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GENDER-RESPONSIVE BUDGETING AS A WAY OF COMBATING GENDER-BASED VIOLENCE IN HOMABAY COUNTY, KENYA

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ABSTRACT

Gender-based violence continues to affect many people around the world. While there has been broad research to understand gender-based violence, there is limited evidence to show the effect of gender mainstreaming strategies in combating gender-based violence in Homa Bay County. The study objective was to evaluate the effect of gender-responsive budgeting in combating gender-based violence in Homa Bay County, Kenya. The study is anchored on Social Learning theory and Structural Violence theory. The study adopted descriptive research design and ex-facto research design. Stratified and purposive sampling techniques were used. The research targets 300 respondents including; County Executive Committee (CEC) Member Gender, Youth, Sports Talent Development, Culture Heritage and Social Services, Chief Officer Department of Gender, Youth, Sports Talent Development, Culture Heritage and Social Services, Director Gender and Inclusivity employees in the department, law enforcement, healthcare providers, community-based organizations (CBO) representatives, and GBV survivors. The study had a sample size of 171 respondents. Questionnaires, interview guides and Focus Group Discussions aided in collecting both quantitative and qualitative data. Pilot study was conducted in Kisumu County among 17 respondents. Content, face and construct validity were used. Test-retest reliability was adopted. The collected data is analyzed with the SPSS version 26 and Nvivo Software were used to analyze the data. Tables, charts and graphs were used to present the data. The study ensured informed consent, confidentiality and anonymity when collecting and processing the data. The study findings show that gender-responsive budgeting had a positive significant relationship toward combating gender-based violence. The study concluded that gender-responsive budgeting is crucial in combating gender-based violence. It emphasizes the need for inclusion of gender priorities in the budgeting process through GRB, through aspects of inclusivity, coordination, and community sensitization to mitigate the ever-challenging GBV issue. The study recommended that there is need for institutionalization of gender mainstreaming strategies, enhanced sensitization and public education at community level and informed coordination and community involvement in enforcing strengthened policies. It further recommended that there should be ample funding, inclusive planning and transparency through GRB. Also, continuous training and capacity building for county officials and stakeholders should be carried out to enhance accountability, policy implementation, and the effectiveness of GBV prevention efforts.

Key words: *Gender-Responsive Budgeting, combating gender-based violence*

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INTRODUCTION

Gender-based violence (GBV) is a global crisis with the World Health Organization (WHO) stating that physical and/or sexual violence is experienced by one out of every three women in the course of their lives (WHO, 2021). Despite the existence of frameworks such as the Sustainable Development Goal 5 of The United Nations (UN) and The Beijing Platform for Action, the implementation of gender mainstreaming policies still suffers from challenges. The Global Gender Gap Report (2022) is quite clear that GBV stands in the way of gender equality, especially in developing countries. Studies done globally like in the United States too have shown that gender-sensitive policies, such as the Violence Against Women Act have been supportive in prevention of GBV from occurring with National Coalition Against Domestic Violence (NCADV) noting that one in four women experience domestic violence (NCADV, 2021).

In Africa, there have been more policy efforts against GBV on the continent such as the African Union's Maputo Protocol advocating for women rights (AU, 2021). However, weak implementation, cultural resistance and the lack of enough resources prevent its successful implementation (UNECA, 2022). While some countries have included GBV policies in national legislation, there is a diverse implementation rate on the ground. The absence of political will to mainstream gender-responsive budgeting (GRB) inhibits further mobilization of resources (UN Women, 2021). Deep-rooted patriarchy impedes gender equality (OECD, 2020). GBV in Nigeria continues to be rampant at 16.2% of women facing it thus hindering sustainable development (Global Gender Gap Report, 2022).

Kenya's Sexual and Gender Based Violence (SGBV) (2022) showed progress but encountered huge challenges related to implementation with regard to policies and laws. Important legal foundation was established under Sexual Offences Act (2006) and later frameworks like National Policy and Guidelines on Implementation of Sexual Offences Act among others. Nevertheless, a report from the National Gender and Equality Commission (NGEC) acknowledged with some areas of failing on enforcement (NGEC, 2022). Just 41% of police stations had police who were adequately trained to deal with SGBV cases and 35% of them faced challenges in collecting forensic evidence because of non-availability of facilities. 60% of the cases faced procedural delays as a result of lengthy court processes and deterred the pursuit of crime perpetrators. The report recommended enhancing law enforcement and making its training more robust as well as better stakeholder coordination to save survivors and bring down incidences of SGBV.

A study by Shanice, K. (2022) analyzed the impact and degree of implementation of policies and legal frameworks against GBV and examined its determining factors. The study findings established that 72% cite poor GBV policy implementation, 58% lack resources, 50% inadequate law enforcement training, and 45% cultural barriers. With reference to the study 63% of the subjects cite big obstacle for survivors getting justice quickly due to the law enforcement slowness. Study recommendations call for improved funding, training of law enforcement officers and community-driven awareness campaigns to combat GBV.

A study by Mercy, G. (2020) looked at the influence of different GBV intervention initiatives on household economic, social and emotional well-being. The study noted that despite these programmes having positive effects in some areas i.e. legal aid, counseling services, they are not sufficient in making relevant impact on household well-being because of inadequate resources, inconsistent program implementation, and insufficient community engagement. The report stresses the importance of more sustainable and community-based interventions in order to support survivors, as well preventing similar cases of GBV in the zone.

Research by University of Nairobi (2022), The Workplace Policy on GBV report stated that 42% of staff had experienced some GBV-related behaviors including sexual harassment and verbal abuse. Though it had zero tolerance initiative and reporting processes in place, only 30% of staff was made fully aware of the policies despite the implementation. Also, 18% said that the actions of the university failed a little when GBV was reported. The report stated that despite the strides made, there were barriers to adequately executing and enforcing these policies (University of Nairobi, 2022).

