Maisha Girls Safe House



RESEARCHING (RE)INTEGRATION: A SURVEY OF EMERGING PRACTICES FOR MANAGING SAFE HOUSE TRANSITIONS

Developed in partnership with the Maisha Girls Safe House & the Office of Regional and International Community Engagement, University of British Columbia.

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POSITIONALITY

The authorship team is composed of six undergraduate students at the University of British Columbia, Vancouver, Canada, from international relations, global resource systems, and social work disciplines, recruited by ORICE to complete this project. All identify as women. While one member has limited direct experience working at MGSH, none of the students are originally from the region under study or have significant work experience there or in any safe house setting.

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Maisha Girls Safe House

Table of Contents

01 **Executive Summary** 5

02 **Introduction** 9

03 **Methodology** 10

04 **Literature Review** 12

05 **Maisha Girls Safe House Context** 20

06 **Overview of Organizations** 24

07 **Findings**

7.1 .....Entry 25
7.2 .....Stay and Rehabilitation 28
7.3 .....Assessing Reintegration Readiness 33
7.4 .....Exit 38
7.5 .....Post-Reintegration 43
7.6 .....Values Governing Reintegration 49
7.8 .....Funding Strategies 53

08 **Conclusion** 58

09 **References** 60

10 **Appendix** 63

Acronyms

CCI – Charitable Children's Institutions
DCI – Directorate of Criminal Investigation
GBV – Gender-Based Violence
Maisha – Maisha Girls Safe House
M&E – Monitoring and Evaluation
MSPSS – Multidimensional Scale of Perceived Social Support
NGO – Non-Governmental Organization
ORICE – Office of Regional and International Community
PTGI – Posttraumatic Growth Inventory
SGBV – Sexual and Gender-Based Violence

Executive Summary

Key Purpose and Background

The Maisha Girls Safe House (Maisha) partnered with the Office of Regional and International Community Engagement (ORICE) at the University of British Columbia in a community-engaged research project. This project aims to synthesize desk research as well as qualitative case comparisons to identify best and innovative practices and assessment strategies for reintegration of survivors from their safe house.

Maisha is a grassroots Non-Governmental Organization (NGO) based in Nairobi, Kenya, that is committed to providing shelter, physical safety, and services to sexual and gender-based violence (SGBV) survivors. Maisha works with girl survivors who are under the age of 19 and ensures that they are provided with services and tools for empowerment, healing, legal assistance, and continued education.

The ORICE student team worked from September 2025 to March 2026 to conduct research, interviews, and analysis to present findings on three research questions:

R1: What does the reintegration process look like at Maisha?
R2: What are the main gaps/challenges in that reintegration process?
R3: What are the current best/innovative practices for reintegration and assessment?

Methodology

The team first conducted a literature review to contextualize existing safe house reintegration practices and engaged with Maisha staff to understand the gaps and challenges Maisha faces with reintegration.

The team then reached out to 32 organizations located in Kenya, Tanzania, Ghana, South Africa, Uganda, Somaliland, and Ethiopia. Nine organizations agreed to participate in a knowledge-sharing interview. These interviews were transcribed, coded, and analyzed through qualitative analysis methods to pull out best and innovative reintegration strategies.

Key findings from each of the stages of the reintegration process are as follows

01 Entry

Effective referral and entry processes should be grounded in survivor-centred, trauma-informed principles, with strong collaboration among external stakeholders and clear, transparent communication to support survivor autonomy from the beginning.
Comprehensive information gathering and individualized assessment at entry are critical to informing legal processes and tailoring rehabilitation and reintegration pathways to each survivor's needs.

Key strategy:

- Carry out admission assessment and set exit goals upon entry by integrating the needs and hopes of the survivor to tailor a unique treatment plan to each survivor.

02 Stay

Organizations emphasized the importance of holistic, individualized care during a survivor's stay, including psychosocial support, education, self-development, and the strengthening of communal and family relationships.
Due to resource constraints, safe houses often must prioritize services provided and will collaborate with external partners to diversify resource strategies and deliver individualized, holistic care.

Key strategy:

- Conduct family co-counselling in addition to counselling for the survivor to adapt family behaviours to better support survivors when they are reintegrated.

03 Readiness Assessment

Readiness for reintegration is determined through a holistic, survivor-centred assessment that incorporates input from multiple stakeholders, including the survivor, their family or caregivers, the safe house, and the courts, each holding varying degrees of decision-making power.
Across organizations, there is a shared recognition that readiness is not time-bound or one-size-fits-all, but instead requires individualized evaluation tailored to each survivor's unique context and progress.

Key strategy:

- Establish a case committee to assess reintegration success and responsibility.

04 Exit

Organizations face persistent challenges at the exit stage, particularly in ensuring that all stakeholders are onboard with the reintegration order and managing the abrupt nature of reintegration decisions.
Strengthening collaboration with external actors, especially courts, and adopting innovative practices such as continued engagement strategies, celebratory framing of reintegration, and community partnerships are key to ensuring a safe and supported transition.

Key strategy:

- Reframing reintegration in a survivor-centred and trauma-informed way as a celebration and ushering in the next steps of the healing journey.

05 Post-Reintegration

Sustained access to education, opportunities, mentorship, and aftercare, supported through strong external partnerships, are widely identified as critical to successful post-reintegration outcomes. However, persistent financial and human resource constraints limit organizations' ability to provide ongoing support, even as diverse practices emerge to help reduce the risk of revictimization.

Key strategy:

- Continue to collaborate and form partnerships with external organizations that can provide skills training or internships in different industries, in addition to continued education.

06 Values Governing Reintegration

Reintegration processes are deeply value-driven, centreing on survivor agency, empowerment, safety, and individualized, survivor-centred decision-making.
Across organizations, emotional healing and economic strengthening, through psychosocial support and vocational opportunities, are emphasized as key to fostering autonomy and sustainable reintegration outcomes.

Key strategy:

- Enhance staff capacity and training in survivor-led and trauma-informed approaches to care, coupled with strengthened organizational capacity to support such approaches.

07 Funding Strategies

Organizations emphasize the importance of diversifying resources through partnerships with government, NGOs, private sector actors, and international supporters, alongside strategies such as in-kind support, donor engagement systems, and innovative grant mobilization. Strengthening linkages for aftercare, legal services, dedicated programming, and community-based safety nets are key practices that enhance sustainability and long-term reintegration outcomes.

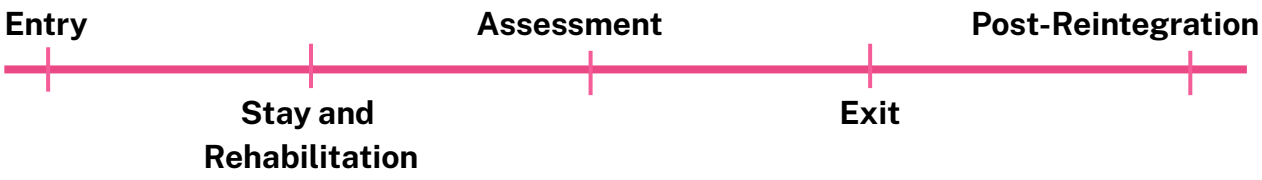
Key strategies:

- Diversify sources and types of resources across the private sector, philanthropists, NGOs, government, civil society organizations, etc.
- Gain access to and mobilize small funds, grants or seed money tied for a treasury fund and look for opportunities to fundraise or ask for resource mobilization to support survivors, while also allowing resources to come into the safe house.



Conclusions

The findings from this report show that many challenges regarding reintegration faced by Maisha are shared with many other organizations interviewed, regardless of differences in capacity. It was also highlighted that Maisha is already undertaking and implementing many of the best practices that were shared in the knowledge sharing interviews. Strategies are adapted from across the nine interviewed organizations that have varying levels of capacity. Thus, special consideration should be given towards whether certain strategies will be feasible to adapt to Maisha's specific circumstances.



Next Steps

Moving forward, Maisha may review the findings from this research project and assess the best and innovative strategies presented that would be applicable to the organization context.

