REPUBLIC OF KENYA

MINISTRY OF CO-OPERATIVES AND MSMES DEVELOPMENT (MCMSME)
&
AND THE MINISTRY OF INVESTMENTS, TRADE, AND INDUSTRY (MITI)

KENYA JOBS AND ECONOMIC TRANSFORMATION (KJET) PROJECT
P179381

SEXUAL EXPLOITATION, ABUSE AND HARASSMENT PREVENTION AND RESPONSE ACTION PLAN

June 2026

Confidential

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LIST OF ACRONYMS AND ABBREVIATIONS

ASALs	Arid and Semi-Arid Lands
BDS	Business Development Plan
CIDCs	Constituency Industrial Development Centers
CoC	Code of Conduct
CBOs	Community Based Organizations
CSO	Civil Society Organization
DFIs	Development Finance Institutions
E&S	Environmental and Social
ESF	Environmental and Social Framework
FM	Fund Manager
FDI	Foreign Direct Investment
GBV	Gender Based Violence
GIF	Green Investment Funds
GM	Grievance Mechanism
GRM	Grievance Redress Mechanism
GRC	Grievance Redress Committee
GOK	Government of Kenya
IFC	International Finance Corporation
KDC	Kenya Development Corporation
KenInvest	Kenya Investment Authority
KIEP	Kenya Industry and Entrepreneurship Project
KJET	Kenya Jobs and Economic Transformation Project
KYEOP	Kenya Youth Employment and Opportunities Program
M&E	Monitoring and Evaluation
MC	Master Craftsman
MITI	Ministry of Investments, Trade, and Industry
MIS	Management information system
MSEA	Micro and Small Enterprises Authority
MCMSME	Ministry of Co-Operatives and MSMES
MOYACES	Ministry of Youth Affairs, Creative Economy, and Sports
NGOs	Non-Governmental Organizations
NGEC	National Gender and Equality Commission
NITA	National Industrial Training Institute
NSSF	National Social Security Fund
NYOTA	National Youth Opportunities Towards Advancement
NPCU	Nyota Project Coordination Unit
PDO	Project Development Objective
PSC	Project Steering Committee
PCU	Project Coordination Unit
PWD	Persons with Disability
ROI	Return of Investment
SAFER	Supporting Access to Finance and Enterprise Recovery
SDMSME	State Department for MSME Development
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
SIFs	Sovereign Investment Funds
SDI	State Department of Investments
SDS	Social Development Specialist
SH	Sexual harassment

ToRs	Terms of Reference
WB	World Bank
WBG	World Bank Group
WIBA	Work Injury Benefits Act
YDO	Youth Development Officer

SECTION ONE: INTRODUCTION AND CONTEXT

1.1 Background

The Kenya Jobs and Economic Transformation (KJET) Project is a 5-year initiative (2024-2029) by the Government of Kenya in collaboration with the World Bank. The main objective of the project is to increase private sector investments, access to markets, and sustainable finance to create and improve jobs in line with the Bottom-up Economic Transformation Agenda (BETA).

The project aims to create and improve productivity of selected MSME clusters based on priority value chains envisioned under the Bottom-up Economic Transformation Agenda (BETA). The specific goals of the project include:

i. Enhancing inclusive, high quality, resilient and sustainable job creation.
ii. Strengthening business and investment environment.
iii. Strengthening competitiveness & building capacity of MSME clusters.
iv. Enhancing market access for MSMEs.
v. Scaling up green MSME Financing.

Project Development Objectives (PDO):
To increase private sector investments, access to markets and sustainable finance to create and improve jobs

PDO Level Indicators

Achievement of the PDO will be measured via the following PDO Indicators:
i. Number of new and improved jobs created by project interventions;
ii. Percentage of participating firms with increased average annual revenue (of which accessed new market opportunities);
iii. Private capital mobilized (PCM) through project interventions.

The project is jointly implemented by the State Department of Micro, Small and Medium Enterprises Development (MCMSME) and the State Department of Investments. The State Department of Investment Promotion is implementing Component 1 (Strengthening Business and Investment Enabling Reforms) and Component 3 (Scaling up Green Financing and Strengthening Climatic Resilience for SMEs), while the State Department for MSMEs is implementing Component 2 (Enhancing MSME Cluster Competitiveness) and acts as the over-arching agency responsible for the overall implementation, coordination, and supervision of the Project, in coordination with the other Implementing Entities.

Table 1: Project Components

Component	Focus Area	Interventions	Implementing Agencies
1. Strengthening Business and Investment Enabling Reforms	Improving the ease of doing business and attracting private investment.	Supports the design and implementation of regulatory reforms to streamline licensing processes, update investment laws, and enhance the government's capacity for investor outreach and service delivery.	State Department for Investment Promotion and the Kenya Investment Authority (KenInvest).
2. Enhancing MSME Cluster Competitiveness	Strengthening the productivity, capabilities, and market access of Micro, Small, and Medium Enterprise (MSME) clusters.	Provides generalized and value chain-specific Business Development Services (BDS) training and capacity building. It also offers co-investment support (up to 70% from the project) for MSME clusters to acquire productive assets like machinery.	Micro and Small Enterprises Authority (MSEA).
3. Scaling Up Green Financing and Strengthening Climatic Resilience for SMEs	Mobilizing private capital for MSMEs to adopt green technologies and improve resilience to climate shocks.	Sets up a financing structure to crowd in private capital for green, clean, and eco-friendly technologies. It also pilots innovative instruments to help SMEs manage climate-related risks and shocks.	Kenya Development Corporation Ltd (KDC).
4. Project Management, Monitoring and Evaluation (M&E)	Ensuring effective project coordination, accountability, and learning.	Finances overall project management activities, strengthens the Monitoring and Evaluation (M&E) systems of the implementing agencies, and builds institutional capacity for sustainable results.	State Department for Micro, Small and Medium Enterprises (MSMEs) Development and State Department for Investment

1.2 Definition of Terms

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.

The United Nations1defines "sexual exploitation" (SE) 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.' Sexual Exploitation and Abuse (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.

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.

Sexual Abuse is sexual conduct or sexual act forced upon a woman, man or child without consent. It is an act of violence which the assailant utilizes against somebody they see as weaker than them.

