

# STRENGTHENING SAFE AND PROTECTIVE SPACES FOR WOMEN, GIRLS AND CHILDREN IN KENYA

SAFE SPACES MODELS AND APPLICABILITY  
MANUAL



Embassy of Finland  
Nairobi



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## TABLE OF CONTENTS

ACRONYMS	4
ACKNOWLEDGEMENTS	5
FOREWORD	6
EXECUTIVE SUMMARY	7
CHAPTER I: BACKGROUND	8
Problem Statement	9
Rationale	10
Purpose	11
Objective	11
Guiding Principles	11
Legal and Policy Frameworks	12
CHAPTER II: ESTABLISHING SAFE AND PROTECTIVE SPACES	16
What is a Safe and Protective Space	17
Considerations for establishing safe & protective spaces	17
Initial Assessment	17
Staffing	19
Services and programs for women, girls and children	20
Staffing	19
Services and Programs	20
Engaging Men and Boys	22
CHAPTER III: MODELS OF SPS FOR WOMEN AND GIRLS	24
Safe & Protective Spaces (SPS) within Service Delivery Points	25
Community Based Models	26
Emergency Response Spaces	27
Safe Shelters	28
High Security Spaces for Protection	29
One-Stop Centre	30
Virtual Safe Spaces	31
Integration	32

Safe spaces model and applicability manual **3**

Minimum Standards	32
Registration Requirements	32
Exit Strategy	33
Monitoring, Learning and Evaluation	33

**COORDINATION, RESOURCE MOBILIZATION AND COSTING** **35**

Coordination Framework	36
Resource Mobilization	37
Sustainability	38
Costing for SPS	41
List of Participating Organizations	41

## ACRONYMS

AIDS	acquired immunodeficiency syndrome
CHV	community health volunteer
FGM	female genital mutilation
GBV	gender based violence
GOK	Government of Kenya
HIV	human immunodeficiency virus
HRBA	human rights based approach
HRD	human rights defenders
KDHS	Kenya Demographic and Health Survey
KES	Kenya Shilling
ODPP	Office of the Director of Public Prosecutions
PLHIV	persons living with HIV
PWD	persons with disability
SDG	Sustainable Development Goal
SEA	sexual exploitation and abuse
SOA	Sexual Offences Act
SOP	standard operating procedure
SPS	safe and protective spaces
SRH	sexual and reproductive health rights
TIP	trafficking in persons

## ACKNOWLEDGEMENTS

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## FOREWORD



The gross violation of rights and human suffering caused by gender-based violence (GBV) demands a comprehensive and multipronged approach to both prevention and response. One of the most crucial interventions in responding to GBV is the establishment of safe and protective spaces (SPSs) for survivors. SPSs offer some of the services most urgently needed by survivors such as emergency treatment, testing for HIV/AIDS, psychosocial counselling and legal advice.

Yet options for safe and protective spaces are scarce in the country and people fleeing violence are often unable to access havens of safety and other essential services. Most of the existing spaces are run by civil society organizations and depend on donor funding; as such, they tend to be short-term and unsustainable. The services offered in these spaces are not always comprehensive and gaps in linkages to existing referral pathways and services persist.

This document offers much needed guidance for strengthening safe and protective spaces (SPSs) on a national scale and proposes a set of minimum standards which duty bearers should adhere to when establishing such centres. In particular, this guidance breaks down the various models of SPSs and distinguishes their different attributes for different needs and contexts. Through it, we hope to see the beginning of a new phase in the country's battle to end GBV.

The Joint Programme on the Prevention of and Response to Gender-based Violence (JP-GBV) brings together various stakeholders across health, security, education and legal sectors as well as 14 government ministries and 14 UN agencies. No single government ministry, UN agency, or civil society organization can address GBV alone. This joint programme utilizes synergies and agencies' comparative advantages to contribute to achievements that are greater than the sum of individual efforts. It is firmly grounded in the National Policy on the Prevention of and Response to GBV, seeking to accelerate its implementation by prioritizing key interventions.

Finally, we thank the development partners and stakeholders who have continued to support programmes addressing GBV and for their contributions to this document. This resource pack marks a longer journey that we must all walk. We are firmly convinced that, if all of us are committed as individuals, families, communities, and institutions – and as a nation – we can eliminate GBV.

*Professor Margaret Kobia, PhD, MGH, Cabinet Secretary in the Ministry of Public Service, Youth and Gender*

## EXECUTIVE SUMMARY

Kenya is a signatory to several international and regional human rights frameworks that aim to address gender inequalities and Gender Based Violence (GBV). The Government of Kenya (GoK) in partnership with non-state actors has also undertaken measures to prevent and respond to GBV including the development and adoption of a national policy and other guidance, enactment of pertinent legislation, capacity development of duty bearers and public awareness creation. Despite these efforts, statistics show that GBV remains one of the most pervasive human rights violations in Kenya, both in times of conflict and stability, and women, girls and children continue to be disproportionately affected.

The causes of GBV are multi-dimensional and deeply rooted in unequal power relations both at structural and cultural levels. GBV is exacerbated by the absence of strong prevention interventions and protection mechanisms for survivors; slow and/or failure of prosecution of cases; weak programming hence insufficient coverage of GBV services; and weak partnerships among state and non-state actors- to afford prompt and comprehensive services and adequate remedies for survivors.

The consequences of GBV are grave and impact adversely on the health and well-being of the affected individuals. Historically, women, girls and children have borne the brunt of harmful cultural norms and practices. Yet experiences of violence against women, girls and children are often dismissed, trivialized and normalized by society, including a large majority of women themselves, and perpetrators of GBV often protected by communities and seldom held accountable for their actions. Effects of GBV are equally felt at the family, community and societal levels, and continue to be an impediment to the optimal participation of women in development.

Interventions on safe and protective spaces seek to engage women and girls separately from men and boys, in their own confidential spaces. In these spaces, women and girls have an opportunity to speak openly and express themselves freely, to discuss taboo subjects, ask sensitive questions without fear of judgement or intimidation, seek services, and build skills and confidence in managing violence and inequalities.

This options paper aims to provide guidance on the establishment of such safe and protective spaces for women, girls and children. It also aims to contribute to a deeper understanding of legal and protective frameworks among stakeholders (including policy makers, political leaders, civil society, communities, families and survivors), specifically on the essence of essential services for women, girls and children in need of protection. It is envisaged that this paper will promote a common understanding and approach to the establishment of safe and protective spaces for women, girls and children.

The options paper is a key resource to enhancing the prevention, protection and response mechanisms for GBV in Kenya as outlined in the JP-GBV, anchored on the principle of Leaving no one behind as enshrined in the SDGS.

# **BACKGROUND INFORMATION**



## CHAPTER 1: BACKGROUND INFORMATION

Gender Based Violence (GBV) is undeniably a complex and widespread human rights violation, a public health concern, and a challenge to economic and social development. It occurs in private and public life and manifests in different forms. The Kenya Demographic and Health Survey 2014 shows equal experiences of physical violence between men and women (44 percent and 45 percent respectively) age 15-49. The report further points out that 14 percent of women and 6 percent of men have experienced sexual violence at least once in their lifetime. Children and adolescents are also at risk of violence such as: Female Genital Mutilation (FGM), child marriage, sexual violence, physical violence, trafficking and intimate partner violence. A Kenyan survey on Violence Against Children (VAC) reveals that 32 percent girls and 18 percent boys have experienced sexual violence. 21 percent of Kenyan women age 15-49 have been subjected to FGM while 23 percent are married before their 18th birthday.

