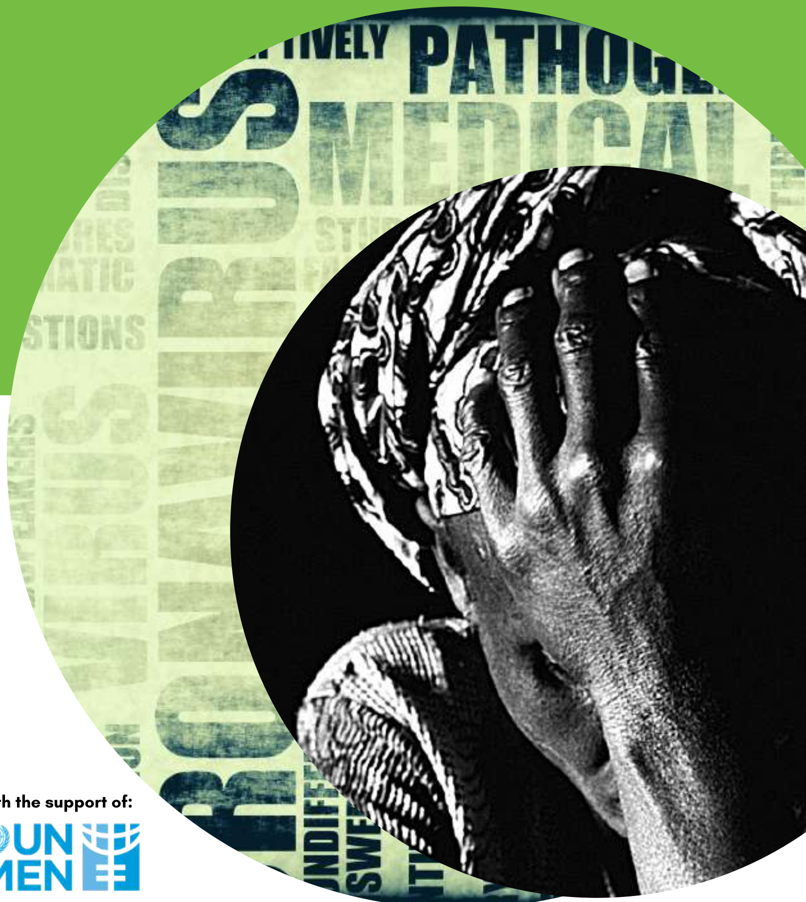
SIMPLIFIED GUIDELINES

GBV CASE MANAGEMENT DURING THE COVID-19 PANDEMIC IN KENYA



GVRC
GENDER VIOLENCE RECOVERY CENTRE
We bring back meaning to the lives of survivors and their families

Developed with the support of:
UN WOMEN

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GBV CASE MANAGEMENT DURING THE COVID-19 PANDEMIC IN KENYA

DECEMBER 2020

Developed with the support of:

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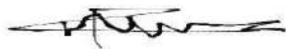
We would also like to thank the Project Staff for their support and guidance.

Finally, we would like to thank all stakeholders consulted in the course of developing the simplified guidelines; their critical insights helped to shape our findings.

We are enthusiastic that the simplified guidelines will inform future programs seeking to address GBV during health pandemics in Kenya.

Alex Muthui



Director
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FOREWORD

The Covid-19 pandemic continues to present an array of challenges, forcing nearly all types of basic service delivery – including, but not limited to, humanitarian response – to drastically adapt.

Given how quickly the outbreak continues to evolve; the variation across contexts in the impact of the disease and the measures being implemented to control its spread; and the lack of documented good practice for delivering aid and services under such conditions, to a large extent the entire international system is learning as we go along.

As such, this document presents an initial summary of potential GBV risk mitigation actions, based on established good practises that are starting points to address GBV risks in this unprecedented situation. The GBV risk mitigation actions summarized below are presented in the spirit of collective and iterative problem-solving.

These guidelines have been developed with the support of UN Women.

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EXECUTIVE SUMMARY

This guideline synthesizes the previous guidelines on GBV case management during Covid-19. It simplifies it into a friendlier survivor-centred document and provides recommendations to increase the effectiveness, efficiency and sustainability of future related interventions in GBV case management during pandemics.

This document is intended to explore and simplify case management protocols, referrals, step by step guide for humanitarian practitioners in Covid-19 situations in both normal and humanitarian settings in Sub-Saharan Africa and other similar settings.

The simplified guideline will include components describing the GBV referral pathways, GBV case management protocols, step by step guide for managing GBV in a humanitarian setting and existing partner databases. It will also review current COVID -19 guidelines from the MoH and other related institutions and international GBV guidelines that have been developed for use during the COVID period, e.g. WHO, UN WOMEN and UNICEF guidelines.

The simplified guidelines will be clear, expressly direct and focus on how case management of GBV is mainstreamed and guided with home-based set-ups and quarantine facilities.

1.0 INTRODUCTION

Gender-based violence (GBV) exists in every society worldwide and is aggravated in emergencies. There is already worrisome data on GBV occurring against the backdrop of the Covid-19 outbreak.[1]

It is also becoming increasingly clear that many of the measures deemed necessary to control the spread of the disease (e.g. restriction of movement, reduction in community interaction, closure of businesses and services, etc.) are not only increasing GBV related risks and violence against women and girls but also limiting the ability of survivors to distance themselves from their abusers as well as reducing their ability to access external support. In addition, it is clear from previous epidemics that during health crises, women typically take on additional physical, psychological and time burdens as caregivers. As such, it is critical that all actors involved in efforts to respond to Covid-19 - across all sectors - take GBV into account within their program planning and implementation.

