**A GUIDE TO SAFE HOUSING IN TRANSITIONAL HOUSING and SHELTER**

# **Acknowledgments**

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# **Abbreviations**

|  |  |
| --- | --- |
| **AAIK** | ActionAid International Kenya  |
| **CBOs** | Community Based Organizations |
| **GBV** | Gender Based Violence  |
| **HRBA** | Human Rights Based Approach  |
| **MOUs** | Memorandum / Memoranda of Understandings |
| **NGOs** | Non-Governmental Organizations |
| **PWD** | People with Disabilities |
| **SHEA****ITGNC****SDG****WASH****SHIF****UNHCR****KNCHR****CPR****DRS****RCK****NCCK****NGLHRC** | Sexual Harassment Exploitation AbuseIntersex, Transgender, and Gender Non-ConformingSustainable Development GoalsWater, Sanitation and HygieneSocial Health Insuarance FundUnited Nations High Commissioner for RefugeesKenya National Commission on Human RightsCardiopulmonary ResuscitationDepartment Of Refugee ServicesRefugee Consortium of Kenya National Council of Churches of KenyaNational Gay & Lesbian Human Rights Commission |
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# **Definition of terms**

**Shelter:** Designed to provide extended support, offering a stable living space where Persons can access essential services and programs focused on skill development, job placement, and securing permanent housing.

**Transitional house:** A short-term housing *arrangement* that ensures immediate safety and support for Persons at risk, often serving as a temporary refuge for those experiencing emergencies or homelessness.

**Safe Housing:** in this guide, this is an arrangement where LGBTIQ+ Persons are offered temporarily, secure and supportive accommodation.

**Safe housing:** in this guide**,** this isa long-term housing with built-in support services tailored to the needs of LGBTIQ+ persons.

**Client:** In this guide, the term “client” refers to Persons who are receiving services in shelters or transitional housing. These clients are LGBTIQ+ persons seeking support due to discrimination, violence, or displacement.

**Refugee:** The 1951 Refugee Convention defines refugee as “someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group i.e., LGBTIQ+, or political opinion.”

**Gender:** Gender is the term used to describe “the sociocultural constructs that assign roles, behaviors, forms of expression, activities and attributes according to the meaning given to biological sex characteristics.”

**Gender equality:** Gender equality is “an ideal condition or social reality that gives groups constituted by gender institutions similar opportunities to participate in politics, the economy, and social activities; that values their roles and status, and enables them to flourish; in which no gender group suffers from disadvantage or discrimination; and in which all are considered free and autonomous beings with dignity and rights.”

**Gender identity:** Broadly understood as a person’s deeply held, internal sense of their own gender, which might align with or differ from the sex they were assigned at birth, or the gender roles society assigns them. This identity includes an individual’s perception and connection to their own body, which may or may not involve the desire for physical modifications through medical, surgical, or other methods.

**Psychosocial Support:** Psychosocial support addresses the psychological and social needs of hosted people. “The composite term mental health and psychosocial support is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders”.

**Sex:** refers to the biological classification of male, female, or intersex. It is determined by a combination of genetic, hormonal, and anatomical factors.

**Sexual orientation:** Each person’s ability to experience profound romantic, emotional and/or physical feelings for, or attraction to others. There are variety of orientations such as heterosexuality, homosexuality, bisexuality, pansexuality, and asexuality, among others.

**Sexual health:** it refers to a state of overall physical, emotional, mental, and social well-being in connection to sexuality, and it goes beyond simply the absence of illness or dysfunction. For sexual health to be achieved and sustained, the sexual rights of all Persons must be upheld, protected, and fulfilled.

**Sexual and Reproductive Health (SRH) Services and Components:** include gender sensitive and gender affirming family planning information and services, maternal and newborn health care (including post abortion care), safe abortion care, STIs including HIV counselling, testing and treatment, prevention and treatment, of infertility and services to prevent and treat reproductive cancers.

**LGBTIQ+ people/s:** An umbrella acronym for lesbian, gay, bisexual, transgender, intersex and queer people. The plus sign represents other sexual and gender identities, who identify using other terms or none. Different versions of these acronyms are used worldwide, and they are dynamic, constantly changing and evolving over time.

**Lesbian:** A woman whose enduring romantic, emotional and/or physical attraction is to women.

**Gay:** A generic term for men whose enduring romantic, emotional and/or physical attraction is to people of the same gender.

**Pansexual:** A person who has the capacity for romantic, emotional and/or physical attraction to people of more than one gender.

**Bisexual**: A person who has the capacity for romantic, emotional and/or physical attraction to both men and women.

**Transgender/trans\*:** Terms used by some people whose gender identity differs from what is typically associated with the sex they were assigned at birth.

**Trans\***, transgender and non-binary are often treated as umbrella terms representing a variety of words that describe an internal sense of gender that differs from the sex assigned at birth and the gender attributed to the individual by society, whether the individual identifies as a man, woman or simply ‘trans’ or ‘transgender’, with another gender or with no gender.

**Intersex:** refers to “A child born with a biological sex characteristic that (are ambiguous) -cannot be exclusively categorized in the common binary as female or male due to their inherent and mixed anatomical (genitalia), hormonal (oestrogen and testosterone), gonadal (ovaries and testes) or chromosomal (X and Y) patterns which are apparent at birth, puberty or adulthood.

**Queer:** "queer" is used exclusively to represent a variety of sexual orientations, gender identities, and expressions. It serves as an umbrella term for Persons who feel they do not align with the social, economic, or political norms of their society related to sexual orientation, gender identity, or gender expression.

**Conversion Therapy:** “Gay conversion therapy,” “conversion therapy,” “reorientation therapy,” “reparative therapy,” “reintegrative therapy,” “gay cure therapy,” or “ex-gay therapy” (Mazoea ya Tiba ya Ubadilishaji in Kiswahili) are all terms used to describe various efforts to alter or change a person’s sexual orientation, gender identity or gender expression. All such efforts, sometimes referred to as sexual orientation and gender identity/ expression (SOGIE) change efforts, assume that sexual orientation, gender identity or gender expression can and should be altered or suppressed if they do not conform to societally imposed norms. The term “therapy” or “treatment” for any of these practices is inaccurate because they imply the presence of a disorder and are not founded on any scientific evidence. What unifies these terms is an underlying and thoroughly discredited belief that sexual orientation and gender identity can be changed, that being LGBTIQ+ is a disorder or illness that requires “treatment” or “cure,” and that cisgender heterosexuality is inherently normal and preferred. In this report, the term “so-called conversion ‘therapy’” is used to the range of damage, often abusive indoctrination efforts.

**Case Worker**:  is a professional who assesses, plans, coordinates, monitors, and advocates for services to meet a person's needs – typically in social work, healthcare, humanitarian, or protection contexts. They’re basically the boots-on-the-ground support for people in crisis or facing structural vulnerabilities – think of them as *human rights mechanics* with a clipboard, a phone that never stops ringing, and a heart three sizes too big.

**Safe House Manager:** is a professional responsible for overseeing the daily operations of a safe and supportive residential facility that provides temporary housing, protection, and care for LGBTIQ+ individuals who are at risk of violence, discrimination, homelessness, or other forms of harm due to their sexual orientation, gender identity, or expression.

# **Introduction**

Kenya has a longstanding history of hosting refugees from neighbouring countries since the 1970s and is the second-largest refugee host in Africa after Ethiopia (UNHCR, 2021). The country is considered a safe haven for asylum seekers persecuted for their sexual orientation and gender identity, owing to its progressive constitution emphasizing human dignity, equality, and non-discrimination (Kenyan Constitution, 2010). Kenyan courts have also issued landmark rulings affirming the rights of LGBTIQ+ persons, making it more attractive for asylum seekers compared to their home countries. As of December 2021, Kenya hosts approximately 481,058 refugees and 59,010 asylum seekers, with around 64,000 residing in Nairobi and its environs; estimates suggest about 1,000 are LGBTI refugees, including 300 in Kakuma camp (UNHCR, 2021; NGLHRC & Amnesty International, 2023). The influx of LGBTIQ+ asylum seekers has increased due to discriminatory and repressive laws in neighbouring countries, notably Uganda’s Anti-Homosexuality Act of 2014, which led to at least 400 LGBTIQ+ Persons fleeing to Kenya in 2023 (Amnesty International, 2023). However, LGBTIQ+ refugees and asylum seekers in Kenya face severe intersectional discrimination, hate crimes, and human rights violations, particularly in camps like Kakuma, highlighting ongoing challenges for this community (NGLHRC & Amnesty International, 2023).