1.3 Guidance by the World Bank on SEAH

The World Bank's Environmental and Social Framework (ESF) is a policy foundation for addressing sexual exploitation and abuse (SEA) and sexual harassment (SH) in its development projects. The ESF is also supported by the World Bank (WB) Good Practice Note3 defines two 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;

[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.

In response to the potential risks implied in the discussion of the concepts above, KJET 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.

SECTION TWO: POLICY, LEGAL AND INSTITUTIONAL CONTEXT

2.1 Policy Framework

The National Policy for 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.

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.

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

***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.

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 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.

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.

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.

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.

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, 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.

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

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.

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.”

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.

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.

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 work in progress in every sector. The Action Plan aims to prevent and respond to SEAH complaints and incidences to ensure that the project does no harm to the beneficiaries and workers.

SECTION THREE: SCREENING FOR SEAH RISKS UNDER KJET

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 serious impact on the economy; 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 their safe environment – their own homes. Gender-based violence in Kenya affects both men and women, with women and girls usually, but not always, constituting majority of the victims. 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 support coordination and mainstreaming of gender issues 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 camp. 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,

[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

[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, 17However, reporting of GBV remains low. Shame, stigma, fear of reprisals, and threats of rejection by families and the community are powerful deter-rents to reporting. Limited knowledge among refugees about the health consequences of GBV may further limit reporting and utilization of appropriate and timely health care.7Regrettably, delayed or inappropriate care for GBV leave those affected with potentially life-threatening or life-long consequences

language, class, gender, sexual orientation, and disability. Misperceptions further contribute to discrimination toward refugees, which in turn heightens their vulnerability.[7]

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

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

i. **Gender Inequality and Cultural Norms:** Persistent gender norms and patriarchal values in some regions might limit women's and girls' participation in the project. These societal structures reinforce power imbalances that can create enabling conditions for SEAH, particularly where women are economically dependent or socially subordinate.
ii. **Low Education and Awareness Levels:** In areas with lower literacy and education levels, women and girls may lack awareness of their rights, workplace laws that protect them and the mechanisms available for reporting SEAH. This knowledge gap makes them more susceptible to exploitation and abuse by persons in positions of power or influence.
iii. **Economic Vulnerability and Dependency:** Many women and girls in Micro and Small Enterprises (MSEs) operate in economically precarious environments. Dependency on income from employers or intermediaries for daily survival may compel them to tolerate or underreport incidents of harassment or exploitation, particularly where alternative employment options are limited.
iv. **Informal Work Environments:** A significant number of MSEs operate in informal settings without clear HR policies, contracts, or oversight mechanisms. Such environments often lack accountability structures, leaving female workers and entrepreneurs vulnerable to unmonitored behaviors, including SEAH.
v. **Mobility and Travel Risks:** As the project facilitates job-seeking, training, and business activities that require travel, women and girls who commute are at increased risk of SEAH during transport, at accommodation sites, or while engaging with unfamiliar service providers.

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 against beneficiaries. The utilization of security forces in high-risk counties presents 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. In some counties, the community may prefer to indulge in community conflict resolution mechanisms that can lead to more harm

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

to survivors who report SEAH experiences. Such a resolution process can reinforce gender inequality, pushing for resolutions that are not survivor-centered etc.

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.

Prevention and response to project-related risks of SEAH requires concerted and multifaceted efforts bringing together many sectors including the KJET 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.

There will be specific attention placed on the relationship between the beneficiaries, host communities and the project workers. VMGs are particularly at a disadvantage that puts them at a higher risk for SEAH. Thus, the tools developed for this project will help monitor, deter and provide a framework for addressing any incidences of abuse 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

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. In addition, some of the beneficiaries reported various complaints during the implementation period of the project. The main complaints included:

i. Sexual harassment by trainers;
ii. Harassed by fellow youth;
iii. Mishandling during apprenticeship;
iv. Harassed by Master Craftsmen (MC);
v. Verbal abuse; and
vi. 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 KJET GRM outlines measures put in place at the sub-county, county, and national level for managing SEAH, including GBV focal points at the sub-county, county and 2 Specialists at the national level, toll-free lines and anonymous boxes at the sub-county and county offices as well as the Head Quarter offices of all the implementing agencies. 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 KJET

The project has been screened for SEAH risks using the standard World Bank Tool and the risk was found to be substantial. The main significant risks identified include abuse of trust, power, and the exchange of favors by service providers (staff, consultants, trainers etc.) associated with the project. This risk is likely to occur at the interface between the beneficiaries and service providers, particularly trainers and master craftsmen.

3.4 SEAH Support Services

For KJET, SEAH support services will be accessed through coordination with the other implementing partners, relevant government agencies and according to the wishes and needs of the survivor(s). The safeguards project team will 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 will include, amongst others:

i. Provision of accessible information on services available to survivors of SEAH;
ii. Provision of accessible, effective, and responsive health, protection, social welfare, police, prosecutorial, legal, shelter and other services to attend to SEAH cases;
iii. Provision of an accessible and SEAH sensitive GRM for reporting such cases

3.5 GBV/SEAH Referral Pathways

The project is committed to providing a survivor centered approach to managing all GBV/SEAH cases. The security and safety of the survivor should take precedence with any actions taken once the case is reported. The project 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 aims 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.

3.6 Access to Justice

The provision for a project-based GRM does not in any way limit the aggrieved party from seeking recourse from the courts of law. 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.

SECTION FOUR: GRIEVANCE REDRESS MECHANISM (GRM)

4.1 Introduction

KJET project has put in place a GRM 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 GRM with clear procedures and tools for safe, confidential, and ethical management of related complaints. Considerations related to SEAH will be integrated into the GRM explicitly developed for project eimpoyees. As part of the overall project, consultations on the NYOTA GRM with potential beneficiaries, including refugees, host communities, Vulnerable and Marginalized Groups (VMGs), local leadership 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). This uptake channels will therefore be adopted for KJET GRM.

The project GRM will ensure all SEAH incidents reported through the general GRM system related to KJET are relayed to the SDS who will in turn take the necessary measures including reporting to the World Bank within 24 hours. The GBV focal persons 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 GRM can be accessed through https://kjetgrievance.msea.go.ke/ by affected and other interested parties.

The project has been guided by the following principles in setting up a GRM to facilitate resolution of SEAH complaints:

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 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.

The project GRM 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.

