling out of court that usually

Stories from the children:

- **The mother took a girl, who's my neighbor, to a Pastor's house to be prayed for and we heard she was defiled, killed and put in a sack by the Pastor.-Mombasa**
- **Back in my village there was a Pastor who took a girl to his house, defiled her and threatened her not to tell anyone or else she would kill her. She told a neighbor who took her to hospital and the pastor was arrested. -Mombasa**
- **During the April holidays, I had gone to my aunt's place in Jomvu. One day, my friends and I had gone to fetch water when we reached the road there was a man in a white car who passed and asked us why we were suffering to carry water. He offered to carry our water in his car. I told him that it was okay we had reached. But one of the girls whom we were with said I was stupid because the man offered to help us and I refused. I ran home to tell my aunt and left the water. As I was running I saw the girls getting into the car. When I told my aunt my uncle who had a motorbike followed them. But they had passed through another route. When my uncle finally found them the 14-year-old girl had been raped and he took her to hospital. Now the girl cannot give birth and she has been infected with HIV from that day we are not allowed to fetch water outside the plot. -Mombasa**

ends in money changing hands in form of fines or bribes is the norm across all the locations.

When you critically examine the Shanzu test group and compare with the Likoni and Mathare groups, access to information stand out as a critical component to addressing SGBV in addition to access to legal and medical services. The practice for the Shanzu group is that if a SGBV case presented itself most which would go unreported the chief of the

area would be the first line and last line of authority. The chief has power to dismiss or arrange for a settlement. The settlements ranged from fines either monetary or in livestock.

A participant narrates how young girls are traded to their rapists in Shanzu Mombasa; here we do not know what the Sexual Offences Act is. We have no idea what the children's act is and whether there is a law that protects us from these things. Here the chief is the law. If a girl is defiled, if she is above 13, we can arrange for the person who raped her to take her as a wife. We don't like shame here. If the girl cannot be married off then 'they' (the perpetrators family) has

both groups agreed that it would be difficult to prove that rape indeed happened between husband and wife due to lack of evidence or reluctance by police to investigate such cases. The popular belief that when a wife is beaten by the husband it's a show of love became evident when a participant added this comment to justify why rape or any other sexual abuse would be hard to prove in a marriage.

The participants with exception to Shanzu were able to mention pertinent facts on access to medical and legal assistance, securing evidence and reporting of sexual and gender-based crime.

Extract during experience sharing by participants in Likoni

Facilitator: Is there any case that has been successfully prosecuted?

Participant 1: Yes there was one of a schoolteacher at Shika Adabu primary school, Mr. Wachira who sent for the girl to go to class where he was and he raped her. The girl came to me the next morning and I took her to the police station. The case continued and the teacher was sentenced for 20 years. There was another who sodomized his deceased brother's son was sentenced to 15 years. Then a man who impregnated a young girl was sentenced to 7 years.

Facilitator: Do these cases take long to be solved?

Participant 1: The sodomy case took some time, more than one month but there was evidence so the perpetrator was sentenced. The teacher's case was hard since these teachers' help each other. Some people even said I was bribed. The truth is that yes they tried to bribe me with Kshs 150,000 but I refused since I have children both boys and girls and wouldn't want something like that to happen to them. But the case was lagging behind since there was a police officer that was bribed. One day, there was a meeting at the District Commissioner's office I stood up and told the DC that there was a case and it was being dragged for various reasons. Even the women in my group were backbiting me saying I was bribed that was why I was following the case. The DC asked what it was about and he followed it up and the teacher was arrested but got out again after paying a bond of Kenya Shillings 200,000. The case continued but with a slow pace and eventually justice was done.

to pay a fine of a few thousand shillings.

Contrast this to Likoni and Mathare groups, there is a wealth of knowledge on where and how to access medical and legal help with the advantage that a number of CSOs, NGOs and other private and government institutions offer specific GBV services.

For Mathare the issue SGBV in marriage elicited an animated discussion, which the participants split in two between those recognizing and opposing that SGBV particularly rape, could occur between husband and wife. Whereas one party argues that it is the right for a man to demand sex from his wife whether consensual or not surprising which a few female participants agreeing with this line of thought,

Evidence of individuals acting alone or through organized groups to tackle SGBV in their communities came out of the conversations. A good example is the community group 'Sauti Ya Wanawake' (Voice of Women) in Mombasa who has successfully assisted with legal case management and medical referral of survivors. Participant admitted that the knowledge from the video was useful especially when it came to evidence handling but still felt that the legal aspects especially at the reporting stage to the police and the protracted court process was the greatest hurdle to successfully prosecuting perpetrators.

Worth mentioning is that audiences through the participant responses internalize and adopt messages to suit their circumstances. The Likoni group ap-

portioned significant blame on parents letting their children roam free and suggestive dressing of young girls.