LGBTIQ+ Persons in Kenya face multiple challenges, including discrimination, violence, and exclusion. Many experience rejection by their families, lack of access to safe housing and mental health support. For LGBTIQ+ refugees coming from neighbouring countries, these challenges are even more compounded by the difficulties of displacement, legal barriers, and social stigma. With no proper emergency response systems in place, LGBTIQ+ Persons, including refugees, remain extremely vulnerable, highlighting the need for safe spaces and protection.

On May 17th, 1990, the World Health Organization declassified homosexuality as a mental disorder in the International Statistical Classification of Diseases and Related Health Problems, marking a significant step forward in understanding sexual orientation. However, Kenya’s 2022 Mental Health Act fails to recognize or address the unique mental health needs of LGBTIQ+ Persons, effectively excluding them from protective and supportive frameworks. LGBTIQ+ persons in Kenya face severe mental health challenges rooted in pervasive stigma, discrimination, and violence. The hostile social and legal environment – characterized by threats of criminalization, hate crimes, and widespread societal prejudice – deepens feelings of fear, isolation, and insecurity. Many avoid seeking healthcare out of fear of mistreatment and discrimination from providers, further damaging their psychosocial well-being. High rates of gender-based violence, harassment, and physical and sexual assaults – often with impunity – contribute to trauma, anxiety, depression, and other mental health conditions. Moreover, housing insecurity, unemployment, and systemic discrimination in public and institutional settings create relentless stressors that undermine mental stability. The absence of access to gender-affirming care and psychosocial support services exacerbates these issues, leaving many ITGNC Persons vulnerable to harmful coping mechanisms and long-term psychological harm. Overall, the ongoing systemic discrimination and hostile environment pose a grave threat to the mental health and overall well-being of LGBTIQ+ persons in Kenya.

LGBTIQ+ persons in Kenya urgently need safe houses and shelters to escape the pervasive threats of violence, discrimination, and social hostility that jeopardize their safety and well-being. Given the widespread hate crimes, gender-based violence, and harassment they face – often with little to no legal recourse—these safe spaces provide critical refuge where they can seek protection, emotional support, and stability. Safe houses serve as vital sanctuaries where LGBTIQ+ Persons can access psychosocial support, connect with trained counsellors, and begin the process of healing from trauma inflicted by societal prejudice and violence. Additionally, these shelters offer a secure environment free from discrimination and abuse, enabling Persons to rebuild their lives, access healthcare, and consider pathways to social and economic independence. In a context where systemic discrimination and hostile legal frameworks threaten their safety daily, establishing safe houses is essential to safeguarding the human rights, mental health, and dignity of LGBTIQ+ persons in Kenya.

This guide is designed to provide clear and structured approach to Safe Housing for LGBTIQ+ persons in Kenya, including refugees and asylum seekers. It offers practical advice for host organizations, humanitarian organizations and social workers to establish or improve current models for Safe Housing in emergencies.

By setting clear standards and best practices, this guide helps strengthen protection measures and build a network of safe and inclusive support, ensuring the dignity and well-being of LGBTIQ+ persons.

# **Methodology**

ActionAid International Kenya (AAIK) convened a 4-day Safe Housing Workshop in September 2024, in Nairobi, Kenya, bringing together various stakeholders involved in providing and supporting Safe Housing for LGBTIQ+ persons. AAIK facilitated the process of development of the guide, integrating all feedback and input from the Safe Housing Workshop. The aim of the workshop was to share, brainstorm and discuss guidelines, protocols and best practices around Safe Housing for LGBTIQ+ persons during emergencies. The stakeholders participating in this workshop represented the following:

1. Organizations providing services to LGBTIQ+ Kenyan nationals – KnJH, Nadharia, Usikimye, Elite LBQ, Miale Ya Imani CBO, TransAlliance, Jinsiangu, GALCK+
2. Organizations providing Safe Housing for LGBTIQ+ refugees in Kenya – Nature Network, RISO, COSIR, GTH Kenya, FLBQR, CESSO, RTI, EEA-H
3. Human rights organizations – KHRC, KELIN, Zamara Foundation
4. LGBTIQ+ Rights Advocates – Lavinia Ogolla, Josephine W. Anudo, Susan Mbatha, Gloria Luhunga
5. Mental Health Professionals – Juddy Kamau, Bryan O. Kariuki
6. AAIK Project Staff – Grace Gitau, Tyson Majani, John Miano, Stellah Kaviti, Rebecca Venuto and Tatiana Antoni

Through a series of group discussions, plenary sessions and presentations, participants discussed existing guidelines around Safe Housing, identified gaps and outlined ways to streamline and coordinate the work of Safe Housing for all stakeholders. Participants agreed on the need to develop a standardized guide that all stakeholders could adopt when updating or designing guidelines and protocols for their transitional houses and shelters.

# **Introduction to Safe House for LGBTIQ+ persons in Kenya**

A ***transitional house*** is a safe temporary housing option that provides safety and support to Persons at risk or in crisis, often serving as a short-term (The word, ‘short term’ in this document is at the partners’ discretion) solution for emergencies or homelessness. In contrast, a ***safe shelter*** is designed to offer more long-term support, providing a structured and sustained living environment.

Both of these structures will enable LGBTIQ+ clients to access resources and services aimed at helping them build life skills, find employment, and transition into permanent housing.

While safe shelters and transitional housing offer essential services to help Persons experiencing unsafe environments and contexts, they (safe houses/transitional housing) differ in the duration of stay, level of independence, availability of resources, capacity to respond to the needs of LGBTIQ+ persons and types of support provided. Transitional houses typically offer short-term stays, usually ranging from a few days to a few weeks, to a few months depending on the available capacity and resources and are focused on providing basic necessities based on the Sustainable Development Goals (SDG6) WASH (clean water, sanitation, and hygiene; not leaving out safety protection, and food).

Safe shelters offer a more structured environment, helping clients develop life skills, Access employment opportunities, and plan for permanent housing. While Persons in safe shelters have more autonomy compared to transitional houses, they continue to receive ongoing support to aid in their reintegration into society.

Both safe house and transitional housing play a vital role in ensuring the safety, well-being, and dignity of LGBTIQ+ persons, especially in a country like Kenya, where social, legal, political, economic attitudes toward LGBTIQ+ communities are hostile and unsafe. These facilities offer refuge to Persons facing/experiencing abuse, discrimination, or persecution based on their sexual orientation, gender identity, or expression. They foster an environment of protection and safety, care, support, and empowerment, enabling clients with a safe space to heal, rebuild their lives, and work toward achieving greater independence and stability.



The key difference between the two types of housing lies in their purpose and the level of support provided: transitional houses focus on crisis intervention and immediate protection, while safe shelters provide long-term recovery and stability, empowering Persons to regain independence and build a secure future. Both are essential components in helping Persons find safety, healing, and a path forward.

# **Guiding principles for Safe Housing**

These guiding principles ensure that Safe Housing spaces uphold the highest standards of dignity, safety, and inclusivity for all Persons hosted in shelters and transitional houses.

**Human Rights-Based Approach (HRBA)**

A human rights-based approach (HRBA) requires addressing the root causes of discrimination and inequality, ensuring that all Persons—regardless of gender, sexual orientation, age, ethnicity, or religion—can live with freedom, dignity, and safety. In Kenya, where LGBTIQ+ Persons face legal and societal discrimination, Safe Housing must align with international human rights frameworks, including the 1951 Refugee Convention[[1]](#footnote-2), the Yogyakarta Principles[[2]](#footnote-3), and the African Charter on Human and Peoples' Rights. These frameworks ensure that queer Kenyans and refugees receive timely and adequate protection.

Integrating this cross-cutting approach into every phase of Safe Housing is essential and informs the implementation of the following principles:

* **Confidentiality**

Protecting sensitive information is vital, especially for LGBTIQ+ Persons at risk. Personal data must only be shared with informed consent or under legal obligations. Hosting spaces must use secure case management systems and trained staff on how to deal with LGBTIQ+ cases to prevent involuntary outing. Tools like liability waivers and non-disclosures establish clear boundaries and safeguard client dignity.

* **Non-Discrimination**

Safe Housing should guarantee fair and equal treatment for all, irrespective of background or identity, aligning with Article 2 of the Universal Declaration of Human Rights. In Kenya, LGBTIQ+ Persons often experience exclusion from services, including shelter, healthcare, and employment, due to discrimination from service providers.

Non-discrimination policies must be actively enforced, ensuring that clients are treated with dignity and respect and not subjected to stigma and discrimination when entering the safe house/shelters and through all the hosting process.

* **Individualised Care**

LGBTIQ+ people face specific lived experiences and vulnerabilities, including mental health challenges, sexual violence, and forced sex work due to economic exclusion. A one-size-fits-all approach to Safe Housing is inadequate. Trauma-informed care should be integrated into hosting spaces, with specialized psychosocial support available for those who have experienced violence or abuse. Intersectionality should be considered—for instance, an LGBTIQ+ refugee with a disability may require additional accessibility or medical support.