Kenya confirmed its first Covid-19 case on 13th March 2020. In response to the gradually increasing numbers of confirmed cases, the Government of Kenya took proactive action and ordered the closure of Kenya's international airports, introduced a nightly curfew, closed schools and recommended that those who can work from home do so to observe principles of physical\ distancing.

Due to the upsurge of Covid-19 cases, the President issued a cessation of movement within the counties. This resulted in disruptions to daily routines, families, friendships, schooling, and the social norms within the wider community. The measures put in place to prevent and control the spread of the Covid-19 virus have increased exposure to violence, especially gender-based violence. The measures to curb the spread of Covid-19 have also triggered new stressors on parents and caregivers who have found themselves out of work or without childcare support.

[1] https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence
https://www.nytimes.com/2020/03/24/us/coronavirus-lockdown-domestic-violence.html

Families and children who are already vulnerable due to socio-economic exclusion, living in overcrowded settings, or are already separated, are particularly at risk for protection and care disruptions. For example, parents could lose employment which causes both economic and emotional stress. Stress can lead to parents or caregivers paying less attention to children and increased levels of domestic violence.

Evidence illustrates the negative impact that witnessing violence has on children. With schools closed and children now at home, tensions within the household can rise, sometimes resulting in increased levels of harsh discipline and even violence, abuse, or neglect of children. Finally, spontaneous closure of residential care institutions can result in mass and poorly planned reunifications, often into unprepared families, without monitoring, putting children at great risk for violations and re-separation.

There is limited evidence available on the right based GBV response during any emergency, including Covid-19. Hence, there is a dire need to streamline GBV case management for an effective response during emergencies and pandemics to ensure survivors continue to receive the lifesaving GBV services without compromising their lives and that of caseworkers.

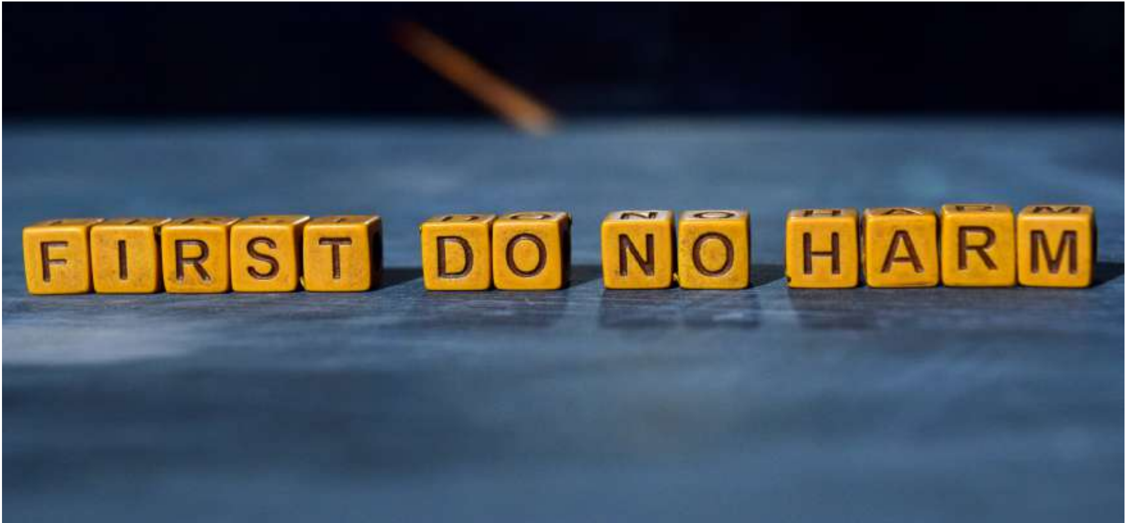
This situation calls for proactive and innovative response to GBV services. It is in this light that the GVRC, a leader in GBV programming and policy development, has prioritized to support the government of Kenya to strengthen the current COVID -19 guidelines to include guidance on how GBV will be managed at both public health quarantine facilities and within the homecare support isolation and treatment programs. With the need for a proactive and innovative response on GBV services, women, girls and vulnerable or marginalized populations still have less access to information and are more likely to receive inaccurate information either inadvertently or deliberately to uphold existing unequal power dynamics and/or create opportunities for exploitation.

2.0 KEY CONSIDERATIONS BEFORE, DURING AND AFTER ADAPTING GBV CASE MANAGEMENT DURING COVID-19 RESPONSE

Pillar 1: Client-centered approaches to GBV services by setting up safe programs

Safe and adequate response to GBV survivors begins first with adequate preparation. The main goal of preparation is to understand what the options are for a survivor of gender-based violence. Below are steps the service provider is expected to take:

Figure 1: Steps taken by the service providers in client-centered approaches to GBV services



2.1 Do no harm

As service providers intervene towards GBV management during Covid-19 period, they should ensure they do not share information about a survivor.

Always protect the identity and safety of a survivor. This is achieved by not sharing any personal or identifying information about the survivor or the incident to anyone without the survivor's explicit permission to share information about them and/or their experience.

Personal or identifying information includes the survivor name, registration number, perpetrator's name, date of birth, home address, work address, the location where their children go to school, the exact time and place the incident took place, etc.

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2.1.1 Key guiding principles to ensure we do no harm to survivors of GBV

GBV case management during Covid-19 is guided by the following guidelines to protect survivors from any harm.

