



GOVERNMENT OF KENYA

**NATIONAL YOUTH OPPORTUNITIES TOWARDS ADVANCEMENT
(P179414)**

**SEXUAL EXPLOITATION, ABUSE AND HARASSMENT
PREVENTION AND RESPONSE ACTION PLAN**

JUNE 2024

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LIST OF ACRONYMS AND ABBREVIATIONS

CoC	Code of Conduct
CSO	Civil Society Organization
E&S	Environmental and Social
GM	Grievance Mechanism
KYEOP	Kenya Youth Employment and Opportunities Program
M&E	Monitoring and Evaluation
MC	Master Craftsman
MSEA	Micro and Small Enterprise Authority
MOYACES	Ministry of Youth Affairs, Creative Economy, and Sports
NGOs	Non-Governmental Organizations
NITA	National Industrial Training Institute
NSSF	National Social Security Fund
NYOTA	National Youth Opportunities Towards Advancement
OHS	Occupational Health and Safety
PDO	Project Development Objective
PSC	Project Steering Committee
PWD	Persons with Disability
SCYDO	Sub-County Youth Development Officer
SDL	State Department of Labor
SEA	Sexual Exploitation and Abuse
SEAH	Sexual Exploitation Abuse and Harassment
SEP	Stakeholder Engagement Plan
SGBV	Sexual and Gender Based Violence
SH	Sexual harassment
TV	Television
WB	World Bank
WIBA	Workers Insurance and Benefits

1. INTRODUCTION AND CONTEXT

1.1 Background

1. The Government of Kenya is preparing the National Youth Opportunities Towards Advancement (NYOTA) project, in collaboration with the World Bank (WB) through the Ministry of Youth Affairs, Creative Economy and Sports (MOYACES), *formerly the Ministry of Youth Affairs, the Arts and Sports (MYAAS)*, the Micro and Small Enterprise Authority (MSEA) and the National Social Security Fund (NSSF) constituting the three implementing agencies. The Project aims to increase employment, earnings and promote savings for targeted youth. NYOTA represents a national scale-up of several successful interventions implemented under Kenya Youth Employment and Opportunities Program (KYEOP).

2. The project is expected to impact 800,000 vulnerable youth aged 18 - 29 across all 47 counties of Kenya including 10,000 refugees and 10,000 vulnerable host community members. The targeted youths are those with little or no education, who are unemployed, underemployed, or in low-tier employment with very low earnings. Such youth face exclusions and are often unable to access government sponsored jobs programs. The project will reserve 50 percent of slots for female beneficiaries and 5 percent for people with disabilities. Women face additional barriers to participate in the labour force, to access better quality employment, to earn what a man would earn in an identical job, and when they start-up and run their own businesses. People with disabilities (PWDs) also have additional barriers across the life cycle, such as accessing education and employment and continue to face negative attitudes and stigma. Given delays with acquiring education, the target age group for PWDs is expanded to 18 - 35. Officials from participating government implementing institutions will directly benefit from professional capacity building, technology upgradation, systems enhancement and monitoring and evaluation support.

1.2 Project Objectives and Key Results

1. The Project Development Objective (PDO) is: “To increase employment, earnings and promote savings for targeted youth, at national scale.”

Key Results

2. The PDO will be measured using three key results areas and associated project development indicators aligned to the primary outcomes. **Results Area 1: Increasing employment among targeted youth.** Outcome indicators for results area 1 will include:

- i. Beneficiaries of job-focused interventions (Number)
 - Beneficiaries of job-focused interventions – Female (Number)
 - Youth beneficiaries living with disabilities (Percentage)
- ii. Youth beneficiaries in wage or self-employment at least 6 months after completing the package of project interventions (Percentage)
 - Female beneficiaries in wage or self-employment at least 6 months after completing the package of project interventions (Percentage)
 - Host community beneficiaries in wage or self-employment at least 6 months after completing the package of project interventions (Percentage)
 - Refugee beneficiaries in wage or self-employment at least 6 months after completing the package of project interventions (Percentage)
- iii. Female beneficiaries who are in wage or self-employment in male dominated sectors at least 1 year after training with gender-specific module (Percentage)

3. **Results Area 2: Increasing earnings among targeted youth.** The outcome indicators for results area 2 will include:

- iv. Average earnings among wage and self-employed youth beneficiaries 6 months after completing the package of project interventions (Percentage)

- Average earnings among wage and self-employed female beneficiaries at least 6 months after completing the package of project interventions (Percentage)

4. **Results Area 3: Promote savings among targeted youth.** Outcome indicators for results area 3 will include:

- v. Youth beneficiaries contributing to long term savings at least once in the 6 months after their auto-enrollment in NSSF’s Haba Haba scheme ends (Percentage)
- vi. Females with maternity benefits who have had at least 1 post-natal health visit (Percentage)

1.3 Project Components

5. The project will have four components, each with several sub-components as summarized in Table 1.

Table 1: Project components and sub-components

Components	Sub-components
1. Improving youth employability This component will connect targeted youth to wage employment by providing them with training, on the job experience, and access intermediation services.	1.1 Provision of training and work experience to youth in the formal and informal sector.
	1.2 Operationalization of the Kenya labour market observatory and supporting intermediation
2. Expanding employment opportunities This component will expand employment opportunities through entrepreneurship development and support to social enterprises.	2.1 Support for entrepreneurship.
	2.2 Results based financing partnership with social enterprises.
3. Supporting youth savings This component will provide savings opportunities to beneficiaries of components 1 and 2.	3.1 Supporting savings through monetary top-ups and nudges.
	3.2 Enhancing NSSF operations by upgrading processes, systems, and communications.
4. Strengthening youth employment and savings systems This component will strengthen systems and capacity of national and county-level implementing agencies and finance project management activities.	4.1 Build County Government capacity to invest in youth employment.
	4.2 Monitoring and evaluation and delivery systems.
	4.3 Project Management and Coordination

6. Some of the activities to be implemented by the project may lead to the risk of Sexual Exploitation, Abuse and Harassment (SEAH) in the course of implementing project activities. There is potential for sexual harassment amongst project workers, and sexual, exploitation and abuse between beneficiaries and trainers/master craftsmen. The SEAH risk for this project is assessed as **Moderate**.