According to a report by Omondi & Wanjiru (2021), 45% of women in Homa Bay County experience physical or sexual violence which is above the national average of 34%. Cultural traditions, weak law enforcement, and women's economic dependence on men are contributing factors to GBV. Challenges highlighted by FIDA-Kenya (2020) included limited access to justice and retrogressive cultures. Even with campaigns by FIDA-Kenya and UN Women for awareness, the social resistance is challenging. Legal frameworks need to be further enhanced and gender-responsive initiatives implemented to tackle GBV and sustain the change in regions that have been affected.

This study focuses on evaluating the effect of gender mainstreaming strategies in combating GBV in Homa Bay County, Kenya and examines why addressing GBV remains a persistent problem in spite of existing policy frameworks.

In promoting gender equality gender mainstreaming strategies needs to be assessed as they will provide gender-centered perspectives thus contributing in the development of policies, programs and organizational framework with a gender focus. There is need of an integrated approach in combating GBV in Homa Bay County by focusing on strategies such as GRB. For effective allocation of resources without any form of discrimination, GRB is key as one of the fundamental strategies. Financial challenges limits GBV survivors from getting the necessary help as seen from the Kenya Gender-Based Violence Service Gap Analysis report (2023). Studies by Mercy, G. (2020) supports this notion. To effectively address GBV in Homa Bay County, strategies such as GRB, are needed. These strategies will guarantee enough resources for GBV response, improve legal frameworks, tackle root causes and encourage community-driven interventions. Together they form a comprehensive approach to reduce GBV relatively effectively and support survivors in Homa Bay County.

The high prevalence rates of GBV in Homa Bay County calls for immediate intervention by means of gender mainstreaming strategies. According to a report by Kenya Gender Based Violence Service Gap Analysis (2023), it shows that there are around 40% of women in Homa Bay have been subjected to some form of GBV which matches the national trend. This can be addressed through a key role of GRB in ensuring that resources are available for countering GBV. A study by Mercy, G. (2020), however discovered that the financial capacity to fund GBV programs in rural areas like Homa Bay is inadequate for survivors. This resource deficit can be addressed by having effective GRB which prioritizes support services including shelters, legal aid and psychosocial services. Though progressive legislation like the Sexual Offences Act of 2006 and Protection Against Domestic Violence Act of 2015 exist but these policies face major challenges in their enforcement.

A study by Mercy, G. (2020) for example has pointed out, initiatives in development focused at gender inequality in education, health and economic opportunities offer real chance to curb GBV. Gender-sensitive interventions that empower economic and social status for women reduces any form of violence against women in Homa Bay County. This could be by empowering women to leadership, advocating for financially empowering programs and access to education. Homa Bay County can use GRB in development interventions that help create an anti GBV culture and break societal norms which drives GBV in their County. There is a need for multi-faceted approach on GBV in Homa Bay County which should involve; GRB. The county can take big steps toward GBV prevention, survivors support and an accountability and equality culture through aligning these strategies with community needs.

Statement of the Problem

Homa Bay County experiences high prevalence rate of GBV which is alarming remains a critical issue. This continues to happen despite having national laws and regulations and gender-responsive policies designed to curb it. According to Kenya Gender-Based Violence Service Gap Analysis (2023) report, weak regulatory frameworks, shortage of resources and poor gender-inclusive planning have contributed to over 40% of women affected by GBV. A wide disparity exists between policy and implementation as a result of persistent

GBV occurrence. Inadequate availability of legal aid services, healthcare services and secure shelters only worsens the condition thus resulting to many survivors being left with no relevant assistance.

GRB is relevant in addressing GBV. Despite this, financial constraints, weak enforcement, and poor coordination among stakeholders have affected its implementation in Homa Bay County. According to Githaiga (2020), necessary survivor support services i.e. Shelters, psychosocial support, and legal aid are unavailable thus an obstruction in accessing justice and protection. Enforcing GBV laws effectively is subject to adequate funding with the opposite affecting the enforcement of gender-centered laws including Sexual Offences Act of 2006 and the Protection Against Domestic Violence Act of 2015. Survivors' access to justice may be constrained by high poverty rates, additionally, poor policy implementation and inadequate training for law enforcement officers further worsens the issue (Kasura, 2020). In accessing justice for GBV survivors, they face delays as a result of bureaucratic hurdles and systemic inefficiencies while many cases go unreported.

With continued high prevalence of GBV, despite policy interventions, it is an indication that the strategies put in place currently may not be effectively or sufficiently implemented. There is a clear need to combat GBV in Homa Bay County by assessing the effectiveness of GRB. Therefore, the persistent nature of GBV compels the current study in examining how GRB affect prevention, response and the overall reduction of GBV in Homa Bay County, Kenya.

LITERATURE REVIEW

Gender-Responsive Budgeting and Combating Gender-Based Violence

A study by Jauch, E. (2022) focused on GRB, a tool for achieving gender equality, particularly with respect to GBV. The results showed that effective GRB improves the services of survivor, legal advice provision and prevention programs for better justice and social protection. Funding constraints and weak institutional capacity were hindrance to its implementation. Study findings established that improved budgetary allocation is needed in the prevention of GBV with an aim in achieving gender equality.