Figure 2: Attributes of the Best Practice Selection Criteria

Right to safety: Refers to both physical safety and security from harm, as well as to a sense of psychological and emotional safety for people who are highly distressed. It is important to consider the safety and security needs of each survivor and his/her family members and those providing care and support. Individuals who disclose GBV may be at high risk of further violence.

Right to confidentiality: Refers to the right of a person to have any information about them kept private unless they explicitly request it. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the survivor. Lack of confidentiality can put the survivor and others, including those the survivor has disclosed to, at risk of further harm.

Right to dignity and self-determination: All those who come into contact with survivors have a role to play in restoring dignity and self-determination that has been taken away by GBV. For example, survivors have the right to choose whom they wish to disclose to and which services they want to access.

Right to non-discrimination: All people have the right to the best possible assistance without unfair discrimination on the basis of gender, age, disability, race, language, religious or political beliefs, sexual orientation or social class.

2.2 Pillar 2: Role of GBV service providers during Covid-19

GBV service providers have a key role in ensuring a survivor-centered approach through:

Figure 3: The survivor-centered approach

Remember your role	Let the survivor make their own choices
Provide a listening ear, free of judgement	Know what you can and cannot manage
Provide accurate, up to date information on available service	Do not proactively identify or seek out GBV survivors

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2.3 Practicing the survivor-centred approach

During GBV case management in the Covid-19 period, all service providers have to be guided by the survivor-centred approach principles as outlined below:

Figure 4: Principles of the survivor-centered approach

1. Respect: all actions you take are guided by respect for the survivor's choices, wishes, rights and dignity.

2. Safety: the safety of the survivor is the number one priority.

3. Confidentiality: people have the right to choose to whom they will or will not tell their story. Maintaining confidentiality means not sharing any information with anyone.

4. Non-discrimination: providing equal and fair treatment to anyone in need of support.

5. If health services exist, always provide information on what is available: share what you know, and most importantly explain what you do not. Let the survivor decide if s/he wants to access them. Receiving quality medical care within 72 hours can prevent transmission of sexually transmitted infections (STIs), and within 120 hours can prevent unwanted pregnancy.

2.4 Do's and Don'ts

Figure 5: Do's and Don'ts of the survivor-centered approach

DO'S	DON'TS
DO allow the survivor to approach you. Listen to their needs.	**DO NOT** ignore someone who approaches you and shares that s/he has experienced something bad, something uncomfortable, something wrong and/or violence.
DO ask how you can support with any basic urgent needs first. Some survivors may need immediate medical care or clothing.	**DO NOT** force help on people by being intrusive or pushy.
DO ask the survivor if s/he feels comfortable talking to you in your current location. If a survivor is accompanied by someone, do not assume it is safe to talk to the survivor about their experience in front of that person.	**DO NOT** overreact. Stay calm.
DO provide practical support like offering water, a private place to sit, a tissue etc.	**DO NOT** pressure the survivor into sharing more information beyond what s/he feels comfortable sharing. The details of what happened and by who are not important or relevant to your role in listening and providing information on available services.
DO, to the best of your ability, ask the survivor to choose someone s/he feels comfortable with to translate for and/or support them if needed.	**DO NOT** ask if someone has experienced GBV, has been raped, has been hit etc.
DO treat any information shared with confidentiality. If you need to seek advice and guidance on how to best support a survivor, ask for the survivor's permission to talk to a specialist or colleague. Do so without revealing the personal identifiers of the survivor.	**DO NOT** write anything down, take photos of the survivor, record the conversation on your phone or other devices, or inform others including the media.
DO manage any expectations on the limits of your confidentiality.	**DO NOT** ask questions about what happened. Instead, listen and ask what you can do to support.
DO manage expectations on your role.	**DO NOT** make comparisons between the person's experience and something that happened to another person. Do not communicate that the situation is "not a big deal" or unimportant. What matters is how the survivor feels about their experience.
DO listen more than you speak.	**DO NOT** doubt or contradict what someone tells you. Remember your role is to listen without judgment and to provide information on available services.
DO say some statements of comfort and support. Reinforce that what happened to them was not their fault.	

Adapted from the step-by-steppocket guide on "how to support survivors of gender-based violence when a GBV actor is not available in your area" for humanitarian practitioners.

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2.5 The role of the community in psychosocial care and support of GBV cases during Covid-19

There are three types of community-based care namely:

Figure 6: Types of community-based care

Home Based Care	Home Community Based Care	Community Based Treatment Services
Provision of health services by formal and informal care givers in the patient's home in order to promote, restore and maintain a person's maximum level of comfort, function and health.	Integrated, comprehensive, continuum of care for the survivors. Here, there is a formal linkage with health facilities for the purpose of referrals for continuum of care.	Defines and encompasses the "services" that we provide at health facilities and the community with an emphasis on the latter.

2.5.1 Messages to key players and their roles in GBV case management in the home community-based care during Covid-19

Home Community-Based Care is an integrated, comprehensive, continuum of care for the survivors where there is a formal linkage with health facilities to aid referrals for the continuum of care. The community is involved in decision making, planning, organizing, implementing, monitoring and evaluation of GBV case management services.

Figure 7: Key players messages and their roles in GBV case management in the home community-based care during Covid-19

SURVIVOR	FAMILY	COMMUNITY
The survivor needs to be encouraged to comply and adhere to the prescribed treatment and appointments made. The perpetrators need to be identified and arrested. The Survivor should be assisted to identify a safe place to stay or protective measures to take to minimize further risks of sexual and gender based violence.	The family should be supported to accept and adjust to the situation especially in having a survivor of SGBV in the family. Create awareness on the locally available services.	• Empower the community to accept the situation of the survivors and collaborate with existing agencies to meet the needs of the survivors. • Create awareness on the community's role in the reduction of public stigma.