* **Sustainable Empowerment**

Safe Housing should enable clients to regain control over their lives through skill-building, economic opportunities, and access to resources. These often face barriers to employment due to discrimination. Economic inclusion programs should include safe work options that do not expose them to further risk. Peer mentorship and networking with LGBTIQ++ rights*’* groups in Kenya can provide long-term support beyond the Safe Housing period.

* **Safety, Accessibility, and Safeguarding**

Safe Housing must actively prevent harm, abuse, or exploitation, particularly in an environment where LGBTIQ+ Persons face high risks. Security protocols should include safe housing placements, as LGBTIQ+ often experience harassment in shared shelters. Equitable access to services **MUST** be ensured, with staff trained to provide gender- affirming services for all as stipulated within already existing organizational safeguarding policies.

* **Transparency and Accountability**

Building trust through clear communication and mutual responsibility is essential for an effective Safe Housing program. LGBTIQ+ Persons may hesitate to report grievances due to fear of further discrimination. Hosting organizations must have anonymous reporting mechanisms to ensure that clients can safely report discrimination or abuse, with in-kind support. Periodic reviews and community feedback should be conducted to improve inclusivity in hosting practices.

# **How to establish and run Safe Housing**

## **7.1 Responding to emergencies**

LGBTIQ+ persons encounter/experience high levels of stigma, discrimination, gender-based violence and abuse, marginalization, and social exclusion. Overlapping social, cultural, legal, political and economic factors fails to protect LGBTIQ+ persons and perpetuates stigma, discrimination, and violence that require immediate, informed and well-coordinated responses. However, gaps in existing support systems, legal frameworks, and emergency response mechanisms further exacerbate their struggles, making it difficult to access the necessary protection and support. Addressing these issues demands a structured approach, ensuring that emergency responders, stakeholders, and affected Persons have access to the tools and resources needed for effective intervention. Below is an overview of the key recorded emergencies LGBTIQ+ Persons face, the existing gaps, and the challenges in responding to their needs. Finally, a six steps guide to address emergencies will follow.

## **7.2 Emergencies LGBTIQ+ People Face**

LGBTIQ+ persons often encounter life-threatening situations that necessitate immediate action. These emergencies include:

* Sexual violence – LGBTIQ+ Persons are at high risk of sexual assault, often with little or no legal recourse.
* Gender Based Violence - LGBTIQ+ - is mostly referred to harmful acts rooted in societal discrimination against the real or perceived gender identity and expression.
* Forced displacement – Many are forced out of their homes by real or perceived Persons due to their sexual orientation or gender identity, leaving them homeless and exposed to further violence.
* School expulsions and suspensions – LGBTIQ+ students frequently face violence discrimination in schools, leading to educational disruptions and limiting future opportunities.
* Legal persecution—lack of legal documentation for LGBTIQ+ refugees and ITGNC persons can result in arbitrary arrests, extortion by police, and difficulties in accessing essential services.
* Community discrimination – Widespread discrimination can result in exclusion from public services, employment, and safety networks.
* Community hostility - negative attitudes, behaviors, or actions from members of the surrounding community that target or discriminate against LGBTIQ+ persons or safe houses that support them. This hostility can manifest in both overt and cove**rt** ways, and it poses a significant risk to the safety, dignity, and mental well-being of LGBTIQ+ persons seeking refuge.
* Physical and religious attacks – Many LGBTIQ+ Persons face physical violence, including assaults justified under religious or cultural beliefs.
* Forced evictions – Neighbourhood, Landlords and caretakers often discriminate against LGBTIQ+ tenants, forcing them out of rental housing.
* Unemployment and economic hardship – Due to workplace discrimination and Discriminatory working environments, many LGBTIQ+ persons struggle to find or maintain employment, increasing their vulnerability.
* Limited access to Mental health services – Many lack access to sensitive and affirming mental health services that also includes trauma-informed counselling and mental health services.
* Limited access to health services - LGBTIQ+ Persons face limited access to quality healthcare due to stigma, discrimination, and a lack of inclusive policies. This leads to delayed treatment, poor health outcomes, and violations of their right to health and well-being.
* Intimate partner violence – LGBTIQ+ relationships also experience domestic violence, but support services often fail to accommodate their specific needs.
* Substance abuse issues – Many turn to drugs and substances as a coping mechanism, exacerbating mental health struggles.

## **7.3 Challenges in Emergency Response for LGBTIQ+ Persons**

Despite the pressing nature of these emergencies, there are significant gaps in the support structures meant to protect LGBTIQ+ persons:

* **Homelessness** – There is an insufficient number of shelters or transitional housing options specifically for LGBTIQ+ Persons.
* **Physical safety** – LGBTIQ+ persons have limited access to safe spaces where they can seek refuge without fear of discrimination or violence.
* **Mental health support** – Many lack access to sensitive and affirming mental health services that also includes trauma-informed counselling and mental health services.
* **Legal support** – Few legal aid programs cater specifically to LGBTIQ+ persons facing criminalization or discrimination.
* **Personal security** – Many LGBTIQ+ Persons cannot rely on law enforcement for protection and may face further victimization when seeking help.
* **Sustainability of shelter resources** – Existing shelters and safe spaces for LGBTIQ+ persons struggle with limited funding and inconsistent operational support.
* **Access to data on Safe Housing -** on the specific needs and vulnerabilities of LGBTIQ+ Persons during emergencies hinders effective resource allocation and targeted interventions. This limitation makes it difficult to understand the scope of the challenges to advocate for appropriate support
* Lack of consolidated data base in emergency, safety and security response, linkages, referrals and trends, this further trickle down to existing capacity in organisations within data management.

## **7.4 Gaps in Responding to LGBTIQ+ Emergencies**

Efforts to provide emergency responses to LGBTIQ+ Persons are hindered by multiple systemic and logistical challenges, including:

* Limited availability of transitional housing and shelters – Many shelters do not accommodate LGBTIQ+ persons due to prejudice or lack of resources.
* Lack of trauma-informed debriefing – Emergency responders often lack the training needed to provide adequate psychosocial support.
* Lack of government and police support – Authorities in many regions do not prioritize LGBTIQ+ safety and may even contribute to their victimization.
* Limited awareness and capacity on LGBTIQ+ issues – Many service providers lack the knowledge necessary to respond appropriately to LGBTIQ++ emergencies.
* Lack of inclusivity and intersectionality – Emergency services often fail to consider the overlapping vulnerabilities faced by LGBTIQ+ Persons, such as race, gender, and socioeconomic status.
* Blackmail and extortion – LGBTIQ+ persons frequently face exploitation from corrupt officials or opportunistic Persons.
* Resource mobilization challenges – Organizations struggle to secure funding and sustain operations for LGBTIQ+ emergency response.
* Poor coordination among stakeholders – Weak referral pathways and a lack of communication between organizations hinder effective emergency interventions.
* Vulnerability to drug abuse and mental health issues – Unaddressed trauma and discrimination contribute to substance dependency and mental health crises.
* Gatekeeping in emergency response – LGBTIQ+ Persons may face bureaucratic barriers when seeking help, leading to delays in life-saving interventions.
* Language and cultural barriers - LGBTIQ+ Persons face significant gaps in emergency response due to language and cultural barriers. Language issues include lack of inclusive terminology, absence of translation services, and limited outreach materials. Cultural barriers involve discrimination by responders, stigma, invisibility in emergency planning, and social isolation due to family or community rejection. These challenges often lead to inadequate support, delayed help, or further harm. Addressing these gaps requires inclusive training for responders, multilingual resources, and involving LGBTIQ+ groups in planning.

## **7.5 Emergency response processes**

When responding to LGBTIQ+ emergencies, a structured approach should be implemented to ensure safety, stability, and long-term support:

* **Vetting and Assessment**
	+ Implement a vetting process for assessing Persons’ immediate needs and verifying information.
	+ Ensure the process is flexible, inclusive, and involves collective input to prevent discrimination.
* **Security and Safety Measures**
	+ Prioritize security, including immediate evacuation if necessary.
	+ Consider safe distancing strategies to remove Persons from harmful environments.
* **Provision of Basic Necessities**
	+ Ensure access to food, shelter, and healthcare in transitional spaces.
* **Referral and Linkage Systems**
	+ Establish partnerships between service providers to improve access to legal aid, medical care, and psychosocial support.
* Adherence to Standard Operating Procedures (SOPs) for data collection, recording and management as per the organization.
	+ No rigid answering protocol exists; responses should blend professional training, policy guidelines, and situational judgment.