Research by Balogun, Tomoloju, & Adewale (2024) took a look at gender budgeting counter-measures in the countries of Sub-Saharan Africa and drew comparative lessons from some States to counter GBV. This study revealed that GRB had influenced better funding for GBV prevention, survivor support services and legal frameworks. Despite this, obstacles like low allocation of funds, ineffective monitoring system and social-cultural resistance prohibited its wider implementation. The study recognizes that countries with GRB frameworks in place and robust institutional accountability were making good strides in GBV case reduction, and this needs a continued political commitment and multi-sector level of collaboration.

The study by Claire, M. (2023) noted that even though GRB has been widely accepted as an essential tool for advancing gender equality, actual practice proved difficult to deliver in the case of lack of capacity for gender analysis, absence of political will and resistance from entrenched power structures. The study concluded that integrating GBV concerns in budget making process is critical to guarantee sustainable solutions with success depending on political commitment and the developing of holistic monitoring frameworks which contributed to reduction in GBV cases. Further Omollo and Njoroge (2021) in a gender mainstreaming and recruitment practice study observed that it is very difficult to create equality. The study indicated a positive relationship between gender mainstreaming and equality in employment.

A study by Onditi & Odera (2021) examined GRB as a mitigation strategy in combating GBV. The study suggested that GRB could be an effective entry point for addressing the root causes of GBV by allocating resources to women's rights programmes and support survivors. The study underscored that for GRB to be successful apart from financial commitment, political will, institutional capacity and robust monitoring was required. In the study, they point out that although GRB has an angle to it, the challenge of implementation in

several African contexts is not only about lack of political will but also a poor gender analysis during budgeting processes.

A study by Manoti, M. (2024) established that although GRB is within the framework of Kenya's policy, it has limited effectiveness in GBV prevention due to challenges such as funding gaps, weak stakeholder institutions or gender inclusiveness. Manoti noted for GRB to be successful at fighting GBV, better government support, better monitoring and allocation of resources were required.

According to Khan, Z. (2023) there is need to incorporate GRB in order to budget towards GBV prevention and response services. Regarding the progress, the study found challenges such as political resistance, a lack of capacity in civil service institutions as well as the need of improved data and accountability. Khan stressed the comprehensive reforms necessary to enable GRB to bring better results against GBV.

A study conducted by Patel, V. (2023) indicated that GRB increased strategic funding for prevention, survivor-based support and interventions that build up legal solutions to combat systematic GBV. Although it is the case that lack of political will influences GRB implementation, lack of budgetary commitment and accountability mechanisms often erodes its effectiveness. The study established that strategic financing with the integration of comprehensive effective policy implementation and multi-stakeholder collaboration contributes to GBV reduction thus enhancing gender equality.

A study by Dileep, Abraham, & Varghese (2023) demonstrated that GRB programs played an essential role in mitigating reported domestic violence such as reductions in domestic violence, through shelters for women and legal assistance. Despite these challenges of implementation, social stigma and cultural resistance remains barrier against optimal impact of the schemes in the state.

Structural Violence Theory

The proponent is Johan Galtung with its introduction in the early 1960s. Galtung (1969) conceptualizes structural violence as a form of violence that systematically creates unequal power relations resulting in disparities and it is ingrained within social institutions. Structural violence is often invisible compared to physical or direct violence which is characterized by physical force and it operates through political, economic, and social systems which in turn restricts the access of essential resources, services and opportunities. Marginalized groups like women are unevenly affected by systemic inequalities thus resulting in harmful outcomes which includes poverty, discrimination, and inadequate healthcare. The theory highlighted how inequality is ingrained in social structures thus an important framework in understanding the systemic nature of GBV and its mitigation measures (Galtung, 1969).

Systemic failures in governance, economic policies, and social organization aggravates factors that enable GBV as highlighted by the theory. Structural violence is an "endless face" of harm in which select groups are structurally marginalized through the incorporation of discriminatory policies and bureaucratic indifference (Raguz, 2021). The current study highlights the urgent need of addressing structural inequalities when formulating GBV interventions. Efforts to combat GBV will be rendered ineffective if the underlying systemic issues are not addressed. There is need for policy and structural reforms in eliminating structural violence and enhancing equality and justice.

The current study acknowledges the relevance of Structural Violence Theory in combating GBV. According to Ross, Epstein, Anderson, & Abdillahi (2023), structural barriers including limited access to services and economic instability greatly affect resilience of women facing GBV. There is need for systemic interventions in the enhancement of support systems for victims of GBV, especially women in rural areas as highlighted by this study. As seen in the study by Montesanti & Thurston (2023), they analyzed structural violence with focus on sexual minority women and transgender individuals in Ontario. Findings drawn from their study highlighted the adverse effects that discrimination and denial of healthcare for the respondent had on them in

terms of violence and depression. It is evident that structural violence is deeply entrenched in social institutions thus the need for systemic changes as an instrumental strategy in combating GBV.

METHODOLOGY

This study adopted descriptive research design and ex-post facto research design. Descriptive research design facilitated collecting both quantitative and qualitative data as well as assessing attitudes, opinions, and perceptions on how gender mainstreaming strategies aided in combating GBV in Homa Bay County. The ex-post facto research design facilitated the examination of cause-effect relationships using retrospective data such as policy evaluations (Kerlinger, 1973). This allowed analysis of past events without manipulation. This approach helped assess how gender strategies influenced GBV trends and policy outcomes in real-life contexts.

Target population included a combination of respondents deemed suitable for generating reliable data. It comprised county gender officers who include County Executive Committee (CEC) Member Gender, Youth, Sports Talent Development, Culture Heritage and Social Services, Chief Officer Department of Gender, Youth, Sports Talent Development, Culture Heritage and Social Services, Director Gender and Inclusivity employees in the department, law enforcement, healthcare providers, community-based organizations (CBO) representatives, and GBV survivors.