Scores of women and girls experience GBV on the streets, in public transportation, learning institutions, workplaces, recreational facilities and other places. Studies indicate that women workers in export-processing industries in Kenya, producing goods in coffee, tea and manufacturing industries, suffer from violent sexual abuse by their employers and supervisors. GBV escalates during situations of political unrest, conflict and humanitarian emergencies, which increase vulnerabilities of women, girls and children to violence especially rape, trafficking, transactional sex, sexual exploitation and child marriage.

GBV is normalized by customary laws, cultural beliefs and practices that continue to deny women, girls and children their enjoyment of human rights by coercing them into practices such as FGM and child marriage, and make it difficult for survivors to seek services. Inadequate protection of survivors, poor investigations, slow prosecution of cases, insufficient legal aid to survivors, inadequate capacity and resources for duty bearers to effectively discharge their mandate, are all major hindrances to access to justice. Weak GBV programming at national and county levels with limits to geographic scope of services, short-term nature of some of the interventions, inadequate funding for services and variation in service quality are other key areas of concern. Weak coordination and partnership is evident through duplication of activities. Insufficient empirical evidence, and where available, inadequate utilization to inform planning are other challenges that current responses are struggling to address.

### Problem Statement

GBV in all its forms has tremendous physical, emotional and social consequences for survivors. Survivors of GBV often suffer bodily harm in the form of bruises, burns, fractures and disability. They may also experience poor sexual and reproductive health (SRH) including unwanted pregnancies, risk of HIV infection, obstetric and perinatal complications, poor and even death. Inadequate friendly Sexual and Reproductive Health and Rights (SRHR) services for women, girls and children affects their access to health, education and economic opportunities. The interconnection between GBV and HIV is widely acknowledged and documented; while

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Kenya Violence Against Children Study, Kenya VACS (2010)

International Labour Rights Fund (ILRF, 2002). Violence against Women in the workplace in Kenya. Assessment of workplace sexual harassment in the commercial agriculture and textile manufacturing textiles in Kenya 2002 <http://www.labourrights.org/sites/default/files/publication-and-resources/kenya.pdf>

GBV is a significant driver of HIV transmission, it may also be a consequence of HIV infection. Evidence has further shown a significant connection between experiences of sexual violence and negative mental health outcomes, including depression, anxiety, Post-traumatic Stress Disorder (PTSD), substance abuse and suicide . Children exposed to violence and abuse are at risk of experiencing or perpetrating violence.

Yet less than 40 percent of the women who experience GBV seek help and those who do, mostly look to the community and not formal mechanisms . This reality reinforces the necessity of community-based solutions to create safe, protective and accessible spaces for women, girls and children.

Options for safe and protective spaces are scarce in the country and people fleeing violence are often unable to access havens of safety and other essential services. There are no national guidelines to inform the establishment and operations of safe and protective spaces. Most of the existing spaces are run by civil society organizations and depend on donor funding; as such, they tend to be short-term and unsustainable. The services offered in these spaces are not always comprehensive and gaps in linkages to existing referral pathways and services persist. Additionally, these spaces often do not often adhere to international standards and principles.

### **Rationale**

The burden of GBV is enormous. GBV reduces the ability of survivors and their families to participate in private and public life, in addition to causing negative health, psycho-social and economic outcomes. It imposes direct and indirect costs to survivors and their families, including the costs of accessing justice (for example time burden and opportunity costs associated with lengthy judicial processes), medical examinations, filing fees and expenses for witnesses . As a country, the cost of GBV to our economy is equally great in terms of working hours lost and financial resources directed towards providing health, legal and psychosocial services. It is therefore imperative that the country prioritizes investment in prevention, protection and provision of care for survivors of GBV.

The creation of safe protective spaces (SPS) for women, girls and children is one such intervention that can have profound impact not only on reducing the cost but also ensuring the safety, security, productivity and empowerment of individuals, families and communities. Safe and protective spaces provide women, girls and children with a safe entry point for accessing life-saving services, and a platform to engage with each other, exchange information and leverage on community networks and support. SPS for women, girls and children help to reduce risks and prevent further harm during peace and conflict situations .

The responsibility of ensuring essential, quality and comprehensive services for women, girls and children lies with the state i.e. national and county governments. GBV survivors have the right to protection and access to services. Therefore, strengthening the legal and policy frameworks for GBV prevention, response, and the protection of women, girls and children is an integral component of this options paper. The options paper is a key resource to enhance the prevention, protection and response mechanisms for GBV in Kenya as enshrined in the Constitution of Kenya (2010): Article 27- Equality and Freedom from discrimination; Article

28- Human Dignity; Article 29: Freedom and security, among other policy and legal frameworks.

## Purpose

The purpose of this options paper is to inform policy and provide guidance on the establishment, strengthening of different models of safe and protective spaces that meet diverse needs of women, girls and children to enhance their protection.

## Objectives

Specifically, this paper seeks to:

- i. Promote safety and security of women, girls and children including their access to essential services, recovery and empowerment
- ii. Provide a reference point for the National and County Governments and partners to establish safe and protective spaces
- iii. Provide options and minimum standards for establishment of context specific safe and protective spaces that offer diverse and comprehensive services

## Guiding Principles

These guiding principles seek to promote, protect and uphold human rights. Services provided in SPS facilities should be in the best interest of the beneficiaries. Service providers should empower beneficiaries by prioritizing their rights and needs and strive to do no harm.

**Safety:** Users of SPS should be protected from harm. SPS should be located in places that are conveniently accessible to the users at all hours and assure safety and privacy. They should be non-threatening and free from sexual, physical and emotional harassment, abuse and violence of any kind.

**Confidentiality:** Service providers have a role to accord their clients both audio and visual privacy, and confidentiality. Users of SPS have the right to choose to whom they will or will not tell their story. Their information should never be shared with third parties without their informed consent, and all written information must be maintained in secure and locked storage. Confidentiality may only be breached in specific situations, such as when there is evidence of serious harm to the client or potential harm to others.

**Human Dignity and Respect:** Users of SPS have a right to be valued and respected, taking into consideration their diverse cultural and social norms. They should be treated ethically and with decorum without compromising their sense of self-respect or self-worth and supported in ways that are most appropriate and comfortable to them.

**Non-discrimination and equality:** Users of SPS should be treated fairly and with respect regardless of their gender, age, ethnicity, religion, ability, culture and socio-economic status etc. In the spirit of Leaving no one behind, SPS should be inclusive and seek to empower the most vulnerable, including persons with disabilities (PWDs), persons living with HIV (PLHIV), children, youth and older persons.

**Accountability and Transparency of duty-bearers to rights-holders.** Duty bearers should acknowledge their responsibility to promote, protect and uphold human rights, and demonstrate the highest standards of accountability and transparency in management of resources and delivery of services.

**Empowerment of rights holders:** Empowerment means strengthening the ability of users of SPS to make life choices that affect their physical and social wellbeing, through a supportive environment. Realization of these rights can only be achieved through the empowerment of women, girls and children.