Finding from youth group discussions

This session targeted male and female participants from Kariobangi and Mukuru in Nairobi and Likoni and Kisauni in Mombasa. Four sessions were conducted two with boys between ages 15 to 24 years and the same was done with girls. Each session had nine participants mobilized from across the project area reached with messages on SGBV through the aforementioned methodologies.

This age bracket had a lot to share around SGBV. The sessions not only shed light to the silent suffering faced by the youth with perpetrators being their peers but also to the disillusionment and frustrations when seeking justice. The entire lot of participant under this category identified Morio and Stella Maris stories as depicted in the film as they hustle day by day to live. Gang rape 'Kombi' as it is referred to by the youth is custom and even condoned with a large majority of the youth in these sessions knowing a victim of gang rape or the perpetrators.

The script shifts slightly with the Likoni Mombasa teams whose conversations and examples focus on defilement of children. This could be attributed to early sexual debut and parenting of girls revealed from interrogation of the Mixed groups from Shanzu who admit that by their 18th birthday, girls already have up to 3 children. So it is not surprising to here the animated contributions to the discussion on the SGBV situation for children at the Coast. The Nairobi script for the girls has more to do with access to friendly health and legal services around GBV. In Nairobi Kariobangi the group admits they are not badly off when it comes to accessing SGBV services both legal and medical, the issue was the quality of service and more so services tailored for the youth. For some participant the clinics they would normally access were poorly equipped to handle some emergencies with staff clueless of how to handle SGBV cases often insisting the patient be taken to a higher level referral hospital instead that would require expenses like transportation when clients cant afford. The youth admitted that many were not accessing services for fear of stigma, and perception that getting legal address was not only time consuming but frustrating as well especially with the investigation process by police. Paying for GBV services was stated

as another hindrance with Mukuru residence saying that the clinics around would ask for payment before they were attended to and that the cost were not affordable.

“You have to have money. They can't administer First Aid without you paying first. Even a physical examination you pay two hundred shillings. You buy the hospital card as well.” Respondent in Mukuru slums during a youth FGD for boys.

The boys in both Mukuru and Kisauni in Nairobi and Mombasa respectively admitted that drug and alcohol abuse largely contributed to perpetration of crime. The sessions revealed that they greatly benefited from more accurate knowledge on securing evidence

When asked how the video screening and corresponding engagement with Sita Kimya activities girls in this age bracket shared that their confidence and self-esteem was reinforced. New knowledge, sharing of experiences, ideas and collective reasoning and decision-making that characterized the video based communication strategy help foster renewed confidence among participants challenging the status quo.

“I connect with the ‘Combi’ gang rape scene where Morio’s sister was raped because it happens a lot here.” Participant response in Kariobangi for youth girls FGD cluster.

Better understanding of the process to follow when one falls victim to SGBV featured popularly among this cluster of participant interviewed with participant able to clearly outline steps from securing evidence of crime to seeking help in hospital, getting the right documentation from medical practitioners ('P3' forms) to initiate investigation by the police..

Kariobongi girls FGD video facilitator Winnie Adhiambo's account: I was called when in class and told that a child had been raped in 'Kasavuli' by the father around 1 pm. I was contacted because after video session with the community we leave behind our contacts so that we can be reached if anyone needs our help. I on my part tried to call the hot line provided by Médecins Sans Frontières (MSF) in Mathare (commonly referred to as **Blue House**) but it did not go through. I called my colleague Erick who got me another number to call and the ambulance indeed came to Kariobangi post and took the child. So it is true that if you call the hotline, you will be assisted

and for free.

There was no obvious surprises to the relationship between drugs and alcohol abuse as a catalysts of perpetrating sexual crime though there was a different school of thought with boys mostly arguing that this depended on the nature of the drug with Cannabis and Khat largely considered safe for use and the least likely to cause delinquent behaviour.

The Kariobangi clusters admit knowing the physical location of the gender recovery centre 'Blue House' and having access to the GBV hotline made possible by Sita Kimya video based activities has contributed to more people reporting sexual crime.

OUTCOME OF KEY INFORMANT INTERVIEWS

Key informant interviews (KII) aimed at shedding light on the impact of FilmAid's video based information campaigns conducted between August 2012 and January 2013. Information from the four interviews was intended to provide a more technical insight on the implementation process from a more holistic standpoint. Two informants were from the school program representing four schools in Changamwe region in Mombasa (St Agatha, St Mary's, St Peters primary schools and Jerusalem Educational Centre) and one school in Kibera (St Juliet Educational Centre). All the schools this project targeted were informal. The other interviewee considered for this study is an administrator of a privately run clinic Multiple Option Health Care in Mukuru Slums.