Furthermore, all interviewed organizations have indicated that they would be interested in remaining in contact with and continuing to pursue knowledge sharing and networking relationships with Maisha. Continuing the working relationships with these organizations may increase future opportunities for knowledge, resource, and service sharing.

Finally, ORICE and Maisha may consider an extension of this desk research and comparative case community-engaged research project. The focus and objectives of the extended student team could be aligned with priorities that are important to Maisha.

Introduction

The successful reintegration of sexual and gender-based violence (SGBV) survivors who have received care in temporary safe houses is of utmost priority. Safe houses in Kenya operate to meet the needs of survivors with the ultimate goal of reintegration. For resource-constrained organizations, despite the Kenyan government's efforts in developing laws and frameworks to address SGBV, navigating the many factors that determine successful reintegration can be difficult. With 14% of girls and women ages 15 to 49 experiencing sexual violence at least once in their lifetime, and social norms that make girls susceptible to stigmatization, organizations offering survivors shelter, care, and support are an essential service.[1] Maisha Girls Safe House (Maisha) is one such organization. A grassroots NGO based in Nairobi committed to reaching out, receiving, and protecting girls from sexual violence and human trafficking, Maisha provides a continuum of care and support while fostering resiliency for a better quality of life. Despite consistent and thoughtful efforts, Maisha faces significant gaps and challenges in the reintegration process, which ultimately can limit the ability for survivors to reintegrate successfully and safely back into their respective families and/or communities with long-term holistic support.

At the request of Maisha Girls management, this report seeks to depict the current reintegration process at Maisha and identify best and innovative practices for that process. Further, through an analysis of reintegration practices in comparable organizations in similar settings across Africa, it aims to provide relevant strategies. Key thematic areas were derived from conversations with Maisha staff and management relating to: **Aftercare, Resource Capacity, Variability of Cases, Acceptance of Reintegration by Parties, Revictimization, Continued Instability and Lack of Safety post reintegration, and Collaboration with External Stakeholders**.

A literature review and a series of knowledge-sharing interviews with nine external organizations in comparable contexts to Maisha illuminate reintegration strategies and common values, goals and challenges. Proposed strategies for reintegration are derived from these interviews, which not only demonstrate varied perspectives on reintegration, but also fortify strategic network building. Relevant strategies are presented under the themes of:

1. **Entry**
2. **Stay and Rehabilitation**
3. **Assessing Readiness**
4. **Exit**
5. **Post-Reintegration**
6. **Values**
7. **Funding**

This report will demonstrate the commonality of challenges and practices alike faced by Maisha and others, while also providing innovative approaches.

[1] Patricia M. Fernandes, Verena Phipps-Ebeler, and Anna Lisa Schmidt, *Kenya gender-based violence service gap analysis at the county level* (World Bank, 2020), http://documents.worldbank.org/curated/en/486011588224486592.

Methodology

In order to better understand the environment in which Maisha works, the team performed a two-part literature review. The primary review consisted of examining grey literature and scholarship on transition approaches and best practices. The team investigated **existing models for safe house intake, transition, and reintegration** of survivors of sexual exploitation and trafficking and looked at the literature exploring what **factors (individual, institutional, contextual) facilitate or hinder successful reintegration in resource-constrained settings**. Following this, a media scan was conducted across various Kenyan media outlets, including but not limited to: The Standard, Daily Nation, and The Star. The objective of the scan was to search for **personal anecdotes on reintegration stories**, looking to identify commonalities, themes, successes and failures, recurrence, and most of all, how these personal stories can inform the semi-structured interviews.

In addition to the literature review, the team met with Maisha management to better assess the project goals (see Appendix 1). These meetings informed the development of an interview guide (see Appendix 2), compiling questions to raise with Maisha social workers. Semi-structured interviews were held with three Maisha social work staff members. Interviews adhered to ethics and data confidentiality principles, assuring participants that responses would only be used by the ORICE team and Maisha staff (not for external access or publication) and questions could be skipped. Interviews were recorded and transcribed.

Following the internal interviews, external comparative organizations were identified to contact for knowledge sharing interviews. Searching on Google and using the criteria noted below, the team identified 32 organizations located in Kenya, Tanzania, Ghana, South Africa, Uganda, Somaliland, and Ethiopia (see Appendix 3). These were approved by Maisha management before the team made contact.

Nine organizations were responsive and available for interviews (see Appendix 3 for full response rate analysis). The student team adapted the semi-structured interview guide with questions corresponding to topics and issues Maisha management identified and approved (see Appendix 4). All interviews were held in February 2026. Consent was obtained to record and transcribe the interviews, respondents were initially assured that recordings would be erased, but later consent to store them was sought. Transcripts have been stored for Maisha to access and utilize in future. A quote book of responses used directly in the findings can be found in the Appendix 5.

Search Criteria:

1. Located in similar social/economic systems to Kenya
2. Organizations in sub-Saharan Africa
3. Safe houses/shelters/temporary rehabilitation institutions with ultimate reintegration goals
4. In-house social worker staff
5. Survivors include women and/or children
6. Resource-constrained organizational settings, similar size/capacity to Maisha
7. Aligned with similar values to Maisha (hope, safety and protection, confidentiality, compassion, dignity, accountability, community-centred approach)
8. Have had successful reintegrations

Outcome	# of Total	% of Total
Attrition Rate		71.88%
No Response	18	56.25%
Denied	1	3.13%
No-Show	1	3.13%
Expressed Interest, No follow-up	3	9.38%
Confirmed (Interviewed)	**9**	28.13%
Total	**32**	

Figure 1: Table of response rate from contacted organizations

Transcripts from interviews with both Maisha staff and the external organizations were coded by the researchers in two phases to ensure inter-coder reliability. The analysis was done using an abductive coding approach, as follows. Initial codes were observed for specific processes (i.e., functions of the organization) and values (i.e., guiding principles or sentiments expressed by interviewees). The team began with the Maisha interview transcripts, narrowing down to six of the most relevant 'parent' codes, each of which had several 'child' codes (sub-sections of broader 'parent' codes).

The six codes were: **Internal Processes, Impacts of External Stakeholders, Survivor-centred Approach, Sustained Access to Opportunities, Capacity,** and **Aftercare**. Child codes are listed in full in the Appendix 6.

The same codes were applied for the external organization interview transcripts. In the process, the team identified the overarching themes to organize our analysis: **Entry, Stay, Assessing Readiness, Exit, Post-Reintegration, Values Governing Reintegration,** and **Funding.** These are mostly chronological stages to logically categorize the findings.

To situate our thematic findings, the team extracted statistics on the following features of each informant organization: Size of Organization/Capacity; Target group; Presence of formal reintegration policy; Organization's stated goal/aim; Presence of results management/indicator framework.

It should be noted that there is a range of capacity/funds and scale among the informant organizations, making some of their experiences or recommendations different from Maisha's real or potential experiences. Some organizations have different mandates, donor structures, and target demographics (age, gender, type of abuse) that make some responses in the data less relevant to Maisha's work. Further, differences in location (country, rural vs urban, tribal settings) and legal contexts could make the findings less applicable for Maisha. Finally, the longevity of these findings is context-dependent. This report serves as an evaluative inquiry rather than a formal research project. As such, the data is a reflection of contemporary reintegration processes in resource and geographic contexts similar to Maisha's. Major policy changes, operational changes, or changes in psychotherapeutic and medical practice may affect the continued relevance of this evaluation.

Literature Review

Best Practices for Reintegration Decision-Making in Literature	• Survivor-Centred Approach • Reintegration Location Flexibility • Staff Capacity Building • Multistakeholder Collaboration • Exit Review Committee
Assessing Reintegration Success: Participatory Data Collection	In order to assess the successes and failures of a reintegration, practitioners should use participatory data collection approaches.
Assessing Reintegration Success: Indicators	Indicators can be categorized in the following themes: • Internal Resources • Internal Motivators • External Motivators • External Support • Relationships

Figure 2: Summary of key findings from literature review

Literature highlighted that reintegration should follow a survivor-centred approach that prioritizes individual agency, safety, and well-being through a continuous process of assessment, preparation, and follow-up. This must include the evaluation of both survivor readiness and the safety and capacity of the receiving environment. This can be best accomplished through collaboration with external stakeholders. Additionally, Monitoring and Evaluation (M&E) systems are critical for tracking progress and improving processes, using participatory, ethical data collection and clear indicators to measure resilience, support systems, and reintegration outcomes.

