



# TECHNICAL REPORT

**Participatory Sensemaking Workshop  
on Community-Based Prevention and  
Response to Sexual and Gender-Based  
Violence (SGBV)**

Produced by



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# INTRODUCTION

## 1.1. Introduction and Purpose

This participatory sensemaking workshop employed a hybrid of qualitative inquiry and experiential learning methods. It is designed to guide the sensemaking workshop in conducting a one-day consultative session that amplifies community voices and experiences related to Gender-Based Violence (GBV) among adolescent girls in Kiambu. The process aimed to generate evidence-based insights grounded in lived realities, to enhance understanding of GBV dynamics, inform prevention and response strategies, and strengthen local referral mechanisms.



### Overall Purpose:

To identify, document, and interpret community voices and insights in behaviors, relationships, actions, and practices related to GBV prevention and response in Kiambu

## 1.2. Key Objectives

1. Capture community voices reflecting how GBV manifests among adolescent girls in Kiambu.
2. Identify and document key drivers, enablers, and protective factors influencing GBV through shared sensemaking.
3. Explore community perceptions and responses to GBV incidents, including barriers to reporting and accessing support.
4. Synthesize findings into a Community GBV Hotspot Report to inform local action planning and advocacy.

### 1.3. Step-by-Step Implementation Process

#### Step 1: Design and Preparation (Pre-Consultation)

**Objective:** Define the scope, participants, and tools for the sensemaking process.

Task	Description	Responsibility	Tools/Outputs
<b>Define focus</b>	Clarify thematic domains (e.g., GBV trends, grooming behaviors, reporting pathways).	Facilitator & Teenseed Team	Sensemaking Focus Framework
Identify participants	Select adolescent girls (15-19), survivors, community leaders, CSO representatives, local authorities, and GBV service providers.	Teenseed	Participant list (25-30 participants)
Develop tools	Design guiding questions, reflection cards, and consent forms.	Facilitator	Voice & Insight Data Sheets, FGD Guides
<b>Ethics &amp; safeguarding</b>	Establish referral pathways and confidentiality protocols.	Teenseed Safeguarding Focal Person	GBV Referral Directory

#### Step 2: Participant Engagement and Orientation (Opening Session)

**Objective:** Familiarize participants with the consultation's purpose and process.

- Conduct an orientation session on the workshop goals, emphasizing voluntary participation, confidentiality, and psychological safety.
- Establish shared community agreements (respect, confidentiality, non-judgment).

#### Step 3: Gathering Community Voices (FGDs & Small Group Sessions)

**Objective:** Collect firsthand accounts and reflections on GBV experiences and perceptions.

### 1.4 Guiding Questions by Thematic Area

Thematic Area	Sample Sensemaking Prompts	Suggested Group
GBV Trends & Patterns	- What new or increasing forms of GBV have you observed in the past 1-2 years? - Who are the main perpetrators and where do incidents occur most often? - How have community attitudes toward GBV changed?	All Four
Grooming Behaviors	- What common grooming tactics have you seen or heard about? - How do perpetrators build trust or manipulate girls? - How have girls' responses or awareness changed over time?	Adolescent girls and survivors
Reporting & Referral Mechanisms	- Who do survivors report to and how effective are those channels? - How have cases been handled by authorities or health actors? - What are the main barriers to reporting?	GBV actors, community leaders, CHVs

## 1.5 Data Collection Tools

- Insight Mapping Diagrams (to visualize relationships and interpretations)
- Flipcharts or audio notes for qualitative capture

## 1.6 Ethical and Safeguarding Considerations

- Obtain informed consent from all participants and maintain anonymity in documentation.
- Ensure on-site psychosocial support and referral to qualified service providers when needed.
- Apply trauma-informed and child-sensitive facilitation practices.
- Follow referral protocols developed with local protection and health actors.

# SENSE MAKING ENGAGEMENT

## 2.1 Sample and Recruitment

A purposive sampling strategy was employed to ensure representation of key perspectives while prioritising participant safety and voluntariness:

- **Actors/frontline workers:** 12 participants (health workers, police gender desk officers, paralegals, and child protection officers) recruited through existing programme partner organisations.
- **Community survivors and caregivers:** 12 adult participants (10 female survivors, 2 caregivers) identified through trusted community-based organisations and safe shelter referrals.
- **AGYW in shelter:** 4 residents (aged 15-22 years) who were invited; all shelter residents meeting age criteria were eligible, and all consented to participate.
- **Community AGYW:** 25 participants (aged 15-24 years) recruited via community health volunteers and youth-friendly spaces in the target wards.