HEALTH CARE WORKERS	STATE AND NON STATE ACTORS
The survivor needs to be encouraged to comply and adhere to the prescribed treatment and appointments made. The perpetrators need to be identified and arrested. The Survivor should be assisted to identify a safe place to stay or protective measures to take to minimize further risks of sexual and gender based violence.	The survivor needs to be encouraged to comply and adhere to the prescribed treatment and appointments made. The perpetrators need to be identified and arrested. The Survivor should be assisted to identify a safe place to stay or protective measures to take to minimize further risks of sexual and gender based violence.

2.6 Crisis vs standard GBV case management processes

GBV case management during health emergencies including Covid-19 slightly differs from the standard GBV case management as shown below:

Figure 8: The standard GBV case management process

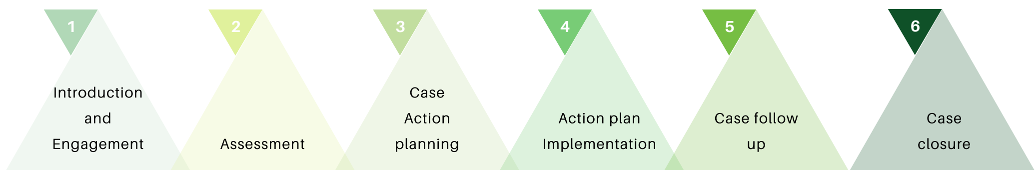

Figure 9: The crisis GBV case management process

2.7 WHEN to consider remote (phone) GBV case management

1. When there is no dedicated and confidential space where to meet with the survivor, OR
2. When there is a dedicated space but the survivor cannot physically access it.

NOTE: Remote case management should be provided ONLY if we can ensure safety and confidentiality.

2.7.1 Guiding principles of hotline work

Figure 10: The guiding principles of hotline work

2.9 Covid-19 remote GBV case management steps

The guideline provides four steps for Covid-19 remote GBV case management. They include:

1. **Introductions and safety check:** speak to the survivor to achieve the four objectives indicated in the diagram below.

Figure 11: The four steps for Covid-19 remote GBV case management

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2. Assessing immediate concerns

01	*Listen*	Listen as much as possible and do not cut off the survivor's story.
02	*Assess*	Safety concerns, accessible social networks, state of mind, and needs. Validate, show compassion and share information and brainstorm options.
03	*Limited Follow up*	Do not document information on a form or in case notes if there is no possibility of follow up (bar cases where you are providing on-going support).

Figure 12: Steps to assess immediate concerns

3. Safety planning

i. Remind the survivor that s/he knows his/her situation best.
ii. Help s/he identify the 'safest' room or space in his/her home.
iii. Help s/he make a plan with and for his/her children if applicable.
iv. Identify his/her support system and resources, especially under new restrictions.
v. Make sure s/he has a plan in case s/he decides to leave.
vi. Remind survivors to delete signs of the call from his/her phone.

4. Implementation and ending the call

i. Inform the survivor about referral options for his/her immediate concerns.
ii. Make referrals with consent.
iii. Provide resources - material support, resources, hotline number, contacts of providers in destination location as applicable, encourage him/her to stay in touch if at all possible.
iv. Share key messages: the survivor is not alone, not at fault, and affirm/validate the survivor's feelings.
v. For the last few minutes, stabilize the survivor so s/he is not leaving your session in a more traumatized state.
vi. Activities you could do include encouraging him/her to plan for the rest of the day, encourage the survivor to be in the present
vii. Remind survivor to delete signs of the call from his/her phone.

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2.10 Management of GBV cases in children and adolescent during Covid-19

During the management of GBV cases, one needs to establish a child and youth-friendly environment and create rapport with the survivor and caregiver. There is a need to have overall site preparation, examination site set up and equipment. Also, there is a need to apply the rule of confidentiality as well as informing survivors about available services while respecting the survivors' right of choice of services.

2.10.1 Consenting for Children and Adolescent for GBV case management during Covid-19

Always ensure you get assent and consent before providing any GBV service to the minors who have been sexually violated or exploited.

Figure 13: Consenting guidelines for children and adolescent for GBV case management during Covid-19

Age Group (Years)	Child	Caregiver	If no caregiver or not in child's best interest	Means
0-5	-------	Informed Consent	Other trusted adult's or case-worker's informed consent	Written Consent
6 - 11	Informed Assent	Informed Consent	Other trusted adult's or case worker's informed consent	Oral Assent, Written Consent
12 - 14	Informed Assent	Informed Consent	Other trusted adult's or a child's informed assent. Sufficient level of maturity (of the child) can take the due weight.	Written Assent, Written Consent
15 - 18	Informed Consent	Obtain informed consent with the child's permission	Child's informed consent and a sufficient level of maturity takes the due weight.	Written Consent

2.10.2 Equipment/resources required for GBV case management for children and adolescent

To make the environment friendly to children and adolescent towards providing GBV services, their observation/interview rooms have to be friendly to their needs.

Figure 14: The resources required for GBV case management for children and adolescents

Figure 15: An example of a child-friendly room

Figure 16: An example of an adolescent friendly room

All sexual violence /GBV cases when involving children and adolescents are considered high risk. As such, they should be prioritized and maintaining case management services to the extent possible is vital.

1. For new cases: - Establish a clear protocol for the intake of new cases taking into consideration the age and developmental stage, caregiving considerations for consent/assent and against various scenarios such as the ability to conduct remotely Vs availability of static services.