**Participation:** Users of SPS should be recognized as key actors in their own development, rather than passive recipients of services. They should be allowed space to participate in all decisions about the care and support they are receiving. Communities should also be actively engaged as partners, to develop strategies related to their protection, identify risks and solutions and leverage on existing community-based protection and response mechanisms. While SPS may mostly be used by women, girls and children, their sustainability will require the input and support of many stakeholders. It is therefore essential to understand the perspectives of community members and help them appreciate the purpose and benefits of SPS. Doing this will mobilize community support and enable the participation of a larger number of women, girls and children.

**Integration and Multi-sectoral collaboration:** Survivors of GBV and other users of safe spaces have diverse and complex needs that cannot be delivered by a single sector. SPS should therefore strive to provide an integrated set of mutually reinforcing services to enable SPS users to access holistic care and supports. This calls for state and non-state actors across sectors (health, psycho-social, safety/security, legal/justice and livelihoods) including the National and County governments, to work together in a coordinated manner to deliver effective services. A clear and functional internal and external referral system should be in place and service providers should activate it safely and confidentially.

### **Legal and Policy Frameworks**

Kenya is a signatory to various international and regional conventions, treaties and Human Rights standards including programmes of action that seek to prevent and eradicate gender inequalities and discrimination, which are major causes of GBV. These include: The Convention on the Elimination of Discrimination against Women (CEDAW), United Nations Convention of the Rights of the Child (UNCRC), The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (The Maputo protocol 2003), The United Nations Security Council Resolution (UNSCR 1325 and 1820), Agenda 2063 of the African Union, Sustainable Development Goals (SDG) among others. Article 2(6) of the Kenya Constitution states that "any treaty or convention ratified by Kenya shall form part of the law of Kenya".

Kenya has progressive legal and policy frameworks, having enacted various human rights and GBV-related laws including:

–The Constitution of Kenya 2010: Guarantees every person the right to freedom and security, which includes the right not to be subjected to any form of violence from either public or private sources (Article 29 (c)) and subjected to torture in any manner whether physical or psychological (29(d)). Guarantees every child the right to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment (Article 53 (1) (d))

–Sexual Offences Act (SOA) 2006: Provides for the protection of all persons from harm from unlawful sexual acts, and provides for minimum sentence for offences. Prohibits different types of sexual violence committed against men, women and children, including attempted rape, rape, sexual assault, indecent acts, defilement, gang rapes, sexual harassment, child pornography, child prostitution, child sex tourism, exploitation of prostitution, incest, deliberate transmission of HIV including other life threatening sexually transmitted diseases, and cultural and religious offences (Sections 3, 5, 8, 10, 20, 21, 26 and 29)

Children Act 2001: Guarantees children (both girls and boys) the right to protection from physical and psychological abuse, neglect and any other form of exploitation including sale, trafficking or abduction (Section 13). Protects children from FGM, early marriage or other cultural rites, customs, or traditional practices which are harmful to the child's development. Protects children against discrimination on any ground including sex, religion, creed, custom, language and other status among others. Prohibits sexual exploitation of children as well as actions that expose children to torture or cruel or inhuman treatment such as circumcision or child marriages (Section 14).

Persons with Disabilities Act 2003: This Act of Parliament provides for the rights and rehabilitation of persons with disabilities (PWDs); to achieve equalization of opportunities for PWDs; to establish the National Council for Persons with Disabilities (NCPWD) and for connected purposes

HIV and AIDS Prevention and Control Act 2006: This act provides measures for the prevention, management and control of HIV and AIDS; the protection and promotion of public health; for the appropriate treatment, counseling, support and care of persons infected or at risk of HIV and AIDS infection, and for connected purposes. It protects the rights of those infected and affected and prohibits all forms of discrimination against PLHIV and AIDS or those perceived or suspected to have HIV and AIDS.

Counter- Trafficking in Persons Act 2010: An Act of Parliament against transnational organized crime, to prevent, suppress and punish trafficking in persons (TIP), especially women and children; to provide for the offences relating to TIPs and for connected purposes.

Prohibition of FGM Act 2011: Prohibits the practice of FGM to safeguard against violation of a person's mental or physical integrity through the practice of FGM

## 14 Safe spaces model and applicability manual

Matrimonial Property Act 2013: Prohibits the eviction of a spouse from the matrimonial home by or at the instance of the other spouse during the subsistence of the marriage, except by order of a court

Marriage Act 2014: Sets a mandatory minimum marriage age of 18 years for both parties to a marriage and considers void any marriage contracted with a person below the minimum age (Section 4)

Witness Protection Act 2014: Seeks to protect the dignity of witnesses through various support services including health, psycho-social, legal and economic support.

Protection against Domestic Violence Act 2015: Recognizes domestic violence as unlawful and makes effective legal protection for its victims. Empowers the police and the courts to protect victims of domestic violence. Empowers survivors and other individuals and institutions to take action against domestic violence.

Legal Aid Act 2016: This act seeks to facilitate justice and access to justice; to establish a National Legal Aid Service; to provide for legal aid and for the funding of legal aid and connected purposes.

Law of Succession Act (Rev 2018): An Act of Parliament to amend, define and consolidate the law relating to intestate and testamentary succession and the administration of estates of deceased persons; and for connected purposes

Computer Misuse and Cybercrimes Act 2018: This act seeks to enable timely and effective detection, prohibition, prevention, response, investigation and prosecution of computer and cybercrime. It spells out offences against confidentiality, integrity and availability of computer data and systems, including access to unauthorized information with intent to commit offences.

The establishment of SPS will be grounded on the above policies and frameworks that seek to promote, protect and uphold human rights, and aligned to the Kenya Vision 2030 and the Medium-Term Plans. SPS will be coordinated by the ministry responsible for gender, which will oversee the development of a National Action Plan (NAP) to guide the implementation.



**ESTABLISHING  
SAFE AND  
PROTECTIVE  
SPACES**



## CHAPTER II: ESTABLISHING SAFE AND PROTECTIVE SPACES

### What is a Safe and Protective Space?

A safe and protective space is:

a space where women, girls and children, being the intended beneficiaries, feel comfortable and enjoy the freedom to express themselves without the fear of judgment or harm, intimidation, threats, stigma and discrimination.

a physical or non-physical, formal or informal, public or private, non-stigmatizing and culturally-appropriate place, where women, girls and children can go to at any time to feel safer physically and emotionally, empowered, and have access to information, education, recreational activities, and support services. The term 'safe,' in the present context, refers to the absence of discrimination, criticism, harassment, trauma, excessive stress, violence (or fear of violence), abuse or any other emotional or physical harm.

A SPS therefore does not necessarily mean a physical structure or a conventional safe house. Rather it is a conceptual term that refers to a physical space, a virtual space or a network of spaces that are available, accessible and accord safety to individuals.

Several considerations should be made while selecting a SPS model, including the different needs of the women, girls and children, cultural contexts and available resources. SPS should be tailored to meet specific and unique needs of the beneficiaries to the best extent possible.

### Considerations for establishing safe & protective spaces for women, girls and children

Successful SPS facilities require comprehensive planning of the site, the staffing and the programmes that will be available service users. Below is a breakdown of these themes

#### 1. Initial Assessment

Conducting an initial assessment helps to determine the practicability of establishing a SPS.

Analyze the political, religious and cultural context and address questions through a multi-sectoral and gender lens.

Involve women, girls and children in identifying their safe space. Their knowledge and perspective is crucial in identifying spaces that are safe for them.

Gather basic information about the needs, preferences, constraints and resources of women, girls and children.