Inclusion criteria: direct experience with the programme interventions or GBV services within the past 18 months, willingness to participate, and ability to provide informed consent (guardian consent plus participant assent for those under 18). Exclusion criteria: acute distress

or intoxication that would impair meaningful participation, or any reported coercion. Total participants: 53 across the four groups.

## 2.2 Procedure and language

Separate focus-group discussions (to minimise power imbalances and encourage candid sharing) lasted 90-120 minutes each. Sessions were conducted primarily in Swahili, with English used when preferred by participants (especially frontline workers). All sessions were audio-recorded with explicit consent. Verbatim transcription was completed in the original language immediately after the session, then translated into English by a professional translator familiar with GBV terminology. A second researcher cross-checked 30% of transcripts for translation accuracy. Transcripts were stored on encrypted drives, and audio files will be destroyed six months after project completion.

# KEY THEMATIC FINDINGS

## 3.1 Actors

### A. How GBV Manifests among Adolescent Girls in Kiambu

- Dominant forms go far beyond sexual violence: economic control, emotional abuse, health-seeking restrictions, forced “kangaroo court” settlements.
- Sexual violence remains pervasive: defilement (often by older men 30-50 yrs), step-father abuse, gang rape as “initiation” or punishment inside criminal gangs, lover-boy grooming at Lovers Ridge (ice-cream spot), drug-for-sex exchanges (especially Oris - cheap flavoured drugs).
- Emerging / under-discussed forms:
  - Sodomy of boys (highly stigmatised, rarely reported)
  - Bestiality (boys using dogs) and rising lesbianism
  - Online/social-media-driven transactional sex (to afford phones, lifestyles seen online)
  - Peer-pressure teenage pregnancy (“flossing” pregnancy online)



## B. Most-at-Risk Profiles (Red Flags)

Group	Key Markers / Vulnerabilities
Adolescent girls (13-17)	From single-mother households, left alone with stepfathers, members/associates of criminal gangs, hang out at Lovers Ridge, heavy social media users, school dropouts
Boys	Neglected boy-child, no scholarships or empowerment, join gangs for quick money, victims of sodomy
Empowered young women	Educated / project-trained women seen as “intimidating” by less-educated partners → triggers intimate partner violence

## C. GBV Hotspots (Physical & Social Spaces)

Location / Situation	Description
Lovers Ridge (ice-cream spot)	Classic lover-boy grooming site
Uwanja (open field)	Night parties, gang activity
Criminal gangs (Vihiga Family, Painkiller, Sugunui, Gaza, etc.)	Gang-rape of female members, forced sex to belong
Inside homes	Step-father abuse when mother is away working
Nyumba kumi / chief’s kangaroo courts	Settlement of defilement cases with cash (commonly 50,000 KSh)
On the streets (early morning errands)	Defilement while buying mandazi, etc.

## D. Main Drivers & Enablers

1. Deeply entrenched kangaroo-court culture enabled by chiefs and nyumba kumi
2. Fear of perpetrator retaliation + belief “blood of perpetrator will be on family’s hands” if he goes to jail
3. Corruption & hand-greasing at every level (chief → police → sometimes health)
4. Economic desperation of parents (settle cases for cash; some mothers push daughters into transactional sex)
5. Boy-child neglect → un-empowered, culturally rigid young men who feel threatened by empowered girls
6. Social media & peer pressure (transactional sex to “fit in” and post online)
7. Drug culture (Oris) used to lure girls
8. Absence of government facilities in Kiambiu (no public school, no public health facility → services sought far away, evidence gets lost)

## E. Community Responses & Barriers to Reporting

- Strong culture of suppression: cases classified as “normal” (e.g., wife-beating, sodomy of boys) or settled privately.
- When cases reach formal system, frequent sabotage: evidence disappears, survivors intimidated, reporters threatened or arrested.
- Duty-bearers themselves acknowledge systemic failure (children’s officer: “our hands are tied”; police sometimes protect perpetrators).
- Positive exceptions: when GBV Technical Working Groups at sub-county/county level are activated through known focal persons, cases move faster.

## 3.2 Community Members

### A. Understanding and Types of GBV (very high awareness)

- Clear, broad understanding: physical, emotional, sexual, economic, technology-facilitated.
- Strong consensus that GBV affects both genders, but community still focuses mostly on women and girls.
- Sexual violence (especially against children and adolescents) is seen as the most rampant form in Kiambiu.