Stratified and purposive sampling technique were employed ensuring fair representation of all key players in gender mainstreaming and GBV interventions in Homa Bay County. Stratified sampling enhanced the categorization of the population into groups which included county gender officers, law enforcement personnel, healthcare providers, CBO representatives, and GBV survivors. The aim was to ensure representation of each group was adequately done proportionate to its' size thus reducing sampling bias and increasing the study's validity.

Purposive sampling was applied within each stratum with an aim of selecting participants possessing needed expertise, experience or lived experiences in gender mainstreaming and GBV response. The technique was justified by the selection of those directly engaged with GBV interventions examples being policymakers, service providers, and survivors as included in the study. Justification of the approach was based on its ability in enabling the study to gather in-depth insights from professionals and survivors thus ensuring findings are a reflection of the realities of GBV intervention and gender mainstreaming efforts in Homa Bay County.

The study determined sample size based on Yamane (1967) formula at 95% level of confidence as illustrated below;

$$n=\frac{N}{1+N(e^2)}$$

Where:

n = sample size,

N = Population size (300)

e = margin of error set at 5% (95% confidence level)

$$n=\frac{300}{1+300(0.05^2)}$$

$$n=\frac{300}{1+300(0.0025)}$$

$$n=\frac{300}{1+0.75}$$

$$n=\frac{300}{1.75}$$

n=171

Data cleaning, coding and preparation kicked off the data analysis process with an aim of ensuring accuracy and consistency. Numerical values with the use of Likert scale with values 1 to 5 were applied to closed-ended questionnaire responses to ensure standardized measurement. Analyzing data was aided by Statistical Package for the Social Sciences (SPSS) version 26.0. the research made use of descriptive statistics in presenting key demographic characteristics, while utilizing inferential statistics in assessing the relationship between gender mainstreaming strategies and GBV prevention in Homa Bay County. Pearson's Product-Moment Correlation Coefficient (r) was employed in determining the extent to which these variables are related. In examining the strength and direction of relationships between gender mainstreaming strategies and combating GBV, the study employed correlation analysis. Qualitative data went through thematic analysis with an aim of identifying key themes like gender-responsive policies among others. To enable systemic coding and pattern recognition NVivo software was used. The study utilized multiple regression analysis in examining the effect of GRB, policy frameworks, gender integration, and awareness campaigns on GBV reduction. Tables, bar graphs, and pie charts presented study findings to enhance clarity in interpretation and comparison.

The regression model assessed the effect of various gender mainstreaming strategies in combating GBV in Homa Bay County thus aligning with study objectives. The dependent variable was combating GBV, whereas independent variable was gender mainstreaming strategies. Analyzing descriptive and inferential statistics employed regression coefficients thus determining significance and strength of the relationships. This model generated the evidences of the relevance of GRB, policy frameworks, gender integration and awareness campaigns in addressing GBV in Homa Bay County. The multiple regression formula is;

$Y= \beta_0 +\beta_1 X_1 + e$

Where;

$\beta_1 X_{1=}$ GRB

Y= Reduction of GBV

β_0= Y intercept

X_1 =GRB and $\beta 1$ is the coefficient measuring the influence of each independent variable

FINDINGS AND DISCUSSIONS

Occupation of Respondents

Respondents were requested to specify their current professional engagement related to GBV interventions in Homa Bay County. Occupation is instrumental in shaping how individuals understand, prevent, and respond to GBV. Various professionals interact with GBV issues in different ways, from service provision and policy enforcement to community sensitization and survivor support. Table 1 presents findings.

Table 1: Distribution of Respondents by Occupation

Occupation	Frequency	Percentage
County gender officer	5	3.1
Law Enforcement	50	30.9
Healthcare provider	35	21.6
CBO Representative	41	25.3
GBV survivor	29	17.9
Other	2	1.2
Total	**162**	**100**

Source: Field Data (2025)

Table 1 showed that the 50 (30.9%) respondents were law enforcement officers, 41 (25.3%) were CBO representative, and 35 (21.6%) were healthcare providers. Another 17.9% (29) were GBV survivors, 3.1% (5)

county gender officers, and 1.2% (2) fell under “Others”. This distribution indicates that the study gathered the perspectives of a wide and full spectrum of GBV prevention and response stakeholders. The inclusion of professionals in these various sectors in enriching the data set by providing multiple perspectives on the efficacy and limitations of gender mainstreaming strategies in Homa Bay County. This mix of front-line actors, program managers and policymakers, as well as survivors' themselves, also corresponds to multi-sectoral approaches that UNFPA (2023) contends are necessary for effective GBV response. It also enables both institution and everyday life of the patients being reflected in the research results.

Descriptive Statistics and Analysis

Gender-Responsive Budgeting and Combating Gender-Based Violence in Homa Bay County

Objective one was to evaluate the effect of gender-responsive budgeting in combating gender-based violence in Homa Bay County, Kenya. The responses were measured using a five-point Likert scale: Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), and Strongly Disagree (1). Table 2 presents the distribution of responses

Table 2: Descriptive Statistics on Gender-Responsive Budgeting

Statements	SD	D	N	A	SA	Mean	Std. Dev
	F (%)	F (%)	F (%)	F (%)	F (%)		
GBV fund usage reports are transparent and accessible to stakeholders	4 (2.5%)	8 (4.9%)	26 (16.0%)	82 (50.6%)	42 (25.9%)	3.93	0.92
Budget allocations adequately support access to GBV services in Homa Bay County	10 (6.2%)	15 (9.3%)	25 (15.4%)	60 (37.0%)	52 (32.1%)	3.80	1.17
GBV-related funds are fairly distributed across all sub-counties	5 (3.1%)	17 (10.5%)	48 (29.6%)	70 (43.2%)	22 (13.6%)	3.54	0.96
Quality of service delivery is regularly assessed in GBV centers	4 (2.5%)	10 (6.2%)	42 (25.9%)	76 (46.9%)	30 (18.5%)	3.73	0.93
Assessment results of GBV services are used to inform future budgets	4 (2.5%)	12 (7.4%)	44 (27.2%)	74 (45.7%)	28 (17.3%)	3.68	0.93