1.4 Definition of terms

7. The Inter-Agency Standing Committee (IASC) defines **gender-based violence** as “an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. GBV broadly encompasses physical, sexual, economic, psychological/emotional abuse/violence including threats and coercion, and harmful practices occurring between individuals, within families and in the community, at large. These include sexual violence, domestic or intimate partner violence (IPV), trafficking, forced and/or early marriage, and other traditional practices that cause harm.

8. The United Nations¹ defines “**sexual exploitation**” (SEA) as any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. Sexual abuse, on the other hand, is “the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.’ SEA is therefore a form of gender-based violence and generally refers to acts perpetrated against beneficiaries of a project by staff, contractors, consultants, workers, and partners.

9. **Sexual harassment**² (SH) is defined as any unwelcome sexual advance, request for sexual favor, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation to another, when such conduct interferes with work, is made a condition of employment, or creates an intimidating, hostile, or offensive work environment. It occurs between personnel/staff/trainers/trainees and involves any unwelcome sexual advance or unwanted verbal or physical conduct of a sexual nature.

1.5 Guidance by the World Bank on SEAH

10. The World Bank (WB) Good Practice Note³ defines four key areas of SEAH risks:
- i. SEA - exploitation of a vulnerable position, use of differential power for sexual purpose, actual or threatened sexual physical intrusion;
 - ii. Workplace sexual harassment - unwanted sexual advances, requests for sexual favors, and/or sexual physical contact;
 - iii. Human trafficking - sexual slavery, coerced transactional sex, illegal transnational people movement; and
 - iv. Non-SEA - physical assault, psychological or physical abuse, denial of resources, opportunities, or services and IPV.

11. In response to the potential risks implied in the discussion of the concepts above, NYOTA will establish and implement this SEAH Prevention and Response Plan. The Plan details the operational measures that will be put in place to mitigate the risks of SEAH that are project-related, including ensuring that project-established grievance mechanisms (GMs) are in place to receive reports and refer survivors for further support safely and confidentially.

¹ UN (2020) *United Nations protocol on allegations of sexual exploitation and abuse involving implementing partners*, page 1-2.

² WB (2020) Good Practice Note on Addressing Gender Based Violence in Investment Project Financing involving Major Civil Works, page 7.

³ WB 2018, page 3.

2. POLICY, LEGAL AND INSTITUTIONAL CONTEXT

2.1 Policy Framework

12. The National Policy for the Prevention and Response to Gender Based Violence - 2014, constitutes the guidance for the prevention and response to GBV. The policy, which was formulated by the Ministry of Devolution and Planning seeks to, among other objectives, improve enforcement of existing laws to reduce, curb or prevent SEAH.

13. County Government Policy on Sexual and Gender Based Violence – 2017: the policy is tailored for all County Governments and aims at ensuring that every County Government can address SEAH issues that they face. It provides the framework for counties to recognize SEAH as a human rights violation and to provide resources to prevent and respond to it.

14. Legislative Framework on Sexual and Gender Based Violence for County Governments – 2017: this model law is designed to provide measures for awareness, prevention, and response to sexual and gender-based violence, to provide for the protection, treatment, counselling, support, and care of survivors of SEAH, and for connected purposes.

2.2 Legal and Institutional Framework

15. *The Constitution of Kenya, 2010.* Article 10(2)(b) of the Constitution recognizes human dignity, equity, social justice, inclusiveness, equality, human rights, non-discrimination, and protection of the marginalized as part of national values and principles of governance. Therefore, any illegal aggression on the person that compromises human dignity is unconstitutional. Hence SEAH is not only illegal, but also a human rights violation and unconstitutional in Kenya.

16. *Article 28* of the Constitution guarantees human dignity while *Article 29* guarantees every person freedom and security, and this includes the right not to be subjected to any form of violence from either the public or private sources and not to be treated or punished in a cruel, inhuman, or degrading manner. The Constitution has an elaborate set of protective provisions for all forms of violence, including SEAH.

17. *The Sexual Offences Act, 2006.* This Act of Parliament is aimed at protecting citizens from the harm of unlawful sexual acts. *Section 5* of the Act incriminates sexual assault with a possibility of imprisonment for life upon conviction. *Section 6*, as read together with *section 43*, addresses intentional and unlawful acts, and includes instances where people in authority may use their authority so as the other party is unable to show resistance or unwillingness to such illegal sexual advances. This makes sexual abuse and exploitation a crime in Kenya. *Section 23(1)* of the Act makes sexual harassment an offence punishable under the law for a term not less than 3 years or a fine of not less than Kenya Shillings One Hundred Thousand (KShs.100,000) or to both.

18. *The Employment Act, 2007.* This Act of Parliament regulates employment in Kenya and sets out the rights and obligations between an employer and an employee. *Section 6* of the Act defines sexual harassment and makes it a requirement for an employer who has twenty or more employees to have a policy statement on sexual harassment and ensure that every employee knows about it. In the project under preparation the need for a code of conduct for the contractor and for employees cannot be gainsaid.

19. *The Penal Code, Cap 63 Laws of Kenya.* The Penal Code does not specifically address GBV offences. However, *section 250* and *251* of the code on assault and assault causing actual bodily harm respectively, may be invoked against any person who assaults another one regardless of gender.

20. *The Kenya Youth Development Policy (2019) Chapter 3.8.4 on Female Youth and the Boy Child.* A key delivery strategy for the policy is **Rights-based approach:** The Constitution of Kenya

(2010) provides that the State shall take measures, including affirmative action programmes, to ensure that the youth: (a) access relevant education and training; (b) have opportunities to associate, be represented and participate in political, social, economic and other spheres of life; (c) access employment; and (d) are protected from harmful cultural practices and exploitation. The Policy therefore holds that all organs and agencies of the state have a responsibility to deliver specified rights to citizens aged 18 to 34 years.

21. *National Youth Council Act (2010)*: Chapter 132 Part 4 Function is to formulate operational guidelines that protect the youth against any form of abuse or manipulation.

2.3 International and Regional Treaties and Conventions

22. *The Convention on the Elimination of All Forms of Discriminations Against Women (CEDAW)*. Kenya ratified this treaty in 1984. The treaty seeks to realize equality between men and women by ensuring that there is no discrimination against women in all spheres of life. This means that women should compete for the same positions with men whenever employment opportunities arise. Any discrimination will therefore constitute SEAH against women.

23. Article I of the Convention defines “discrimination against women” to mean “any distinction, exclusion or restriction made based on sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.”