Reintegration Decision-Making

In the reintegration process, the well-being and agency of the survivor should be prioritized by those with decision-making authority. According to literature, a survivor-centred approach "[maximizes] choice and [addresses] each survivor's unique needs, contexts, and coping strategies in the framework of a collaborative partnership,"[2] providing the means and an environment for empowerment. Thus, reintegration should be understood as a continuous process involving extensive preparation and follow-up, characterized by a framework with measurement tools and monitoring.[3]

When assessing a survivor's readiness to reintegrate, this process should be guided by a comprehensive understanding of the physical, intellectual, emotional, and social needs, problems, and rights of a child and of their parents or caregivers, placed within the wider environment of their community.[4] This assessment should include an examination of the survivor's mental and social preparedness, as well as their access to service providers for health, education, and vocational training.[5]

The second part of the assessment is the evaluation of the home and community that the survivor will be reintegrated into. The readiness of the receiving caregivers/guardians to care for the returning survivor, the adequacy of living conditions, and most importantly, the girl's safety and security should be determined.[6] Currently, family reintegration is the most sought-after method of reintegration. However, other strategies can also include the placement of a child into a family environment through foster care, kinship foster care, guardianship, adoption or "community-based care arrangements,"[7] the arrangement in which children stay within a community under the supervision of an adult in the community.

Reintegration should be catered to the individual; however, lack of consistent funding, proper infrastructure, and staff are major barriers to ensuring each exit strategy is individually tailored to each survivor while ensuring all fundamental bases are covered. Another limitation that can impede the flexibility of an exit is the lack of human resources which has been found to remain a critical factor in the poor performance of health services in Kenya.[8] Within a resource-limited environment, it is integral to invest in staff capacity building and collaborative activities with external stakeholders.

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[2] Lauren B. Cattaneo, Amanda M. Stylianou, Stephanie Hargrove, Lisa A. Goodman, Kris T. Gebhard, and Timothy W. Curby, "Survivor-Centered Practice and Survivor Empowerment: Evidence From A Research–Practitioner Partnership. Violence Against Women," 27(9), (2020): 1252-1272, https://doi.org/10.1177/1077801220935196

[3] Grace W. Ngare, Lucy Maina, Pacificah Okemwa, Okumba Miruka, Grace Okong'o, Isaac Kimunio, Pauline Kamau, Jane Njuguna, Lilian Kiruja and Simon Okoth, "Qualitative Assessment of Transformative Change in Lives of SGBV Survivors: Evidence from the Most Significant Change Stories' Technique." *KENYATTA UNIVERSITY WOMEN'S ECONOMIC EMPOWERMENT (KU-WEE) JOURNAL*, 1(1), (2025): 182–201, https://doi.org/10.33886/kuwee.v1i1.608 ; Global Coalition for Reintegration of Child Soldiers. *Gaps and Needs for Successful Reintegration of children associated with armed groups or armed forces,* (2020), https://childrenandarmedconflict.un.org/wp-content/uploads/2021/07/Gaps-and-needs-for-Successful-Reintegration-of-CAFAAG.pdf

[4] Government of Kenya & UNICEF, *National standards for best practices in charitable children's institutions,* (2013), http://openaid.esteri.it/media/documents/National_Standards_for_best_practices_in_charitable_childrens_institutions_1.pdf

[5] International Organization for Migration & Samuel Hall, *Monitoring the reintegration of trafficking survivors: Study and toolkit – Executive summary*, (2022), https://publications.iom.int/system/files/pdf/pub2022-114-el-study-and-toolkit-monitoring-exec-sum.pdf

[6] International Organization for Migration & Hall. *Monitoring the reintegration of trafficking survivors: Study and toolkit – Executive summary.*

[7] Government of Kenya & UNICEF. *National standards for best practices in charitable children's institutions.*

[8] Lina Digolo, Carolyne Ajema, Millicent Kiruki, Maryline Mireku, Ronald Kotut, Chi-Chi Undie, "The use of case advocates to manage child survivors of sexual violence in public health facilities in Kenya: A qualitative study exploring the perceptions of child survivors, care givers and health care providers," *Child Abuse & Neglect, Volume 116, Part 1,* (2021), doi: 10.1016/j.chiabu.2020.104376.

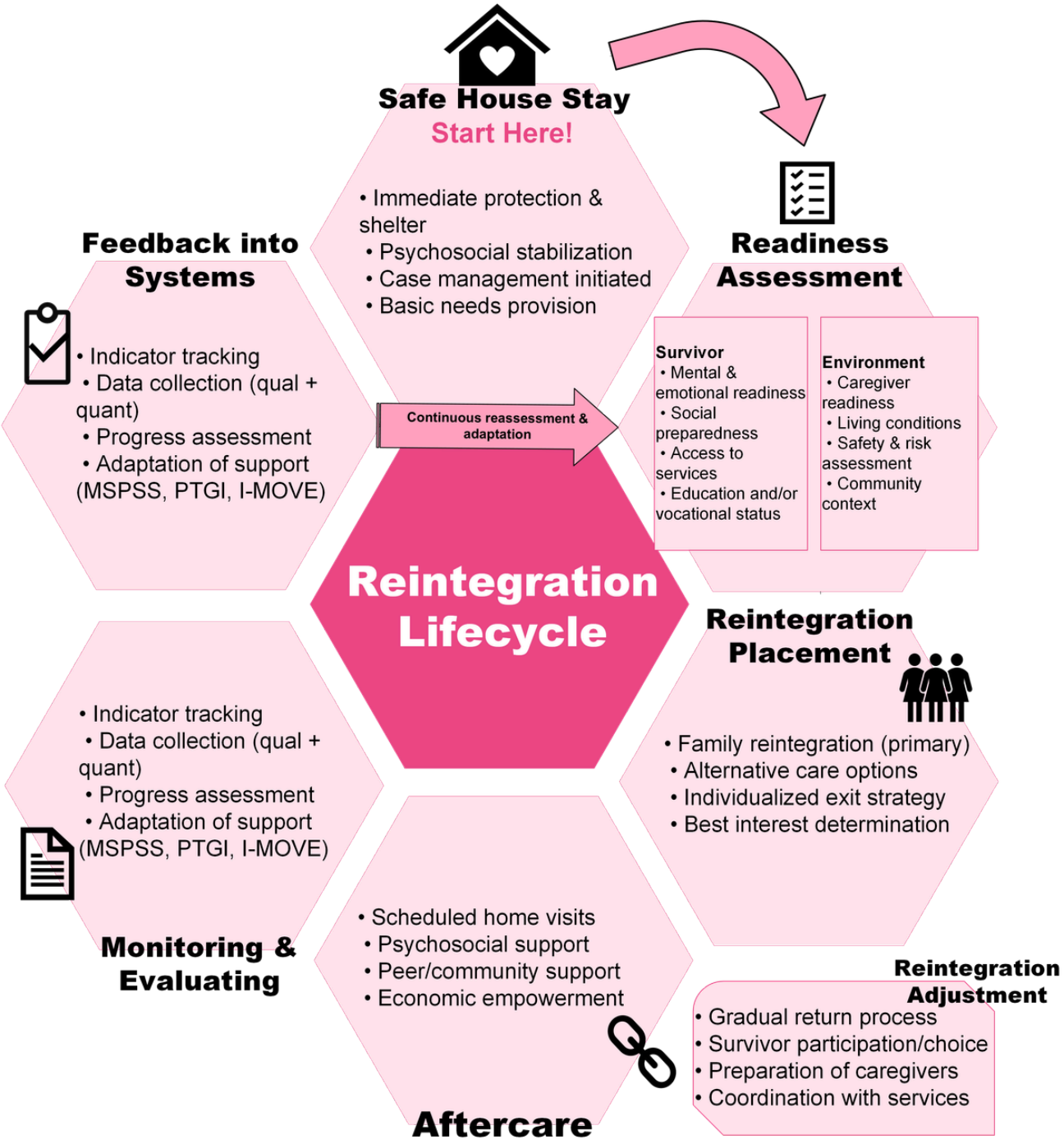


Figure 2. Diagram showing the cyclical, survivor-centred process of reintegration involving assessment, placement, transition, aftercare, and continuous monitoring and adaptation.