Map and assess the capacities of all the available SPS and services.

Ensure participation of other community members including men and boys.

The following are the aspects to assess during the initial assessment stage

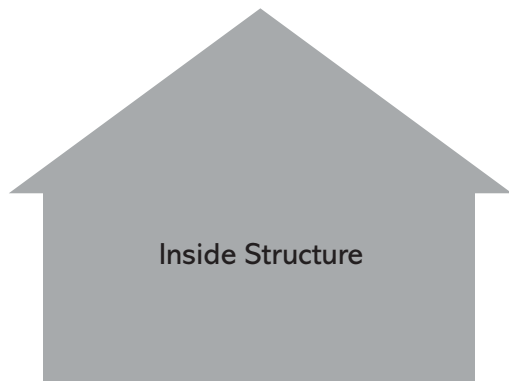
**a) Safety and Security**

- SPS should be physically safe and easily accessible at all hours.
- To understand the security risks in the community, consult with diverse community members including women and girls, men and boys, religious leaders, community leaders among others.
- Other questions focusing on most vulnerable groups as well as their location, will provide useful information about security considerations before setting up a SPS.

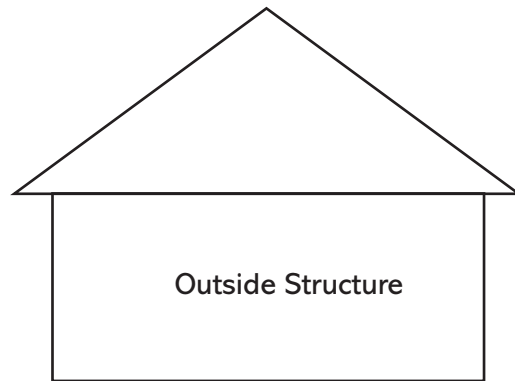
**b) Location**

- Involve women, girls and children in finding their SPS. Let them analyze the various uses of public spaces, who uses them, when, and for how long; who doesn't use particular public spaces, when, and why.
- Engaging men and boys will not only provide insights on how the perceptions of safety vary, but also ensure community buy-in and support.
- Ensure to leverage existing community facilities to obtain a low-cost and sustainable solution. Where possible, SPS should be located near amenities such as community centres, markets, schools, police stations and health facilities
- SPS should be equipped with communication facilities and be easily accessible in case of emergencies.
- Ensure access to proper hygiene and sanitation facilities. If public spaces are dark, abandoned, unclean or overgrown they are potentially unsafe for everybody, but especially for women, girls and children.
- Minimize disruption from outsiders.

**c) Structural Considerations**



- A spacious group activity room
- A private room for individual sessions such as case management and counseling
- Provisions for young children, the elderly and PWDs. child-care services; wide sidewalks for baby strollers and wheel chairs; spaces for nursing, feeding and changing babies and areas with slow moving traffic.



- A privacy fence or wall. Discuss with women, girls and children how enclosed the space should be.
- Adequate space for outdoor activities.

**d) Time**

Together with women, girls and children, map out their time use and workload. This will provide an indication of when they have time to come to the SPS and help to organize activities that can be customized to their schedules.

**e) Activities and Services**

- Interviews and focus group discussions (FGDs) can be organized to understand viable activities. Initially, basic group activities can be arranged; these can be further developed together with women, girls and children.
- If activities related to economic empowerment are possible, a prior market assessment would be advisable to choose one that is most appropriate and financially viable.
- Anticipate and address the needs of vulnerable groups of women, girls and children in planning for and implementing services.

**f) Networking and Partnerships**

- Map out and collaborate with organizations, groups and individuals of different relevant expertise to facilitate access to comprehensive services.
- Initially and periodically thereafter, hold information sessions for the public to explain the purpose and benefits of SPS, to encourage participation and support for women, girls and children by parents, spouses, care givers and other stakeholders.

**2. Staffing**

- Staffing shall depend on the SPS model, specific needs and capacity. Staff shall be selected based on their skills and experience in similar work, integrity, transparency and honesty.
- Conduct proper background and reference checks and engage trusted service providers.
- Ensure all staff sign a code of conduct and have clear terms of reference.
- Consider engaging trusted persons from the community. Ensure that they understand and uphold confidentiality by not discussing client issues in the community.
- Ensure survivor is always asked to indicate preference on sex/gender of the staff to handle their case, and abide by their preference. In the absence of the preferred sex/gender, explain to the survivor.
- Ensure that all staff receive regular training, on-the-job mentorship and on-going practical learning opportunities to continually improve service delivery.
- Integrate programmes for staff-care and wellbeing into SPS to ensure that staff are not overworked or overexposed to secondary/ vicarious trauma, and enhance peer care and support.
- Arrange regular follow-up visits by experienced workers/relevant government authorities to observe the situation and activities, and advise on what is or is not working, and advise on how to strengthen activities and handle challenges.

***Types and Roles of Staff***

Overall Manager: Provides overall supervision and support to staff, consolidates monthly reports; monitors

activities in the center and coordinates with other relevant sectors, as needed.

Case Manager (s)/ Social Worker (s)/ Counsellor (s): Provide case management services, counseling, safety planning services referral and escort services, staff debriefing and participation in outreach services.

Response Officer(s)/ Psychosocial Workers(s): Facilitate group activities such as peer support group and life skills sessions and activities; participate in outreach services.

Prevention Officer(s)/ Community Mobilizer(s): Conduct safety audits, follow-up with other relevant sectors on referrals; support volunteer outreach teams, provide information on GBV, HIV and SRH and establish/support community-based safety groups as needed.

Peer based outreach team (Volunteers or Incentive Based Workers): These link the safe spaces staff with the community and help in building positive relationships with the community. They also conduct awareness raising events, home-based information sessions/activities for those who cannot come to the center, referrals and follow up.

Activity Volunteer(s)/ Child minder(s): Organize and facilitate recreational and other activities for children (if any).

### 3. Services and Programs

S&PS services should be inclusive and reflect the range of needs, experiences, ages and comfort levels of people accessing the spaces, as well as the organizational expertise, capacity and resources. To the best extent possible, SPS services should be integrated to meet the multiple needs of the users, including:

a) Physical safety: Individuals fleeing violence are often in need of alternative living arrangements. Physical safe spaces rescue women, girls and children from threatening environments and reduce their risk of further harm.

b) Meeting basic needs: SPS can offer immediate basic assistance to beneficiaries including food, shelter, clothing, hygiene kits and baby kits.

c) Essential health services: SPS provide a safe entry point for accessing life-saving health/ medical services, including clinical management of rape, management of injuries, HIV prevention, treatment, care and support, SRH services etc.

d) Psychosocial support: In SPS women, girls and children can openly share their experiences freely without pressure or judgement in an age-appropriate, confidential and supportive environment. SPS build a sense of common identity and purpose between women, girls and children, enhance connectedness build strong support systems that are essential for recovery from violence. SPS also help survivors of GBV and other crisis events to foster self-efficacy, to overcome feelings of helplessness and build resilience.