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 implementing agency to support SEAH risk prevention and response measures. The SDS MSME, who is 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 GRM using 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 GRM developed under the project with a separate channel to manage SEAH-related complaints to enable reporting in a safe, confidential survivor-centric manner.

SECTION FIVE: MANAGEMENT OF THE PREVENTION AND RESPONSE PLAN

The KJET Grievance Redress Committee (GRC) will provide overall project oversight and policy guidance to the implementation of this Plan. The SDS at the GRC will oversee the function of this Plan and will work very closely with the other E&S Specialists at the GRC and GBV Focal persons under the project.

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 trainers will draw their attention to the CoC provisions on SEAH.

SECTION SIX: 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 KJET. The SDS will be involved in mainstreaming of the SEAH issues into all project activities at the National level 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 of beneficiaries on SEAH are covered under the Stakeholder Engagement budget.

Table 3: Prevention and Response Plan for SEAH

#	Objectives	Activities / Steps to be taken to Address SEAH risks	Timelines	Responsible	Monitoring (Who will monitor)	Output Indicators	Time period	Estimated Budget (KES)
1	**Mapping of SEA/SH Service Providers**							
	Mapping of SEA/SH Service Providers	• 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. Towards achieving this the following will be undertaken: o Conduct a desk review of SEAH service providers in	Before commencement of project activities.	E&S Specialists GBV Focal Persons	Social Development Specialists	o Comprehensive service provider database o % of counties mapped o Service directory developed and shared	3 Months	5, 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)
		hosting counties and communities, including the prevention and response mechanism. ○ Field visits (if necessary). ○ 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**							
	Capacity Building	• Train PIU, PITs, Regional, county and sub-county officers, and MSME clusters on SEA/SH prevention & response.	Pre-implementation and continuous	Social Development Specialists GBV Focal persons	Social Development Specialists	Number of training sessions and staff trained on SEAH. Number of project staff, beneficiaries	3 days	5,000,000

#	Objectives	Activities / Steps to be taken to Address SEAH risks	Timelines	Responsible	Monitoring (Who will monitor)	Output Indicators	Time period	Estimated Budget (KES)
		• Conduct induction sessions for beneficiaries and contractors. • Develop and enforce SEA/SH Codes of Conduct. • Train community leaders, CBOs, and media actors.				and service providers trained on CoC. Percentage of workers that have signed the CoC		
3	**Prevention and Awareness**							
	Prevention and Awareness	• Integrate SEA/SH prevention and response requirements into the KJET procurement lifecycle by: (i) reviewing and updating TORs, bidding documents, and RFP templates to include mandatory SEA/SH provisions, (ii) incorporating SEA/SH criteria into bid evaluation processes, (iii) establishing a pre-bid compliance review and clearance mechanism by E&S specialists, (iv) building capacity of approximately 50–70 procurement and technical staff on SEA/SH-sensitive procurement, and (v) enforcing inclusion of SEA/SH clauses and Codes of Conduct as a	Inception and throughout project	Social Development Specialists	Social Development Specialists	○ SEA/SH prevention compliant TORs, Bidding documents and RFP templates ○ SEAH Awareness Plan.		1,000,000 (for training technical staff)

#	Objectives	Activities / Steps to be taken to Address SEAH risks	Timelines	Responsible	Monitoring (Who will monitor)	Output Indicators	Time period	Estimated Budget (KES)
		condition for contract award across all KJET procurements. • 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.						
4	**Response and Support**							
	Response and Support	Operationalize a survivor-centered SEA/SH response system within KJET by : (i) mapping and validating at least 2–3 service providers per county across all 47 counties, (ii) developing and disseminating a standardized referral pathway and case management SOP with defined timelines (24–48-hour response), (iii) establishing clear accountability and disciplinary	Across the project life cycle.	Social Development Specialists GBV Focal Persons	Social Development Specialists	• # of counties with validated SEA/SH service providers mapped (target: 47) • # of service providers identified per county (target: minimum 2–3 per county) • National SEA/SH service directory developed and disseminated	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)
		procedures linked to Codes of Conduct, (iv) strengthening coordination with existing county-level service providers through 8 regional engagement forums, (v) training approximately 60–80 project personnel on response protocols and confidentiality, and (vi) facilitating limited, case-based access to services (e.g., emergency referrals), without creating parallel service delivery systems.				• # of project personnel trained on SEA/SH response protocols (target: 60–80) • % of SEA/SH cases handled in compliance with confidentiality standards (target: 100%)		
5	**Grievance Management (GM) for SEAH Responsive Reporting**							
	Grievance Management (GM) for SEAH Responsive Reporting	- Ensure the project GRM meets the SEAH needs by clearly stipulating the grievance uptake channels, referral pathways and the necessary log forms for lodging grievances -Regularly update the information sharing protocol to enhance who is receiving information and how best it is used.	Before commencement of project activities.	E&S Specialists	E&S Specialists	GRM with GBV/SEA procedure integrated In the GRM Number of guidelines and protocol on GBV/SEAH developed	Continuous	Cost of setting up the GRM is catered under the project GRM.

#	Objectives	Activities / Steps to be taken to Address SEAH risks	Timelines	Responsible	Monitoring (Who will monitor)	Output Indicators	Time period	Estimated Budget (KES)
		-Update disclosure and reporting guidelines / protocol for GBV/ SEAH with a provision for victim protection and assistance. 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 GRM operators and GBV focal points in GBV/SEA as referral points Train the 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	Develop tools to report on SEAH cases categorized in their various forms, such as sexual abuse,	Quarterly	E&S Specialists	E&S Specialists M&E Team	• No of SEAH cases reported;	Continuous	3, 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)
	qualitative indicators to measure progress and effectiveness of the measures to prevent and respond to SEAH.	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 the SEAH prevention and response processes		M&E Team		• Support extended to survivors; • Effectiveness of the system established to respond to SEAH.		
		TOTAL						**17,500, 000**

SECTION 7. CONCLUSIONS AND RECOMMENDATIONS

The KJET project will bring together MSME clusters who will interact with service providers' trainers and project staff. The project staff from KJET implementing agencies will interact with service providers and community members in terms 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.

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 need for the project to hire GBV specialists/ focal persons to help put the structures in place (such as referral pathways) and train the target population on how to respond to SEAH cases.

Coordination between SEAH Management and GRM management 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 SDS coordinator.