The safe house plays a central and complex service role, not only as a protective shelter but also as a hub for case management, psychosocial support, education, legal referrals, and long-term reintegration planning.[9] However, due to frequent resource constraints, safe houses often cannot independently guarantee successful reintegrations. Literature emphasizes coordinated multi-stakeholder involvement — linking safe houses with healthcare systems, community actors, schools, and government institutions — as essential for reintegration plans to be effective, sustainable, and tailored to survivors' needs. Stakeholders involved in reintegration can be grouped into three categories:

1. **Individual stakeholders** which includes survivors who are reintegrating, their families, and their case-workers;
2. **Service stakeholders**, who provide frontline services to those reintegrating back into their communities;
3. **Structural stakeholders** such as governments and policy frameworks who determine the broader conditions, resources, and protections that shape whether reintegration is safe, sustainable, and supported.

Despite the recognized importance of community support enforced through "building or rebuilding mutually affirming relationships, so that local and socio-cultural relationships, institutional arrangements, and economic processes help to prevent the revictimization of survivors" upon reintegration, survivors across different contexts face many challenges and barriers.[10] The aftercare strategies documented in literature emphasize the ongoing need to monitor how well an individual is adjusting to a reintegration and to ensure that they receive the necessary support throughout that transition.[11] To achieve this, the National Standards for Best Practices in Child Caring Institutions (CCI) report recommends that a written care plan be developed, specifying the frequency and dates of visits to the new home, with a social worker or key worker responsible for executing and implementing the aftercare follow-up plan.[12] Alongside this, the same report outlines the need to establish an "Exit Review Committee" consisting of the manager of the organization, a social worker, one administrator, the parent/guardian/caregiver, and the housemother.[13] The role of this committee is to monitor trends on performance, keep track of successful and unsuccessful cases, ensure the exit strategy for the child is sound, and that all arrangements for placement are suitable and protective of the child.[14] Increasing survivor-led peer support has been suggested as a means to enhance empowerment and adaptability to the community upon return, with the aim of reducing challenges in interpersonal relationships and their consequences.[15]

Similarly, there has been a focus on community and community-based programs in the reintegration process that include youth groups, dialogue groups, and broader community education for stigma reduction.[16] Social stigma has been consistently documented as a barrier to successful reintegration, influencing the effectiveness of aftercare strategies. In addition to increasing social support, studies have demonstrated the efficacy of incorporating economic empowerment activities as an aftercare strategy.[17] These may include access to micro-credits to support the creation of a small business, or additional vocational training to address economic hardship, fostering greater independence, and long-term stability.[18]

[9] Inter-Agency Standing Committee (IASC), *Guidelines for gender-based violence interventions in humanitarian settings. United Nations,* (2005), https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2019/05/report/guidelines-for-gender-based-violence-interventions-in-humanitarian-settings/453492294.pdf

[10] Luke S. Beaurop, "Reintegration as an Emerging Vision of Justice for Victims of Human Trafficking." *International Migration*, vol. 54, no. 4, (2016): 165-79, doi:10.1111/imig.12248.

[11] Government of Kenya & UNICEF. *National standards for best practices in charitable children's institutions.*

[12] Government of Kenya & UNICEF. National standards for best practices in charitable children's institutions.

[13] Government of Kenya & UNICEF. *National standards for best practices in charitable children's institutions.*

[14] Government of Kenya & UNICEF. *National standards for best practices in charitable children's institutions.*

[15] Arif Ullah, Md. Shakhawat Hossain, and Soriya Z. Emo, "Key Challenges Experienced by Bangladeshi Human Trafficking Survivors During Social Reintegration: Insights from Survivors, Experts, and Social Workers," *Journal of Evidence-Based Social Work, 22(3),(2025): 334–356.* https://doi.org/10.1080/26408066.2025.2456760

[16] Agathe, Malardel, and Shinhye Park, "Reintegration of Gender-Based Sexual Violence Survivors in Post-Conflict Reconstruction Settings." SNU Journal of International Affairs, 4(1), (2020): 37-62. https://snujiaorg.wordpress.com/wp-content/uploads/2020/10/snujia-4.1.pdf

[17] Ullah et al., "Key Challenges Experienced by Bangladeshi Human Trafficking Survivors During Social Reintegration: Insights from Survivors, Experts, and Social Workers." ; Malardel, and Park, "Reintegration of Gender-Based Sexual Violence Survivors in Post-Conflict Reconstruction Settings."

[18] Ullah, et al., "Key Challenges Experienced by Bangladeshi Human Trafficking Survivors During Social Reintegration: Insights from Survivors, Experts, and Social Workers." ; Malardel, and Park, "Reintegration of Gender-Based Sexual Violence Survivors in Post-Conflict Reconstruction Settings."

Assessing Reintegration

Monitoring and Evaluation (M&E) systems for assessing reintegration strategies and success are becoming increasingly important due to growing demands for accountability and transparency from stakeholders. The integration of M&E principles helps to track progress, identify challenges, make evidence-based decisions, and continuously improve interventions to achieve the desired impact.[19] Some promising practices for M&E include, but are not limited to, collaboration, contextualization, developing and selecting indicators, safety concerns for affected populations and staff, and staff capacity and engagement.[20]

According to literature, designing M&E approaches and tools for GBV risk and mitigation activities encompass: ensuring a sufficient time frame and budget for the design of M&E components and consultative processes and maintaining feasibility and flexibility for the given context.[21] Tools should be user-friendly, adaptable, GBV terminology-specific, and should be utilized based on timeframe and resources.[22]

When developing a theory of change, organizations must be realistic about the change that can occur within resource-limited settings. It is better to "focus on doing this well rather than create an ambiguous theory of change that cannot be recognized."[23] Overarching goals should be established alongside midterm objectives and specific activities to achieve said objectives. "Program objectives should realistically reflect what is expected to change"[24] within a given time frame and should consist of primary objectives and secondary targets.

[19] Rutendo S. Dandajena and Dr. Eugenia Nkechi Irechukwu, "Monitoring and Evaluation Guiding Principles and Performance of Gender-Based Violence Programs in Nyarugenge District Rwanda. Journal of Entrepreneurship & Project Management," 7(2), (2023):113–132. https://doi.org/10.53819/81018102t6059

[20] Vandana Sharma, Emily Ausubel, Christine Heckman, Sonia Rastogi and Jocelyn T.D. Kelly, "Promising practices for the monitoring and evaluation of gender-based violence risk mitigation interventions in humanitarian response: a multi-methods study," *Confl Health 16, 11,* (2022), https://doi.org/10.1186/s13031-022-00442-4

[21] Sharma et al., "Promising practices for the monitoring and evaluation of gender-based violence risk mitigation interventions in humanitarian response: a multi-methods study."

[22] Sharma et al., "Promising practices for the monitoring and evaluation of gender-based violence risk mitigation interventions in humanitarian response: a multi-methods study."