- e) Justice and Legal Aid: SPS can enhance access to justice for survivors of GBV.
- f) Accurate and Reliable Information: SPS can provide or facilitate access to information on a range of important issues, such as such as HIV prevention, care and support; SRH, women's and children's rights; nutrition and hygiene; life skills and positive coping strategies among others. Sharing and promoting evidence-based information supports women, young women and girls to make informed life choices.
- g) Educational and Economic Empowerment: For women and young people lacking social and life skills, SPS may provide opportunities to learn and practise new skills (such as vocational training, communication skills and resource management) and receive constructive feedback. SPS recognize these interventions as fundamental for empowerment, personal security and claiming rights, as they empower beneficiaries to become decision-makers in their own lives, to make positive life choices and be their own change agents.
- h) Advocacy: SPS can be platforms for sensitization and civic education on human rights and relevant laws, and to build skills on advocacy and communication. This way, rights holders are empowered to claim their rights and hold duty bearers accountable.
- i) Referrals and Follow up: SPS can link survivors of GBV to other relevant services that may not be provided within the space, including health care, HIV prevention, treatment and care services, forensics, legal aid, police, children's services and rehabilitation. Clear referral pathways for both adult and children should be in place. Staff should be familiar with the referral pathways and their respective roles within it. Structured aftercare programs can help provide additional support for women, girls and children as they transition from the SPS into the community.
- j) Outreach services: Outreach services entail reaching out to community members with information and services on GBV prevention and response, and other related interventions. They aim to promote a safer environment, and to encourage community ownership of GBV prevention and risk reduction. Outreach services include home visits and door to door services; home-based care and follow up; community policing to accompany women and children to and from school, markets, places of worship among others. Outreach teams should be fully aware of privacy and confidentiality concerns, referral systems, engagement of men and boys and other community structures.

All activities and programs in SPS will broadly be geared towards:

- Prevention of GBV
- Protection from further harm, violence or abuse
- Response to the immediate and long-term needs of GBV survivors

All SPS activities and services should be developed in consultation with the different target groups of women, girls and children to ensure that they are responsive to their needs and contexts and are provided in an age appropriate manner.

It is advisable to implement activities & services phase by phase, starting with the most basic and moving to the more advanced.

## Engaging Men and Boys

While some men and boys are perpetrators of GBV, others have the capacity to be partners, advocates and champions, and some may be survivors themselves.

Deliberate efforts should be made to appeal to leaders and gatekeepers, especially religious, cultural and community leaders, and to identify strategic allies for prevention of and response to GBV.

Positive male agents of change should be identified and continuously engaged in outreach activities where they can model positive gender attitudes and behaviour. Engagement of men and boys can help to transform discriminatory and harmful cultural and social norms that perpetuate gender inequalities, and promote the health and safety of women, girls and children.

## GOOD PRACTICE

- Women, girls and children are involved at each stage of the project cycle, leading the establishment and running of the space.
- Coordinate with government and other agencies that implement GBV programmes, and with the GBV coordination mechanism.
- Engage communities including parents, spouses and community leaders in key decisions.
- Make SPS accessible and inclusive for women, girls and children; consider diversity including meeting the needs of PWDs
- Ensure that all staff and volunteers understand and adhere to an appropriate code of conduct, and to the survivor-centred approach in their practice
- Ensure that the timing of activities in SPS is compatible with the daily routines of women, girls and children
- Ensure that the location is safe and accessible.
- Ensure adherence to national/ county laws and policies
- Ensure that all staff are supported and supervised, and benefit from continual capacity-building.
- Ensure that mechanisms are in place to monitor activities through participation of women, girls and children (i.e. client feedback, staff supervision).
- Ensure to have strict information sharing protocols and a secure data management system with limited access.
- Provide clear guidance and basic training to staff on how to appropriately handle media and visitors.
- Ensure sustainability of the SPS
- Plan for re-integration of beneficiaries in advance and allow for enough time to exit the SPS

## DO NOT

- impose a ready-made model without the participation of women, girls and children
- ignore linking up the SPS with other services
- Limit the SPS so that it is only able to provide a certain kind of service or activity.
- Assume that because the SPS is open to all, therefore it is accessible and inclusive.
- Predefine the timing and types of activities without consulting women, girls and children.
- Assume that any location will work.
- Use SPS for exploitation of beneficiaries
- Use “GBV” or “SGBV” or any other sensitive title in the name and sign post for your women and girls safe space – this exposes women and girls to stigma and jeopardizes their safety and security

**MODELS OF  
SAFE SPACES  
FOR WOMEN  
AND GIRLS**



## CHAPTER III: MODELS OF SPS FOR WOMEN AND GIRLS

### 1. Safe & Protective Spaces (SPS) within Service Delivery Points

Description	Pros	Cons	Considerations	Minimum Standards / Requirements
<p>In these SPS, GBV prevention, protection and response is integrated into existing services which are appropriate and accessible to women, girls and children.</p> <p>Can be formal or informal, public or private, within facilities providing different services e.g. SRH and HIV services; life skills, counseling and child protection.</p>	<p>Utilize existing facilities and structures, including leveraging on staff</p> <p>Likely to enhance confidence and participation of women and children</p> <p>Improve access to multi-sectoral services</p> <p>Efficient and coordinated model that provides comprehensive services in a central place.</p>	<p>Competing priorities may lead to non-prioritization of SPS activities</p> <p>Institutions and staff may have low capacity to offer GBV and other services</p> <p>Risk of staff burn out and apathy</p>	<p>Negotiate for prioritization of SPS activities during institutional planning</p> <p>Continuously build capacity of staff to deliver GBV and other relevant services (including mandatory course for non-medical staff on minimum GBV training package/ tool kit e.g. management of survivors in safe spaces)</p> <p>Consider additional staff and volunteers to minimize staff burn-out</p> <p>Conduct regular staff debriefing for self-care</p> <p>Reinforce exclusivity of the SPS through public signage or use of enclosed spaces to minimize disruption by outsiders.</p>	<p>Duration can be informed by the services that need to be accessed</p> <p>Establish strong and reliable referral pathway</p> <p>Information focal for survivors of GBV (case advocates) – addresses intimidation, facilitate quick and appropriate services</p> <p>Put in place security for survivors and care givers (parents and health care providers)</p>

## 2. Community-based Models

Description	Pros	Cons	Considerations	Minimum Standards / Requirements
<p>These can be formal or informal spaces located within community settings in places that are already known and trusted by communities</p> <p>They are run by trusted community resource persons e.g. women groups, youth groups, community health volunteers, paralegals, human rights defenders, faith-based organizations etc.</p> <p>They may provide temporary shelter to GBV survivors and their families.</p>	<p>Cost-effective as they utilize places that are available, known and trusted by communities</p> <p>Encourage community participation, collective action and ownership</p> <p>Sustainable community investment that offers continuity and stability</p> <p>Can facilitate useful linkages with community socio-economic and empowerment programs e.g. chamas and table banking</p>	<p>Some community spaces may reinforce traditional gender norms and stereotypes</p> <p>Require lengthy consultative processes for buy in, safety and ownership</p>	<p>A proper analysis of the political, religious and cultural contexts should inform planning to identify community SPS.</p> <p>Assure users of privacy and confidentiality</p> <p>Ensure engagement of men and boys, community and religious leaders, local administration and other gatekeepers for buy in and support.</p> <p>Conduct continuous community sensitization on the purpose/benefits of safe spaces, and to demystify gender stereotypes.</p> <p>Continuously build capacity of community resource persons to deliver services.</p>	<p>Build strong accountability frameworks</p> <p>Design social behavior change models that gradually shift gender relations within the communities</p> <p>Protected individual foster homes to temporarily host survivors</p>