# **8. Six Guide Steps for Effective LGBTQ+ Emergency Response**

1.Strengthen existing communication Tool

* Data collection is crucial at this point.
* Ensure frontline staff are trained on the basic operational procedure of the digital communication system.
* Ensure trained staff members are available to handle emergency communications, with a designated backup staff to ensure follow-up.
* Incoming calls should be accessible by the authorized personnels via a single designated emergency response contact number

**First stage of data collection:**

* The designated emergency response person captures incident details (who, what, when, why, where, How), including duration, time logs, caller location, and overall length of the conversation.
* The tool should ideally be available within the centre at all times, but if the assigned officer is mobile, they must ensure they can refer back to the records.
* If feasible, use a toll-free number for incoming and outgoing calls, with invoicing at the end of the month.

2. **Risk Assessment**

This step determines how serious the emergency is and what level of response is needed. It also ensures the safety of both the person in crisis and the responders

**Key Actions:**

Evaluate the caller’s safety: Are they in immediate danger? Are they safe to talk? Are they at risk of violence, police arrest, or family expulsion?

* Assess risk to response team members: Is the location safe for dispatch?
* Are there potential threats like mob violence, criminal activity, or surveillance?
* Use a simple risk categorization model:
	+ Low risk: Emotional distress, housing insecurity
	+ Medium risk: Threats from family/community, risk of exposure
	+ High risk: Active violence, medical emergency, suicidal ideation
	+ Use discretion when determining whether to dispatch staff, contact external stakeholders, or delay physical intervention until safety is assured.

**3. Conducting Needs Assessment**

The responder decides if the organization can handle the emergency or if external referrals are necessary utilizing partner-leveraging of other LGBTIQ+ organisations.

If the situation has escalated, external stakeholders should be engaged, such as community health volunteers, police, local authorities, *Nyumba Kumi,* health center and hospital staff. A wider co-responder team will ensure more safety and effectiveness in the response.

**4. Referral options**

Security partners may pre-vet cases before referrals, reducing risk and emergency response costs.

Use a standardized referral checklist or guided questionnaire to ensure that all critical information is gathered. Incorporate the “5Ws and 1H” (Who, What, Where, When, Why, How).

Ensure vetting of cases before referring to external partners to minimize risk of secondary trauma, discrimination, or breach of confidentiality.

Ensure referral partners are LGBTQ+ affirming and trauma-informed. If needed, accompany the client to the referral location or provide safe transport.

***Disclaimer: In this guide, we are not encouraging walk-in Persons, this is to ensure safety and security in Safe Housing.***

**5.Training and Mobilizing the Internal Emergency Response Team**

The emergency team must be trained to handle different emergency scenarios efficiently and safely. Speed and efficiency are critical - bureaucracy must be minimized.

Frontline staff/volunteers, including GBV and health specialists should undertake continuous professional training on needs of LGBTIQ+ people.

The response team could include but not limited to the following trained and sensitized stakeholders but this may vary based on context; Feminist networks, Allies, LGBTIQ+ networks, Sex worker networks etc.,

**6.Managing the Case and Providing Support**

**Internal Handling**: Assign a caseworker to document key details (date, time, reporting method, actions taken).

**Receiving Clients:**

* Collect client’s data.
* Complete an incident report form (including name, contact, registration details, and case specifics).
* If accommodation or transition support is needed, make necessary arrangements.

**Psychological Debriefing:** Conducted by a matron or caseworker, depending on the organization's capacity.

**Integration into Shelter Services:** If necessary, transition the client into a shelter or support facility for reintegration.

# **9.Receiving and onboarding clients**

Safe spaces play a vital role in providing refuge, safety, and support for LGBTIQ+ Persons facing any sort of safety risk and crisis. Beyond offering protection, these spaces serve as hubs for rehabilitation, advocacy, and long-term empowerment. However, effective safe house management requires a well-structured and informed approach to ensure inclusivity, security, and sustainability.

The caseworker/responder or relevant staff member must conduct a timely initial investigation, complete the assessment, and onboard the individual: Shelters should rely on referral systems to screen Persons before admission. Partner organizations may provide mental health support, while shelters conduct suitability assessments. Networking with other shelters can help exchange histories of potential clients.

This section explores the core responsibilities of a safe house, including essential services, admission procedures, partnerships, and operational considerations. It outlines best practices for receiving, screening and supporting survivors, maintaining community relations, and implementing security measures. Additionally, it highlights the importance of specialized approaches tailored to the unique needs of LGBTIQ+ clients, ensuring comprehensive care and long-term impact.

**Core Responsibilities of a Safe Space**

A safe house must provide a range of support systems and services, including:

* Basic needs: Shelter, food, and security
* Referral services: Access to psychosocial support, legal aid, and medical care.
* Recreational and skills development programs: Opportunities for personal growth and social reintegration.
* Awareness and advocacy: Informing clients about their rights and available services.

***It is essential to inform relevant and trusted networks, partners and allies, to ensure accessibility. Additionally, funding and stakeholder engagement often depend on clearly defining the range of services provided.***

When establishing a safe house, it is essential to consider whether onboarding will be conducted through partnerships with a local institution, a national or international NGO, or as a joint project with another safe house that brings specialized expertise. Collaborating with organizations that support LGBTIQ+ persons with disabilities (PWDs) is also crucial to ensure inclusive services.

**Inclusive Admission:** During emergencies, safe spaces must ensure that LGBTIQ+ nationals, refugees, and asylum seekers have equal access to protection. When working with displaced Persons, shelters must follow government guidelines and develop clear operational manuals.

**Partnerships and Community Relations:** Collaborations with relevant stakeholders are essential to verifying cases, providing psychosocial support, determining the duration of stay, and establishing clear exit strategies. Managing relationships with the surrounding community is equally important, though the approach should be tailored to the specific context. Some shelters may adopt a low-profile strategy to prevent hostility, ensuring residents' identities remain confidential. Others may implement strict security measures, such as limiting visitors and requiring pre-authorization for external communication.

**Specialization and Uniqueness of Safe Houses:** shelters should establish a distinct focus based on community needs and available expertise. For example, some may offer group therapy, conflict de-escalation as well as supporting refugees and asylum seekers while others may concentrate on survivors of intimate partner violence and gender-based violence (GBV).

**ASSESSMENT**

**Screening of clients**

Proper screening of clients to Safe Houses is essential to ensure that they meet the stipulated criteria for admission. This includes:

* Level of threat: Assess the level of threat by asking relevant questions to evaluate the client's risk and discuss protective measures.
* Structured Assessment Tool: Use a structured assessment tool to assess the level of threat and help with verification.
* Safety plan: Develop a safety plan based on risk assessment.
* Communication: Discuss risk assessment with relevant staff to ensure type of intervention for the case.
* Checklist: Use a checklist to review safety issues with the client.
* Due diligence: Confer with other LGBTIQ+ community organizations, networks, partners, and allies to verify information provided by the client for synergized efforts.

The Safe House establishes clear referral pathways with other service providers. clients may be identified by stakeholders such as the police, LGBTIQ+ CBOs, and other NGOs. *No unauthorized actors or persons should have information, knowledge, and access to the safe house.*

**Admission Criteria:**

* Safe houses should have a defined process for admitting clients.
* Ensure proper admission procedures. While the Safe House Manager holds primary responsibility, tasks may be delegated under close supervision.
* The Safe House Manager will orient or conduct the intake process *(document all admitted clients in the admission register and their case file, including the responding caseworker; and details of the case (the client, reporting time, method, and follow-up actions)*.  However, this will depend on the organizational structure.
* **Doctors Report**: Providing a doctor's report for LGBTIQ+ persons entering a safe house is important to ensure they receive tailored, respectful care that addresses their unique health needs and risks, such as trauma, mental health concerns, or gender-affirming treatments. It helps staff create a safe environment, connect residents with essential services, and supports legal or administrative processes. Overall, it fosters trust, promotes well-being, and ensures appropriate support for their safety and dignity.

**Incident Reporting & Documentation:**

* The incident form should collect relevant information, including gender identity and preferred pronouns for LGBTIQ+ clients.
* The cause of the crisis and the need for shelter must be documented for data purposes. This information will help trace country context, seasonal threats, social occurrences, and incidents contributing to the crisis.
* **Next of kin** details must be collected and verified, but it should be noted that the named kin may not be accepting of the individual. This information is only for emergencies, such as a fatality. *This is dependent on identifying the most affirming family member*
* **Contact details:** Collect the client’s name, phone number, and identification or registration information.