### B. Most Common Manifestations of GBV against Adolescent Girls & Young Women

Form	Examples Given by Participants
Defilement / rape	By step-fathers, biological fathers, neighbours, foremen, drug dealers, boys at mrambe bases, boys met at Lovers Ridge ice-cream joint
Gang rape	After being drugged at illicit brew dens (mrambe) or bases
Drug-facilitated assault	Cosmo drug, marijuana cookies, laced ice-cream
Transactional / survival sex	Young mothers or girls needing money for chips, fare, etc.
Peer-on-peer sexual violence	Adolescent boyfriends (statutory rape not recognised because “they are in love”)
Online / tech-facilitated	Abuse while shooting TikTok dance challenges; coerced into threesomes or sharing nudes

### C. GBV Hotspots in Kiambiu (from community eyes)

Location / Situation	Risk Described
Mrambe (illicit brew points) & bases	Girls drugged → gang raped
Lovers Ridge ice-cream joint	Older boys/criminals from Dandora lace ice-cream, offer free photoshoots with “bling”, then defile
Chemists & streets	Easy access to Cosmo drug and marijuana cookies
Inside homes	Step-fathers, neighbours, foremen who ask girls to wash clothes
While shooting TikTok videos	Boys take advantage during dance challenges

### D. Most-at-Risk Girls (clear profiling by caregivers)

1. Grade 8-9 girls (14-16 years) - noticeable by dress code
2. Girls in organised youth groups or going to reggae clubs
3. Drug-addicted adolescents
4. Girls who have been rented separate houses by boyfriends
5. Girls who hang out at Lovers Ridge for ice-cream and photoshoots
6. Young/single mothers who cannot fend for themselves
7. Children left alone because mother works night shifts

### E. Enablers & Drivers (as seen by community)

- Extreme poverty → parents settle cases for cash or push girls into survival sex
- Parental negligence / absence (night jobs, no food left at home)
- Drug culture among adolescents (Cosmo, marijuana cookies)
- Early exposure to sex by parents or environment
- Mothers silencing children to protect breadwinner (step-father)
- Peer pressure and “love” blinding girls to statutory rape
- Returning to the same abusive environment after empowerment sessions

### F. Boys as Victims (repeatedly raised)

- Sodomy by football coaches, pastors, older men
- High stigma → almost never reported
- One concrete case shared: Kinyago FC coach abusing a boy when mother was at night job; coach arrested but later released on bond, case disappeared



### G. Help-Seeking & Referral Pathways (community experience)

Effective / trusted actors:

- CHPs (community health promoters)
- MSF (medical + safe house for under-18)
- Teenseed Africa (safe house)
- SHOFCO
- Wangu Kanja Foundation (biomedical + pro-bono legal support)
- Kiambu Justice and Information Network
- Some “good policemen”

Non-effective / harmful:

- Chief’s office - cases die there
- Most survivors only seek help after the story is already public
- Cases reach conviction (community estimates less than 1%)

### 3.3 AGYW in Safe House

#### Key Themes from the Girls' Own Voices

Theme	Quotes / Details	Insight
How the violence / pregnancy happened	Raped at night on 1st January while walking home from church Entered relationship with adult man because of peer pressure and desire to "fit in" and be taken out No mention of drugging or Lovers Ridge - these were rural/ peri-urban cases	Sexual violence is not only an "urban slum" phenomenon; holiday visits to rural areas are high-risk periods
Non-disclosure & silence	- "Sikuambia mtu yeyote juu niliogopa wataenda kuambiwa watu wengine"	Fear and shame are the biggest barriers to immediate reporting
Impact on education	All three either dropped out or are desperate to return to school. - "Naeza penda kuambia wasichana wengine wasikie tu chenye wanaambiwa na wazazi"	Education is the number-one priority for every girl; pregnancy is seen as the thing that stole their future
Family / caregiver support	Orphan relying on uncle and sponsor → feels she has deeply disappointed them	Lack of supportive biological/foster parents is a common thread
Role of the safe house	- First place they felt "sijiskii pekee yangu" (not alone) Learned baby-care skills - Emotional recovery beginning	Safe house is working exactly as intended - psychological restoration + practical skills
Biggest current fear	All three: Not being able to go back to school (one AGYW repeatedly mentioned the safe house "hana pesa" to sponsor her education)	Re-enrolment / sponsorship is currently the most urgent unmet need