### 3. Emergency Response Spaces

Description	Pros	Cons	Considerations	Minimum Standards / Requirements
<p>These are temporary physical spaces set up to meet immediate and short-term needs of the beneficiaries.</p> <p>Commonly set up in response to emergency and humanitarian or crisis situations- such as election-related violence, ethnic conflict, violent extremism, natural disasters etc.</p> <p>Mostly serve specific people/ groups such as internally displaced persons (IDPs), refugees and other marginalized and vulnerable persons</p>	<p>Offer increased accessibility and availability of essential services</p> <p>Meet immediate needs of beneficiaries</p>	<p>Uncoordinated response and duplication of services</p> <p>May not be able to offer comprehensive services</p> <p>Limited follow-up post-emergency</p>	<p>Emergency preparedness and response plans should include GBV, SRH and HIV prevention, treatment and care services</p> <p>Train all service providers on emergency response and prevention of sexual exploitation and abuse (PSEA)</p> <p>Incorporate a protection assessment component in the rapid needs' assessment (e.g. KIRA) to identify special needs groups such as PWDs, children, adolescents, pregnant women, the elderly etc.</p>	<p>Establish a coordinated interagency response team or cluster led by the Government</p> <p>Community sensitization and media publication of referral pathways</p> <p>Staff care and wellness programs to prevent and manage secondary and vicarious trauma</p>

#### 4. Safe Shelters

Description	Pros	Cons	Considerations	Minimum Standards / Requirements
<p>These are permanent structures that offer immediate protection, safety, psycho-social support and other services to GBV survivors and their families.</p> <p>They are professionally run following stipulated standard operating procedures (SOPs).</p>	<p>Permanent structure</p> <p>Enhance connectedness and support systems</p> <p>Provide (or facilitate access) to comprehensive services for holistic recovery</p> <p>Provide reintegration and aftercare services</p>	<p>Cost intensive</p> <p>Fully professionally run hence less sustainable</p> <p>May cause dependency by beneficiaries, making it hard for them to reintegrate into society</p> <p>Confinement of SPS users can be a psychological stressor and lead to mental disorders.</p> <p>Limited flexibility due to strict SOPs e.g. in enrollment and exit of beneficiaries</p>	<p>SOPs should be aligned to the government policies and regulations on safe shelters</p> <p>Due to their capital intensiveness, require adequate resource mobilization</p> <p>SPS activities should deliberately promote self-determination and resilience to minimize dependency.</p> <p>Rigorous mental health services and support should be provided to users</p> <p>Ensure regular reviews and feedback mechanisms to improve the quality of services.</p> <p>Continuously build capacity of service providers and update them on emerging trends.</p> <p>Ground rules/ norms should be established to guide the behaviour and interactions of the residents</p>	<p>Non-discriminatory minimum of two weeks to access some basic services but with a clear exit plan. This could be extended to transitional shelters</p> <p>Livelihood strategy that include follow up on sustainability and have a graduation plan</p> <p>Avail variety of services or provide accompaniment to safely access various services</p>

## 5. High-security spaces for protection

Description	Pros	Cons	Considerations	Minimum Standards / Requirements
<p>These are SPS for survivors of GBV, their families and witnesses facing threats and are at high risk of harm.</p> <p>Beneficiaries are provided asylum within the judicial and law enforcement mechanisms.</p>	<p>Provided for by law Resourced by the state</p> <p>Take into consideration the families of survivors</p> <p>Security is guaranteed</p>	<p>Confinement of SPS users can be a psychological stressor and lead to mental disorders.</p> <p>Some protection interventions may cause loss of identity and increased trauma</p> <p>May cause dependency by beneficiaries, making it hard for them to reintegrate into society</p> <p>Limited flexibility due to strict SOPs e.g. in enrollment and exit of beneficiaries</p>	<p>SPS activities should deliberately promote self-determination and resilience to minimize dependency.</p> <p>Rigorous mental health services and support should be provided to users</p> <p>Continuously build capacity of service providers.</p> <p>Ground rules/ norms should be established to guide the behavior and interactions of the residents</p> <p>Provision for trafficked children, for child friendly facilities (currently housed at Children's Charitable Institutions)</p>	<p>Skill training and livelihood strategies (online jobs etc)</p> <p>Avail variety of services or provide accompaniment to access various services</p>

## 6. One-stop Centers

Description	Pros	Cons	Considerations	Minimum Standards / Requirements
<p>These are spaces that provide comprehensive services under one roof.</p> <p>They effectively link different sectoral responses to provide a full array of services i.e. health, psycho-social, safety and security, legal/justice and livelihoods</p> <p>They can be located within health facilities, police stations, faith-based institutions</p>	<p>More efficient and coordinated model that provides comprehensive services (i.e. GBV services, HIV prevention, care and treatment, counseling, legal aid) in a central place.</p> <p>Reduces the number of times survivors have to repeat their story</p> <p>Convenient and time-saving</p> <p>Easy for referral and follow up</p> <p>Reduces duplicity of data collection</p>	<p>Cost intensive</p> <p>Limited local expertise on effective one stop centres.</p>	<p>Due to their capital intensiveness, require adequate resource mobilization</p> <p>Outsourcing or consultancy services may be required for establishment.</p> <p>Research and best practices – multi stakeholder approach and strategic political support</p>	

## 7.Virtual Safe Spaces

Description	Pros	Cons	Considerations	Minimum Standards / Requirements
<p>These SPS that are run digitally and online. Include:</p> <ul style="list-style-type: none"> <li>-Toll free hotlines</li> <li>-Emergency help-lines</li> <li>-Online platforms i.e. social media, blogs, vlogs, web portals, virtual consultation and counseling</li> <li>-Mobile applications</li> <li>-Situation rooms</li> </ul>	<p>Accessible- especially for mobile phone based services</p> <p>Accords privacy to users</p> <p>Non-stigmatizing</p> <p>Accessible even in emergency</p> <p>Appealing to adolescents and young people</p>	<p>May require internet and mobile phone access</p> <p>Social media-based safe spaces may be prone to online grooming and other forms of online violence</p> <p>May exclude groups that are not tech- savvy</p> <p>Limits referral tracking and follow-up</p>	<p>Cyber security should be reinforced for user privacy protection and to curb cyber-crime.</p> <p>Communication and information strategy to promote prevention, response and referral</p> <p>Useful as a complementary service that address groups that maybe excluded by technically (augments other forms)</p>	<p>GBV response services are often located in different physical locations, hence need to have comprehensive and credible referral directories/ pathways.</p> <p>Continuous staff capacity development for quality and effective service delivery.</p> <p>Partnership and resourcing for sustainability of the virtual safe spaces</p> <p>Data privacy and protection</p>

## Integration

As a guiding principle, S&PS services ought to be integrated in nature. This will however be dependent on factors such as the context, institutional capacity, resources and expertise of the service providers. Integration could mean:

Provision of interrelated services to meet the diverse needs of the clients e.g. medical, psycho-social, safety and security, legal/ justice and livelihoods.

Incorporation of SPS services within institutions and service delivery points providing different or related services, such as in health facilities, police stations, child protection units, learning institutions and religious institutions.