**Assessment Tools:**

* Social Investigation Form & Initial Investigation Form for clients.
* Intake form
* Admission
* Contracts and MOUs (standardized with customizable sections)
* Safe House Behavioural Rules Compliance Form
* Sexual Harassment, Exploitation and Abuse (SHEA) and Safe Safeguarding Policy.
* Admission Record Form
* Family Tracing and Assessment Form
* Referral Form

***Note; All forms should be disaggregated to collect LGBTIQ+ data and information***

**ADMISSION**

* Detailed documentation of incidents, including contact details and case reporting details to ensure safety, accessibility, and privacy.
* Tools and documented steps include:
	+ Contract/consent form
	+ House rules and regulations
	+ Property protection clause
	+ Terms of stay
	+ Psychological debrief
	+ Security orientation

**Admission Decisions:**

A Centre Manager or inter-agency panel decides on admissions based on Safe House policies. Upon admission, the Safe House Manager must ensure:

* **Confidential and accessible feedback and response mechanisms for LGBTIQ+ persons.**
* **Proper recording of all admitted clients in the admission register.**
* **The evacuation protocol is overseen by the house matron or Centre Manager.**
* **Orientation on behavioural rules, with clients signing for compliance and consent.**

**Clients must be informed of their rights, including:**

* Full participation in service delivery, care, support, and protection (with interpreter support if needed).
* Sobriety while at the shelter.
* Voluntary participation in assistance programs.
* A care plan is developed and reviewed periodically by social workers.
* Multi-sectoral capacity-building initiatives that consider age, gender identity, and ability.

**Special Notes:**

* Service providers must not disclose client information without consent, except when safety is at risk.
* Clients with disabilities are entitled to special care, treatment, and rehabilitation support.
* Safe House stays may vary from organization to organization, and the needs of the client unless the risk factors have been resolved, recovery and availability of resources
* Documents must be written in simple, understandable language. (Interpretation and literacy support to be provided upon request)

**Client Obligations:**

* Ensure other clients feel safe and confident in the Safe House.
* Clients must adhere to house rules and sign for compliance.

**Client Rights include:**

* Respect and cultural sensitivity.
* Confidentiality and privacy.
* Participation in care planning.
* Access to services based on Safe House policies.
* Information on available services in an understandable language

**Death of a Safe House Client**

* Upon demise of a client, a medical practitioner must confirm the death.
* If death occurs in the Safe House, the police must be notified immediately, along with the relevant authorities e.g., the UNHCR in the case of the death of a refugee or asylum seeker
* The Safe House must hold an internal review and investigation to assess the circumstances surrounding the death, conducted by a team of professionals.
* The Executive Director must inform staff, the board, and the Joint Welfare Committee/Consortium within 24 hours.

**ORIENTATION**

* Staff must be trained and sensitized on LGBTIQ+ issues and protection needs.
* A Code of Conduct should guide appropriate behaviour towards LGBTIQ+ Persons.

**Safe space requirements:**

* Caseworker assignment.
* Health records.
* Inclusive programs reflecting cultural norms.
* Gender-neutral language and intersectionality practices.
* Anonymous complaint mechanisms.
* Security and safeguarding protocols

**Induction Process**

Completing the induction process is a crucial step in the onboarding checklist, ensuring that new clients are properly introduced to the safe house environment. This induction provides an opportunity to reinforce specific regulations and emphasize the importance of maintaining cleanliness and hygiene in line with health regulations. Adhering to these standards is not only a fundamental requirement for client registration but also ensures that the safe house remains prepared for unprecedented raids.

## **9.1 Special Considerations for Safe Houses**

Organizations such as **Global Platforms Kenya**, the youth training hub of ActionAid International Kenya, should be included as stakeholders. Their work in engaging young people through community advocacy and social movements makes them a valuable partner in supporting safe houses.

In cases where an admitted person faces threats to their life due to whistleblowing, it is essential to apply the **Whistle Blower Policy** to safeguard both the individual and the organization’s staff.

A key priority for shelters is ensuring that all policies and procedures are clearly understood by both clients and workers before they sign any documents. This process must be supported by goodwill from local community members and the administration. Among the most critical policies that must be upheld are:

* **Sexual Harassment (SHEA) Policy**
* **Code of Conduct: All staff must be trained on the code of conduct, ensuring a professional and respectful environment.**

Incoming clients should also be made aware of the personnel and staff available to assist them, as well as the services they may utilize. Clear communication about key personnel is vital, including:

* **Matron/Housekeeper:** Must be well-trained in safety, security measures, and policy regulations.
* **Security Personnel:** Responsible for ensuring a secure environment.
* **Psychological Support/Therapy Staff:** Regular and mandatory psychological support must be available to assist residents in coping with trauma.
* **Legal Officer (On-Call):** This officer plays a critical role in advising both personnel and clients on how to handle incidents involving law enforcement.
* **Data protection Policy:** A data protection policy is essential in an LGBTIQ+ safe house to safeguard clients' confidentiality, safety, and privacy. It helps prevent discrimination, violence, or legal repercussions by ensuring sensitive information is securely managed. Additionally, it builds trust, encourages Persons to access support services, and ensures compliance with legal standards, ultimately creating a secure and respectful environment where clients feel protected and empowered.

## **9.2 Available Services**

Safe houses must ensure accessibility to services, considering the best timings and days that work for survivors. These services include:

* **Referral for emergency treatment and medical care, including HIV/AIDS testing**
* **Psychosocial counselling and trauma support**
* **Legal advice and guidance**

Recognizing that many clients enter the shelter with significant trauma, a strong focus on mental health assessments is essential. Shelters should implement trauma-specific training, provide manuals for staff, and ensure that therapy (offered by partner organizations) is a prerequisite for entry. Group therapy sessions are particularly beneficial in fostering healing and well-being.

Decentralization of Resources and Structured Support.

A major challenge remains the centralization of resources in the main cities and towns. To ensure more equitable support for all clients, a decentralized approach is necessary. This includes establishing a unified Monitoring & Evaluation framework with clear indicators for those working with LGBTIQ+Persons. Addressing challenges such as delays in case response, security concerns, community hostility, trauma management, and structured referral systems is critical in creating a safe and effective support network.

# **10. Running the safe shelter or transitional house**

This section will explore the key steps for Safe Housing, including registration, resource mobilization, selecting an ideal location, shelter setup, amenities, staffing, rules, and security.

The organization behind the shelter replace with can or may be registered or unregistered, in cases of registration there must be some form of legal document be legally registered as subjective to an organization.

For refugees and non-Kenyan nationals, a recommendation letter from relevant registration bodies.

This involves drafting a constitution that outlines the organization's mission, vision, core values, governance structure, and operational procedures. Once the constitution is in place, a unique name for the organization should be selected. The registration process requires at least 10 founding members, a list of their details, a physical address, and a copy of their identification documents. The completed application and required documents are then submitted to the Department of Social Services in Kenya, which is responsible for reviewing and approving the registration. Once approved, the organization receives a Certificate of Registration, allowing it to operate legally within the country.

**Choosing an ideal location** for the safe house is an important consideration. The site must be accessible to essential services such as healthcare, legal while also providing a secure and private space for residents. It’s crucial to select a location that fosters both safety and confidentiality, away from potential threats or public scrutiny. Security concerns must also be taken into account to prevent external risks, such as violence or discrimination.

When it comes to **setting up the shelter**, careful attention should be paid to creating a physical environment that is welcoming and safe. The shelter must have secure entry points and private spaces for Persons, Common areas should be available for socialization, therapy sessions, and group activities. It is important to ensure that the shelter is equipped with essential safety features like fire exits and CCTV, safety lights, security fences, and other emergency plan; security tool. A well-thought-out shelter setup provides the necessary foundation for residents to feel safe and supported.

**Voluntary Assumption of risk:** this is a situation where a person knowingly and willingly accepts potential dangers or harms associated with a particular action or environment. In the context of LGBTIQ+ safe housing, this concept applies to both residents and staff, particularly in regions or communities where being LGBTIQ+ or supporting LGBTIQ+ rights is met with hostility, legal threats, or violence.

**Amenities** are equally important in ensuring the well-being of residents. At a minimum, the shelter should provide access to basic necessities like food, clean water, and hygiene facilities. The availability of healthcare services, including psychosocial should also be prioritized. Offering recreational spaces and activities can further support residents' emotional recovery, allowing them to engage in activities that promote healing and wellness community-building. Access to personal care items such as toiletries, clean bedding, and clothing is essential for maintaining the dignity of clients.

**Staffing** is an essential component for the safe and effective operation of the shelter. It is important to recruit qualified and compassionate staff who are trained in LGBTIQ+ issues, trauma-informed care, and crisis intervention. Key roles include shelter managers, caseworkers or counsellors, security staff, interpreters who are often from the LGBTIQ+ community themselves. Staff should be well-equipped to provide both emotional support and practical assistance, such as supporting clients with legal aid or employment opportunities and integration or reintegration to society. Training should also focus on cultural competency and the unique challenges faced by LGBTIQ+ Persons, ensuring that all staff members can provide the best possible care.