24. *The African Charter on Human and Peoples’ Rights (Banjul Charter) (2004)*: Article 5 of the charter guarantees every individual the right to dignity which includes the protection from all forms of exploitation and human degradation. SEAH manifests different forms of inhuman treatment to survivors and in many cases, it is a form of exploitation.

25. *Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol) (2003)*: Article 3 of the protocol seeks to eliminate all forms of discrimination against women and require States Parties to pass necessary legislation to ensure equality between women and men. Article 4 of the protocol guarantees every woman dignity and requires States Parties to adopt appropriate measures to prohibit any exploitation or degradation against women.

26. Overall, Kenya has the requisite policy, legal and institutional framework to prevent and curb SEAH. However, the vice of SEAH has yet to be resolved. Every effort at preventing and curbing SEAH is a work in progress in every sector. The project aims to prevent and respond to SEAH complaints and incidences to ensure that the project does no harm to the beneficiaries and workers.

3. SCREENING FOR SEAH RISKS UNDER NYOTA

3.1 Context of SEAH in Kenya

Gender-based violence occurs across all socio-economic and cultural backgrounds. In many societies, including Kenya, women are socialized to accept, tolerate, and even rationalize domestic violence and to remain silent about such experiences. Violence of any kind has a serious impact on the economy of a country; because women bear the brunt of domestic violence, they bear the health and psychological burdens as well. Victims of domestic violence are abused in what should be the environment – their own homes. Gender-based violence in Kenya involves both men and women, with women and girls usually, but not always, being the victim. It stems from unequal power relationships within families, communities, and states. Violence is generally directed specifically against women for diverse reasons and affects them disproportionately. To stop this violence, which sometimes causes great physical harm, death, psychological abuse, separation, divorce, and a host of other social ills, the Kenyan government enacted the National Commission on Gender and Development Act of 2003 to help coordinate and mainstream gender concerns in national development.⁴

Reports of gender-based violence (GBV) are common in camps for refugees and displaced populations. For instance, Refugees in Kakuma refugee camp are vulnerable to Sexual and Gender-Based Violence (SGBV) due to continued conflict in South Sudan coupled with the protracted nature of their stay in the camp. Women, girls, as well as men and boys, face increased risks and multiple forms of violence as a result of conflict and displacement, including forced and early marriage, sexual violence, including sexual abuse and exploitation, and domestic violence.⁵

GBV is particularly common in the Dadaab refugee complex. Young, single, or unmarried women, girls, and newly arriving female refugees (who are often assigned to less secure housing structures and have fewer social networks) are often at elevated risk of violence. However, reporting of GBV remains low. Shame, stigma, fear of reprisals, and threats of rejection by families and the community are powerful deterrents to reporting. Limited knowledge among refugees about the health consequences of GBV may further limit reporting and utilization of appropriate and timely health care. Regrettably, delayed or inappropriate care for GBV leaves those affected with potentially life-threatening or life-long consequences.⁶

Urban refugees face GBV risks as a result of multiple and complex unmet social, medical, and economic needs, as well as intersecting oppressions based on race, ethnicity, nationality, language, class, gender, sexual orientation, and disability. Misperceptions further contribute to discrimination toward refugees, which in turn heightens their vulnerability.⁷

27. Projects such as NYOTA are likely to change power structures and relations (including gender relations) and place women, girls, and boys in situations where they may be exposed to SEAH.

⁴ <https://ncpd.go.ke/wp-content/uploads/2021/02/Policy-Brief-6-Combating-Gender-Violence-in-Kenya.pdf>

⁵ [file:///C:/Users/wb558506/Downloads/SGBV%20Strategy%20-%20UNHCR%20Kakuma%20camp%20\(1\).pdf](file:///C:/Users/wb558506/Downloads/SGBV%20Strategy%20-%20UNHCR%20Kakuma%20camp%20(1).pdf)

⁶ GBV is particularly common in the Dadaab refugee complex. Young, single, or unmarried women, girls, and newly arriving female refugees (who are often assigned to less secure housing structures and have fewer social networks) are often at elevated risk of violence.^{7,8,17} However, reporting of GBV remains low. Shame, stigma, fear of reprisals, and threats of rejection by families and the community are powerful deterrents to reporting. Limited knowledge among refugees about the health consequences of GBV may further limit reporting and utilization of appropriate and timely health care.⁷ Regrettably, delayed or inappropriate care for GBV leaves those affected with potentially life-threatening or life-long consequences

⁷ <https://reliefweb.int/report/world/mean-streets-identifying-and-responding-urban-refugees-risks-gender-based-violence>

Therefore, it is imperative for NYOTA to proactively plan to prevent and mitigate against SEAH risks that may emerge in project sites due to the planned interventions.

28. Some of the factors that are likely to contribute to vulnerability of women and girls to SEAH in the project areas include:

- i. *Power asymmetry.* The trainers will have advantage over the interns while project workers may be able to influence which supplier, trainer, MC gets involved in project activities. This power differential has the potential to create an environment where SEAH can prevail.
- ii. *Poverty and Inequality.* Widespread poverty and inequality that invariably leads to desperation and a situation where some women and girls may be vulnerable to SEAH during their interaction with project staff who share benefits such as trainers and MCs.
- iii. *Societal norms.* Women and girls are usually at high risk of SEAH because of *societal norms* that perpetuate power differentials between males and females, and support or condone males' violence against women and girls.

29. Some forms of SEAH include rape and sexual assault, physical and emotional abuse. Sexual harassment may include inappropriate touching, use of abusive and demeaning or culturally inappropriate language amongst project workers and beneficiaries, while Sexual exploitation and abuse will entail transactional sex and other forms of humiliating, degrading or exploitative behavior perpetrated by service providers (e.g., trainers, master craftsmen) against beneficiary youths. For instance, trainers may punish beneficiaries through failing them or holding their grades. Also, the utilization of security forces in high-risk counties present a risk factor. Further, potential abuse and sexual exploitation in labor practices, especially during recruitment and employment, can distort power relations and lead to opportunities for abuse and then give relevant examples. In some counties, the community may prefer to indulge in community conflict resolution mechanisms that can lead to more harm to survivors who report SEAH experiences. Such a resolution process can reinforce gender inequality, pushing for resolutions that are not survivor-centered etc.