## Minimum Standards

The County Governments will develop context-specific guidelines for regulation and accreditation of safe and protective spaces in accordance with the registration requirements and minimum standards below:

### Registration Requirements

- Application form
- Mission statement and strategic plan
- Certificate of incorporation/ registration
- List of trustees/ board of directors
- Certificate of good conduct
- Public health inspection report
- Food handling certification
- Annual audited financial accounts

### a) Institutional Standards

SPS designs shall be in accordance with safe local building practices, well lit, sufficiently spaced and accord users the necessary privacy.

SPS shall have 24-hour security adequate to protect property and persons.

Programming and case management should be informed by the 'Do No Harm' principle and the Human Rights Based Approach (HRBA)

Adequate expert services shall be ensured for beneficiaries of the SPS i.e. medical management, trauma therapy, legal aid and mentorship

Group norms should be established to govern the behaviour and interaction of the SPS users. These should include non-violence

Have in place an appropriate framework that provides details on intake, case management, exit and re-integration into the community

The SPS shall have a data management system that informs the programming and case management cycles.

SPS shall provide access to sufficient food, water, clothing, bedding and personal hygiene items to ensure their health, dignity, safety and well-being.

SPS shall be free from acts of sexual exploitation and abuse (SEA), terrorism, trafficking in persons, drug traf-



ficking and money laundering.  
SPS shall ensure effective referral mechanisms

### **b) Staffing Requirements**

Staff shall be Kenyan nationals, or if foreigners, should be supervised by a Kenyan national.  
Staff shall adhere to Chapter 6 of the Kenyan Constitution on Leadership and Integrity.  
Staff shall not have any criminal record. Conduct proper background and reference checks and engage trusted service providers.  
Ensure all staff sign a code of conduct and have clear terms of reference.

### **Exit Strategy**

An exit strategy entails implementing a plan for re-integrating survivors/ clients back into the family and community. This may include:

Assessment of the safety and security of the client whether in her initial residence or the new location  
Assessment of the clients to ensure that they are mentally and socially prepared for re-integration into society.  
Developing an after-care plan with the client for sufficient follow-up  
Linkage with the referral pathway and social support systems  
Linkage with economic empowerment opportunities  
Reintegration with family and community  
Involve relevant government agencies, local administration, family members and religious leaders in the reintegration process through social support and mentorship.

### **Monitoring, Learning and Evaluation**

The SPS for women, girls and children should be continually monitored to track their development, identify gaps and challenges and make adjustments to ensure quality activities, services. A Monitoring, Learning and Evaluation plan should be simple and practical, and aligned to the National Monitoring and Evaluation Framework towards the Prevention and Response to SGBV in Kenya (NGEC, 2014). It should track:

- Adherence to guiding principles
- Safety and security
- Quality of services being provided by the safe and protective spaces
- Effectiveness and efficiency of the coordination mechanisms
- Functionality of the safe and protective spaces
- Level of participation and engagement of women and children in the activities of the safe and protective spaces
- Key management actions and services
- Resource allocation towards the safe and protective spaces by Government

The ML&E will also generate lessons learnt, good practices for improvement and replication of the services in line with the Vision 2030.

**COORDINATION  
RESOURCE  
MOBILIZATION  
AND COSTING**

## CHAPTER IV: COORDINATION, RESOURCE MOBILIZATION AND COSTING

The coordination mechanism of SPS will align to the coordination structure as recommended in the National Policy for Prevention and Response to GBV and the Intergovernmental Consultative Framework on Gender. The SPS implementation process will adopt a multi-level, multi-sectoral and multi-stakeholder approach. The implementation process is intended to ensure comprehensive prevention, protection and response to the needs of women, girls and children in diverse communities. The County Governments will be expected to take the lead role in the establishment, strengthening and sustainability of the safe spaces. The process should include all stakeholders i.e. state and non-state actors, development partners and community.

Coordination and governance are intertwined functions that continually inform and contribute to each other. Coordination can be both a formal and informal process that is governed by laws and policies, which should be based on best practices derived from international standards, evidence and lessons learned through direct experiences of coordination. The accountability function of governance should identify strengths and weaknesses of coordination and lead to modifications that enhance laws, policies and practices. A coordinated prevention, protection and response mechanism is imperative because it is more effective in keeping women, girls and children safe from violence and holding perpetrators accountable.

Coordination provides benefits for agencies that work towards the safety and security of women, girls and children in different communities. A coordinated approach:

- recognizes the needs of women, girls and children access to information, safe environments, empowerment and recreational spaces for recovery and resilience.
- creates an effective referral pathway for provision of comprehensive care and support to survivors and their families.
- provides opportunities for pooling and sharing of resources to deliver greater impact programmes at a minimal cost and reduce duplication of efforts.
- enhances sharing of practice-based knowledge, evidence, innovation and research such to inform appropriate programming
- sends clear, consistent, unified messages that violence against women is being treated seriously, both by protecting and assisting victims/survivors and by deterring and punishing perpetrators.

By complying with minimum standards, the County Governments and key stakeholders can deliver quality comprehensive care and support services. Clarity of roles and responsibilities ensures that all actors can deliver on their area of expertise hence maximizing on the available resources. Shared guidelines among agencies ensure clear and transparent communication and accountability mechanisms.

### Coordination Framework

Coordination of safe and protective spaces will be aligned to the National frameworks as provided in the Intergovernmental Consultative Framework on Gender and the National Policy on the Prevention and Response to Gender Based Violence

This options paper recognizes the functional assignments between the two levels of Government at the National and County levels with regard to accountability, reporting and management lines, and further provides a structure that harnesses and synergizes GBV prevention and responses through involvement of different stakeholders. The safe and protective spaces are a core service within the GBV prevention, protection and response mechanism and thus it is important to ensure emphasis in its coordination and governance. Collaboration and coordination of state and non-state actors is key for effective and efficient planning, optimum utilization of evidence in informing programming as well as in ensuring efficient utilization of resources and accountability.

The Ministry responsible for Gender at the National level shall spearhead the overall coordination of the implementation framework. The Ministry shall work in close collaboration and consultation with the County governments and relevant actors in ensuring effective prevention, response and support for victims/survivors, their families and community at large. The National Gender and Equality Commission will provide oversight. The coordination mechanism of the SPS shall be adopted within the existing National GBV Sector Working Group and the Intergovernmental County Gender Sector Working Groups. Regular updates on implementation of the SPS shall form a substantive agenda in the quarterly meetings within the two mechanisms mentioned above at National and County level. The membership of the meeting shall be as prescribed in the two coordination mechanisms and various actors can be co-opted as need may arise.

## **Resource Mobilization**

### **Government Initiatives**

Vision 2030 (MTP III 2018-2022) prioritizes sustainable programs for vulnerable groups including prevention and response to GBV and eradication of FGM. With intent to scale up Government affirmative action funds to reach more beneficiaries, there should be deliberate effort to allocate a significant proportion towards establishing safe spaces for the protection of vulnerable groups.

Vision 2030 lays emphasis on access to basic, quality and relevant education through various programmes from early childhood to tertiary level. This includes access to Technical and Vocational Education and Training (TVET). Safe spaces should link beneficiaries to relevant TVETs to develop knowledge and skills to enable them attain economic independence and reduce their vulnerabilities.

The Big Four agenda of ensuring Universal Health Coverage (UHC) for all Kenyans is an opportunity for County Governments to avail quality, survivor centered, timely and affordable health services countrywide. By including a package of health services for GBV survivors within the UHC Health Benefits Package (HBP), Kenya is addressing one of the biggest gaps currently in its GBV response i.e. accessible medical treatment. This eases the burden of the cost of GBV in Kenya which stands at KES. 46b per year (NGEC, 2016).