Source: Field Data (2025)

Table 2 findings show that there is a positive relationship between GRB and combating GBV in Homa Bay county. Respondents who agreed that GBV fund usage reports are transparent and accessible to stakeholders were 82 (50.6%), those who strongly agreed were 42 (25.9%), demonstrating high trust in the availability and disclosure of fund usage. Neutral respondents were 26 (16.0%) indicating that some of the respondents were either unfamiliar with or unsure how to perform it, those who disagreed were 8 (4.9%) while those who strongly disagreed 4 (2.5%). This is consistent with the mean score of 3.93, where there is agreement toward ‘Agree’ and low variability given the small standard deviation of 0.92, meaning that respondents are closer to the agree pole of the scale than neutral.

Respondents who agreed that budget allocations adequately support access to GBV services in Homa Bay County were 60 (37.0%), those who strongly agreed were 52 (32.1%) showing that the majority believed allocations do support access to GBV services, neutral were 25 (15.4%) respondents which may suggest uncertainty or lack of full awareness of budget implementation, those who disagreed were 15 (9.3%) while those who strongly disagreed were 10 (6.2%) indicating a minority who felt funding was insufficient. The mean of 3.80 indicates general concurrence with the statement, and the high standard deviation of 1.17 shows

high variability of responses toward this statement unlike in other items signaling varied experiences of service provision and response across the various sub-counties.

70 (43.2%) of the respondents agreed to the fair distribution of funds on matters of GBV across all sub-counties, strongly agreed with 22 (13.6%), majority of informed respondents perceived distribution to be relatively fair, neutral was 48 (29.6%) of the respondents indicating ignorance on how funds are distributed or lack of certainty on fairness in distribution. Those who disagreed were 17 (10.5%) and strongly disagreed were 5 (3.1%) reflecting worries regarding unfair distribution. The average score calculated for 3.54 shows moderate consensus along with standard deviation of 0.96 indicates some variations on the views of constituents, where perception of fairness on the distribution is not the same and there were differences from land to land.

Respondents who agreed that quality of service delivery is regularly assessed in GBV centers were 76 (46.9%), those who strongly agreed were 30 (18.5%) showing that most participants believed service delivery is regularly evaluated, neutral were 42 (25.9%) respondents reflecting uncertainty or lack of direct knowledge of assessment practices. Those who disagreed were 10 (6.2%) while those who strongly disagreed were 4 (2.5%) suggesting that a small proportion doubted the regularity of assessments. The mean of 3.73 means some agreement in general and the standard deviation of 0.93 shows some spread, in other words, many agree that there are regular assessments, but others are in doubt or not knowing this process

Respondents who agreed that assessment results of GBV services are used to inform future budgets were 74 (45.7%), those who strongly agreed were 28 (17.3%) demonstrating that the majority believed evaluation results influence future allocations, neutral were 44 (27.2%) respondents which may indicate limited awareness of how assessment findings are applied in budget decisions. Those who disagreed were 12 (7.4%) while those who strongly disagreed were 4 (2.5%) suggesting showing a small minority who doubted the link between evaluation and budgeting. The mean score of 3.68 indicates respondents in general tend to agree with this statement, and the standard deviation being 0.93 illustrates that attitudes towards this linkage were moderately varied, meaning that though most agree with the association between assessments and budgets, a portion may be either unsure about or not convinced of this connection.

The findings concur with findings from Balogun, Tomoloju, & Adewale (2024) who established that GRB had influenced better funding for GBV prevention, survivor support services and legal frameworks despite facing challenges of low allocation of funds, ineffective monitoring system and social-cultural resistance which prohibited its wider implementation. The study recognizes that presence of GRB frameworks and robust institutional accountability enhances GBV case reduction, which needs a continued political commitment and multi-sector level of collaboration.

Respondents were asked whether the budget for combating GBV is responsive and results presented as shown in table 3 below.

Table 3: Budget for Combating GBV is Responsive (n = 162)

Response	Male	Female	Non-B	Total	Percentage (%)
Yes	32	66	1	99	61.1%
No	31	18	0	63	38.9%

Source: Field Data (2025)

Table 3 illustrate the findings that more respondents 99 (61.1%) agreed that budget for combating GBV is responsive than 63 (38.9%) who disagree reflecting concerns over adequacy, distribution, or implementation. Overall, the finding was clear about a positive relationship between budgeting and GBV response, since most respondents could perceive the effects of this, with differences in perceptions indicating the need for improved accountability, equitable distribution, consistent application, all for strengthened effectiveness. This aligns

with findings by Jauch, E. (2022) that established effective GRB improves the services of survivor, legal advice provision and prevention programs for better justice and social protection. However, funding constraints and weak institutional capacity are seen as challenges with the study recommending improved budgetary allocation to enhance the prevention of GBV with an aim in achieving gender equality.