It is recommended that the project sets aside resources amounting to about **KES 17, 500, 000 (About USD 134,719)** 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: Gender Based Violence (GBV) Service Providers

KAJIADO COUNTY

S/N	Type of Service	Institution/ Contact Person	Location
1.	Security (Police)	• Kajiado Police station OCPD/OCS 0722358763 • Namanga Police Station 0724444174 • Ololilai OCPD 0722779256 • Kitengela Police Station-0722672819	Ngong – Kajiado Namanga Ololilai Kitengela
2.	Health (Hospital)	• Kajiado County Referral Facility GBV Clinical Lead 0711422511 • Mashuuru Sub County Hospital HTS GBV Lead 0769832558	Kajiado
3.	Children Office Directorate of children services	• Sub-County Children Officer-0751180603	Kajiado Central
4.	Safe Space/ Shelter House	• Visible Grace Home - Christine Munuve 0721927028	
5.	Economic/Livelihood Support		
6.	NGOs	• Collaborative center for gender & Development Nashipae Senesi-0746167190 • Boma la Tumaini 0723885202 • Beacon of Hope-0716642469	Kajiado Kajiado South Ongata Rongai

KIRINYAGA COUNTY

S/N	Type of Service	Institution/ Contact Person & Phone No.	Location/Town
1.	Security (Police)	• Evalyne Sindamei Police Gender Desk- 0792217011	Kerugoya
2.	Health (Hospital)	• Nancy Kabeu Gender Champion Kerugoya level V- 0722 253854	Kerugoya
3.	Children Office	• Kamwila Ngeke Director Children Services -0727 403902	Kerugoya
4.	Gender Office	• Doreen Mwangi Director Gender- 0758432627	Kutus
5.	Gender Technical Working Group	• Millicent Ngari CECM Gender- 0721 873905	Kutus
6.	Psycho-social Support	• Aaron Ngéno Clinical psychologist -0729 303801	Kerugoya
7.	People With Disabilities, (PWDs) Office	• Mary mwaniki Director PWD- 0724 786143	Kutus

TRANS NZOIA COUNTY

S/N	Type of Service	Institution/ Contact Person	Location
1.	Security (Police)	• Kitale Main Police Janet Chiema-0720206370	
2.	Health (Hospital)	• Kitale District Hospital Sarah Nabalayo - 0753899107	
3.	Children Office	• Children's Department Jonah Maingi- 0726440585	
4.	Gender Office	• National Government- Gender Office Linnet Mayabi - 0721477731	
5.	Gender Technical Working Group	• County Gender Directorate Robert Kibii - 0722296388	
6.	Law Courts	• Kitale Law Courts Kenneth Korir 0722147105	
7.	Psycho-social Support	• Kitale District Hospital Daisy Maling'a -0721627617	
8.	People With Disabilities, (PWDs) Office	• Kimtai Kibowen - 0721289202	
9.	NGOs	• Catholic Diocese of Kitale Rose Obonyo- 0724917143	

NYANDARUA COUNTY

S/N	Type of Service	Institution/ Contact Person	Location
1.	Security (Police)	• Olkalou Police Station Chief inspector Tonny Lesiamito 0720844831 • Oljororok Police Station Charo- 0721884949 • Engineer Police StationEdward Kanyari- 070334636 • Ngorika Police Station Kennedy Terer- 0721634104 • Kipipiri Police Station Inspector Pauline- 0725376911 • Ndaragwa Police Station Chief inspector Muso- 0721822909 • Gathanji Police Station- OCPD Nzimbi Peter 0721665648, David Kabuthia- 0722391696, Mohamed Guyo- 0720385894	Olkalou Oljororok Engineer Ngorika Kipipiri Ndaragwa Gathani
2.	Health (Hospital)	• Lenard Kamau(County GBV Focal person) JM referral hospital- 0734339117 • Jedidah (Gathanji Sub County GBV focal person) 0725685121 • Paul Mwaura(Kipipiri Sub county GBV focal person) 0721348825 • Shadrack Kuria (Kinangop Sub County GBV Focal person)- 0714321071 • David Maina	Olkalou Gathanji Kipipiri Kinangop Ndaragwa

		(Ndaragwa Sub County GBV Focal person - 0716554168) • James Maina- 0724732201 (Miragine Sub county GBV Focal person)	Miragine
3.	Children Office	Department of Children Services • Bernard Ngugi (County Director) 0721351698 • Hope Mureithi (Olkalou Sub-County Children Officer)- 0750048458 • Koigi (Kinagop Sub County Children Officer)- 0721422725 • Nick Kiprop Nyandarua West/Gathanji Sub County Children Officer)- 0714067380 • Leaky(Ndaragwa Sub County Children Officer) 0712256244	Olkalou Kinangop Oljororok
4.	Gender Office- Department for Gender and Affirmative Action(National Government)	• Daniel Mamai County Director- Gender 0733919857 • Jackson Muiruri County Director Gender- 0728147280	Ol kalou
5.	Gender Technical Working Group	Daniel Mamai - 0733919857	Olkalou
6.	Law Courts	Olkalou Law Courts • Hon.Lynn Mwera - 0704312250 Engineer Law Courts • Hon.Barasa - 0710523849	Olkalou Engineer
7.	Safe Space/ Shelter House		

8.	Economic/Livelihood Support	NGAAF Cordinator • Njoki Waiguru 0713363420 WEF • Mary (WEF Officer Ol Kalou sub county) 0716510796 • Mary 0706784394 (WEF Officer Oljororok) • Henry 0713666033 (WEF Officer Kinagop) • Joyce(WEF officer Kipipiri 0723722455 • Nelly (WEF Officer Ndaragwa) 0725418559 • Miriam Ndiang'ui WEF Region Credit Coordinator 0777332606	Ol kalou Rumuruti
9.	Psycho-social Support	Counselling Psychologist • Rose Mathenge(JM referral Hospital)- 0723517087 Counseling Psychologist • Peter Ng'ang'a(Engineer Sub County Hospital) 0722698164	J.M Hospital Engineer
10	People With Disabilities, (PWDs) Office	NCPWD Cordinator • Fourtunet Karemi 0727999587	Ol kalou
11	NGOs	National Sydemic Disease Control Council(NSDCC) • Gevvons Owoi- 0722669676 National population Council • Iren Kitur 0739785346 Hope Valley • Mary Nyokabi 0707681808 Sky Kites • Georgina Wanjiku 0729662663 CREW • William Banyamulenge 0722555865	Nyahururu Iten Mairo nne Kinagop South Nakuru