[23] The Global Women's Institute, *Gender-Based Violence Research, Monitoring and Evaluation with Refugee and Conflict-Affected Population - A Manual and Toolkit for Researchers and Practitioners,* (George Washington University, 2021), https://buildgbvevidence.gwu.edu/sites/g/files/zaxdzs6276/files/downloads/GWI%20manual%20ENG%20_FINAL_a11y.pdf

[24] The Global Women's Institute, *Gender-Based Violence Research, Monitoring and Evaluation with Refugee and Conflict-Affected Population - A Manual and Toolkit for Researchers and Practitioners.*

[24] The Global Women's Institute, *Gender-Based Violence Research, Monitoring and Evaluation with Refugee and Conflict-Affected Population - A Manual and Toolkit for Researchers and Practitioners.*

Process Evaluations

It is essential for organizations to conduct evaluations of their processes, focusing "on the execution of a program"[25] separately from program impact. Ensuring quality of processes can be difficult for smaller organizations, as they are often "caught between the immediate needs of [their] clients…and the longer-term needs to deliver a good service."[26] When assessing internal processes of monitoring and evaluation, some organizations may build up their own internal quality system, while others may "adopt a quality assurance system - a formal, nationally recognised, process."[27]

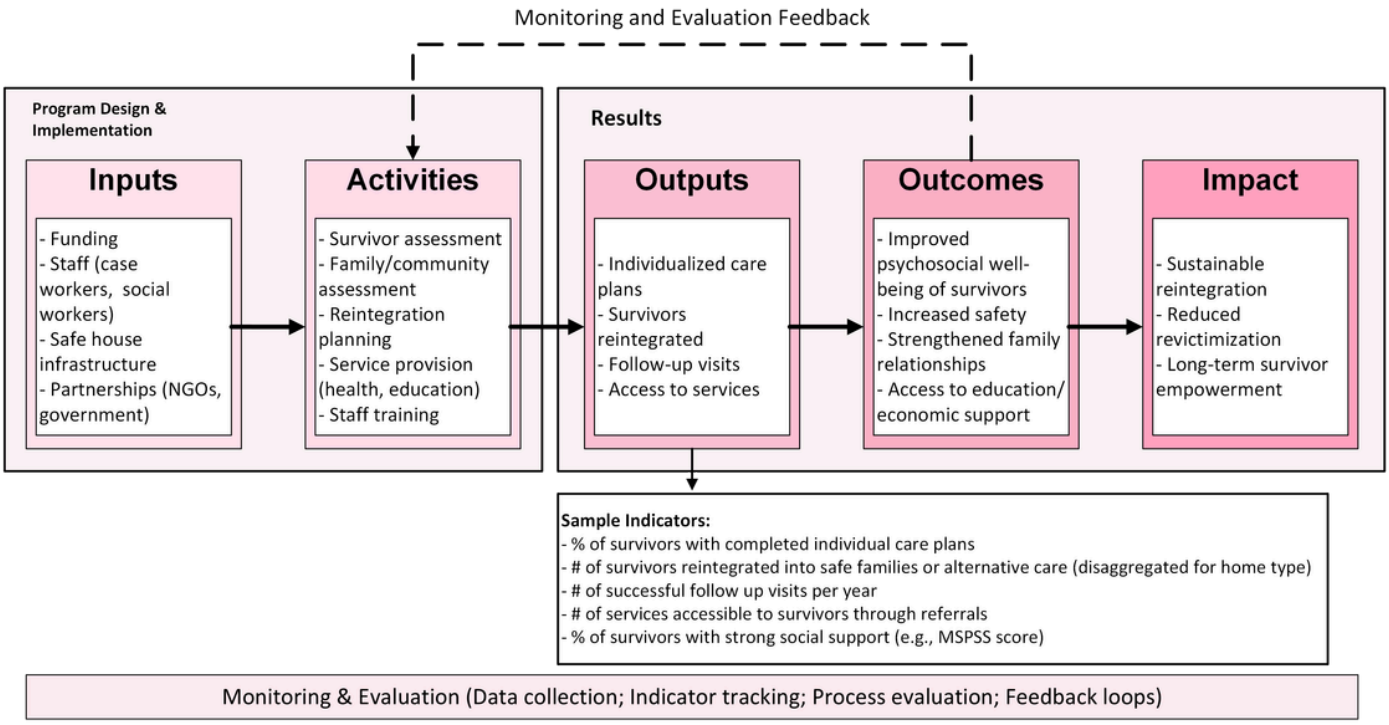


Figure 3. Diagram illustrating the theory of change for reintegration programming, outlining the causal pathway from inputs and activities to outputs, outcomes, and impact, supported by integrated monitoring and evaluation processes.

[25] The Global Women's Institute, Gender-Based Violence Research, Monitoring and Evaluation with Refugee and Conflict-Affected Population - A Manual and Toolkit for Researchers and Practitioners.

[26] Meg Callanan, Ashley Brown, Caroline Turley and Julian Roberts, *Evidence and Practice Review of Support for Victims and Outcome Measurement*, (Ministry of Justice UK, 2012). https://assets.publishing.service.gov.uk/media/5a7c6e9ded915d6969f44d12/evidence-practice-review-support-for-victims-outcome-measurement.pdf

[27] Resource Centre. *Quality Systems - Systems for improving your organisation: a brief guide to Quality,* (2011), https://www.resourcecentre.org.uk/wp-content/uploads/2013/04/quality.pdf

Data Collection

In order to conduct an evaluation of both individual cases and the organization's process, data can be collected through interviews, focus groups, etc. Data collection should maintain informed consent, feedback mechanisms, consider the safety of stakeholders, ensure adequate representation and involve participatory approaches.[28] Analysis of data should include triangulation from multiple sources to assess consistency and strength of evidence and findings should be used to identify issues that require immediate action.

Participatory data collection can be integrated through a variety of pathways as demonstrated in Table 1 in Appendix 7, however some particular methods can be highlighted for assessing reintegration success.

- **Mapping** (community, social and body) is the practice of visualizing different aspects of an environment and personal experiences in and outside of the safe house. This includes the mapping of physical areas in a community, the mapping of non-physical aspects and relationships and the mapping of one's own body, all which can be useful tools in determining whether or not indicators of successful reintegration and healing are met in a holistic way.[29]
- **Free listing and ranking** is best done in a group but it can involve gathering multiple survivors to rank what parts of the reintegration process they found most helpful in their healing, sentiments they align with, etc. which can aid in assessing components of the process and the outcomes.[30]
- The most straightforward method however, is the one "in which stakeholders involved in the program explain the most significant change that they have seen the program achieve."[31]

Assessment can also be completed by surveying individuals. GBV-Heal and the Posttraumatic Growth Inventory (PTGI) which can be found in more detail in Table 1 in Appendix 7 are two tools that may be used to evaluate an individual's psychometric healing. Evaluators may also choose to create their own survey tool. In developing an instrument to measure success, important elements that should be present in questions can be explored through three sample principles: ensuring that wording "implies that there are no wrong or right answers,"[32] enable survey participants to utilize deductive and inductive thinking and are able to explore both general and conceptual factors, as well as draw on specific observations.

Another technique that can be utilized, is aiding the survivor in visualizing and imagining either themselves or "a specific child and base their responses on that child,"[33] as it could allow respondents to think in concrete terms. It is important to note however that for all types of data collection and assessment, adequate training must be provided to staff to ensure the individual is supported throughout the process.

[28] Sharma et al., "Promising practices for the monitoring and evaluation of gender-based violence risk mitigation interventions in humanitarian response: a multi-methods study."
[29] Sharma et al., "Promising practices for the monitoring and evaluation of gender-based violence risk mitigation interventions in humanitarian response: a multi-methods study."
[30] Sharma et al., "Promising practices for the monitoring and evaluation of gender-based violence risk mitigation interventions in humanitarian response: a multi-methods study."
[31] Sharma et al., "Promising practices for the monitoring and evaluation of gender-based violence risk mitigation interventions in humanitarian response: a multi-methods study."
[32] Gundelina Velazco, "REINTEGRATION in Aftercare: Theory and Practice — Developing an instrument to measure success of reintegration of traffic survivors; formulating a philosophy and program of reintegration based on the instrument," *Third Annual Interdisciplinary Conference on Human Trafficking,* (2011) https://digitalcommons.unl.edu/humtraffconf3/15
[33] Velazco, "REINTEGRATION in Aftercare: Theory and Practice -- Developing an instrument to measure success of reintegration of traffic survivors; formulating a philosophy and program of reintegration based on the instrument"

Developing Indicators for Assessing Reintegrations

Collected data should be compared with a set of criteria or indicators. Indicators must be specific, reliable, comparable, non-directional, observable, measurable, and programmatically relevant.[34] When determining indicators, they should be directly tied to outputs/outcomes/impact.