2. For existing cases: - Caseworkers must brief child and adolescent survivors as well as parents/ caregivers/ trusted adult on Covid-19 and plan for a possible transition to remote service delivery, being sure to assess risks round remote service delivery.

Adjust the safety plans in light of any contextual changes due to Covid-19 (e.g. harm reduction or alternative care if the perpetrator is a family member or living with the child, how to safely access service remotely, how to access help).

Assess the risks and feasibility of continuing case management remotely. May be reduced to check-in call if it is safe and feasible or could go to extending to PSS interventions remotely or supporting caregivers/ trusted adults remotely to support child/adolescents survivors. Discuss any changes in the case plans given that some referrals may be suspended or provided in a reduced number of hours.

2.10.3 Guiding principles for caring for children who have experienced GBV during Covid-19

Principle	Description
Ensure appropriate confidentiality	•Information about the child's experience of sexual violence and exploitation should be collected, used and stored in a confidential manner. •Share information only according to the appropriate laws and policies.
Involve the child in decision making	•The level of a child's participation in decision making should be appropriate to the child's level of maturity and age, and local laws. •Though service providers may not always be able to follow the child's wishes (based on best-interest considerations), they should always empower and support children and deal with them in a transparent, open manner, with respect.
Health and welfare of the child takes precedence over collection of evidence	•Crisis intervention; treatment of serious injuries; and assessment, treatment, and prevention of HIV, pregnancy, and STIs are of primary importance. •Children should NEVER be forced to undergo the medical forensic examination against their will unless the examination is necessary for medical treatment.
Promote the child's best interest	•Secure physical and emotional safety throughout care and treatment. •Assess the positive and negative consequences of actions with the participation of the child and caregiver.
Informed consent and assent & ensure the safety of the child	Before a full medical examination of the survivor can be conducted, it is essential that informed consent is obtained by ensuring that the survivor fills the consent form or orally if s/he cannot write or is impaired. •Ensure physical and emotional safety. •All actions should safeguard the child's physical and emotional wellbeing in the short and long term.
Comfort the child	•Make the child feel safe and cared for as they receive services. •Never blame the child in any way for the sexual violation and exploitation experienced. •Children with disabilities should be communicated in the manner in which they are most comfortable (e.g., sign language, braille, plain language/pictures, or audio aids).

Figure 17: Guiding principles for caring for children who have experienced GBV during Covid-19

2.11 Safety and staff care

Self-care is not - SELFISH

2.11.1 Pace yourself

Monitor yourself for disrupted sleep, excessive fatigue, irritability, poor focus and marked anxiety. If we run on empty, we cannot care for survivors/ patients, families or communities.

2.11.2 Breathe

Try mindful breathing several times a day. Take a moment for low and slow breathing before starting your shift, when you enter your work area, and before entering a patient room or a procedure. Breathing helps to calm down and improves our concentration.

2.11.3 Maintain good health habits

As stress and demands increase, health habits often take a hit. Bring your meals to work to maximize healthy eating, limit alcohol and excess use of caffeine, try to get enough sleep, use umba exercises and get some sunlight.

2.11.4 Exercise, exercise, exercise

Aerobic exercises are vital for stress reduction. Consider walking, running and hiking.

2.12 Shelter and dignity kits

Mobility restrictions can impact the provision of shelter and dignity kits. This can potentially exacerbate risks of exclusion and increase the vulnerability of specific groups and individuals, including to GBV. Actors providing shelter and dignity kits can take steps to mitigate GBV risks associated with these needs within their Covid-19 response operations. Teams should follow normal practices for good distributions; review changes due to Covid-19 infection, prevention and control measures and adjust implementation modalities to mitigate potential GBV risks.

Ensure that any changes in modalities for shelter and dignity kits distributions integrate measures that maintain effective access for at-risk groups /individuals, particularly those at increased risk of Covid-19 complications or those facing specific mobility issues such as older persons, persons with disabilities, single/child-headed households, pregnant/lactating women or unaccompanied children.

There should be the inclusion of female staff in shelter/dignity kits teams. If there is no gender balance in the team, consider collaborating with other sectors or organizations to ensure that female staff are present, particularly during distributions or other activities involving direct contact with the affected population.

Consider how to adapt modalities for consulting with women and girls on their shelter and dignity kits needs in light of Covid-19 infection, prevention, and control measures. Explore if trusted shelter/kits female staff can use WhatsApp/text messages or other remote means of communication to seek input from women and girls on adaptations to shelter/kits programming and feedback on assistance, including any safety concerns, to make sure their needs are met.

2.13 Follow up and Referral

A referral is a process by which a client's immediate needs for care, prevention, and supportive services are assessed, prioritized and the client is provided with assistance in accessing the necessary services.

Step 1	Problem Identification
Step 2	Problem Assessment
Step 3	Problem Diagnosis
Step 4	Referral Counselling
Step 5	Communication
Step 6	Transfer
Step 7	Facility Community Feedback

Figure 18: The key referral components

Given the rapidly changing environment, options for GBV service provision are likely to change their modality, be reduced and/or operate differently than under normal circumstances. It is prudent to ensure staff and volunteers in the health sector are equipped to provide accurate, up-to-date information on available GBV services and to be aware of the current limitations of response services.

There is a need to constantly liaise with GBV specialists to be aware of what is available; what the current limitations of response services are and key messages to raise awareness on available GBV services.