		FAWE • Anthony 0791471530 Care International • Geraldine Nthiga 0721226773 0759375327	Nakuru

KAKAMEGA COUNTY

S/N	Type of Service	Institution/ Contact Person	Location
1.	Security (Police)	• Kakamega Police Station Lenah Wesonga 0723875990 • Shirere Police Station Moses Akivaga 0723605292	Mumias Town
2.	Health (Hospital)	• County Referral Hospital Christine Namatai 0715483062 • Nabongo Level 4 Hospital Claris Ayeta 0727870438	Kakamega Town
3.	Children Office	• National Children Department Geofrey Musoko 0722379331 • County Children Department Mercy Nangila 0705978877	Kakamega Town
4.	Gender Office	• Gender Officer Vincent Okeya 0724984296	Kakamega Town Kakamega Town

		• County Commissioner,Kakamega Mwangi Meru- 0723804461 • DCC, Mumias Charles Mbulishe 0722447282	Mumias Town
5.	Gender Technical Working Group	Joyce Wafukho 00714415467	
6.	Law Courts	• Kakamega Law Courts Constable Linet 0729549813 • Mumias Magistrates Courts Esther Omburo 0713702773	Mumias Town
7.	Safe Space/ Shelter House	Shinyalu GBV Centre Nancy Mushila 0724308843	
8.	Economic/Livelihood Support	Janepher Sisa 0724308843	
9.	Psycho-social Support	Esther Mboya 0727924331	Kakamega Town
10	People With Disabilities, (PWDs) Office	Catherine Shiundu 0728345378	Kakamega Town
11	NGOs	• CISP – Tetea Mwanzi Gerry 0715213819 • Rising to Greatness Yustin Ooko 0740125636	

		• Groots Kenya Alice Isoyi 0715367803 • Rural to Global	

ELGEYO MARAKWET COUNTY

S/N	Type of Service	Institution/ Contact Person	Location
1.	Security (Police)	• Tambach Police Station Irene Chelegat 0710643791 • Iten Police Station Sellah Kogo 07214551441 Mary Goretti 0705304796 • Kaptagat Police Station Peris Chirir 0720134978 • Kapsowar Police Station Lourine Rono 0713562159 Rony Oyugi 0714543197 • Chebiemit Police Station Ann Wafula 0707604922 • Kapcherop Police Station Winny Sigilai 0716685500 • Kaptalamwa Police Station John Kirgi 0705712088 • Chepsigot Police Station Mercy Kirwa 0715173996 • Chesoi Police Station Solomon Onyango 0746347652	Tambach Iten Kaptagat Kapsowar Chebeimit Kapcherop Kaptalamwa Chepsigot Chesoi
2.	Health (Hospital)	• Iten County Referral Hospital Kitony Philemon 0726424617 Logalis Derewi 0722584569 • Chebmeit Subcounty Hospital Luka Kosgei 0722455159	Iten Chebiemit Chesoi

		• Chesoi Subcounty Hospital Solomon Kiptoo 0729203557 • Muskut Health Centre Desmond Rotich 0725448385	Muskut
3.	Children Office	Elvis Kurgat 0720926457	Iten
4.	Gender Office	Joseph Amuke 0722276958	Iten
5.	Gender Technical Working Group	State Department of Gender Joseph Amuke 0722276958	Iten
6.	Law Courts	Iten Law Courts Mr.Peter Titi 0725892091	Iten
7.	Safe Space/ Shelter House	Sir Macrina Chepkiyeng 0724968576	Iten
8.	Economic/Livelihood Support	• Women Enterprise Fund Rodgers Bowen 0726665625 • Youth Enterprise Development Fund Carolyne Kipchumba 0727499140	• Iten
9.	Psycho-social Support	Sir.Macrina Chepkiyeng 0724968576	• Iten
10	People With Disabilities, (PWDs) Office	Madam Lydia 0728493479	• Iten
11	NGOs	• World Vision Kenya Winnie Kangogo 0720251785 • CEDGG Mr. Paul Masese 0724594932	• Tunyo • Nakuru

TAITA TAVETA COUNTY

S/N	Type of Service	Institution/ Contact Person	Location
1	Security (Police)	Voi Police Station • Elmer Mtwana Police Gender Desk 0728119528 Mwatate Police Station • Fatuma Zanny 0725336998 Taveta Police Station • Nasra Mbwana 0720243385 Wundanyi Police Station • Leah Theuri 0792703689	Voi Mwatate Taveta Wundayi
2	Health (Hospital)	• Janet Mwaluma(County GBV Focal person) Moi referral hospital 0721967506 • Rose Mwangemi(Voi Sub County GBV Focal person) 0728047860 • Reuben Matolo(Mwatate sub county GBV Focal person) 0724076479 • Pamela Shali(Wundanyi Sub County GBV Focal person) 0723883340 • Beatrice Sau (Taveta Subcounty GBV Focal person) 0716554126	Mwatate Voi Mwatate Wundanyi Taveta
1.	Children Office	Department of Children Services • Mbito Mvurya(County	Mwatate

		County Cordinator DCS) 0722475589 • Stanley Mtala(Voi Sub County Children Officer) 0722425980 • Joshua Ratuno (Taveta Sub County Children Officer) 0704501806 • Rhoda Rwanjala(Wundanyi Sub County Children Officer) 0722168193	Voi Taveta Wundanyi
2.	Gender Office	Department NGAAF (National Government) • Charity Bahati County Director Gender 0701784419 Gender office(County Government) • Brian Mwakesi County Director Gender 0722264158	Mwatate Wundanyi
3.	Gender Technical Working Group	Charity Bahati Department for Gender and Affirmative Action Gender officer 0701784419	Mwatate
4.	Law Courts	Voi Law Courts • Hon.Mrs Obura 0725090124 Wundanyi Law Courts • Hon Wangeci 0721969978 Taveta Law Court • Hon Ndungi 0723815486	Voi Wundanyi Taveta
5.	Economic/Livelihood Support	NGAAF Cordinator • Dorine Ngeti 0721676415 WEF. • Danstan Kirigha (WEF officer Wundanyi and Voi Sub counties)	Mwatate Wundanyi