The devolved structure of Governance provides an opportunity for county governments to steer, promote, resource and implement the guidelines provided herein and contribute towards the realization of the vision 2030 and consequently SDGs 3, 4, 5, 8, 10, 16, and 17 (Have an annex on these SDGs). This can be attained through Public Private partnerships (PPPs) leveraging on building synergies and strengthening collaboration

at various levels to contribute to the promotion, protection and upholding of human rights.

1. **Community Assets:** These are resources that can be used to improve the quality of life, including persons, facilities, places and services. SPS can leverage on existing community structures, such as schools, health facilities, religious institutions, social halls/forums and others. Community resource persons such as community elders, women and youth groups, paralegals, health volunteers among others, can be engaged to support delivery of services within SPS.

2. **Income Generating Activities:** Depending on the model, SPS should provide or link beneficiaries to economic empowerment opportunities. A proportion of the proceeds should be ploughed back into the SPS for sustainability. SPS should also facilitate access to micro finance institutions (both government and private) to provide credit, training, financial advice and other services in support of income generation and consumption.

3. **In kind support:** Beyond financial support, it is important to consider other types of resources that may be available within the community. Partners can give donations in form of goods, subsidized services, expert advice, mentorship and volunteer services. In kind donations can be sourced from small businesses, academic institutions, corporations, non- profits, individual professionals among others. Contributors may in turn enjoy benefits such as recognition, small gifts or gain social capital.

4. **Public Private Partnerships (PPPs):** PPPs involve mutually benefitting arrangements between governments and private entities, aimed at financing, designing, implementing and operating public facilities and services. Mobilizing resources from private partners requires knowledge of their priorities, policies, budgets and procedures. Counties should identify and engage strategic partners, communicate the value of collaboration in creating social impact, determine financing modalities and agree on their participation in implementation of the SPS.

5. **Development Partners:** Funding support to achieve gender equality is an important element in the strategies of many development partners. Support may be through budgetary allocation, projects/ programmes and technical assistance. It is important to ensure that funding responds to the needs of the SPS users and accountability is upheld.

### **Sustainability**

Safe and protective spaces should be anchored within National and County Government development priorities to ensure that they are sufficiently budgeted for and actualized. Their sustainability will depend on the involvement and critical support of stakeholders. with community structures will augment community ownership and the safe space will not be viewed as an isolated unit for women and girls, but an extension of larger community life, supported by all including men and boys, who understand the purpose, location and benefits of the safe space.

### **Costing for SPS**

It is easy to overlook or underestimate the funds required to establish and maintain a safe and protective

space. Making budget projections and rationales informs and strengthens fundraising efforts, hence organizations should undertake careful and realistic budgeting processes to identify:

Start-up costs: initial one-time expenses associated with planning, building or purchasing a facility, securing or using the space, and accessing the resources required to initiate operations.

Operating costs: Ongoing day-to-day expenses associated with maintaining safe and protective space and providing services.

The figures below provide indicative budget estimates and projections of anticipated costs to guide the planning and establishment of SPS.

The costs provided are not static; they will vary depending on the safe space model, geographic locations and inflation.

**KEY**

Safe & Protective Spaces (SPS) within Service Delivery Points	
Community-based Models	
Emergency Response Spaces	
Safe Shelters	
High-security spaces for protection	
One-Stop Centres	
Virtual Safe Spaces	

Start Up Costs									
Cost of Facility Development	Needs assessment/ situational analysis								The size of land/space will be dependent on the choice of model and the number of beneficiaries. The different costs of facility development will vary depending on the region/ county
	Registration								
	Permits and licenses (depending on services to be offered)								
	Purchase of land								
	Construction (including planning and design)								
	Facility purchase								
	Rental space								
	Renovation of existing spaces								
	Prefabricated structures/ containers								
	Temporary structures e.g. tents								
	Landscaping								
	Security assessment and installation								

	Water points									
	Toilets, bathrooms and other sanitation facilities									
	Waste management									
	Child/geriatric care facilities	Red	Yellow	Green	Purple	Blue	Pink	Grey		
	Adult and child recreation facilities	Red	Yellow	Green	Purple	Blue	Pink	Grey		
	Office equipment and furniture	Red	Yellow	Green	Purple	Blue	Pink	Grey		
	Computers and software	Red	Yellow	Green	Purple	Blue	Pink	Grey		
	Kitchen, bedroom and other living space furnishings	Red	Yellow	Green	Purple	Blue	Pink	Grey		
	ICT-based services			Green						Cost of setting up and operating hotlines, helplines, situation rooms, online support platforms
<b>Operations Costs</b>										
	Rental fees									
	Repairs and maintenance	Red	Yellow	Green	Purple	Blue	Pink	Grey		
	Utility bills- e.g. water, electricity, service charge	Red		Green	Purple	Blue	Pink	Grey		
	Food, safe and clean water	Red	Yellow	Green	Purple	Blue	Pink	Grey		Consider special dietary requirements
	Personal effects and dignity kits	Red		Green	Purple	Blue	Pink	Grey		Include costs of clothing, beddings, oral hygiene and sanitary products
Services provided	Medical costs	Red	Yellow	Green	Purple	Blue	Pink	Grey		Cost of medical management of GBV, HIV prevention, treatment, care and support, SRH services
	Psycho-social support	Red	Yellow	Green	Purple	Blue	Pink	Grey		Cost of counseling services, support group meetings, dance and art therapy
	Justice and Legal Aid	Red	Yellow	Green	Purple	Blue	Pink	Grey		Cost of legal fees, legal aid clinics, pro bono and/or paralegal services
	Educational programs	Red	Yellow	Green	Purple	Blue	Pink	Grey		Cost of school fees, uniforms, books, educators
	Economic Empowerment	Red	Yellow	Green	Purple	Blue	Pink	Grey		Cost of accessing information/resources and skills-development
	Referrals and Follow up	Red	Yellow	Green	Purple	Blue	Pink	Grey		Cost of communication, transport, ambulance services, hand-holding services (HRDs, CHVs, paralegals)
	Rescue and evacuation in emergencies	Red	Yellow	Green	Purple	Blue	Pink	Grey		

	Community outreach services								Cost of home visits/door to door services, home-based care, security
	Recruitment costs								Cost of advertising, hiring processes
	Staff salaries, benefits and stipends								
	Staff capacity development								
<b>Administration Costs</b>									
	Communication								Includes phone, website and internet costs
	Stationery								
Administrative Costs	Program delivery materials								Cost of training manuals, reference and promotional materials-print and publication
	Meetings								Costs of meeting venues, refreshments
	Travel								Referral costs, travel for program purposes
	Documentation								
	Insurance								
	Renewal of permits and licenses								
	Audit fees								
	Miscellaneous expenses								Costs related to inflation and unforeseen threats and natural disasters

### List of Participating Organizations

ADSOCK	Advocates for Social Change Kenya
FEMNET	The African Women's Development and Communication Network
GVRC	Gender Violence Recovery Centre
MOH	Ministry of Health
NGEC	National Gender and Equality Commission
SDGA	State Department of Gender Affairs
SHOFCO	Shinning Hope for Communities
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WEL	Women Empowerment Link
WKF	Wangu Kanja Foundation