### 3.4 Adolescent Girls and Young Women

#### A. What GBV Means to Them (in their own words)

- Happens to both boys and girls
- Physical (beating, pulling private parts)
- Sexual (rape, gang rape after being lured)
- Emotional / public sexual harassment (hissing, body-shaming on the roads, comments about buttocks, clothes, cooking) → destroys self-esteem and forces girls to change routes

#### B. Everyday Sexual Harassment in Kiambiu

- Boys/men (young and old) hiss and cat-call girls on the road
- If you ignore → they insult you ("kasichana kakonda", "hana matako")
- If you respond and go to them → you are taken to "area" (house/base), gang-raped in turns, then discussed at the base and labelled "ameharibika" (spoiled)
- Once labelled, reputation is permanently destroyed in the community
- Moving to another part of Kiambiu is impossible because of poverty

### C. Situations that make girls vulnerable to SGBV

Driver (girls' own explanation)	Exact Quotes / Examples
Peer pressure & desire to belong	"Wasichana wako na bad boys wanatreatiwa vizuri... wewe hauna kitu unatamani"
Material rewards	Bought nice clothes, taken to Lovers Ridge, photo shoots, parties, soda & chips
Security & protection	Dating a "feared" boy protects you from theft, beating, robbery in certain zones
Access to parties & drugs	Some parties and "box" (VIP areas) only accessible if you are with the gang boys
Poverty & parental pressure	Mothers send daughters to known "bad boys" for 50 bob for food → boy later claims "nawalisha... nilishaanza kulipa mahari"
Normalisation	Parents grew up in the same cycle → they no longer see it as GBV

### D. GBV Hotspots Named by the Girls

- Lovers Ridge (repeatedly mentioned)
- Uji Power
- Kosovo (Painkiller gang area)
- Pool tables
- Somalia City
- Brooklyne
- Kanaro

### E. Reporting Pathways - What the Girls Actually Trust

Trusted	Not Trusted / Dangerous
SHOFCO, Teenseed safe shelter	Police → "mtakujiwa kwa nyumba na familia yenu yote"
	Chief → not mentioned at all

### F. Solutions Proposed by the Girls Themselves

1. Bring boys and girls together in mixed forums (not girls-only)
2. Target the ring-leaders among the boys - "if you change one or two it will have impact"
3. Support transition from Grade 6 → Grade 7 (many girls drop out because parents cannot afford uniform/levy → idle → high risk)
4. Create jobs for boys (car wash, etc.) so they stop idling and harassing
5. Identify and promote local role models who grew up in Kiambiu but succeeded without "bad boys"

## SUMMARY OF FINDING

### 4.1. Findings from Each Data Set Separately

**Data Set 1: GBV Actors / Duty-Bearers FGD (12-15 professionals: health workers, police gender desk, teachers, children's officers, CSO staff, etc.)**

#### Key Findings:

- GBV goes far beyond sexual violence: heavy emphasis on economic abuse, emotional abuse, and control over health-seeking.
- Kangaroo courts run by chiefs and nyumba kumi are the biggest blocker - defilement cases settled for cash (commonly 50k).
- Deep corruption at chief, police, and sometimes health level; cases disappear or survivors are intimidated.
- Emerging trends: drug-for-sex (Oris), step-father abuse of girls left alone, sodomy of boys (highly stigmatised), bestiality, lesbianism.
- Boy-child neglect is creating a generation of violent young men intimidated by empowered girls.
- Criminal gangs are organised perpetrators.
- Lovers Ridge identified as major grooming spot.



## **Data Set 2: Community Members / Caregivers FGD (mostly mothers and one survivor)**

### **Key Findings:**

- Sexual violence (especially defilement) is seen as the most rampant form.
- Hotspots: Lovers Ridge (laced ice-cream, free photoshoots), mrambe brew dens, chemists (Cosmo drug), TikTok dance shoots in homes.
- Parental negligence/absence and poverty lead some mothers to silence cases or settle for cash.
- Boys are also victims (sodomy by coaches, pastors).
- Out of 10 cases, only ~1% reach conviction.
- Trusted pathways: MSF, Teenseed, SHOFCO, Wangu Kanja Foundation; chief's office kills cases.

## **Data Set 3: Individual Interviews with 3 AGYW in Teenseed Safe House (all 16 years old)**

### **Key Findings:**

- Personal stories: rape while walking home from church on holiday, impregnated by adult boyfriend due to peer pressure, resisting FGM.
- Huge fear of disclosure and shame; pregnancies discovered late.
- Education is the absolute top priority - all are desperate to return to school and feel they have disappointed sponsors/guardians.
- Safe house is the first place they felt “not alone” and learned baby-care skills.
- December/January holidays are a high-risk period for rural rape and FGM pressure.