Chris Musonye, the deputy head teacher of St Juliet Educational Centre attributes lower absenteeism in school especially among girls partly to the program that has given the girls a platform to share their experiences around sexual and gender based violence. "We used to have students who looked sad and abused but with the program, they can talk to teacher they trust about this." He said. He added that the number of girls missing school reduced from 10 to about 2 monthly since the initiation of the SGBV and reproductive health club 'Zana Africa' in the school in October 2012. The school that has a population of 855 admits students from baby class from the ages



Esther Aketch facilitating a day time screening session for youth in Kisauni
Photo by Wonipher Manayara

3-5 all the way to the highest primary level Standard 8. The club engages mainly in sensitization activities on reproductive health, HIV, life skills and SGBV.

The Mombasa school programs followed a similar script with the clubs tackling multiple issues rather than focusing on SGBV alone. This may have been as a result of the design of the program that preferred infusion of SGBV activities in already existing clubs rather than forming new ones to address sustainability concerns once the project came to a conclusion.

A cumulative total of 1,577 boys and girls from schools in Bangladesh slums in Mombasa, Mathare and Kibera slums in Nairobi actively took part in drama, songs and in-house club and inter-school debates on SGBV. These activities were captured in a newsletter published by the students from all the areas the school project was implemented.

The issue of sustainability arose which is often a challenge to address with player insisting that a physical presence of FilmAid staff was needed for the program to continue. What this means is that any benefits achieved would only be sustained for as long as FilmAid continued supporting the program.

David Kimwele Administrator of Multiple Option Health Care clinic in Mukuru believes that the dissemination campaigns contributed to the clinic receiving a growing number of SGBV related cases received in the clinic. The dissemination campaign preferred this centre for SGBV related crime due to its close proximity to residents with MSF Mathare being the second most preferred referral centre for medical assistance on SGBV crime.

Table 1

	Interview Examples of impact	No. of times mentioned	Content Analysis	No. of time mentioned	Total no. of frequency
Knowledge based impact	Sexual offences act	23			23
	Accessing medical help within 72 hours	17			17
	Identifying the link between drug and alcohol about and SGBV	12			12
	Securing evidence	28			28
New behavior adoption	Reporting SGBV cases	8			8
			Reducing risk i.e. Community policing		3
Increased demand for services	Accessing GBV recovery centers and other health facilities	13			13
	Psychosocial help/ counseling	6			6
	Legal Aid	5			5
	Ambulance service	8			8
Partnership and collaboration			Provision of Legal Aid	2	2
	Information dissemination through Film	38			38
	Information dissemination through other avenues i.e. theatre, radio	7			7

SUMMARY OF FINDINGS

Information dissemination through film plays a large part in creating awareness and knowledge on SGBV. Knowledge on securing evidence scored highly as evident in the Table 1 drawing conclusion that the community is largely conversant with steps to aid the legal process after sexual crime is committed.

However investigating SGBV crime by the police and the legal process scored lowest in terms of mention, this attributed to frustration by the judicial system and families seeking compensation out of court due to poverty.

Accessing medial care as the first point of intervention was notably high in Mathare, Kariobangi and Kibera slums of Nairobi with lowest reported for the Coastal region of Kisauni. This trend can be attribut-

ed to several factors. Nairobi regions have interacted longer with programs on SGBV either provide by FilmAid or other partners as such levels of knowledge, access and penetration of information on SGBV is high. Also the presence of several players offering services and other interventions on SGBV like ambulance services means there is greater access.

The coast region and other new location in Nairobi like Kawangware and Mukuru were noted to have limited players (NGOs) offering SGBV services for free or at a subsidized rate. The link between information dissemination that creates demand for services and availability of adequate legal, psychosocial, rescue and medical amenity on SGBV cannot be over emphasized as a result.

Creating sustainable programs where community participation not only to share information on SGBV but also take action were highlights of the Key

informant interviews. Providing avenues where the community manages its own information dissemination activities by providing content and equipment in school and community centers as an example was mentioned. Success of this methodology has been seen in Mukuru slums and schools in Kangemi and Machakos County where parent contribute to buy TV's and DVD players to be used for education and information need in schools after successful pilots conducted by Discovery Channel in Our Lady of

Nazareth Primary School in Mukuru slums.

Greater effort to provide a responsive legal system especially during reporting, booking and investigating sexual and gender-based crime is critical to the success of such programs in future. This will correct the culture of silence, hopelessness and impassiveness of victims, survivors, their families and the community at large.