In addition to quantitative findings, qualitative findings of the study were based on open-ended responses and structured category-type responses. To find out if the budget practices for GBV are gender responsive in Homa Bay County, respondents were asked if current budgeting practices adequately meet needs relating to GBV. *"A decreasing graph of GBV showing a reduction of GBV cases,"* one participant reported. This result, in an affirmation of the need for gender-responsive budgeting to ensure effective combating of GBV. Another said, *"There is more accountability about how funds are being used to care for survivors - particularly in shelters and survivor centers."* This reveals that, the effective utilization of resources has significant associations with the prevalence of services. *"The money is directed toward efforts to help women and girls experiencing violence, including through safe houses and counselling programmes,"* a participant said. Respondents were aware that money has enabled victims to access vital services, including psychological counselling, medical treatment, and legal redress. Also, one participant linked the GRB to the decrease they had seen in the GBV cases within their own community. One typical response was, *"Cases are down over the past year because more programs are getting funded to help with root causes."* This evidence underscores the notion that investment in activities with a focus can have a measurable impact on the prevention of GBV. *"The budget is going to help but we need to change the gender systems like support in legal areas and community sensitization,"* said one respondent. This indicates an understanding that a responsive budget should be more than just about money, but also to provide for structural change and transformation.

The findings align with findings by Onditi & Odera (2021) who examined GRB as a mitigation strategy in combating GBV. The study established GRB as crucial in tackling the underlying causes of GBV through the allocation of needed resources and offering survivor support. The study underscored that for GRB to be successful apart from financial commitment, political will, institutional capacity and robust monitoring was required.

In addition to perceptions of responsiveness, respondents were required to assess the extent to which funds allocated for GBV interventions are monitored and accounted for. Table 4 presents findings.

Table 4: Extent of Fund Allocation for GBV Intervention (n = 162)

Monitoring Level	Frequency	Percentage (%)
No Extent	12	7.4%
Some Extent	36	22.2%
Good Extent	65	40.1%
Very Good Extent	49	30.2%

Source: Field Data (2025)

Table 4 above indicates "No extent" were 12 (7.4%) respondents reflecting gaps in consistency and transparency, "Some extent" 36 (22.2%) respondents. "Good extent" 65 (40.1%) respondents while "Very good extent" 49 (30.2%) respondents suggesting a generally positive outlook on accountability mechanisms. The relationship between budget responsiveness and monitoring is positive but not perfect, and there are areas which require improvement in terms of consistency and equity.

There was a positive relationship between gender responsive budgeting and how it enhanced capacities to combat GBV in Homa Bay County. GRB is a tool to make sure that financial resources are distributed fairly and strategically in line with the spirit of GBV prevention and survivor support in order to enhance services and accountability. Budget responsiveness, according to respondents, contributes to better access to services to survivors whereas institutionalized monitoring "has a strong effect on reduction of GBV." These findings

also confirm previous studies (Onditi & Odera, 2021) that if GRB is interlinked with strong monitoring then this promotes GBV prevention and Patel (2023) which stressed on strategic financing and mechanisms of accountability which strengthens the effectiveness of GBV interventions.

Combating Gender-Based Violence

The researcher focused on understanding the effectiveness of institutional and community responses to GBV, as perceived by respondents in Homa Bay County. The analysis focused on access to services, law enforcement responsiveness, community involvement, institutional support, and follow-up protection mechanisms. Responses were assessed on a 5-point Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Moderate, 4 = Agree, and 5 = Strongly Agree. Table 5 presents findings.

Table 5: Descriptive Statistics on Combating GBV

Statements	SD	D	N	A	SA	Mean	Std. Dev
	F (%)	F (%)	F (%)	F (%)	F (%)		
Survivors can easily access GBV support services	6 (3.7%)	12 (7.4%)	38 (23.5%)	62 (38.3%)	44 (27.2%)	3.78	1.05
Law enforcement agencies are committed to implementing GBV laws	4 (2.5%)	10 (6.2%)	38 (23.5%)	68 (42.0%)	42 (25.9%)	3.83	0.97
The community is more aware and proactive in addressing GBV issues	2 (1.2%)	8 (4.9%)	34 (21.0%)	80 (49.4%)	38 (23.5%)	3.89	0.86
Institutions respond swiftly and appropriately to GBV incidents	5 (3.1%)	18 (11.1%)	40 (24.7%)	74 (45.7%)	25 (15.4%)	3.59	0.98
Survivors receive adequate protection and follow-up support	5 (3.1%)	16 (9.9%)	41 (25.3%)	72 (44.4%)	28 (17.3%)	3.63	0.98

Source: Field Data (2025)

Table 5 shows that to some extend there is a positive relationship between accessibility of support services and GBV response in Homa Bay County. The proportion of respondents who agreed that survivors can easily obtain GBV support services was 62 (38.3%) and 44 (27.2%) strongly agreed that the services are accessible. Responses that were neutral were 38 (23.5%), demonstrating some indecision in accessibility. By contrast, 12 (7.4%) disagreed and 6 (3.7%) strongly disagreed. A few were of the opinion that services are not easily accessible. Average value of 3.78 and standard deviation of 1.05 are reflecting agreement and some deviation in opinions.

Table 5 shows it can be observed that there is a positive correlation between the law enforcement's commitment and fighting GBV in Homa Bay County. Those who strongly agreed with the statement that the security agencies ensure the implementation of GBV-related legislations were 42 (25.9%) and 68 (42.0%) agreed that this is guarantee, it showed a high level of confidence about implementation. There were 38 (23.5%) neutral responses which indicate some doubt on the constancy of commitment in law enforcement. On the other hand, 10 (6.2%) disagreed and 4 (2.5%) strongly disagreed, an indication of limited skepticism. That the mean value of 3.83 and a standard deviation of 0.97 support such general satisfaction with some variability between subjects as it can be seen.