30. Sexual harassment is a risk for any work environment, particularly those that are stringently hierarchal, give significant and/or undue power to management and supervisors, and that do not promote and reflect female leadership. Other risk factors for SH include female laborers working alongside male laborers without adequate supervision, and those working in offices without separate washrooms for males and females; and without specific feedback mechanisms for females to share concerns about their working environments, including concerns about sexual harassment. Similar constraints could face both female and male trainees who may find themselves in abusive situations.

31. Prevention and response to project-related risks of SEAH requires concerted and multifaceted efforts bringing together many sectors including the NYOTA implementing partners and other Ministries, Departments and Agencies (MDAs) with mandates for GBV prevention and control including the National Gender and Equality Commission (NGEC), Department of Gender, the Judiciary (GBV Courts), Ministry of Public works, etc. The project will coordinate with these actors to create awareness to beneficiaries and project staff to prevent GBV incidences and reduce any need for response efforts.

32. There will be specific attention placed on the relationship between the refugees, host communities and the project workers. Refugees are already at a disadvantage that puts them at a higher risk for SEAH. The tools developed for this project will help monitor and capture any incidences of abuse that will be addressed promptly. There will be efforts to strengthen the interactions between the youth in refugee camps and those from host communities as a measure of building channels of support and trust.

3.2 Experiences of SEAH drawn from KYEOP

33. The NYOTA National Project Coordination Unit (NPCU) engaged beneficiaries of the Kenya Youth Employment and Opportunities Project (KYEOP) on SEAH to inform the preparation of NYOTA instruments aimed at managing the Environmental and Social (E&S) risks and impacts. A significant number of beneficiaries reported that they were denied a chance by their husbands to attend trainings after being selected as beneficiaries or to own individual bank accounts.. The main complaints are:

- i. Sexual harassment by a trainer;
- ii. Harassed by fellow youth;
- iii. Mishandling during apprenticeship;
- iv. Harassed by Master Craftsmen (MC);
- v. Being shouted at; and
- vi. Being overworked.

KYEOP did not have a structured GBV management mechanism in place, except for Codes of Conduct that were implemented only for service providers. The above complaints were reported to Youth Development Officers (YDOs) at the sub-county and county levels, directly through the toll-free line, the help desk, and the Management Information System (MIS). No referral pathways were mapped under KYEOP; the cases were classified as not severe and managed through guidance and counseling of beneficiaries, transferring beneficiaries to work with other trainers where they felt comfortable, and conducting workshops for trainers on sexual abuse and harassment and positive beneficiary-trainer relationships.

The NYOTA GM outlines the sub-county, county, and NPCT level measures for managing SEAH, including 330 trained GBV focal points at the sub-county, 47 at the county and 1 at the NPCT, 47 toll-free lines at the county and 1 toll-free line at the NPCT, and anonymous boxes (330 at the sub-county 47 at the county and 1 at NPCT). The SEAH Action Plan provides for mapping quality service providers/referral pathways and training project staff, service providers, and beneficiaries on SEAH.

3.3 Screening for SEAH for NYOTA

The project has been screened for SEAH risks using the standard World Bank Tool. The main significant risks identified include abuse of trust, power, and the exchange of favors by service providers (staff, consultants, trainers and MCs) associated with the project. This risk is likely to occur at the interface between the beneficiaries and service providers, particularly trainers and master craftsmen. Further assessments shall be undertaken by the NPCT to strengthen the action plan, including mapping service providers, documenting the mechanisms available at the county and sub-county levels for SEAH management and ascertaining the potential GBV/SEAH that may be exacerbated by the project.

3.4 SEAH Support Services

34. SEAH Support services will be accessed through NYOTA in coordination with the other implementing partners and according to the wishes and needs of the survivor. It is in the interest of the project team to identify and map quality GBV service providers before commencement of project activities and provide a referral pathway for the project beneficiaries, service providers, and nearby communities. The support services, include, amongst others:

- i. Provision of accessible information on services available to survivors of SEAH;
- ii. Provision of accessible, effective, and responsive health, social welfare, police, prosecutorial, and other services to attend to SEAH cases;

- iii. Provision of specialized facilities, including support mechanisms for survivors of SEAH; and
- iv. Provision of effective rehabilitation and reintegration programs for perpetrators of SEAH.

3.5 GBV/SEAH Referral Pathways

35. The project is committed to providing a survivor centered approach to manage all GBV/SEAH cases. The security and safety of the survivor should take precedence with any actions taken once the case is reported. The NPCU aims to provide avenues for comprehensive GBV/SEAH services including GBV/SEAH case management, psychosocial support and referral mechanisms for survivors, among others. The project should aim to have the survivors access health and psychosocial support where services are scarce since all these multisectoral services may only be available in some of the project areas.

Table 2: Template of a Referral Mechanism

TELLING SOMEONE AND SEEKING HELP (REPORTING)			
Survivor/client tells family, friend, community member or service provider; that person accompanies the survivor to the health or psychosocial entry point		Survivor/client self-reports to any service provider	
IMMEDIATE RESPONSE			
The service provider must provide a safe, caring environment and respect the confidentiality and wishes of the survivor/client, learn the immediate needs, and give honest and clear information about the services available. If agreed and requested by survivor/client, obtain informed consent and make referrals, accompany the survivor/client to assist her/him in accessing services			
Medical/health care entry point- GBV/SEAH	Psychosocial support entry point - GBV/SEAH Adult	Psychosocial support entry point- GBV/SEAH Child- under 18	
List of health facilities or other entities offering GBV/SEAH care and support at the county level (e.g., Level 4/5 hospital, Liverpool VCT)	Agencies (list agencies operating in the county)	The Children Services and other organizations involved in child protection	
If the survivor/client wants to pursue police/legal action or if there are immediate safety and security risks, for example, if the survivor is a minor (under 16 years), refer and accompany survivor to police/security or to legal assistance for information			
Safety and Security		Legal Assistance Counselors	
AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES			
Over time and based on survivor's/Client's choices can include any of the following:			
Healthcare	Psychosocial services/Case management	Protection, security, and justice actors	Basic needs - children's services, safe shelter
Refer to facilities identified as able to handle GBV/SEAH cases (each County has facilities that manage GBV/SEAH)	This could be accessed at health facilities or through partners (CSOs, CBOs or FBOs)	Agency Name: The Kenya Police, Ministry of Labor and Social Protection, National Gender and Equality Commission (NGEC) SERVICES: * Arrest perpetrator – Police * Issue Police Form (P3) free of charge * Gather evidence and complete file for case * Inform survivor and witnesses on court hearing * Provide physical protection/safe shelter Agency Name: to be determined SERVICES: * Provide legal counseling * Transport, accommodation and meals for survivor/witness and family to attend court	Agencies: Children Services (among other providers depending on the county) SERVICES: *Livelihood program, life skills/vocational training/ entrepreneurship. NFIs

3.6 Access to Justice

36. The provision for a project-based GM does not in any way limit the aggrieved party from seeking recourse from the courts of law in the country. Information will be provided to the project beneficiaries and service providers on the legal system that they could use as needed including the sources outlined below.