		0704622477 • Papa Kadeghe (WEF officer Taveta and Mwatate Sub Counties) 0710680603	Taveta
6.	Psycho-social Support	Counselling Psychologist • Sammy Meso(Taveta Sub County Hospital) 0712643283 • Rebecca Macharia (Mwatate Sub County Hospital) 0703796342 • Joyce Makau(Voi Sub County Hospital) 0713768386	Taveta Mwatate Mwatate
7.	People With Disabilities, (PWDs) Office	NCPWD Cordinator • Fatuma Kadzo 0723760656	Voi
8.	NGOs	Sauti ya Wanawake • Lydia Mwamberi 0700038722 World Vision • Caroline Aketch 0722990012 Taita Taveta Human Rights • Mohamed Haji 0104538963 Maendeleo ya wanawake • Josephine Mboje 0720428122 Taita Taveta Youth Alliance • Winstone Changulo 0746553361 Red Cross • Joram Oranga 0728730717 Hope network • Daniel Juma 0704541251 Tunaweza CBO • Fatuma Douglas 0759375327 Safe the Elephants • Esther Serem	Wundayi,Voi,Taveta,Mwatate Mwatate Voi Voi,Mwatate,Wundayi,Taveta Voi,Mwatate,Wundayi,Taveta Voi,Mwatate,Wundayi,Taveta Taveta Voi Voi(Mwakoma)

		0707793101 Blue Cross • Aloyce Ogolla 0700444452 Reach Out • Alfred Karisa 0720860319 URAIA TRUST • Issabella Kidede Taita Taveta windows Movement • Constable Lundi 0721905715	Voi Voi Mwatate

WAJIR COUNTY

S/N	Type of Service	Institution/ Contact Person	Location
1.	Children Office	Mr Jillo Roba County Children Officer 0707501970	Barwaqo
2.	Gender Office	Cornellius Sey • County children officer 0720323513	Hodhan
3.	Law Courts	Legal Officer Bilkheisa Adan Wajir Law Courts wajircourt@court.go.ke	Waberi
4.	NGOs	• Fatuma Yussuf Red cross Abdiya Manya 0724474194	Waberi Halane

BARINGO COUNTY

S/N	Type of Service	Institution/ Contact Person	Location
1.	Security (Police)	Nginyang Police Station 0714770483 Tangulubei Police Station-Nyaberi - 0700211423	Eldama Ravine Timboroa

2.	Children Office	• County Office-Livingstone Omuse • Baringo Central-Collins Mugei • Baringo North-Herman Nzombi • Baringo south-Irene Masai • Mogotio-Judy Nabwire • Koibatek-Kuria • Tiaty-Bonface	0727626819 0705912175 0728020354 0724996285 0719229641 0722348007 0720722849
3.	Gender Office	State Department for Gender-Khwatenga Juma County Gender office-Daudi Aenwo	0721832697 0784203574
4.	Gender Technical Working Group	• CCGD-Carol Jebet CEDGG-Carol Boswony • Elimu Initiative-Dorothy Baringo Peace Action Forum-Felix	0722279936 0725310100
5.	Economic/Livelihood Support	• National Affirmative Action Fund	0727968054

KIAMBU COUNTY

S/N	Type of Service	Institution/ Contact Person	Location
1	Health (Hospital)	• Thika Level 5 Hospital 0722106797 Ngoliba Health Centre 0743093899 Kiandutu Health Centre 0758066711 • Ruiru L4 Hospital	Thika Ruiru

		• Githurai Langata Health Centre • Kiambu Level 5 0721864258	Kiambu
2	Children Office	• Linah Mwangi 0728730576 • Naomi Mbugua 072877522 • Mary Muthumbi 0722646653 • Harriet Kihara 0721657063	Thika Ruiru Limuru Kikuyu
3	Gender Office	• Mark Meja 0724853641 • Purity Wandui 0720769697 • Ann Kamau 0721941857 • Nancy Osoro 0720453063 • Grace Njau 0722947048	Thika Ruiru Limuru
4	Law Courts	• Thika Law Court thikacourt@court.go.ke • Probation Office 0722352399 • Kiambu Level 5 0721864258 • Ruiru Law Court Probation Office 0715319456 • Limuru Law Courts Probation Office 0212458274	Thika Kiambu Ruiru Limuru
5	Safe Space/ Shelter House	Salama Centre And Mentorship Hub • Mercy Musomi 0722921376 Usikimye Safe Haven 0718158400	Thika Kiambu

NANDI COUNTY

S/N	Type of Service	Institution/ Contact Person	Location
1.	Economic/Livelihood Support	NGAAF-Cordinator Teresa Maiyo 0721948603 UWEZO Fund-Jackline Tare 0721381034 WEF-Viola 0716310150 YEDF-Sang 0727880236	Kapsabet county HQ

NAIROBI COUNTY

S/N	Type of Service	Institution/ Contact Person	Location
1	KNH (Gender Based Violence Recovery Center GBVRC	Tel:020-2726300-9 Ext.43136, 44101 Cell:0722-829500/1/2, 0733-606400 Email: knhadmin@knh.or.ke www.knh.or.ke	Old KNH between Orthopaedical Clinic and Dental Clinic P.O.BOX 20723-00202, Nairobi
2	Kayole 2 Sub District Hospital	Tel:020-231805 Cell:0721-991 638	Kayole opposite DOs offices
3	Riruta Health Center	Cell 0712:708 020 0722:984 189	Kawangware Opposite Dagorretti CDF offices
4	Jericho Health Center	Cell:0721-279402	Jericho Estate near shopping Centre
5	The Nairobi Women's Gender Based Violence Recovery Center GBVRC	Tel:020-726821/4/6/7 Email: Nairobiwomenshosp@africaonline.co.ke www.gvrc.or.ke	Hurlingham Medicare Plaza, Argwings Kodhek Road
6	Mbagathi District Hospital	Tel:020-2724712	Ngumo estate ,off Mbagathi Road