Clear **rules and policies** **MUST** be established to create a safe and respectful environment for all clients. These rules should promote respect for privacy, non-violence, and non-discrimination. A no-tolerance policy for violence or harassment should be enforced, ensuring that client feel safe and valued. The shelter should also have policies regarding substance use, curfew hours, and expectations of client behaviour. These rules should be clearly communicated to client and enforced consistently to maintain order and safety within the shelter.

Finally, **security** measures must be implemented to ensure the physical safety of all clients and staff. Given that LGBTIQ+ Persons may be at heightened risk of violence or harassment, security protocols must be stringent. This includes installing security cameras in common areas, ensuring that staff are available 24/7, and restricting access to the shelter to authorized personnel only. Physical barriers, such as fences or gates, are necessary for the location’s security needs. Emotional security is just as important, and efforts should be made to create an inclusive environment where residents feel supported, heard, and empowered.

**resource mobilization** becomes a critical focus. Sustainable funding is essential to keep the safe house operational and to provide services to residents. Resource mobilization efforts can include seeking grants from both local and international donors, collaborating with private sector partners, and organizing fundraising events or campaigns. Additionally, securing in-kind donations, such as food, medical supplies, and clothing, can help offset operational costs. This diversified funding approach will ensure that the safe house has the resources it needs to thrive.

# **11. Service provision & referrals**

Safe houses offer a range of services to support their clients throughout the duration of their stay, ranging from emergency services to wellness programs and economic empowerment programs. Depending on the type of safe house, the capacity, the availability of resources and the professional expertise of the staff, some of these services may be offered fully in-house, or in partnership with relevant third parties. This multifaceted service delivery is in line with Kenya’s Vision 2030 and the Kenya Youth Development Policy (2019–2029), both of which emphasize inclusive service provision for vulnerable populations, including youth, women, and marginalized communities Kenya Vision 2030, Kenya Youth Policy.

*This section reaffirms the role of transitional housing in empowering survivors not only to recover but to thrive. Grounded in national development priorities and global rights frameworks, these services serve as pillars for dignity, justice, and long-term resilience.*

The following are the different services safe houses can provide during emergencies:

**Emergency Medical Care and Evacuation -** In urgent situations, when responding to an emergency, there are instances where a client may require immediate evacuation. Safe houses should have clearly documented evacuation protocol detailing roles, steps and emergency contacts to be activated in such scenarios. Safe houses must maintain clearly documented evacuation protocols detailing roles, steps, and emergency contacts. Partnerships with non-discriminatory health facilities are critical to facilitate immediate care, aligning with ILO Recommendation No. 205’s directive to uphold human dignity during crises ILO R205

***Emergency medical care*** – some emergencies require urgent medical care. Safe houses should identify and establish working relationships with health facilities that can provide immediate emergency medical care to clients without discrimination or harm. These agreements can be informal or made official through a ***memorandum of understanding***.

**Accompaniment to report incidents** – during an emergency, clients may need support to report the incident to the relevant authorities, e specially where they are afraid or unsure about the process. In this case, a member of staff or responder should accompany the client(s) to ensure added security and that their rights are protected. This can also help the safe house in drafting their own ***incident report*** later.

Legal emergencies, such as arrests or threats, necessitate access to either in-house legal aid or pre-established external partnerships. This affirms the principle of equal protection and legal support, resonating with SDG 8.5 on inclusive and equitable treatment in justice and employment systems[.](https://sdgs.un.org/goals/goal8)

**Emergency legal aid** – some emergencies involve an arrest or other forms of legal action against LGBTIQ+ persons. Some safe houses have in-house legal staff that can represent or offer legal counsel to clients. Alternatively, safe houses should maintain working agreements or ***contracts*** with external legal professionals or firms to help support their client’s pro-bono or at a fee. Safe houses may also need help in paying bail money for persons arrested to secure their release, this could be through the established partnerships.

**Relocation** – Following threats or violence, relocation to safer shelters either temporarily or permanently should be facilitated. This ensures continuity of care and underscores the state’s duty, per Kenya’s Vision 2030, to guarantee safety for all.

**During Intake**

***Needs assessment*** – when clients first arrive at a safe house, they usually undergo an assessment to help ascertain their current condition, as well as to identify their short-term and long-term needs. These assessments help to a certain the basic medical, mental health, existing support system, education, employment economic activity, marital status and substance use history of the client. This then helps in tailoring client support specific needs.

***Basic needs*** – depending on the emergency situation, some clients coming to a safe house may be in urgent need of basics like food, clothing, sleep or hygiene facilities; this emphasizes the realities of the extreme situations LGBTIQ+ persons are driven to as a result of threats and attacks. Thus, these can be provided to them before or during the course of the intake process to ensure a basic level of comfort and wellbeing.

***Psychological first aid*** – when a client has undergone a scary or traumatic experience, they usually need psychological support to help them debrief and process the incident. This is key in stabilizing the client and helping them regain a sense of normalcy, so they can make informed decisions on the way forward. Depending on the severity of the situation, this may be done by trained in-house staff or by third party mental health specialists.

Trauma-informed psychological support is essential for clients experiencing acute distress. Whether through in-house trained staff or external therapists, these interventions are foundational to healing and stability – core principles of post-crisis recovery in ILO R205 and youth psychosocial guidelines in the national youth policy.

**During Stay at Safe House**

***Accommodation*** – this is the main services that safe houses provide. Safe houses provide beds, beddings, meals or cooking stations, hygiene facility stations and laundry stations. In most instances, these facilities are shared by all residents in the safe house. Depending on capacity and safety considerations, a client may be segregated in a private or semi private space.

***Safety & Security*** – The core function of safe houses is to provide total safety and security for the client according to their capacity. This is done mainly by making their locations anonymous and investing in a security infrastructure which can include security guards, gates, security lights, fire extinguishers, fences and CCTV cameras. This is to ensure the security of the safe house and the safety of the client in the safe house. Safe houses also need a ***safety & security protocol*** outlining the steps and procedures to be taken by well trained staff and clients who must be informed appropriately of these protocols in order to maintain safety and security within the safe house.

Safe houses must provide secure, gender-sensitive accommodation, including bedding, meals, and shared or semi-private spaces. Investments in anonymous locations and safety infrastructure like security lighting, guards, and CCTV reinforce client protection and reflect the Vision 2030 goal of ensuring safe, secure environments for all residents

***Medical care*** – in the event where a client is found to have pre-existing medical condition/falls ill during their stay; relevant professional medical intervention shall be provided Trained staff shall provide basic first aid and/or management of minor injuries. However, when clients require serious or emergency medical attention, they should be taken to identified health facilities for advanced health care. The ***emergency protocol*** should outline steps to take for all emergencies.

Access to medical intervention for pre-existing or emergent health conditions is a right – not a privilege. Safe houses must ensure clients receive treatment through formal health facility partnerships. This supports SDG 3 on good health and well-being and aligns with ILO R205’s mandate to secure healthcare in humanitarian settings.

***Psycho-social support*** – all emergency situations result in some level of psychological distress for clients. Consequently, all clients require ongoing mental health support to help them process the emergency incident, as well as the changes that come with moving away from the familiarity of their home and family, into the shared and sometimes restricted environment of a safe house. This can take the form of individual or group therapy sessions, support groups, and wellness activities like yoga and meditation. Safe house staff also need psycho-social support to help them cope with the demands of working in and supporting the client. Periodic evaluations using ***psycho-social assessment tools*** are also recommended to assess mental wellbeing, identify any arising issues and provide the necessary support. Some safe houses make these evaluations mandatory to ensure all persons take part. Safe houses can utilize trained in-house staff or third parties to support these activities.

**Skills Development** – learning new life and professional skills help clients to feel more confident and competent, which in turn gives them more agency to make informed decisions about their lives and advocate better for themselves. With this increased capacity the client is empowered to mitigate risks in future **Contextualized for Intersectional Identities like Persons with disabilities, refugees and gender non conforming individuals.**

Clients benefit significantly from acquiring life and professional skills that enhance decision-making, communication, self-advocacy, and economic participation. Skills development contextualized for refugees, persons with disabilities, and gender-diverse individuals strengthens their agency and aligns with SDG 8.5 on decent work and economic inclusion for all, especially those in vulnerable contexts.