Table 5 findings shows a positive relationship between community exposure knowledge and proactiveness in fighting GBV in Homa Bay County. Most respondents 80 (49.4%) agreed that the community is more alert and responsive about the issue of GBV, and 38 (23.5%) strongly agreed that, community can participate positively on GBV. Neutral responses were 34 (21.0%) which indicates some ambiguity on the degree of community participation. Conversely, 8 (4.9%) disagreed and 2 (1.2%) strongly disagreed resulting in few uncertainties. In this case, and for any other question, the moderate mean of 3.89, which is positively biased

towards ‘Agree,’ and relatively small standard deviation of 0.86, provide evidence of a general agreement and low dispersion of the responses.

Table 5 presents that there is a weak positive relationship between institutional responsiveness and fighting GBV in Homa Bay County. The institutions adequately and properly respond to GBV occurrences 74 (45.7%) agreed, while 25 (15.4%) strongly agreed: positively were of the opinion that the institutions are doing enough; 23 (14.3%) were neutral; 16 (9.9%) disagreed and 10 (6.2%) strongly disagreed that the institution were responsive. Responses that were no clear were 40 (24.7%), indicating that it remained unclear whether consistency in response was present. However, 18 (11.1%) disagreed, and 5 (3.1%) strongly disagreed, reflecting among other issues, concerns of delay in disposition or lack of proper attention to cases. The mean is also between ‘Neutral’ and ‘Agree, 3.59 and a standard deviation of 0.98, indicating moderate agreement with large variability within the respondents group.

Most of the respondents 72 (44.4%) agreed while 28 (17.3%) strongly agreed that survivors get adequate follow up support, indicating high levels of confidence among the support systems. Neutral answers accounted for 41 (25.3%) of participants, indicating that for some, the adequacy or consistency of such support was less clear. Conversely, 16 (9.9%) disagreed and a further 5 (3.1%) strongly disagreed, indicating that there remain gaps in protection services. The average score of 3.63 (leaning towards ‘Agree’) along with a standard deviation of 0.98 indicates agreement of moderate extent with considerable divergence in the opinions. These findings align with findings by Canacon, N. (2024) which suggested the importance of better policy development and institutionalization enhancing gender integration efforts thus combating GBV.

To complement the quantitative results, qualitative insights were collected to further understand respondents’ perspectives on the effectiveness of efforts to combat GBV in Homa Bay County. Respondents were required to estimate the degree to which GBV cases have declined in their communities, and to suggest additional interventions they believe would enhance GBV prevention and response.

Table 6: Rate of Reporting GBV Cases (n = 162)

Rating	Frequency	Percentage (%)
0%	11	6.8%
10-20%	28	17.3%
20-30%	53	32.7%
30-40%	41	25.3%
Above 40%	29	17.9%

Source: Field Data (2025)

The replies suggest perceived moderate reported case of GBV. In particular, 53 (32.7%) indicated they thought GBV had fallen by 20–30% and 41 (25.3%) that it had dropped by 30–40%. 29 (17.9%) other reported that decreases were over 40%, for a more positive assessment. On the other hand, 28 (17.3%) respondents noted that the decrease was only 10–20% and 11 (6.8%) considered that there was no reduction. This suggests that most respondents perceive some degree of improvement whereas opinions regarding how much change has taken place differ. Awareness and sensitization should be enhanced to encourage a culture of reporting such vices which concurs with findings by Mwangoka, A. (2022) that saw a number of challenges survivors seeking justice face which include inadequate training of officers, resource constraints and stigmatization thus the need for sensitization and initial support to survivors.

In terms of recommendations for further action, one participant stated, *“People need to be educated more often so that GBV can be seen as unacceptable by everyone”* emphasizing the need for continued sensitization and awareness as there was a feeling that behavioral change is still lacking, especially at the community level.

Another one noted, *"Funds are needed to reach remote areas and support survivors with urgent needs"* highlighting that underfunding limits the availability of shelters, legal aid, and psychological support services.

There were calls for stronger partnerships between county departments, law enforcement, NGOs, and community groups. As one respondent put it, *"We need to bring everyone to the table chiefs, youth, churches if we want real change."* One remarked, *"If we don't understand who is affected and how, we are just guessing with our programs"* thus the need to incorporate the use of gender-disaggregated data to improve targeting of interventions and policy decisions. Collectively, the responses highlight that while there is some optimism about the progress made in combating GBV, there is still a clear need for broader education, stronger funding, deeper collaboration, and better data use to sustain and amplify the gains made.

Results suggest improved community knowledge, access to services and law enforcement commitment but poor institutional response and survivor follow-up. This is in line with the finding of Fernandez & Martin (2024) which is that poor institutional support acts as a hindrance to the functionality of the GBV policies, and as well as with Kumari's (2023) revelation on the fact that avocation and community intervention pressure are effective in turning the tide of social norms and stigmatization.

Multiple Regression Analysis

Multiple regression analysis was employed to evaluate both the collective and individual predictive power of the gender mainstreaming indicators gender-responsive budgeting, policy frameworks, gender integration, and awareness campaigns on combating GBV. This statistical approach helped to assess how each independent variable, as well as their combined effect, contributes to variations in GBV reduction strategies in Homa Bay County. Table 7, Table 8, and Table 9 present findings.

Model Summary

The regression model was employed in investigating the extent to which the four gender mainstreaming strategies predict GBV reduction. The R^2 statistic represents the proportion of variance in the dependent variable explained by the model. Adjusted R^2 provides a more accurate measure by accounting for the number of predictors.