I-MOVE is a tool used to address the "full spectrum of healing resources, including legal status, parenting roles, and culturally appropriate services"[35] for gender-based violence survivors. While the original tool consisted of 57 indicators, 22 were highlighted and separated into three different themes within literature.[36]

- **Internal resources** (personal strengths, skills, and abilities an individual has within themselves that help them cope with difficult situations) consist of nine indicators: meaning/higher purpose, recognizing worthiness, personal development, emerging hope, emotional relief, resilience, self-efficacy, self-compassion, and trust in self.
- **Internal motivator indicators** include: protecting children, breaking points, gaining power from other survivors, and desire for change. External motivator indicators include: change in environment, social justice awareness, and sense of responsibility.
- Last but not least, **external support indicators** include: social network, social structures, social movement, policy guidelines, connection to professional support, and trust in institutions.

Multidimensional Scale of Perceived Social Support (MSPSS) is a 12-item indicator scale designed to measure perceived support through relationships.[37] Using a likert scale, participants are asked to decide what they best align various statements that can be found in the Appendix 7. This indicator scale can be used to assess survivor relationships post-reintegration, and whether or not they have the support system needed to thrive.

The indicator tools mentioned above can be found summarized in Appendix 7, however it is important to note that these tools should be adapted to Maisha's systems and goals prior to usage.

[34] Sharma et al., "Promising practices for the monitoring and evaluation of gender-based violence risk mitigation interventions in humanitarian response: a multi-methods study." ; Farida B. Mughal, Laura Sinko, Denise S. Arnault, "Development and Validation of the Motivators and Resources for Trauma Recovery Scale for Gender-based Violence Survivors," *Nursing Research 75(2)(2026): 121-128*, DOI: 10.1097/NNR.0000000000000876

[35] Mughal et al., "Development and Validation of the Motivators and Resources for Trauma Recovery Scale for Gender-based Violence Survivors."

[36] Sharma et al., "Promising practices for the monitoring and evaluation of gender-based violence risk mitigation interventions in humanitarian response: a multi-methods study."

[37] Zimet, Gregory. (2016). Multidimensional Scale of Perceived Social Support (MSPSS) - Scale Items and Scoring Information.

Contextualization

Organizational Background

Maisha Girls Safe House (Maisha) is a grass-roots NGO that reaches out to, receives, and protects girls from sexual and gender- based violence and human trafficking. Maisha's mission is to achieve a world where girls and women are free from all forms of sexual violence. While Maisha supports several community-based safe spaces to protect vulnerable girls and women before they are exploited, their main initiative is the safe house. At the safe house, girl survivors under the ages of 19 who are survivors of sexual abuse are housed and supported through providing access to basic needs, healthcare provisions, trauma healing processes, and legal guidance. Family tracing, reconciliation efforts, and reintegration processes are also key elements of the girl's stay at Maisha.

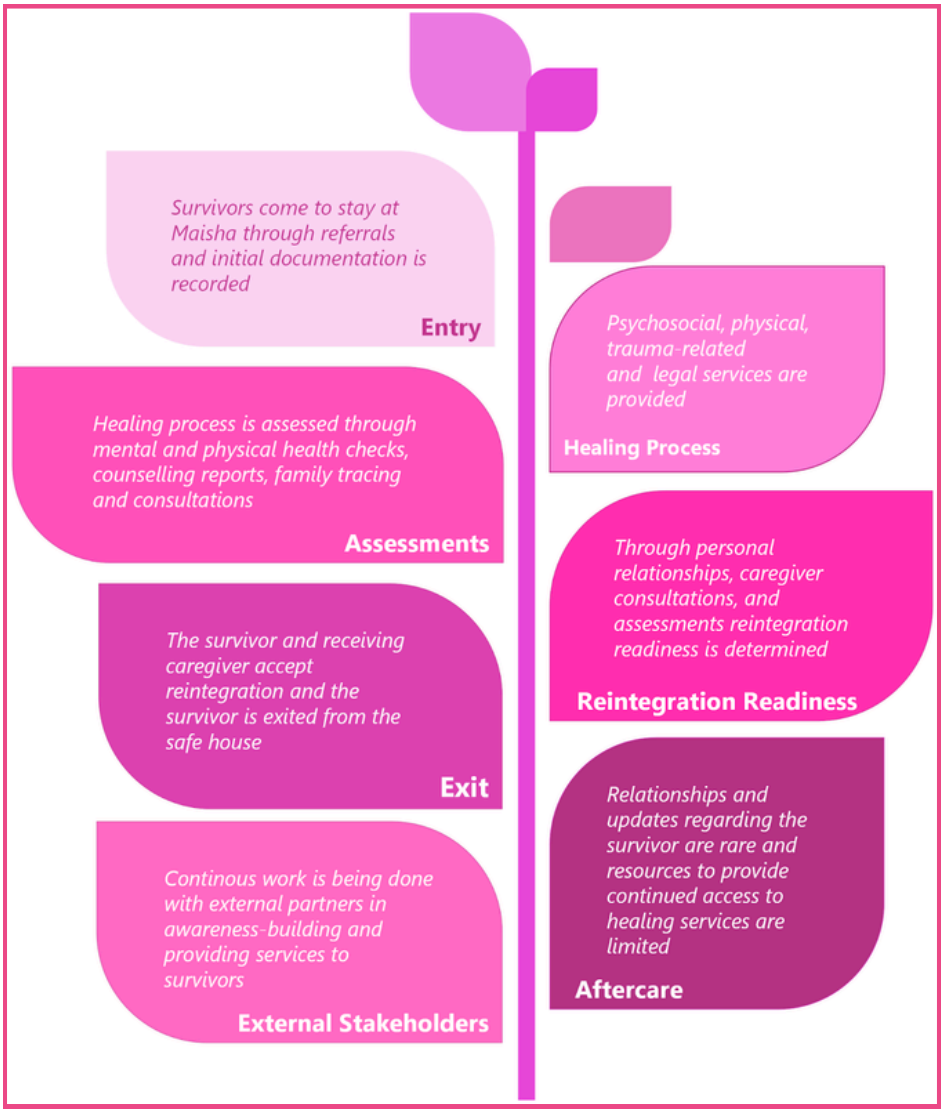


Figure 4: Diagram of the reintegration process at Maisha

These findings were collected from interviews conducted with the Maisha social workers and from conversations with the management at Maisha.

Component of Service	Main Gaps Identified
Aftercare	Ability to offer continued access to healing resources (such as keeping up with updates on the girl, access to counselling, no knowledge of vulnerability of the girl, access to education, etc.). Survivors who are minors do not have their own internet or phones also makes it difficult for online check-ins, adding a layer of complexity. Maisha is interested in **strategies to continue contact** with reintegrated survivors and **resource-restraint offsetting activities** to allow for continued access to services post-reintegration.
Resource capacity	Constrained resources are the main driving reason for the difficulty in providing aftercare and continued access to healing resources post-reintegration. Because funds and resources are constrained, there is a larger concentration of resources in providing services for the needs of the survivor when they are at the Safe House than when they are back in the community or reunited with their family. Maisha expressed interest in **strategies for broadening and diversifying sources of funding, donations, and resource procurement**. Also interested in learning **ways to stretch existing funds and resources** in creative and innovative ways to meet the needs of the survivors and organization.
Variability of cases	Every survivor's case is different, and there are adjustments in the care and support given based on the unique circumstances of survivors. Reintegration plans need to be tailored and adjusted based on the acceptance and healing process of the survivor, the receiving caregiver, the threats the survivor faces, the orders coming from external partners such as courts, the age and the dependent status of the survivor. Maisha expressed interest in strategies for **an overarching reintegration policy or guideline** that remains survivor-centred, trauma-informed, and flexible.