***Economic empowerment*** – clients are typically expected to transition out of safe houses after a set period. To facilitate this, safe houses often help residents acquire skills such as hands-on skills, which they can use to start small businesses. The safe house **MAY** also provide small grants to clients to help them in setting up these businesses.  Clients through the direct or indirect intervention of the safe house can leverage opportunities for internships or employment either within the safe house, individual motivation or through partner organizations can also be arranged. Economic empowerment helps clients become independent and resilient in the face of future crisis.

Clients are often expected to transition out of shelters within a defined period. To support this, safe houses should equip them with tools for economic self-reliance ranging from vocational training, small business grants, and access to internship or employment opportunities. These economic interventions echo Kenya’s Vision 2030 Economic Pillar on youth and women inclusion and fulfill ILO R205’s call to integrate employment pathways into post-crisis recovery strategies.

**Legal Aid** – some clients have ongoing legal concerns while at the safe house, requiring legal advice or legal representation during court proceedings. Others may require support or accompaniment for activities such as signing contracts, acquiring legal documents, or applying for asylum in the case of the refugee community. Safe houses offer these legal aid services either in-house or through Memoranda of Understanding (MOUs) with sensitized third-party legal practitioners, including but not limited to queer-affirming legal clinics. In accordance with the Legal Aid Act, 2016, such services may be delivered by accredited paralegals, provided they operate under the supervision of licensed legal practitioners or recognized legal aid service providers. To ensure inclusive access, safe houses are encouraged to establish MOUs that build the capacity of community paralegals to offer rights-based, affirming legal support.

# **12. Exit process and follow-up**

Creating a robust exit strategy and follow-up plan for LGBTIQ+ Persons transitioning from safe housing or shelters is essential to ensure their successful reintegration into the community. This process must address their unique vulnerabilities, including risks of discrimination, homelessness, and re- traumatization. By employing a structured, individualized approach, shelters can provide departing residents with the tools and support necessary for independence while maintaining access to emergency and follow-up services.

The plan should integrate housing stability, health care, legal aid, employment, and community integration strategies. It should also establish mechanisms for handling forced removals, end-of-stay exits, and fostering long-term resilience through mentorship and community ties. The goal is to ensure safety, self- sufficiency, and a dignified transition to independent living.

**Exit Strategy and Follow-Up**

* 1. **Pre-Exit Planning (X Months Prior)**
1. **Exit Assessment:** An evaluation of the person’s readiness to leave, examining housing, legal status, income, health, and social networks. Planning should begin two to three months before the intended departure date.

The assessment should cover:

* **Housing stability**: Have they secured permanent or transitional housing?
* **Employment and income**: Are they financially independent or have sustainable income sources?
* **Legal status**: Are there any unresolved legal issues, such as asylum or other legal protections?
* **Health and mental health**: Are they stable in terms of physical health, mental health, and ongoing care (e.g., medications or therapies)?
* **Social support**: Do they have a support network outside the shelter, such as family, friends, or community groups?

1. **Personalized Exit Plan: A tailored plan including housing options, healthcare continuity, legal support, and employment or education pathways.**

The plan should outline:

* **Short-term and long-term housing options**: Identify safe and affordable housing (e.g., LGBTIQ+-friendly housing, transitional housing, or independent living).
* **Employment or education goals:** Plan for job placement, vocational training, or continued education if needed.
* **Healthcare continuity:** Ensure access to LGBTIQ+-friendly healthcare providers, including mental health services.
* **Legal support:** Ensure continuity of any legal aid needed (e.g., asylum processes, identity document changes).
	1. **Housing Transition**
1. **Secure Safe and Stable Housing:** Collaborate with LGBTIQ+-affirming housing organizations or landlords to secure permanent or transitional housing.

Options include:

* + **Permanent housing:** Ideally secured before the individual exits the shelter.
	+ **Shared housing:** For clients who are not ready for complete independence.
	+ **Emergency contingency plans:** Backup housing options such as temporary stays with friends, partner organizations, or re-entry into transitional housing.

1. **Financial Assistance for Housing:** Arrange financial assistance or subsidies to cover rent for the first few months of independent living. Provide temporary rent subsidies or financial assistance for moving and setup costs.
	1. **Skills Development**
2. **Life Skills Training:** Ensure Persons receive training in budgeting, cooking, self-advocacy, and navigating services before leaving the shelter.

Key areas include:

* + **Budgeting and financial literacy:** Managing money, paying bills, and saving.
	+ **Cooking and nutrition:** Preparing healthy meals on a budget.
	+ **Time management and organization:** Managing daily routines and responsibilities.
	+ **Self-advocacy:** Equipping Persons to advocate for themselves in legal, health, or employment settings.
	1. **Employment and Education**
1. **Employment and Education Support:**
	* **Job placement assistance:** Support with job searches, résumé writing, and interview skills.
	* **Continued education or vocational training:** Access to scholarships, mentorship, or community resources.
	* **Income stability:** Ensuring a steady income through employment, social benefits, or financial support systems.

* 1. **Health and Legal Aid**
1. **Health and Mental Health Continuity:**
	* **Healthcare access:** Arrange appointments with LGBTIQ+-affirming providers.
	* **Health insurance and financial assistance:** Help with sign-ups for insurance or subsidies.
	* **Mental health support:** Continued access to LGBTIQ+-affirming counsellors or mental health professionals.
2. **Legal Aid and Documentation:**
	* **Legal support continuation:** Assistance with asylum cases, gender marker changes, or family-related legal issues.
	* **Identification and documentation:** Ensuring legal identity documents align with gender identity where possible.
	1. **Reintegration and Community Building**
3. **Social Integration and Support Networks:**
	* **LGBTIQ+-friendly community resources:** Connect clients with LGBTIQ+ community centres and support groups.
	* **Mentorship programs:** Pair Persons with peer mentors.
	* **Support for family reconnection (if safe and desired):** Facilitate reconnection with family members if dynamics have improved.
	1. **Follow-Up Strategy**
4. **Follow-Up Plans (Post-Exit):**
	* **First 3 months:** Weekly check-ins to address housing, employment, or emotional difficulties.
	* **3 to 6 months:** Bi-weekly or monthly follow-ups.
	* **6 to 12 months:** Less frequent check-ins (every 1-2 months) focused on self-sufficiency.
	* **Mental health check-ins:** Ongoing access to counselling or group therapy sessions.
	1. **Crisis Management**
5. **Crisis Intervention and Re-entry Options:**
	* Emergency support: A 24/7 hotline or crisis intervention services.
	* Re-entry option: Temporary return to the shelter in case of crisis (e.g., job loss, violence, or homelessness), with dedicated timelines.
	1. **Ongoing Peer Support and Community Engagement**
6. **Peer Support Groups:** Invite former residents to peer support events.
7. **Shelter Alumni Programs:** Maintain an alumni network for continued support and advocacy involvement.
	1. **Final Evaluation**
8. **Exit Survey:** Gather feedback on the shelter experience and exit process to refine future strategies.
9. **Case Closure:** Conduct a final review when the client demonstrates stability and resilience. Former residents should remain connected to shelter resources for potential future support.

This structured exit strategy and follow-up plan ensures LGBTIQ+ Persons can transition successfully, maintaining stability, safety, and well-being.

# **13. Tools and Forms for Use**

1. **Pre-Exit Assessment Form**:

✓ Tracks readiness in housing, health, income, and legal status.

1. **Personalized Exit Plan Template**:

✓ Outlines action steps and goals tailored to the individual.

1. **Housing Referral List**:

✓ Directory of LGBTIQ+ affirming landlords and transitional housing services.

1. **Life Skills Checklist**:

✓ Ensures essential skills are covered before exit.

1. **Follow-Up Schedule Template**:

✓ Structured timetable for post-exit check-ins.

1. **Emergency Contact Card**:

✓ Lists crisis hotline numbers and key contacts.

1. **Exit Survey**:

✓ Collects qualitative and quantitative feedback from departing Persons.

This diagram illustrates the exit and follow-up process, emphasizing a cycle of preparedness, action, and review to ensure seamless reintegration into society. This comprehensive plan promotes stability, independence, and the well-being of LGBTIQ+ Persons transitioning out of shelters and into the broader community.



# **14. Conclusion**

This guide provides a structured approach to establishing and managing safe shelters and transitional housing for LGBTIQ+ Persons. It ensures that shelters uphold inclusivity, confidentiality, and sustainability while adhering to human rights principles. Covering key aspects such as shelter setup, emergency response, client onboarding, resource mobilization, security, service provision, exit strategies, integration and reintegration, the guide offers practical tools to enhance the effectiveness and longevity of safe housing initiatives.

By following these guidelines, hosts and organizations can create dignified and secure spaces, strengthen safe housing networks, and advocate for broader systemic change. This resource also promotes the development of standardized, adaptable protocols that can be implemented across various shelters and transitional housing facilities.