- i. The Judiciary system has in the past invested in strengthening the National Police Force to establish gender desks in most police stations across the country. Specific police officers have also been trained to manage survivors and ensure that all necessary information and evidence is gathered to facilitate prosecution of offenders/perpetrators as necessary.
- ii. The National Gender and Equality Commission (NGEC), which has a GBV/SEAH mandate, has offices across the country which can be used to facilitate access to justice for survivors and their families.
- iii. There are many organizations (both local and international) operating across the country (although not evenly distributed) which render support to survivors in the pursuit of justice.
- iv. It is notable that counties occupying the Arid and Semi-Arid lands (ASALs) may not be adequately resourced to deal with all aspects of GBV/SEAH and special efforts are required to ensure that survivors get support when they need it through partnering with locally based institutions and agencies.

4. GRIEVANCE MECHANISM (GM)

The project will put in place a GM with multiple channels to facilitate confidential logging in of SEAH complaints at the sub-county, county and national levels. It will be necessary to identify and integrate SEAH entry points within the GM with clear procedures and tools for safe, confidential, and ethical management of related complaints. Considerations related to SEAH will be integrated into the GM explicitly developed for project workers. As part of the overall project, consultations on the GM with potential youth, including refugees, host communities, Vulnerable and Marginalized Groups (VMGs), local leadership, youth development officers and other relevant stakeholders were undertaken to determine the preferred grievances uptake channels (e.g., GBV Focal Persons desks at the sub-county, county and national levels, toll-free number, emails, anonymous boxes and others).

The project GM will ensure all SEAH incidents reported through the general GM system related to NYOTA are relayed to the NPCU and World Bank within 24 hours. The GBV focal persons will manage the toll-free lines in their respective sub-counties and counties and at the NPCT throughout the project cycle, and they will be in charge of entering, organizing, and accessing information. The GBV focal persons will be trained on ethical, safe, and confidential data management and GBV skills, including survivor-centered approaches and referral pathways (reporting incidents according to the survivor consent and referring survivors to services. The GM will be disclosed to affected and other interested parties before commencement of project activities.

37. In setting up a GM to facilitate resolution of SEAH complaints, the project has been guided by the following principles.

- i. *Confidentiality*: At all stages of the intervention, the privacy and confidentiality of survivors will be assured while prioritizing the well-being of survivors, and that the delivery of services and support will not compromise the privacy or identity of individuals involved.
- ii. *Respect*: Respect of the wishes, dignity and choices of the survivors will be observed during all stages of any intervention. Survivors will be supported to give their free and informed consent, based on a clear understanding of the facts, implications, risks, and consequences of an action, before information is shared or action is taken.
- iii. *Safety and security*: Awareness and consideration of any risks or safety concerns that might compromise the physical safety of individuals affected by SEAH will be sufficiently addressed and factored into any SEAH intervention or initiative.
- iv. *Non-discrimination*: All SEAH interventions will be designed to ensure access and the same level of quality of care and assistance for all persons seeking support, or persons affected by SEAH, without regard to gender identity, age, ethnicity, religion, ability/disability, or other status.

38. The project GM adopts a survivor-centered approach to managing SEAH complaints including the use of SEAH survivors' referral centers (Annex 3). The only information to be collected from the person reporting will be:

- i. demographic data, such as age and gender;
- ii. the nature of the complaint (what the complainant says in her/his own words);
- iii. whether the complainant believes the perpetrator was/is related to the project; and
- iv. whether they received or were offered referral to services.

39. The project will put in place the necessary mechanisms to address SEAH. The proposed mitigation measures, as per the risk level for the project, are as follows:

- i. Define SEAH requirements and expectations included in the contractual obligations as well as reinforce a Code of Conduct (CoC) to be prepared and implemented before commencement of project interventions, that addresses SEAH in the project locations to cultivate an environment free from SEAH as well as regular dissemination of the CoC to the workers. All those with physical presence on site will be trained on the CoC before signing to ensure they understand the provisions;

- ii. Ensure GBV Focal Persons are appointed and trained at the sub-county, county and national levels, and in each technical agency to support SEAH risk prevention and response measures. The GBV Focal Person at the national level will coordinate all GBV Focal Persons under the project;
- iii. Develop and deliver information, education, and communication (IEC) materials for stakeholders to indicate that the project and/area is a GBV/SEAH free zone, as well as provide information on SEAH response services (such as toll-free lines and where to seek assistance when needed). Other information to be highlighted include:
 - a. No sexual or other favors can be requested in exchange for services;
 - b. Project staff, beneficiaries and service providers are prohibited from engaging in SEAH and this information should be clearly spelt out during training and other forms of communication to the staff;
 - c. Any case or suspicion of SEAH should be reported through the project GM , utilizing the toll-free lines, emails, anonymous boxes or in person to the GBV Focal Persons;
 - d. Consequences for any project staff, beneficiaries and service providers found to have engaged in SEAH should be clearly communicated and provided in the CoC;
 - e. Information on protection of whistleblowers (to encourage beneficiaries, project staff and service providers to report complaints); and
 - f. The range of services available for survivors including healthcare, protection, psychosocial care, and judicial.
- iv. Identify and map SEAH service providers to ensure information is made available to the project on where psychosocial support and emergency medical services for survivors of SEAH can be accessed (within the public healthcare system);
- v. Develop SEAH prevention policy and response procedures that outline key requirements for reporting cases if they arise, measures to enable safe, ethical, survivor-centered response and disciplinary processes for the perpetrators;
- vi. Train all project staff, beneficiaries, and service providers and integrate understanding of the CoC, SEAH as well as accountability and response framework including the referral processes, responsibilities, and reporting; and
- vii. Utilizing the GM developed under the project with a separate channel to manage SEAH-related complaints to enable reporting in a safe, confidential survivor-centric manner.