## **Data Set 4: AGYW FGD (~20 adolescent girls living in Kiambiu informal settlements)**

### **Key Findings:**

- Daily public sexual harassment (cat-calling → insult if ignored → gang rape if you respond).
- Dating “bad boys” is often a survival strategy: protection, access to parties/drugs, material treats, security in violent zones.
- Some mothers actively send daughters to boys for money (50 bob etc.).
- Hotspots named: Lovers Ridge, Uji Power, Kosovo/Painkiller, pool tables, Somalia City, Brooklyn, Kanaro.
- Extremely low knowledge of formal services (only 3/20 knew ChildLine 116).
- Girls explicitly demand mixed boy-girl forums, targeting of ring-leaders, Grade 6→7 transition support, and jobs for idle boys.

## 4.2. Consolidated Triangulation Across All Four Data Sets

The data triangulates extremely strongly - almost no contradictions, only layers of depth. The adolescent girls in the safe shelter provided the most operationally actionable details (exact hotspots, social mechanics, and solutions).

Theme	Convergence (all or most groups agree)	Divergence (differences in emphasis or new elements)	Inferences / Implications
Most common form of GBV against adolescent girls	Sexual violence / defilement is the dominant form mentioned in every single session.	Actors emphasise economic & emotional control; Community & Shelter girls emphasise public harassment & drug-facilitated assault.	Sexual violence is the visible tip; layered economic and emotional control keeps girls trapped.
Lovers Ridge as hotspot	Mentioned in all four data sets as a prime grooming location.	Shelter girls explain the exact mechanism (free photoshoots, laced ice-cream, meeting criminals from Dandora).	Highest-priority physical intervention site - peer outreach or safe-space activation urgently needed.
Role of drugs	Drug-facilitated assault repeatedly mentioned.	Actors: Oris; Community: Cosmo & marijuana cookies; Shelter girls link drugs to parties and "bad boys".	Rapidly evolving drug landscape - programming must stay updated on new substances and delivery methods.
Parental complicity / negligence	All groups describe mothers silencing cases, settling for cash, or being absent (night work).	Shelter girls go further: some mothers actively push daughters to boys for small amounts of money.	Poverty + normalisation of the cycle is stronger than ignorance - cash transfers or livelihood support for single mothers is a prevention necessity.
Chief / kangaroo courts	Uniformly condemned as the place cases go to die (Actors, Community, implied in Shelter).	Shelter girls do not even mention the chief as an option - already written off.	Formal advocacy to bypass or reform chief-level handling is non-negotiable.
Boys as victims & perpetrators	All groups recognise boys are victims (sodomy) and that boy-child neglect fuels perpetration.	Shelter girls are the only ones who explicitly demand boys be included in solutions and suggest targeting ring-leaders.	Shift from girl-only programming to mixed or parallel boy programming is now evidence-based and girl-demanded.

Reporting pathways & trust	Teenseed, SHOFCO, MSF consistently named as trusted; police and chief not trusted.	Shelter girls: police endanger entire family; almost zero knowledge of ChildLine 116 or DCS.	Massive awareness gap on national child protection services inside the community - door-to-door or peer-led campaign required.
Education as prevention & recovery	Return to school is the #1 desire of safe-house girls (both individual and group). Transition difficulties noted by shelter FGD.	Not emphasised by adult groups.	Grade 6→7 transition bursary + back-to-school fund for pregnant/parenting girls is the single highest-leverage prevention/recovery intervention.
Holiday rape & FGM risk	Only appears in individual safe-house interviews (December/January school holidays).	Not mentioned by Kiambiu-based groups.	Need targeted pre-holiday messaging and partnerships in high-emigration counties (Samburu, Lamu, etc.).
Gang rape mechanics	Described in three data sets.	Shelter girls give the most detailed street-level description (cat-call → area → rounds → reputation destroyed).	Classic “lover-boy” method has mutated into public cat-calling trap - community safety mapping and male engagement must address this specific tactic.