Component of Service	Main Gaps Identified
Acceptance of reintegration	A smooth and successful reintegration process can be challenged if there are parties involved that are not accepting of the reintegration. Possible parties can include the survivor, the receiving party (family, community, etc.), the safe house, external stakeholders, and more. When there is a disconnect in the level of acceptance of the reintegration process, the survivor may feel a lack of agency in their reintegration or may be prematurely placed into a vulnerable situation. Maisha is interested in **strategies for ensuring that all parties involved in the reintegration process can progress** at a similar pace of understanding and healing.
Revictimization	Revictimization is when a survivor experiences a vulnerable situation after reintegration. Revictimization can be made worse by systemic conditions such as continued lack of healing or continued economic precarity in the household. There is a strong desire for long term and sustained healing for the survivor, but also for the household or community they are reintegrating into to reduce the chances of revictimization. Maisha is interested in **strategies for holistically ensuring that survivors are sufficiently healed** in the reintegration process, **involving the community** to prevent revictimization, and **strengthening the household in economic and behavioural support**.
Stigma and continued judgement	Social acceptance and treatment of gender and sexual-based violence remains harmful to survivors who must endure judgment and stigmatization in their communities, schools and homes. Maisha expressed interest in **strategies to build awareness on sexual and gender-based violence** in the community and in other social areas such as schools and homes.

Component of Service	Main Gaps Identified
Continued instability and lack of safety after reintegration	Continued circumstances such as poverty, substance-abuse or vulnerability of the safety of the survivor post-reintegration can lead to trauma symptoms, revictimization and new vulnerabilities that the survivor must navigate. These issues are often systemic in nature and can be difficult to alleviate with monetary or one-off provisions of resources. Maisha expressed interest in **strategies to support long-term economic household strengthening** and to increase household and community practices of resource stewardship.
Collaboration with external stakeholders	Safe houses work closely with external stakeholders (government institutions, police offices, DCIs, courts, other NGOs, etc.), but there are varying degrees of agency that Maisha can exercise in those relationships. For instance, there may be court orders to reintegrate a survivor even if Maisha or the survivor do not think that they are reintegration-ready. These decisions and partnerships with external stakeholders can impose great variability in Maisha's operations. Maisha is interested in **strategies for improving and increasing Maisha agency in relation to external stakeholders** and partners to provide holistic care to survivors.

Overview of Organizations

Nine external organizations participated in knowledge sharing interviews. A brief indication of each organization's capacity, scale and experience is available below to help contextualize their practices in the results and thus the relevance to Maisha Girls Safe House.

Appendix 8 contains a full organization chart providing the contact information and comprehensive organizational characteristics for each organization.

Organization	Capacity & Experience
Ark Foundation	Accra, Ghana. Operational since 1999. Safe house capacity of 13, serving women, girls, and children facing SGBV. Offers additional programs to safe house.
Makueni County Shelter	Makueni, Kenya. Operational since 2020. Safe house capacity of 14, serving women and men surviving SGBV, only accompanied children.
Mahali Pa Usalama	Mombasa, Kenya. Operational since 2008. Safe house capacity of 70 per year (4-6 months average stay), serving children surviving all kinds of abuse. Offers additional programs to safe house.
Woman's Hope Kenya	Nairobi, Kenya. Operational since 2007. Safe house capacity of 100, serving women surviving GBV and their children.
Mary Faith Children Centre	Nairobi, Kenya. Operational since 2004. Safe house capacity of 150, serving children facing all kinds of abuse, mainly sexual.
Trace Kenya	Mombasa, Kenya. Operational since 2021. Safe house capacity not stated. Serving children experiencing GBV or trafficking. Offers additional programs to safe house.
Rahab Uganda	Kampala, Uganda. Operational since 2006. Safe house capacity of 28, serving children surviving all kinds of abuse. Offers additional programs to safe house.
Ripples International	Meru, Kenya. Operational since 2002. Safe house capacity of 60, serving girl children surviving all kinds of abuse. Offers additional programs to safe house.
Saartjie Baartman Centre	Cape Town, South Africa. Operational since 1999. Safe house capacity of 120, serving women and girls surviving GBV. Offers additional programs to safe house.

Findings: Entry

Summary:

- External stakeholders should share survivor-centred principles and trauma-informed approaches.
- As much information as possible should be gathered and documented upon entry to help with legal processes and reintegration assessment.
- Transparency and communication with survivors about the temporality of stay from the point of entry is important to autonomy and stability.
- Survivor's goals or needs for rehabilitation/reintegration should be assessed and tailored to the case upon entry.

All nine organizations referenced safe house entry processes in the interviews, with multiple interviewees framing reintegration as a process that begins at the moment of entry into the safe house (Ripples International, Saartjie Baartman Centre, and Rahab Uganda). Many external stakeholders, especially referral institutions, are involved in entry. Organizations touched on the significance of sharing a "child at the centre" approach as the foundation of close working relationships with these stakeholders from the point of entry (Mahali Pa Usalama and Rahab Uganda). This ensures that institutions involved are able to prioritize and respond to the case as quickly and efficiently as possible when called upon (Ark Foundation and Mahali Pa Usalama). Rahab Uganda trains police family protection units responding to a case in trauma-informed approaches. This may account for gaps in the system and ensure the continuity of a trauma-informed approach across institutions interacting with survivors.

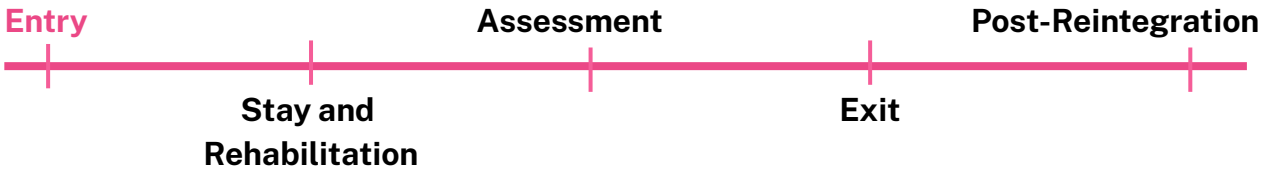
Three organizations emphasized the importance of gathering all information available and creating comprehensive, systematic documentation immediately upon entry to follow and prove legal requirements as well as to assist with preparedness for exit and reintegration (Mary Faith Children Centre, Women's Hope Centre, and Ripples International). This entails ensuring strong data-sharing processes with referral institutions when a survivor is received from them (Trace Kenya). At least two organizations specified using an entry form to collect this information (Ripples International and Makueni County Shelter). For Ripples International, each case file contains a section for admission documents such as referrals and court committals.

Transparency and communication with survivors is important during entry. Although timelines of stay cannot always be known at the beginning of a stay, two interviewees spoke about the importance of clearly communicating to survivors upon entry that their stay at the safe house would be temporary, that is, not somewhere they would stay forever, but a space for their recovery and healing (Woman's Hope Centre and Makueni County Shelter). For survivors who will only remain for a few days at the safe house, Mahali Pa Usalama expressed the importance of walking the child through what they should expect to happen each day, while other residents should be told that the child is a 'visitor' for only a few days. This also involves clearly communicating the kinds of support the organization is and is not capable of providing, and for how long they will be able to provide this support (i.e., that support will end or change upon reintegration) (Makueni County Shelter). This way, the change in support upon exit will be less unexpected or disruptive.

Interviewees specified that counselling and engagement with survivors during entry helps organizations to understand the unique experience, mental health status, and types of danger or trauma that the survivor is dealing with when they come in (Ripples International and Mary Faith Children Centre). Information sharing with survivors and case planning can then be adapted accordingly. For instance, Ark Foundation explained that survivors entering with poor mental health status are intentionally not told the length of their stay in order to focus on addressing immediate needs and not overload survivors with information, while those entering with better mental health status may be told that they are expected to stay for up to six months. This transparency also ensures autonomy; survivors may also be asked what their vision of reintegration is upon entry, such as where they would like to transition to or who they would like their caregivers to be (Ripples International). Interviewees specified practices at entry that helped to view survivors' cases with the long-term goal of reintegration. Certain organizations utilize more formal 'intake assessments,' treatment plans, and 'goals for admission' or 'needs for the survivor' in this process to explicitly identify the goals of the stay that need to be met in order for reintegration to take place (Ripples International, Ark Foundation, and Saartjie Baartman Centre). Thus, these goals can be reviewed during reintegration preparations.