			P.O. BOX 40205 Nairobi
7	Association of Media Women in Kenya (AMWIK)	Tel:020-04441226 Email:info@amwik.org www.amwik.org	Wendy Court, House No 6 David Osieli, Road,Westlands P.O. BOX 10327-00100, Nairobi
8	Center for the rehabilitation and education of abused Women (CREAW)	Tel:0203860640 Cel:0720-357664 Tel:020-2505903	Convent Drive, Lavington, off Isaac Gathanju Road (100 meters form Lavington Green) Kibera Satellite Office Kibera Drive, DO's Compound Kibera, Nairobi
9	Dolphin Anti-Rape and AIDS Control Outreach	Cell:0733-963283 Dolphin2002ke@yahoo.com	
10	Coalition on Violence Against Women (COVAW)	Tel:020-804000011 Cell:0722 594 794/0733 594 794 Info:@covaw.or.ke www.covaw.or.ke	Valley Arcade, Valley Field Court House no 1
11	Girl Child Network	Tel:+254-20-604510 +254-20-607137	AMREF KCO-Wilson airport off Langata Road
12	The Cradle	Tel:+254(0)203874575/6 Cell:0722 201875 Email: info@thecradle.or.ke	House 2, Adj Wood avenue Apartments, Wood Avenue Kilimani
13	Wangu Kanja Foundation	Tel:0203680000 Cell:0722-790404 Email:info@wangukanjafoundation.org	P.O.BOX 12608-00100 Nairobi Kenya
14	Women Challenged to Challenge (WCC)	Tel:020-4452034 Cell:0725 868450	APDK offices, Waiyaki way opposite ABC place P.O BOX 10593-00100 Nairobi
15	Women's Empowerment Link (WEL)	Tel:020-3864482/97 Cell:0711-901132/0737-286 889 Email: info@wel.or.ke http://www.wel.or.ke	Muringa Road/ Elgeyo Marakwet Junction, off Ngong Road

			opposite Red Cliff gardens Kilimani P.O BOX 22574-00100, Nairobi
16	Women's Rights Awareness Programme (WRAP	Tel:020-2050148 Cell:0722-252939 Email: info@wrapkenya.or.ke www.wrapkenay.or.ke	Next to Mathari Hospital

UASIN GISHU COUNTY

S/N	Type of Service	Institution/ Contact Person	Location
1.	Moi Teaching and Referral Hospital GBV Recovery Centre	Cell Phone: 0706390391/0722201277 Email: ceo@mtrh.go.ke / directorsofficemtrh@gmail.com	Eldoret

Annex 2: KJET SEA/SH Accountability and Response Framework

Overview and Objective

The KJET SEA/SH Accountability and Response Framework establishes a **practical, survivor-centered system** that ensures all SEA/SH risks are **prevented, reported safely, responded to in a timely manner, and addressed through enforceable accountability measures** across all project activities in the 47 counties.

The framework integrates five key components:

1. Prevention
2. Procurement Controls
3. Grievance Management (GM)
4. Response and Case Management
5. Accountability and Sanctions

Functionality of the System in Practice

Step 1: Prevention and Risk Mitigation (Before Any Incident Occurs)

SEA/SH risks are minimized at the outset through:

a) Procurement-Level Controls

- All **Terms of Reference (TORs), bidding documents, and contracts** include:
    - SEA/SH clauses
    - Codes of Conduct (CoC)
    - Mandatory reporting obligations
- SEA/SH compliance is included in **bid evaluation criteria**
- No contractor is engaged without signing CoC

Result: All project actors are contractually bound to SEA/SH standards before engagement.

b) Awareness and Community Engagement

- IEC materials disseminated across project areas
- Community sensitization
- MSME clusters oriented on SEA/SH risks and reporting channels

Result: Communities and beneficiaries understand unacceptable behavior and how to report it.

c) Capacity Building

- Training of **60–80 key actors** (PIU, PITs, regional, county and sub- county staff members, GRM officers, contractors). Focus areas:
    - Survivor-centered response
    - Referral pathways
    - Confidential handling

Result: Only trained personnel handle SEA/SH risks and cases.

Step 2: Safe Reporting through SEA/SH-Sensitive GM

Reporting Channels

Survivors or witnesses can report through:

- GRM (hotline, email, in-person, online)
- SEA/SH focal points at HQs of implementing agencies, regional, county, sub-county levels.

Key Features

- SEA/SH complaints are:

    - Logged **separately and confidentially**
    - Accessible only to **trained personnel**
- Anonymous reporting allowed

Responsible: SEA/SH Focal Persons
Timeline: Case acknowledged within **24 hours**

Step 3: Immediate Survivor-Centered Response (Within 24 Hours)

Once a case is reported:

- Survivor safety is prioritized
- Confidentiality strictly maintained
- Survivor is informed of available support options
- No action taken without **informed consent** (except where legally required)

Responsible: Social Development Specialist + SEA/SH Focal Point

Step 4: Referral to Existing Services (Within 48 Hours)

KJET facilitates access (not provision) to services:

- Health services
- Psychosocial support
- Legal assistance

This is done using:

- **Mapped service providers (2–3 per county across 47 counties)**
- Pre-developed **referral pathways**

Responsible: SEA/SH Focal Persons

Output: Survivor linked to at least one service

Step 5: Case Management and Documentation

- Case assigned to **SEA/SH Specialist**
- Managed using **standard SOP**
- Information stored in a **secure, anonymized system**

- Continuous follow-up on survivor support

Timeline: Active management within **7 days**

Step 6: Verification and Investigation of SEA/SH Allegations (Within 7–21 Days)

Following initial case management and survivor referral, allegations involving KJET workers, contractors, consultants, or other project-associated personnel shall undergo a confidential verification and investigation process to determine whether there is sufficient information to warrant administrative action and/or referral to competent authorities.

Objectives

The verification process aims to:

- Establish whether the alleged perpetrator is linked to KJET activities;
- Determine whether there is sufficient information to substantiate the allegation for administrative action;
- Ensure fair and timely handling of allegations while prioritizing survivor safety and confidentiality;
- Recommend appropriate interim and final measures in line with the Code of Conduct and applicable laws.
- Verification and Investigation Process
- Initial Screening (Within 48 Hours of Report Receipt)

The Social Development Specialist and SEA/SH Focal Point shall:

- Review the allegation to determine whether it falls within the definition of SEA/SH;
- Determine whether the alleged perpetrator is associated with the project;
- Assess immediate risks to the survivor and others;
- Determine whether interim protective measures are required.
- Escalate the case to the National Project Coordinator for the appointment of Verification Team (Within 3 Working Days)

Where the alleged perpetrator is linked to KJET, the National Project Coordinator shall constitute a small confidential verification team comprising:

- Social Development Specialist (Lead);
- SEA/SH Focal Point;
- Human Resource representative of the respective implementing agency;
- Legal Officer or designated management representative where necessary.