5. MANAGEMENT OF THE PREVENTION AND RESPONSE PLAN

40. The NYOTA NPCU will provide the overall project oversight and policy guidance to the implementation of this Plan. The E&S Specialist at the NPCU will oversee the function of this Plan and will work very closely with the E&S Specialists at NSSF and MSEA, GBV Consultant and GBV Focal persons under the project.

41. The project will hire the services of a GBV consultant as part of the NPCT who will develop the systems for identifying, preventing, and managing SEAH cases. The provider will be responsible for identifying service providers across the country and developing an accountability and response framework and referral pathway on SEAH.

42. All project staff, beneficiaries and service providers will be trained on SEAH prevention and response by the GBV service provider/consultant. Information on how and who to report to, the principle of 'survivor-centered' will be emphasized. The training will also stress the sanctions to any project affiliated person found culpable of SEAH. The trainer will draw their attention to the CoC provisions on SEAH.

6. THE SEAH PREVENTION AND RESPONSE PLAN

Table 3 presents a summary of the prevention and response plan for SEAH to be customized for use under NYOTA. The NPCU will engage a GBV consultant who will coordinate sensitization of all project structures on SEAH. He/She will also be involved in mainstreaming of the SEAH issues into all project activities at the NPCU in collaboration with the GBV Focal Persons under the project. The budget will cover costs related to mapping of service providers and monitoring. Costs related to training of project staff and service providers and awareness to beneficiaries on SEAH are covered under the Stakeholder Engagement Plan budget.

Table 3: Prevention and Response Plan for SEAH for 5 Years

#	Objectives	Activities / Steps to be taken to Address SEAH risks	Timelines	Responsible	Monitoring (Who will monitor)	Output Indicators	Time period	Estimated Budget (KES)
1	Assessment of SEAH							
	<p>Map out locations where the project is implemented for referral services for survivors of SEAH.</p> <p>Undertake mapping to identify stakeholders for response mechanism in relation to SEAH contexts.</p> <p>Mapping of Service providers will be undertaken and those mapped will include GBV Police Desks, Judiciary GBV Courts CBOs, NGOs, and other civil society organizations.</p>	<p>-Conduct field visits and remote (desk) review to identify and map the existing services, gap analysis, entry points for survivor assistance, and local actors working on the prevention of and/or response to gender-based violence, mechanisms available for SEAH management and potential SEAH that may be exacerbated by the project, among others.</p> <p>-Towards achieving this the following will be undertaken:</p> <ul style="list-style-type: none"> ○ Conduct a desk review of SEAH service providers in hosting counties and communities, including the prevention and response mechanism. ○ Field visits (if necessary). 	Before commencement of project activities.	<p>GBV consultant</p> <p>GBV Focal Persons</p> <p>E&S Specialists</p>	NPCU	<p>Map of quality Service Providers.</p> <p>Referral pathway developed.</p>	10 days	3, 000, 000

#	Objectives	Activities / Steps to be taken to Address SEAH risks	Timelines	Responsible	Monitoring (Who will monitor)	Output Indicators	Time period	Estimated Budget (KES)
	<p>Document the mechanisms available at the county and sub-county levels for SEAH management.</p> <p>Assess the potential GBV/SEAH that may be exacerbated by the project.</p>	<ul style="list-style-type: none"> ○ Stakeholder consultations. -Analyze the services for survivors available in all project locations and assess their quality as per standards, including health care, psychosocial support, police, and legal/justice services. Identify remedial measures where gaps have been established in GBV service provision (e.g., training GBV focal points on psychosocial first aid etc. 						
2	Capacity Building							
	<p>Capacity building is aimed at strengthening the ability to handle cases of SEAH effectively and efficiently.</p>	<ul style="list-style-type: none"> -Train key stakeholders on SEAH, highlighting its causes, consequences and the management and response to SEAH. -Consolidate the teams responsible for effective research, monitoring and evaluation of SEAH programs and services to support generation of evidence to inform decisions. -Review contracts of service providers to ensure SEAH prevention and response measures are included. -Prepare project CoC, train service providers, project staff and beneficiaries on the CoC. 	<ul style="list-style-type: none"> - Before commencement of project activities. -To be reviewed as need be, for example when a staff exits or when there are notable training needs. 	<p>GBV consultant</p> <p>GBV Focal persons</p> <p>E&S Specialists</p>	NPCU	<p>Number of training sessions and staff trained on SEAH.</p> <p>Number of project staff, beneficiaries and service providers trained on CoC.</p> <p>Percentage of workers that have signed the CoC</p>	10 days	Cost for capacity building on SEAH is captured in the SEP.
3	Prevention and Awareness							

#	Objectives	Activities / Steps to be taken to Address SEAH risks	Timelines	Responsible	Monitoring (Who will monitor)	Output Indicators	Time period	Estimated Budget (KES)
	This is aimed at creating an understanding of the magnitude and effects of SEAH and what can be done to prevent such scenarios during and after the project.	-Develop an awareness plan on SEAH. -Create safe spaces for girls and women at training centers to limit exposure to SEAH. -Conduct awareness sessions on SEAH to beneficiaries and service providers.	- Before commencement of project activities. -To be reviewed throughout the project implementation.	GBV consultant GBV Focal persons E&S Specialists	NPCU	-SEAH Awareness Plan.	10 days	Cost for awareness creation on SEAH is captured in the SEP.
4	Response and Support							
	The main aim is to strengthen the delivery of effective, accessible, and responsive protection, care, and support services to those affected by SEAH. This must involve a high level of confidentiality.	-Make provisions for various social facilities such as health, justice, legal and psychosocial support services for an effective, efficient, and human rights-based approach to SEAH mitigation. -Provide dedicated and responsive needs-driven services to survivors of SEAH. -Provide for a strong, well-coordinated and integrated multi-agency response to SEAH. -Enforce the relevant law on the SEAH perpetrators and re-integration in the community to reduce repeat offenses. -Facilitate access to service providers.	Across the project life cycle.	GBV consultant GBV Focal Persons E&S Specialists GBV service providers	NPCU	- -Operational code of conduct for project staff, service providers and beneficiaries -All project staff, beneficiaries and service providers are sensitized on SEAH. GBV service providers are mapped. Survivors are supported to access service providers if they choose to.	Continuous	3,000,000