Table 7: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.789	0.623	0.611	0.388

a. **Predictors**: (Constant), Gender-Responsive Budgeting, Policy Frameworks, Gender Integration, Awareness Campaigns

b. **Dependent Variable**: Combating GBV

Table 7 shows the model yielded an R-Squared value of 0.623, indicating that 62.3% of the variability in combating Gender-Based Violence (GBV) in Homa Bay County is accounted for by the four predictors: gender-responsive budgeting, policy frameworks, gender integration, and awareness campaigns. This suggests a strong model fit. 62.3% R-squared value confirms that, even after accounting for the number of predictors, the model maintains high explanatory power. This means that approximately 62.3% of the variation in GBV response effectiveness can be attributed to the four governance factors incorporated in the model. The remaining 37.7% of the variance in combating GBV may be accounted for by variables not incorporated in this study. These may involve aspects such as cultural norms, institutional resource constraints, individual survivor experiences, law enforcement responsiveness, or broader socio-economic and political conditions.

The R- Square value means the predictors which includes; GRB, policy framework, gender integration and awareness campaigns collectively explain 62.3% of the variation in GBV response and prevention in Homa Bay county. These findings demonstrate that the integrated application of gender-responsive budgeting,

supportive policy frameworks, gender mainstreaming, and awareness campaigns significantly enhance the capacity of Homa Bay County for the prevention and response of GBV effectively.

Analysis of Variance (ANOVA)

ANOVA was employed in determining the overall significance of the regression model. The F-statistic was used to test whether the regression model significantly predicts the dependent variable. Table 8 presents findings.

Table 8: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	55.110	4	13.778	54.022	.000b
	Residual	33.260	157	0.212		
	Total	88.370	161			

a. **Dependent Variable**: Combating GBV

b. **Predictors**: (Constant), Gender-Responsive Budgeting, Policy Frameworks, Gender Integration, Awareness Campaigns

The F-statistic of 54.022 (p = .000) confirms that the model is statistically significant. This means that the four gender mainstreaming variables; gender-responsive budgeting, policy frameworks, gender integration, and awareness campaigns, when considered collectively, puts significant effect in combating GBV.

Regression Coefficients

The coefficients help in determining the individual effect of each predictor variable on the dependent variable. Standardized coefficients (Beta) facilitate comparisons of relative strength.

Table 9: Regression Coefficients

		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
1		**B**	**Std. Error**	**Beta**	0.938	0.350
	(Constant)	0.426	0.454	–	3.728	0.000
	Gender-Responsive Budgeting	0.302	0.081	0.278		

Source: Field Data (2025)

Table 9 presents the regression model coefficients, providing evidence on how each dimension of gender-mainstreaming strategies contributes to combating GBV in Homa Bay County. The analysis shows that gender-responsive budgeting have statistically significant positive relationships with GBV prevention and response.

Gender-responsive budgeting is also a strong predictor, with an unstandardized β of 0.302 and a p-value of 0.000. This shows that an increase by one unit in targeted resource allocation toward GBV-related initiatives leads to a 0.302-unit increase in combating GBV. The significance level ($p < 0.01$) indicates that the relationship is highly reliable, reinforcing the need for dedicated funding streams to sustain effective programs and services. This implies that when budget allocations are aligned with the needs of GBV survivors and prevention efforts, there is a substantial improvement in access to services, quality of care, and program sustainability.

Gender mainstreaming strategies which include; GRB had a positive significant coefficient, meaning gender mainstreaming strategies contribute positively to combating GBV. The findings align with the findings of Canacon, N. (2024), who established implementation challenges as a hindrance to effective roll out of gender-sensitive strategies. The evaluation highlighted awareness, resources and capacity gaps that constrained the

program's effectiveness agenda in combating GBV. The findings in this study suggest institutionalization thus enhancing gender integration efforts that is in agreement with Canacon, N (2024) work. This means that increasing efforts towards institutionalizing gender mainstreaming strategies would result in higher level of combating GBV. These results confirm that all four governance interventions significantly and positively influence the fight against GBV in Homa Bay County. Their combined effect underscores the importance of a multidimensional, coordinated approach that includes fiscal, institutional, social, and legal mechanisms to enhance the county's capacity to address GBV comprehensively.

CONCLUSIONS AND RECOMMENDATIONS

The results highlight the role of GRB in successfully combating GBV. The descriptive statistics shared that gender-responsive budgeting was positively perceived as posing effect to combat GBV in Homa Bay County. A positive relationship between GRB and combating GBV was established. Aligning with previous studies, GRB enhances monitoring and evaluation of funds, allocation and access to GBV services and assessment of service delivery. The study findings established high level of consensus on GRB, especially around the budget process featuring gender priorities, fair distribution of resources and involving the public in operations, despite it facing challenges including limited resources and lack of transparency in budget operations. As a whole, gender-responsive budgeting was considered to be a powerful strategy to enhance the prevention and provision of services for GBV in the county.

The findings conclude GRB and combating GBV have a positive relationship. In line with earlier work, GRB enhances effective resource utilization through monitoring and evaluation of funds, better allocation and access to quality GBV services in terms of their delivery. The findings conclude that to effectively combat GBV in Homa Bay County, effective gender-responsive budgeting is critical. The findings emphasize the significance of proactive, inclusive, and coordinated approaches in ensuring effective, sustainable, and community-responsive prevention of GBV in Homa Bay County.

The study highlights the significance of institutionalization of the GRB across all levels of county governance. Awareness campaigns for sensitization and enhancement of public education and GBV reporting should be carried out at community level. There should be informed coordination and community involvement in enforcing strengthened legal frameworks. This should be supported by the presence of inclusive participation and gender-balanced leadership in policies. Ample funding, inclusive planning and transparency should enhance GRB. The study proposes that a continuous skills development and capacity enhancement for county officials and stakeholders to enhance accountability, policy implementation, and the effectiveness of GBV prevention efforts.

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