Where allegations involve criminal conduct, the matter shall additionally be referred to relevant government authorities in accordance with national laws and survivor consent requirements.

Verification Methods

The verification team shall:

- Review available information and documentation;
- Conduct confidential interviews with relevant parties where appropriate and with informed consent;
- Review employment records, attendance records, or other relevant evidence;
- Document findings in a secure and anonymized case file.
- Escalate the case to the PS/ DG/ CEO of the relevant implementing agency.

The verification process shall avoid re-interviewing the survivor unnecessarily and shall adhere to the principles of confidentiality, safety, non-discrimination, and survivor dignity.

Interim Administrative Measures

Where preliminary information indicates potential risk to the survivor, witnesses, or project activities, the PS/DG/CEO may recommend interim measures, including:

- Temporary reassignment of duties;
- Restriction of access to beneficiaries or project sites;
- Administrative leave or suspension with pay pending investigation;
- Increased supervision or monitoring.

The application of interim measures shall not constitute a presumption of guilt but shall be implemented solely to protect survivors, witnesses, and the integrity of the investigation.

Timeline

- Initial screening: Within 48 hours of report receipt;
- Verification team established: Within 3 working days;
- Verification and investigation completed: Within 7–21 calendar days;
- Recommendations submitted to management immediately upon completion of verification.

Responsible Parties

- Social Development Specialist (Lead);
- SEA/SH Focal Point;
- Human Resource Representative;

- National Project Coordinator.

Outputs

- Verification report with findings and recommendations;
- Recommendation on administrative action and/or referral to authorities;
- Documentation of interim protection measures taken.

Step 7: Accountability and Administrative Action (Within 21–30 Days)

The severity of administrative measures shall be determined based on:

• Nature and seriousness of the conduct;
• Whether the conduct involved coercion, abuse of power, or vulnerable persons;
• Frequency or recurrence of the behavior;
• Impact on the survivor and project environment;
• Whether the individual has committed previous violations;
• Applicable national laws and contractual obligations.

Category	Examples	Adminstrative Measure
Minor First-Time Misconduct	Inappropriate jokes, unwelcome comments, catcalling, isolated inappropriate remarks that do not constitute sexual abuse or coercion	Verbal or written warning; mandatory SEA/SH training; documented counselling and corrective action plan
Repeated Minor Misconduct or Moderate Violations	Repeated inappropriate comments, unwanted invitations after refusal, inappropriate gestures, repeated breaches of the Code of Conduct, creating a hostile work environment	Written warning; mandatory retraining; probation; temporary reassignment; suspension with or without pay depending on employment terms
Serious Misconduct	Sexual harassment involving intimidation, abuse of authority, unwanted physical contact, retaliation against complainants or witnesses, or repeated violations after previous sanctions	Suspension pending investigation; final written warning where appropriate; contract termination or dismissal depending on severity and findings
Gross Misconduct and Severe SEA/SH Violations	Sexual abuse, sexual exploitation, sexual activity with a child, coercion, assault, abuse involving	Immediate protective measures; contract termination or dismissal following verification; referral to competent authorities where the conduct constitutes a criminal offence and with survivor consent,

	force, threats or abuse of authority	except where mandatory reporting obligations apply
Failure to Report or Obstruction of Investigations	Failure to comply with mandatory reporting requirements, retaliation, interference with investigations, breaches of confidentiality	Disciplinary action, including written warning, suspension, removal of responsibilities, or contract termination depending on severity and consequences

Principle on Referrals to Authorities

Referrals to law enforcement or other competent authorities shall be undertaken only where:
(a) the alleged conduct constitutes a criminal offence under applicable law; and
(b) the survivor has provided informed consent, except where reporting is mandated by law, including cases involving children or other legally required reporting obligations.

Principle on Progressive Discipline

KJET adopts a progressive disciplinary approach for minor and moderate misconduct to encourage early reporting, promote behaviour change, and prevent escalation. Severe forms of SEA/SH, particularly sexual exploitation, sexual abuse, coercion, or offences involving children or vulnerable persons, shall attract the strongest disciplinary measures, including termination of engagement and referral to competent authorities where applicable.

Step 8: Case Closure and Reporting

- Case closed only after:
    - Survivor support is ensured
    - Administrative action completed
- Data:
    - Anonymized
    - Included in **quarterly SEA/SH reports**

Responsible: Social Development Specialist

Monitoring and Performance Tracking

KJET will track functionality through:

Key Indicators

- % of cases reported and acknowledged within 24 hours
- % of cases referred within 48 hours

- % of cases resolved within 30 days
- % of survivors accessing services
- % of workers who signed Code of Conduct

Monitoring Mechanisms

- Monthly internal reviews (anonymized)
- Quarterly reports to NPC and the World Bank
- Periodic audits of SEA/SH processes

Practical Implementation Measures (Feasibility)

To ensure this works within budget:

- Use **existing GBV service systems (no new facilities created)**
- Train a **targeted group (60–80 staff)**
- Conduct **8 regional coordination meetings**
- Develop:
    - 1 national SOP
    - 47 county referral pathways
- Provide **limited emergency referral facilitation only**

Key Principle

KJET will not establish parallel service delivery systems but will ensure a functional, survivor-centered accountability and response mechanism within its project scope by leveraging and strengthening existing government and non-governmental systems.

Conclusion

The KJET SEA/SH accountability and response mechanism is designed as a practical, time-bound, and enforceable system that integrates prevention, procurement controls, grievance management, and survivor-centered response to ensure that all SEA/SH risks are effectively mitigated and that any incidents are addressed promptly, confidentially, and with clear accountability.

Annex 3: GBV Treatment and Counselling Procedures

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 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 dimensions[8]: 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 follows[9]:

a) 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).

b) 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

[8] Lepa Mladenovic (nd) Counselling service for women with trauma of violence.
[9] Ibid.

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).

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 on how to achieve justice;
- Support in actual legal process.

c) Acting in/with autonomy

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.