Within the plan for implementing programming in any sector, it is recommended to incorporate regular check-ins with the GBV coordinator and/or GBV focal point(s) to remain informed of the latest developments on referral procedures/recommendations.

2.13.1 Key Resources required for referral

Figure 19: The resources required for referral

2.13.2 Guidance for referrals

Before making a referral:

1. Provide all the necessary information about the referral agency (or agencies if you know more than one), including available services, location, type of facility (if it is a health clinic or a private space);
2. Inform the survivor of all of their options so they can make their own decision;
3. Inform them that you can accompany them to the service provider if they would like you to do so;
4. Inform them if the organization may be able to support with transportation or other referral costs according to their needs; and
5. If the survivor agrees to proceed, complete the referral form and make sure you have his/her written consent.

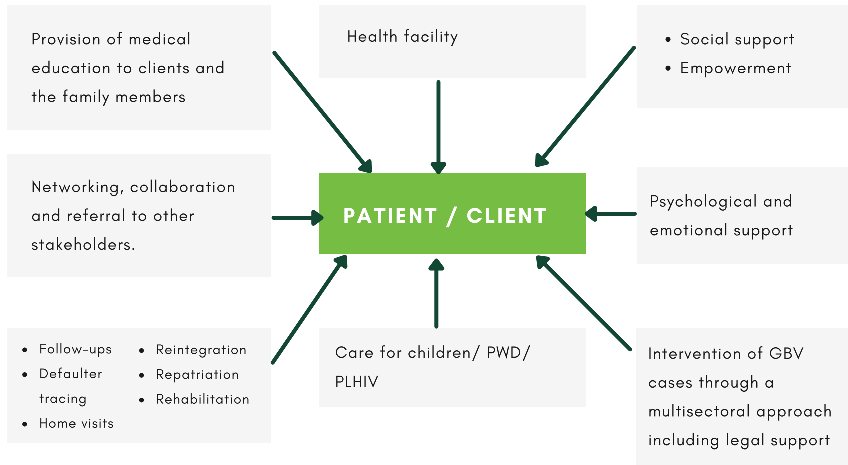

Figure 20: The referral guidance

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2.13.3 GBV Referral System

1. Conduct a rapid mapping of static GBV response services that can remain operational.
2. Establish infection prevention and control (IPC) measures.
3. Create an updated directory of services and providers (static and remote service modalities).
4. Map out focal points, contact details, services offered, days/hours of service
5. Engage civil society organizations and grassroots organizations to inform communities about interruption/closure of some services and newly available services in the updated referral pathway.
6. Consider how to reach children and adolescents with this new information.
7. Explore alternative ways of disseminating the updated GBV referral pathway: social media platforms, mobile text blasts, radio messages etc.

2.13.4 Role of community in the referral system

1. Community involvement in planning, designing, developing and supporting the referral system affects its population.
2. Community education gives information to understand and appreciate referral systems and participate in the referral process.
3. Community participation may provide finances and transport, give feedback, and accept clients back into the community and promote referral.

2.14 Monitoring and evaluation of GBV case management during Covid-19

During GBV case management in health pandemics including Covid-19, SGBV indicators should be tracked routinely through documenting and reporting. Some of the data collection tools used for documentation of GBV case management include:

1. MoH 363: PRC Form,
2. MoH 365: Sexual Violence Register,
3. MoH 364: SGBV Monthly Summary
4. MoH 711: Integrated tool
5. MoH 705A: OP Outpatient under 5 summary
6. MoH 705B: OP Outpatient over 5 summary
7. P3: Kenya Police Medical Form

All aspects of the care should be documented including consent forms, medical forensic history, findings from the physical assessment, evidence collected, any testing or treatment rendered, photographic images obtained during the examination, and any follow-up care and referrals are given. If the health care provider is called to testify in any criminal justice proceedings, they may use this report to recall the patient encounter.

SGBV -Data Flow Mechanism

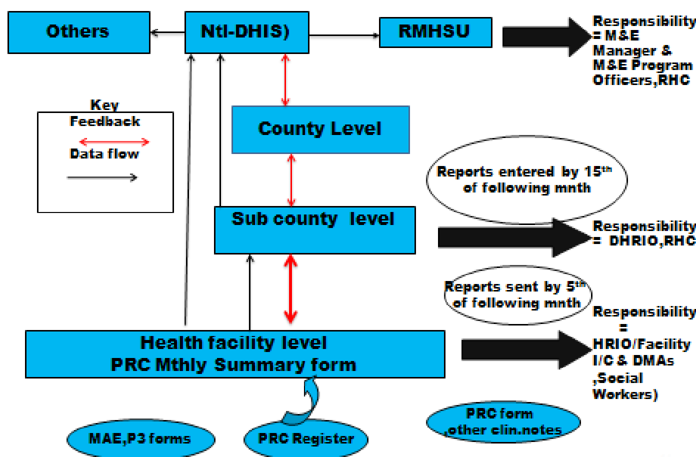

Figure 21: The SGBV data flow mechanism. Adapted from the 'Training Course for Management of Sexual Violence - Facilitators Manual' by the Ministry of Health, Kenya.

3.0 CONCLUSION

The simplified guidelines are critical pre, during and after pandemic since it might be some time before everyone gets a vaccine and the world is declared Covid-19 free. The document provides guidelines on the management which prevention of the same should be emphasized to ensure there is less prevalence of GBV.

In shelters and emergency centres, there is a need to ensure that women and girls without male companions and unaccompanied minors are provided with safe spaces separate from unrelated men.