*Distribution of 50" TV for community hall screenings in Kisauni Mombasa
Photo by Wonipher Manyara*



*Day time video screenings in Kisauni Mombasa
Photo by Wonipher Manyara*

ADULT QUESTIONNAIRE

Town		
Location		
Venue		
Date(DD/MM/YY)		
Type of FGD (tick one)	Youth female / Youth male / Children female/ Adult mixed/	
	Adult mixed test group/	
Number of participants	MEN	WOMEN
Name of facilitator(s)		

Introduction

From August 2012 FilmAid has been implementing video based activities to in Kibera, Mathare, Bangladesh slums in Mombasa, Kawangware, Makadara, Kamkunji, Likoni, and Kisauni. These project areas are slums characterized by extreme poverty with heavy reported cases of SGBV. The project incorporated a new school outreach strategy targeting children in schools through video screenings, school debates, and poetry, drawing sculpture and writing completions.

We would like to have a discussion based on either of these activities you participated in. The information you provide will be used to help FilmAid see how effective this program is and its impact.

QUESTIONS

Mood setting

1. General questions about sport, football and life

Impact

2. How many of us have watched the film Sita Kimya?
3. What was your first reaction, feelings, emaitions after you first saw it?
4. Are there any scenes in the film you connect with, tell us why?
5. How has the film inproved your knowledge on SGBV? Probe by breaking down the questions to specifics, knowledge of evidence persevation, medical assistance, relation to drug and alochohal abuse, forms of crime, sexual offences act and it relation to sentensing of perpertators?
6. What have you personally done with this informantion you recived through Sita Kimya activities?
7. Have you or do you know of someone whose life has been transformed by the Sita Kimya program? How have we benefited from this screenings individually?
8. Have we or do we know of someone who has been able to access any of the services mentioned in the film as a result of these screenings?

Recommendations

9. If we got a chance to come back next year with this type of program what would you want as to do differently? **Thank you for your time**

CHILDREN'S QUESTIONNAIRE

Town		
Location		
Venue		
Date(DD/MM/YY)		
Type of FGD (tick one)	Youth female / Youth male / Children female/ Adult mixed/	
	Adult mixed test group/	
Number of participants	MEN	WOMEN
Name of facilitator(s)		

Introduction

From August 2012 FilmAid has been implementing video based activities to in Kibera, Mathare, Bangladesh slums in Mombasa, Kawangware, Makadara, Kamkunji, Likoni, and Kisauni. These project areas are slums characterized by extreme poverty with heavy reported cases of SGBV. The project incorporated a new school outreach strategy targeting children in schools through video screenings, school debates, and poetry, drawing sculpture and writing completions.

We would like to have a discussion based on either of these activities you participated in. The information you provide will be used to help FilmAid see how effective this program is and its impact.

QUESTIONS

Mood setting

1. Which classes are you in?
2. What are your favorite subjects and teachers?
3. What do you like doing when not at school?

Impact

4. Have you ever heard of Sita Kimya, watched the films, engaged in debate and participated in competitions
5. Have you watched the Sita Kimya film?(Establish which one i.e Brian and Lavenda...)
6. What do you remember about the film? What information did you get from watching? Did you learn something? If so what is the one thing you remember learning that you did not know before?
7. What did you like most in the film? Who were your favourite characters and why?
8. What/who did you hate most in the film? Why?
9. Where did you hear about this program?
10. What made you participate in the screenings, competitions, drawing, newsletter, poetry, debates?

Recommendation

11. If we got a chance to come back next year with this type of program what would you want us to do differently? **Thank you for your time**

KEY INFORMANTS QUESTIONNAIRE

Town	
Location	
Venue	
Date(DD/MM/YY)	
Type of FGD (tick one)	Youth female / Youth male / Children female/ Adult mixed/ Adult mixed test group/
Number of participants	MEN WOMEN
Name of facilitator(s)	

Introduction

From August 2012 FilmAid has been implementing video based activities to in Kibera, Mathare, Bangladesh slums in Mombasa, Kawangware, Makadara, Kamkunji, Likoni, and Kisauni. These project areas are slums characterized by extreme poverty with heavy reported cases of SGBV. The project incorporated a new school outreach strategy targeting children in schools through video screenings, school debates, and poetry, drawing sculpture and writing completions.

We would like to have a discussion based on either of these activities you participated in. The information you provide will be used to help FilmAid see how effective this program is and its impact.

QUESTIONS

Mood setting

1. General questions about sport, football and life

Impact

2. Do you know of our organization and its activities here?
3. Where have we collaborated with your organization, structures?
4. Have you witnessed any significant improvement in community understanding and access to SGBC services? What are they? In your opinion who can you attribute the change above?
5. Do you know of someone whose life has been transformed by the Sita Kimya program? How have they benefited from this screenings individually/ as a community/ as an institution?
6. Are there any statistics on uptake to services that you would particularly want to attribute to the sita kinya program?

Recommendations

7. If we got a chance to come back next year with this program what would you want as to do differently?

Thank you for your time



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