#	Objectives	Activities / Steps to be taken to Address SEAH risks	Timelines	Responsible	Monitoring (Who will monitor)	Output Indicators	Time period	Estimated Budget (KES)
	Develop and implement an accountability and response framework	<p>Establish ; How allegations will be handled, in what timeframe, and the range of possible disciplinary actions for violation of the CoC by workers, taking account of due process; Procedures to report SEAH allegations internally for case accountability; A referral pathway to refer survivors to appropriate support services; Procedures that clearly lay out confidentiality requirements for dealing with cases.</p>	Across the project life cycle	<p>GBV consultant GBV Focal Persons</p>	NPCU	<p>Referral pathways. Procedures to report and handle SEAH allegations.</p>	Continuous	

#	Objectives	Activities / Steps to be taken to Address SEAH risks	Timelines	Responsible	Monitoring (Who will monitor)	Output Indicators	Time period	Estimated Budget (KES)
				E&S Specialists GBV service providers				
5	Grievance Management (GM) for SEAH Responsive Reporting							
	<p>The purpose for GM is provide channels for people to report cases of SEAH.</p> <p>Cases of SEAH can be reported through the general Project GM (anonymous boxes, or toll-free lines, emails, GBV Focal Persons etc. to be put in place before commencement of</p>	<p>- Ensure the project GM meets the SEAH needs.</p> <p>-Regularly update the information sharing protocol to enhance who is receiving information and how best it is used.</p> <p>-Update disclosure and reporting guidelines / protocol for GBV/ SEAH with a provision for victim protection and assistance.</p>	<p>Before commencement of project activities.</p>	<p>GBV Consultant</p>	<p>NPCU</p>	<p>GM with GBV/SEA procedure integrated In the GM</p> <p>Number of guidelines and protocol on GBV/SEAH developed</p>	<p>Continuous</p>	<p>Cost of setting up the GM is catered under the project GM.</p>

#	Objectives	Activities / Steps to be taken to Address SEAH risks	Timelines	Responsible	Monitoring (Who will monitor)	Output Indicators	Time period	Estimated Budget (KES)
	project activities). The project GM will ensure all incidents of SEAH reported either through the general GM system related to NYOTA are relayed to the NPCU and World Bank within 24 hours.	<ul style="list-style-type: none"> -Strengthen the identified simple, anonymous and confidential tracking system that identified GBV focal points can use to document when they observe/support and refer GBV incidents to service providers. -Clarify the role of the GM operators and social focal points in GBV/SEA as referral points -Train the GBV consultant and GBV focal points on GBV/SEA basics, survivor-centered approach and the referral pathways -Provide information to key stakeholders on how and where to report on SEAH. 				Number of GBV focal points identified and trained		
6	Monitoring and Evaluation							
	Monitoring is aimed at developing a set of key quantitative and qualitative indicators to measure progress and effectiveness of the measures to prevent and respond to SEAH.	<ul style="list-style-type: none"> -Develop tools to report on SEAH cases categorized in their various forms, such as sexual abuse, workplace harassment, physical or emotional abuse. -Mechanisms to measure the effectiveness of the various support systems. -Conduct regular surveys to assess key stakeholders' perceptions of 	Quarterly	NPCU	NPCU	<ul style="list-style-type: none"> -No of SEAH cases reported; -Support extended to survivors; -Effectiveness of the system established to respond to SEAH. 	Continuous	2, 500, 000

#	Objectives	Activities / Steps to be taken to Address SEAH risks	Timelines	Responsible	Monitoring (Who will monitor)	Output Indicators	Time period	Estimated Budget (KES)
		the SEAH prevention and response processes						
		TOTAL						8,500,000

7. CONCLUSIONS AND RECOMMENDATIONS

48. The NYOTA project will bring together a lot of young people who will interact with service providers (trainers, MCs, and business owners (who will offer internships and project staff). The project staff (at SDYACES, MSEA, NSSF, SLD and other implementing agencies) will interact with service providers and community members in the precincts of their facilities. The risk rating for SEAH is **Moderate** but this could change upon further analysis due to the national scale of the project and/or if there are SEAH incidences reported during implementation.

49. The potential for the implementing agencies and technical agencies to put in place and implement a robust SEAH prevention and response plan may be stretched due to the vast nature of the project and the number of key stakeholders involved in the project. Hence, the proposal for the team to either hire a GBV consultant to help put the structures in place (such as referral pathways), train the target population and respond to SEAH cases.

50. Coordination between the SEAH Management Team and the team managing the GM will be critical for proper management of complaints and ensuring that the response to SEAH is 'survivor centered'. All cases of SEAH will need to be reported to the World Bank within 24 hours of its reporting to the NPCU coordinator.

51. It is recommended that the project sets aside resources amounting to about **KES 8, 500, 000 (About USD 67,000)** to support the implementation of this Plan. The resources will cover the development of structures, training, support to survivors, M&E and human resources.

ANNEXES

Annex 1: GBV Treatment and Counselling Procedures⁸

It is recommended that the survivor-centered approach (SCA) be used in counseling GBV survivors. The SCA aims at creating a supportive environment in which a survivor's rights are respected and in which the survivor is treated with dignity and respect. This approach helps promote a survivor's recovery and empowers them to make decisions about possible recovery interventions.

The SCA is considered essential for the following reasons:

- To protect survivors from further harm;
- To provide survivors with the opportunity to talk about their concerns without pressure;
- To assist survivors in making choices and in seeking help if they want help;
- To cope with the fear that they may have about negative reactions (from the community or their family) or being blamed for the violence;
- To provide basic psychosocial support (PSS) to the survivor;
- To give back to the survivor the control they may have lost during the GBV incident.

The traumatic states are formed of three dimensions⁹: emotions, thoughts, and deeds. Therefore, needs of women come from these three recovery domains: emotional awareness, cognitive autonomy, and acting in/with autonomy. These domains are the focus of counselling in SCA. The domains are as follows¹⁰:

1. Emotional awareness

Psychotherapeutic hypothesis number one is that emotions are one of the major blocks / barriers of women to move out of the violent situations or to be able to overcome trauma from the past. Therefore, to support women on their way to autonomy, step one is work on women's emotional awareness through identified steps:

- recognizing one's own emotions;
- naming emotions (fear, guilt, shame, helplessness, low self-esteem, etc.);
- letting emotions out (crying, rage expressing, etc.);
- expressing emotions verbally (talking about her emotions);
- emotional independence (process of controlling emotions);
- information about trauma phases (learning through experience of others);
- awareness of one's victim role (learning about conditioning of emotional states).