There is a need to ensure there is continuity in healthcare service provision especially GBV services even during the pandemic. Also, all service providers are required to follow the GBV guidelines according to MoH and have trained personnel available to attend to the survivors.

The environment for the provision of services has to be conducive including privacy and confidentiality of the survivors during service delivery.

Lastly, all medical supplies and kits have to be available for effective GBV service delivery during Covid-19 period.

ANNEXE 1
REFERRAL PATHWAY CONTACTS

NO.	INSTITUTION	LOCATION	TELEPHONE NO.	CONTACT PERSON
LEGAL AID: ADULTS				
1	Federation of Women Lawyers (FIDA-Kenya)	Amboseli Road, off Gitanga Road, Lavington	+254 710 607 241/ +254 722 509 760	The Legal Officer
2	Centre for Rehabilitation and Education of Abused Women	Mtoni Court, Argwings Kodhek Road	Office line: +254 720 357 664 / 3861016 Office Mobile: +254 719 437 286	Charles Ndegwa: +254 726 153 160
3	Coalition on Violence Against Women (COVAW)	Off Ngong Rd, Kamburu Drive, Afya Maisonettes, House No.13	Tel: 387435/8 Hotline: 57459 Fax: +254-2-574253	info@covaw.or.ke
4	International Justice Mission (IJM)	Navigator's Compound, Kamburu Drive, Kindaruma Road, opposite Motorola Wireless	2720097 Lucy Ngari: +254 722 678 744	Faith Kabata: fkabat@ijm.org
5	National Muslim Council of Kenya (NMCK)	Parklands, last stage (after High Ridge). At the slum	-	Nazlin Omar: nazlinomar@yahoo.com
LEGAL AID: CHILDREN				
6	Children's Legal Action Network (CLAN)	Ngong Road, Opposite Nakumatt	3872821/ 567757	Edward Ouma: info@clankenya.org
7	Child's Rights, Advisory, Documentation and Legal Centre (CRADLE)	Swiss Cottage, Riverside Drive, next to Prime Bank.	+254 722 201 875	-
8	African Network for the Prevention and Protection Against Child Abuse and Neglect (ANNPCAN)	Komo Lane, off Wood Avenue	Tel: +254 20 2140010, 2140011, 2140013	-

NO.	INSTITUTION	LOCATION	TELEPHONE NO.	CONTACT PERSON
LEGAL AID: CHILDREN				
9	International Justice Mission (IJM)	Westlands	071-772-3004 (for cases in Nairobi & Kiambu counties)	Jane Njoroge
10	Children's Office	Kibera/ Lang'ata	+254 722 154 485	Harriet Kihara
11	Child Welfare Society of Kenya (CWSK)	Off Lang'ata road, next to Motherlands Motors	+254 722 805 980	Margaret
12	Coalition of Violence Against Women	Dhanjay Apartments, 6th Floor, Apartment No. 601, Hendred Avenue, Valley Arcade, Off Gitanga Road, Nairobi	Tel: +254 20 804 0000/ +254 722 594 794/ +254 733 594 794	Cynthia: +254 719 656 687 info@covaw.or.ke
13	Witness Protection Agency	Milimani	+254 738 972 999	-
14	Federation of Women Lawyers (FIDA-Kenya)	Amboseli Road, off Gitanga Road, Lavington	+254 722 509 760/ +254 733 845 003	The Legal Officer
FREE LEGAL RESCUE				
15	OSCAR FOUNDATION, Free Legal Aid Clinic Kenya	Mombasa road, Vision Plaza,1st, Suite 15	+254 20 828 127 +254 733 925 322	Kamau King'ara, Executive Director
ABANDONED BABIES CENTRES				
16	New Life Home Trust- for abandoned, orphaned and HIV positive babies	Lenana road	+254 722-584565	Monica
17	ABC- Abandoned Babies Centre	-	3877984	Christine
18	Nairobi Children's Home	Lower Kabete	-	-
19	Angaza Trust	Mukuru	+254 721 779 859	Christine
20	Imani Children's Home & Rehabilitation Centre- For children below 2 years	Soweto, Kayole	782608	Mary/ Beatrice

UN WOMEN

GVRC GENDER VIOLENCE RECOVERY CENTRE

NO.	INSTITUTION	LOCATION	TELEPHONE NO.	CONTACT PERSON
ABANDONED BABIES CENTRES				
21	Thomas Bernando House	Langata Road, Opposite Wilson Airport	601922/602002	Caroline/ Mary Macharia
22	Zaidi ya Dreams Children's Home	Kitusuru	+254 728 899 676	Fredrick
23	ChildLine Kenya (Child Rescue)	Lower Kabete	+254 726 315 946/ +254 729 337 779	Rhoda Mwikia/ Michael Otieno
ACCOMMODATION/ SHELTERS				
24	Women's Rights Awareness Programme (WRAP)	Thika Road, Muthaiga, Near Mathare Mental Hospital	+254 733 765 871/ +254 722 601 195 / +254 723 874 588	Morris
25	New Hope Children's Centre Orphans 2-18 years	Uplands	+254 733 765 871/ +254 722 601 195	Mrs. Chege
26	Ujamaa Home and General Hospital	Uhuru Estate Phase 3	787033, 786547, 799587	-
27	Karibu Good Shepherd Centre	South B, near our Lady Queen of Peace Church	559111	Teresia/ Martha
28	Divisional Children's Officer	Dagoretti	333551 ext. 20464/ 20128	Catherine Mucai
29	Crisis Pregnancy Ministry	Off Wayaiki way, near St. Marks Church, School Lane link Karuna Close	3872821/ 567757	-
30	Huruma Children's home (home for the OVCs)	-	+254 710 265 891	Veckodek
31	New Hope Children's Centre Orphans 2-18 years	Uplands	+254 733 765 871/ +254 722 601 195	Mrs. Chege