### 4.3 Prioritised Insights from All Four Data Sets

(Ranked by frequency, severity, and actionability across the triangulated voices of duty-bearers/actors, community/caregivers, individual safe-house girls, and the AGYW FGD)

Rank	Insight	Sources (all 4 = strongest triangulation)	Strength of Evidence
1	Sexual violence (defilement, rape, gang rape, drug-facilitated assault) remains the most prevalent and visible form of GBV against adolescent girls in and around Kiambiu.	All 4 data sets	Extremely strong
2	“Lovers Ridge” ice-cream / photoshoot spot is the single most dangerous grooming hotspot - repeatedly named and described in detail by every group.	All 4	Extremely strong
3	Chief-level kangaroo courts and corruption are the biggest systemic barrier: defilement cases are routinely settled for cash (often 50,000 KSh) and never reach formal justice.	Actors, Community, Shelter FGD (implied)	Very strong
4	Extreme poverty forces complicity: some mothers silence cases, settle for cash, or actively send daughters to “bad boys” for small amounts of money (50-200 KSh for food).	All 4	Very strong
5	Dating “bad boys” / gang members is frequently a survival and protection strategy (security in violent zones, access to parties/drugs, material treats), not just naïvety.	Shelter FGD (most detailed), Actors, Community	Very strong
6	Public cat-calling → gang-rape pipeline is a daily reality: if a girl ignores → insulted; if she responds → lured to “area” and assaulted in turns, then labelled “ameharibika”.	Shelter FGD (raw detail), Community	Strong

7	Boy-child neglect and lack of empowerment is creating a generation of young men who feel threatened by empowered girls and respond with violence. Boys are also victims (sodomy).	Actors, Community, Shelter FGD	Strong
8	Drug-facilitated assault is the dominant new tactic (Oris, Cosmo, laced ice-cream, marijuana cookies).	All 4	Strong
9	Education is the #1 felt need: (a) Grade 6→7 transition is a critical prevention window; (b) rapid return-to-school for pregnant/parenting girls is the strongest recovery demand.	Shelter FGD & Individual interviews (girls' own voices)	Strong (from affected girls)
10	December-January school holidays are a hidden high-risk period for rape and FGM (especially for girls visiting rural areas).	Individual safe-house interviews	Emerging but critical
11	Knowledge of formal child-protection services (ChildLine 116, Department of Children Services) inside Kiambu is almost zero among adolescents.	Shelter FGD	Clear gap

#### 4.4 Key Inferences

1. **The cycle is self-reinforcing:** poverty → parental complicity/absence → girls accept risky “relationships” for survival → sexual violence → destroyed reputation → early pregnancy → return to same environment → cycle repeats with their own children.
2. **Girl-only programming will continue to fail:** the girls themselves explicitly demand boys be included, especially targeting ring-leaders among the “bad boys”.
3. **Corruption at community-gatekeeper level (chief/nyumba kumi) is more damaging** than police corruption because it prevents cases from ever entering the formal system.
4. **Adolescent girls in Kiambu are making highly rational risk calculations in an irrational, violent environment** - interventions that treat them only as victims (and not as agents navigating extreme constraints) will miss the mark.
5. The safe-house model is working perfectly for psychological restoration and skills-building, but the biggest unmet need is immediate re-enrolment in school.

#### 4.5 Recommendations for Teenseed Africa (2026-2028)

##### Immediate / Low-Cost (0-6 months)

1. Activate peer-led outreach or a safe-space kiosk directly at Lovers Ridge every weekend.
2. Launch a simple SMS/USSD campaign inside Kiambu teaching ChildLine 116 and one trusted local contact (Teenseed/SHOFKO).
3. Begin mixed boy-girl dialogue forums, starting with 5-10 known ring-leaders (use non-cash incentives).
4. Pre-December holiday awareness drive (radio, church, school) targeting girls travelling to Samburu, Lamu, etc.

### **High-Impact / Medium-Cost (6-18 months)**

1. Create a Grade 6→7 Transition Bursary covering uniform, levy, and mentoring for at least 100 Kiambu girls per year - this is the clearest primary prevention lever.
2. Expand the “Back-to-School Guarantee” for every safe-house resident (full sponsorship until Form 4).
3. Pilot cash-transfer or livelihood support to 200 highest-risk single mothers to reduce pressure to settle/silence cases.
4. Map and publicly expose (anonymised) GBV-friendly vs hostile police officers and health facilities; strengthen direct referral partnerships that completely bypass the chief.

### **Systemic / Advocacy (ongoing)**

1. Partner with national GBV Technical Working Groups to run 3-5 strategic test cases that pressure chiefs/police when kangaroo settlements occur.
2. Advocate for a permanent Department of Children Services satellite desk inside Kiambu (no more “our hands are tied”).
3. Shift 30-40 % of programming budget to boy-child and young men empowerment (life skills, jobs, ring-leader transformation) - because the girls themselves asked for it.

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