Recognizing the challenges faced by LGBTIQ+ clients, *refugees, asylum seekers and LGBTIQ+ persons with disability*, the guide helps address urgent needs while fostering community resilience. It also emphasizes the importance of expanding safe space networks and coordinating advocacy efforts at local and global levels.

Furthermore, existing collaboration is essential in upholding the rights of LGBTIQ+ Persons in Kenya. By working together, stakeholders can push for policy reforms, enhance service accessibility, and ensure the protection of those at risk.

Ultimately, this guide serves as a catalyst for positive change. By equipping shelters and support networks with the necessary tools and frameworks, it lays the foundation for more inclusive, sustainable, and rights-affirming safe spaces.

The hope is that utilization of this resource will lead to a future where every LGBTIQ+ individual has access to safety, dignity, and long-term stability.

# **15. Annexes**

**In-take form**

Date of Intake …………………………….

Client’s number/code…………………………………………..

Name of the case worker………………………………………

Official Name of the client………………………………………………..

Preferred Name of the client………………………………………………..

Name known by Next of kin…………………………………………..

Contact………………………………… Date of Birth…………………………

preferred language……………..

Address………………………………….

Gender Identity………………….

Sexual orientation……….. Nationality……………………………..Religion………………… Sex…………………………………………. Pronouns………………

Person to be conducted in case of emergency (At least 2 persons)……………………………..…  Contact……….………Relation……..…

Marital / Relationship status……………………………………. Number of dependants………… age/s……………………

Level of Education ……………… Occupation………………………………… Skills………………………………….

Has the client been to a safe house before?................

If yes, indicate the safe house…………………………………..

Have you seen a doctor(s) within the last 12 months?.......

If Yes, what kind of a doctor(s)?…………………………………..

Are you currently on medication?..............................

Are you on alcohol or any un prescribed drug use?....

What are your expectations in the safe house? (including the stay duration)

FOR OFFICIAL(S) TO FILL

Incident statement

…………………………………………………………………………………………………………………….. (summary depending on the case)

Referral source………………………………………………………..

Steps taken

Support needed

Exit strategy

Duration of stay in the safe house

Additional assessor’s comments.

Placement date commencement …………………………….

Confirm by signature

Official’s Name……………………………………Signature ……………………….. Date………………………….

Client’s Name……………………………………….Signature………………………….. Date…………………

**Annex (Page 2)**

**CONSENT FORM**

In house rules and regulation. To be populated and customized according the safe house.

Signature and confirmation

**Page 3**

**NEXT OF KIN should be at least 2 persons**

* Who is the next person who can be contacted in case of emergencies?
* Next of kin details, their occupations, marital status.
* Clients’ close relation, age, number, occupations.
* Physical address

*At the onboarding, its ideal that at least 7 – 10 days the client is able to;*

* *Have at least one session with a therapist.*

**Operating protocols**

**Onboarding Protocol:**

Onboarding protocols establish the procedures for admitting residents to the safe house, ensuring a structured and transparent process.

* **Admission Process:**The admission process includes gathering basic personal information, understanding the client’s needs (e.g., safety concerns, health status), and thereafter providing them with necessary information about the shelter's rules and services. The clients will be required to sign an admission form and an agreement to abide by the shelter’s rules.
* **Documentation:**Referring partner/case worker to provide certain documents (e.g., identification, referral letters from partner organizations, or medical reports) to complete their admission process.
* **Duration of Stay:** based on the needs assessment for the client, there should be clear guidelines on the expected duration of stay. While stays may vary depending on the individual client’s situation, the safe house should encourage client where possible to work toward their independence, transitioning out once they are ready for more permanent housing.

**Safeguarding Protocol:**

Safeguarding protocols are essential for protecting the well-being of all clients, ensuring that the safe house is a space free from abuse, exploitation, or harm.

* **Protection from Abuse:**The shelter must have clear policies to prevent any form of physical, emotional, or sexual abuse. Both staff members and clients must be trained in safeguarding practices, including how to identify signs of abuse and how to intervene appropriately.
* **Staff and Client Conduct:**All staff and clients must follow the shelter’s code of conduct. Zero tolerance should be enforced for any behavior that jeopardizes the safety and dignity of clients, including bullying, harassment, or violence.
* **Child and Vulnerable Adult Protection:**If the safe house admits minors with their care givers or vulnerable adults, additional safeguarding protocols should be put in place.

**Safety & Security Protocol:**

Safety and security protocols ensure that clients feel secure holistically during their stay in the safe house.

* **Physical Security:**

The shelter should implement security measures such as secure entry and exit points, surveillance cameras in common areas, and alarm systems. access should be restricted to authorized personnel and residents only.

* **Resident Safety:**

Residents should be informed of the shelter’s security policies upon admission. Personal belongings should be kept secure, and residents should have access to confidential spaces where they can store sensitive items.

* **Regular Safety Audits:**

Conduct regular safety and security audits to assess risks and address vulnerabilities. This may involve fire drills, emergency evacuations, and ensuring the shelter complies with local safety regulations

**Emergency Protocols:**

Clear emergency protocols must be established to respond to various types of crises, from medical emergencies to evacuations due to various security threats.

* **Emergency Contact Information:**

display a list of emergency contacts, including local law enforcement, UNHCR Toll free number KNCHR for refugees and non-Kenyan citizens, ambulance, medical facilities, fire department etc. This information should be accessible at all times.

* **Medical Emergencies:**

The safe house must have first aid kits available, all client and staff should be trained and certified in basic first aid and CPR. In the event of a medical emergency, clients should be referred to nearby hospitals or healthcare providers.

* **Evacuation Procedures:**

In the case of fire, natural disasters, or security threats, clear evacuation plans must be established. These plans should include designated meeting points and procedures for accounting for all residents

**Discipline & Conflict Resolution Protocol:**

Maintaining order within the shelter is essential to creating a respectful and safe environment. Discipline and conflict resolution protocols are designed to address issues in a fair and consistent manner.

* **Code of Conduct:**

A clear code of conduct should be communicated to all clients before admission, outlining expected behaviours and consequences for rule violations. The code should address issues like respect for others' privacy, violence, substance abuse, theft etc.

* **Conflict Resolution:**

A structured process for resolving conflicts between clients and staff should be established. This process may involve internal and or external mediation or facilitated conversations to address misunderstandings or disputes.

* **Disciplinary Actions:**

If a client violates shelter rules, a disciplinary process should be followed, which may include verbal warnings, written warnings, and, in extreme cases, removal from the shelter. All disciplinary actions should be documented, and clients should be given the opportunity to appeal decisions.

**Fundraising Protocols:**

A strong fundraising strategy ensures the sustainability of the shelter, allowing it to continue providing essential services.

* **Fundraising Plan:**

Develop a comprehensive fundraising strategy that includes grant applications, corporate sponsorships, partnerships with other organizations, and public fundraising campaigns. This plan should identify clear goals, target audiences, and potential sources of funds.

* **Donor Management:**

Establish a system for managing donor relationships, ensuring timely acknowledgment of donations and reporting on the impact of their contributions. Regularly update donors on the shelter's activities and outcomes.

* **Transparency and Accountability:**

Maintain transparency with finances and operations by preparing regular reports for donors, stakeholders, and relevant authorities. This builds trust and ensures continued support.

**Information Handling Protocols:**

Proper information handling ensures that both clients and organizational data is kept confidential and secure.

* **Confidentiality Agreements:**

All staff should sign confidentiality agreements to protect the privacy of clients and the organization’s sensitive information.

* **Data Management:**

Personal information of clients, including identification details, medical reports, and casework information, should be securely stored and only accessible to authorized personnel. Paper records should be locked away, and electronic records should be encrypted and backed up regularly. Ensure compliance with data protection laws.

* **Disclosure of Information:**

Information about clients should not be shared with third parties without the explicit consent of the individual, unless required by law

**Status Assessment Protocol:**

Status assessments allow the shelter to track the progress of each client, ensuring that they are receiving the support they need to transition to a more stable and independent life.

* **Individual Case Plans:**

Upon admission, each client should have an individualized case plan developed in collaboration with caseworkers. This plan should address the resident's specific needs, such as healthcare, legal support, and employment support.

* **Regular Assessments:**

Conduct regular assessments of each client’s progress, including personal development, mental health, employment status, and readiness for transition to permanent housing.

* **Exit Planning:**

The shelter should work with clients on an exit strategy, identifying opportunities for permanent housing, employment, and social reintegration. This exit plan should be updated regularly, with clear milestones for clients to achieve before leaving the shelter

* **In the section on running a safe house on staffing, include a segment on staff morale**
* **EXIT FORM Shelter**
* **Client Progress Monitoring Form**
* **Steps in violence response**

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