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GVRC GENDER VIOLENCE RECOVERY CENTRE

NO.	INSTITUTION	LOCATION	TELEPHONE NO.	CONTACT PERSON
ACCOMMODATION/ SHELTERS				
32	Refugee Consortium of Kenya (Refugee resettlement)	Haki House, Ndemi Close, Kilimani.	+254 733 860 669/ +254 720 943 164	-
33	Mediva Wellness Centre	Lenana Road, Adjacent to Thika Golf Club, Thika	+254 721 423 888	Mr. Elvis
34	Hope Retreat Centre	Karen	+254 737 333 741	Consolatta
35	SHOFCO	Kibera Drive, Gatwekera Village Kibera, P.O. Box 8303-00200, Nairobi	+254 732 058 126	Caroline
36	Talia Agler Girls Shelter	Graceland Court, Keiyo Road, Nairobi	+254 724 781 446/ +254 722 722 871	Winfred taliaaglershelter@yahoo.com
37	Wholistic Caring & Counselling Centre	Ruiru	+254 722 739 391	-
38	Child Welfare Society of Kenya	Lang'ata Road, Madaraka	603301	Githinji/ Mrs. Musau
39	Thomas Bernando House	Lang'ata Road, Opposite Wilson Airport	601922	Agnes Kiraithe
40	Burckner Kenya	Thika road	+254 722 892 870	Winny: 0722-892870
41	MSF Belgium	Lang'ata	+254 733 500 101	Zaina
REFERRAL FOR CHILDREN'S AID				
42	Save the Children's Fund	Save the Children International - Kenya Programme Matundu Close, Off School Lane, Westlands P.O. Box 27679 - 00506, Nairobi Kenya	+254 722 205 207/ +254 722 610 421	kenya.info@savethechildren.org

NO.	INSTITUTION	LOCATION	TELEPHONE NO.	CONTACT PERSON
REFERRAL FOR CHILDREN'S AID				
43	Care International in Kenya	Mucai drive, off Ngong Road	2710069/2718406/ 2712374/+ 254 20 2585381/ +254 20 2585382/ +254 20 2585383	info@care.or.ke
44	Christian Aid	Waiyaiki way, AACC building	443242/443580/ 448633	-
45	World Vision Kenya	World Vision Kenya, Karen Road, off Ngong Road, P.O. Box 50816-00200, Nairobi, Kenya	+254 732 126 100/ +254 711 086 000	wv_kenya@wvi.org
46	Compassion International	-	3871324/571683/ +254 791 771 641 (800) 336-7676	Teresia/ Martha
47	Christian Children's Fund	Westlands, next to Viking House (Delmonte container)	444890/93/44023/ 4441538	-
ADVOCACY AND AWARENESS CENTRES				
48	I Choose Life (ICL)	Ufungamano House (Mamlaka road)	2730913/4/5	Cathy Theuri
49	Dolphin Anti- Rape Group	-	-	Duncan and Winnie
50	Women against domestic violence	-	+254 721 822 677	Wapondi
51	Naivasha Disadvantaged Support Group (NADISGO)	Naivasha	+254 722 766 558	Rahab Wairuri
52	Equity Group Foundation (Education)	Upper Hill	+254 711 026 094	Fidelis
53	Healthline Assistance Kenya (HAK) (24-hour free hotline)	State House Crescent, Off State House Avenue, Africa Alliance off YMCA's Building	1195	Pendo

UN WOMEN

GVRC GENDER VIOLENCE RECOVERY CENTRE

NO.	INSTITUTION	LOCATION	TELEPHONE NO.	CONTACT PERSON
REHABILITATION CENTRES				
54	Recovery Options Trust Home Centre (drugs & substance use)	Nkoroi	+254 724 427 675, +254 703 334 577	-
55	Ray of Hope (Rehab center for commercial sex workers and ARV referrals)	Rongai	-	-
56	Drug Fighters and Counselling Centre	Kibera/ Mashimoni	+254 728 670 073	-
GOVERNMENT OFFICES				
57	DCO Kajiado (children's office)	Kajiado	+254 727 379 169	Vivian
58	DASCO VCT: Referral for ARVs	Kiserian	+254 722 747 106	-
59	District Children Office: Lang'ata	Kibera	+254 722 363 866/ +254 20 207 7160	Eunice Moraa
NATIONAL REPORTING LINES				
60	Healthcare Assistance Kenya (HAK)	National GBV Hotline	1195	GBV Toll Free Helpline
61	Childline Kenya	National Child Helpline	116 +254 722 116 116 (WhatsApp)	Nationwide helpline service dedicated to children
62	National Police Service	National Reporting Helplines	999 112 911	Police Hotlines

GVRC Contacts

Headquarters - Adams
The Gender Violence Recovery Center (GVRC)
8th floor, Malik Heights, opp. Adams Arcade, off Ngong road
M: 0709667000

Hurlingham
Gatina Nairobi, Argwings Kodhek Rd
M: 0709667000

Kitengela
Namanga road, MK Arcade
M: 0709667000

Ongata Rongai
Magadi Road opposite Fairmatt Supermarket
M: 0709667000

Nakuru Hyrax
Nairobi highway, behind Tuskys (Hyrax) Supermarket
M: 0709667000

Nakuru CBD
CBA Centre, Kenyatta Avenue
M: 0709667000

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