2. Cognitive autonomy and justice

Psychotherapeutic hypothesis number two is that not only emotions block the changes, but also rational concepts women have about themselves. These concepts are constructed by patriarchal society as well as family model a particular woman lived in. Therefore, to support women on their way to autonomy, step two is work on the woman's own concept of herself through identified steps:

- awareness of the violence problem (enough to be able to talk about it);
- understanding male-female patriarchal conditioning (enough to know she is not guilty);
- understanding wheel of violence (experience of others structured contributes to cognitive clarity of her own situation);
- positive valuing oneself;
- safety plan made (in case a woman is still in danger);
- informed about her rights (information of one's own rights encourages self-control);
- take responsibility for her condition of life (leaving the role of victim).

⁸ These GBV Treatment and Counselling Procedures should not be used by anyone except a trained and certified counsellor or medical service provider. Moreover, these are only a sample and should be interrogated further before use.

⁹ Lepa Mladenovic (nd) Counselling service for women with trauma of violence.

¹⁰ Ibid.

This dimension as well includes need for justice. Sometimes a long period of time in injustice has been exercised upon her. Need for justice includes:

- information about her rights;
- information how to achieve justice;
- support in actual legal process.

3. Acting in/with autonomy

The post traumatic behavior also means living in silence and non-doing. Therefore, third aim of counseling is supporting women to act toward the responsibility for their own change by:

- ending silence (when she asked for support, she already broke the silence);
- ending non-doing (breaking the logic of the role of the victim);
- deciding according to her needs and wishes (starting a process of taking control of her life);
- acting according to her needs/wishes (instead of obeying the wishes/needs of others);
- using her own support system (her own healthy/positive characteristics);
- using friends that can help her (using all the means to resolve her situation);
- using institutions that can support her as means to her autonomy.

Acting in autonomy means living in safe spaces. This dimension implies need for safety. Need for safety includes:

- acting according to safety plan (in case a woman is still in danger);
- moving to safe houses (shelters);
- using legal system, if needed, as means to her autonomy;
- exercising legal measures, if they exist, to move out the perpetrator.

Counseling service works with women dealing with violence in family, sexual violence, war violence and violence through cultural pressure on women. Whatever the types of violence women experience, the aim is to encourage women to take control of their life situations and take responsibility to overcome violence, move toward justice and become responsible citizens. The counselors do not decide whether women shall leave violence situations. The aim of counseling and advocacy is to stop violence and not relationships. Experience shows that many women (must) continue to live in the same/similar living conditions as before.

Annex 2: Sample List of GBV Referral Centers in Kenya

Organization	Address	Contacts
KNH (Gender Based Violence Recovery Center GBVRC)	Old KNH between Orthopaedical Clinic and Dental Clinic P.O.BOX 20723-00202, Nairobi	Tel:020-2726300-9 Ext.43136, 44101 Cell:0722-829500/1/2, 0733-606400 Email: knhadmin@knh.or.ke www.knh.or.ke
Kayole 2 Sub District Hospital	Kayole opposite DOs offices	Tel:020-231805 Cell:0721-991 638
Riruta Health Center	Kawangware Opposite Dagorretti CDF offices	Cell 0712:708 020 0722:984 189
Jericho Health Center	Jericho Estate near shopping Centre	Cell:0721-279402
The Nairobi Women's Gender Based Violence Recovery Center GBVRC	Hurlingham Medicare Plaza, Argwings Kodhek Road	Tel:020-726821/4/6/7 Email: Nairobiiwomenshosp@africaonline.co.ke www.gvrc.or.ke
Mbagathi District Hospital	Ngumo estate ,off Mbagathi Road P.O. BOX 40205 Nairobi	Tel:020-2724712
Association of Media Women in Kenya (AMWIK)	Wendy Court, House No 6 David Osieli, Road, Westlands P.O. BOX 10327-00100, Nairobi	Tel:020-04441226 Email:info@amwik.org www.amwik.org
Center for the rehabilitation and education of abused Women (CREAW)	Convent Drive, Lavington, off Isaac Gathanju Road (100 meters form Lavington Green) Kibera Satellite Office Kibera Drive, DO's Compound Kibera, Nairobi	Tel:0203860640 Cel:0720-357664 Tel:020-2505903
Dolphin Anti-Rape and AIDS Control Outreach		Cell:0733-963283 Dolphin2002ke@yahoo.com
Coalition on Violence Against Women (COVAW)	Valley Arcade, Valley Field Court House no 1	Tel:020-804000011 Cell:0722 594 794/0733 594 794 Info:@covaw.or.ke www.covaw.or.ke
Girl Child Network	AMREF KCO-Wilson airport off Langata Road	Tel:+254-20-604510 +254-20-607137
The Cradle	House 2, Adj Wood avenue Apartments, Wood Avenue Kilimani	Tel:+254(0)203874575/6 Cell:0722 201875 Email: info@thecradle.or.ke
Wangu Kanja Foundation	P.O.BOX 12608-00100 Nairobi Kenya	Tel:0203680000 Cell:0722-790404 Email:info@wangukanjafoundation.org

Women Challenged to Challenge (WCC)	APDK offices, Waiyaki way opposite ABC place P.O BOX 10593-00100 Nairobi	Tel:020-4452034 Cell:0725 868450
Women's Empowerment Link (WEL)	Muringa Road/ Elgeyo Marakwet Junction, off Ngong Road opposite Red Cliff gardens Kilimani P.O BOX 22574-00100, Nairobi	Tel:020-3864482/97 Cell:0711-901132/0737-286 889 Email: info@wel.or.ke http://www.wel.or.ke
Women's Rights Awareness Programme (WRAP)	Next to Mathari Hospital	Tel:020-2050148 Cell:0722-252939 Email: info@wrapkenya.or.ke www.wrapkenay.or.ke
Moi Teaching and Referral Hospital GBV Recovery Centre	Moi Teaching and Referral Hospital P O Box 3 - 30100, Eldoret	Cell Phone: 0706390391/0722201277 Email: ceo@mtrh.go.ke / directorsofficemtrh@gmail.com