Best/Innovative practices and strategies:

Strategy	Adaptation for Maisha
Assess admission goals upon entry	Assess needs for reintegration upon entry in the form of an intake assessment, list of admission goals, or individualized treatment plan. Ask survivors what their needs or hopes are for the process. **Challenge Addressed:** Continued instability and lack of safety after reintegration; Revictimization **Adaptation for Maisha:** Integrate assessment into the entry form or initial counselling sessions. Proposed by: Ripples International, Ark Foundation, and Saartjie Baartman Centre
External stakeholder training	Train law enforcement or other collaborators in trauma-informed approaches. **Challenge Addressed:** Collaboration with external stakeholders **Adaptation for Maisha:** Maisha may not have capacity to train; perhaps Maisha could introduce advocacy among government stakeholders in the care network for more awareness and training. Proposed by: Rahab Uganda



Findings: Stay and Rehabilitation

Summary:

- Organizations cited the importance of holistic care encompassing all aspects of psychosocial support, ensuring education provisions and opportunities for self-development, strengthening communal relationships, and employing an individualized care approach.
- Challenges emphasized across most organizations were related to operating in resource and finance constrained environments, whereby organizations had to deliberate what areas of rehabilitation while at the safe house should be prioritized.
- Collaborating with external stakeholders (community partners, government institutions, and linkages), diversifying resource collection, family co-counselling, and educational partnerships are included recommended practices.

All nine organizations emphasized the importance of a survivor-centred approach, which underlines the importance of holistic care through psychosocial support–counselling and trauma therapy. These practices are oftentimes facilitated with external linkages with volunteer therapists, hospital partners, or other psychiatric service collaboration. In particular, organizations such as Mary Faith Children, Mahali Pa Usalama, and Woman's Hope Centre, cite the importance of individualization through specialized medical or psychosocial care. Saartjie Baartman enables this through collaborating with the survivor and to develop an individual development plan (IDP) that accompanies basic containment therapy, a psychotherapeutic strategy whereby a therapist acts as a 'container' for a survivor's difficult emotions. Six of the organizations stated not having an informal reintegration plan due to the nature of survivor-specific care. Additionally, in the case a survivor requires legal redress, organizations like Ripples International support survivors' access to justice, which involves working closely with the legal department to draft protection orders for cases where the survivor's perpetrator is a close family or community member.

All organizations cited the importance of maintaining access to education, even if it is not through the official school system. This is the case for Mahali Pa Usalama who follows the school syllabus using approved books delivered by trained teachers at the shelter, while communicating to the school the survivor comes from, that this will be the case for as long as the survivor is in the safe house. Rahab Uganda outlines the importance of catching up students on literacy and comprehension in order to bring them up to the level of their peers. Mahali Pa Usalama also provides vocational training on beading, crochet, and basket weaving in foresight of possible entrepreneurship. Trace Kenya on the other hand, takes on a more individualized approach, allowing the survivors themselves to determine if they choose vocational training in technical institutions or schooling in an academic setting. Furthermore, Saartjie Baartman offers workshops on sexual and reproductive health and offers an immunization program. Rahab Uganda emphasized the importance of instilling a sense of structure and routine in the survivors daily life, through therapy, skill training, community activities and supplementary schooling.

Throughout the survivor's stay at the safe house, Rahab Uganda, currently in the process of digitizing all their data, notes maintaining what they term as a 'Victim Case Management System' with a coding system, that is either physical or digital, and captures how the survivors are changing throughout their stay, including assessment for psychiatric support, assessment for school, and academic records. Mary Faith Children similarly keeps a record of counselling notes for specific cases.

Across all nine organizations, the biggest barrier to providing additional care, support, and rehabilitation services are capacity restraints. As such, organizations craft solutions and restrictions around temporality and diversifying/outsourcing services while survivors stay at their centres. For one, organizations like Mary Faith Children and Trace Kenya, and Makueni County Shelter only take a certain number of survivors, and will connect with other safe houses to ensure survivors are housed. Trace Kenya and Rahab Uganda outline the importance of diversifying resources and cooperating through a multi-agency approach. Saartjie Baartman suggests working with the private sector to give survivors educational coaching.

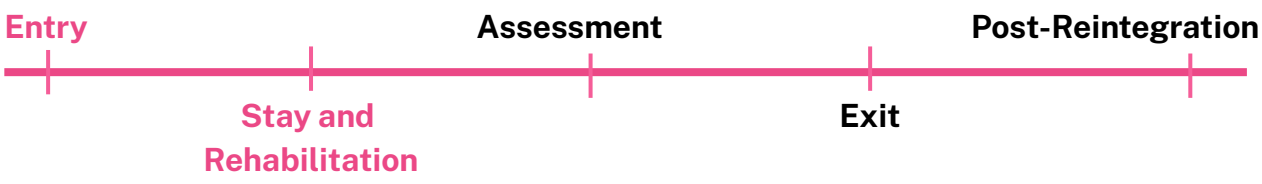
A significant recommendation is having family members engage in co-counselling, as a component of holistic healing and a way to promote shifts in the relationship between family members and the survivor and the post-reintegration environment that ensures sustained emotional, physical, and mental safety of the survivor. This can involve co-counselling, coaching guardians in parenting skills, and educating family members on survivor needs. Saartjie Baartman Centre states that they conduct reintegration work with the family to have conversations about any reintegration challenges, while Mary Faith Children recognizes that parents carry their own trauma that should be addressed in order to support the survivor. Mahali Pa Usalama offers counseling to the guardian prior to reintegrating the survivor, and Rahab Uganda offers not only family counseling as a way to inquire into any persisting problems at home, but also parental meetings for coachings on positive parenting and shifting social and cultural narratives that can protect against stigmatization. Ripples International conducts family reintegration counselling that involves refamiliarizing the family with the survivors needs and contributes to the caregivers acceptance.

Best/Innovative practices and strategies:

Strategy	Adaptation for Maisha
Family Co-counselling	Family and guardians receive therapy themselves to understand their child's experience and adapt their behaviours to better support the survivor when they return home. **Challenge Addressed:** Recivitimization; Stigma and continued judgement; Awareness Building **Adaptation for Maisha:** During family-visits, Maisha can look to having conversations with family members as to how to best support the emotional needs of the child post-reintegration. Maisha can look towards delegating resources to co-counselling programs for collective healing Proposed by: Mahali Pa Usalama and Mary Faith Children

Strategy	Adaptation for Maisha
Partnerships for Education/ Professional Development	Through partnering with businesses, charities, and other external organizations survivors can gain practical and entrepreneurial skills through selling their creations. **Challenge Addressed:** Aftercare; Resource Capacity **Adaptation for Maisha:** Collaborating with external organizations like markets, businesses, and charities whereby survivors can sell any crafts they make and generate a small income while staying at the safehouse. Proposed by: Mary Faith Children and Saartjie Baartman Centre
Skills Development - IT and finance	Trainings in IT skills and financial literacy to improve survivors skills to bolster autonomy. **Challenge Addressed:** Household Economic Building **Adaptation for Maisha:** Collaborating with external organizations that can provide trainings in IT and financial literacy for older girls. Proposed by: Trace Kenya
Artistic Activities	Use of additional therapeutic practices such as drawing, dancing, theatre, and other artistic pursuits to build joy and confidence. **Challenge Addressed:** Resource Capacity **Adaptation for Maisha:** Integrating artistic group activities and workshops, potentially through collaborations.

Strategy	Adaptation for Maisha
Celebrations	Hosting of parties, such as “The Day of the Children” or birthday parties to boost morale and make survivors feel important within the community. **Challenge Addressed:** Resource Capacity **Adaptation for Maisha:** Can be a relatively low-cost endeavour, but a chance for survivors to celebrate together and have fun during feast-days.
Legal Education	Employing an “Access to Justice program” to educate youth and children about how to use law as a tool to navigate family law, custody issues, and other legal disputes etc. **Challenge Addressed:** Resource capacity; Collaboration with external stakeholders **Adaptation for Maisha:** Can be implemented through collaborating with universities (ie. law students) or legal professionals seeking to give back to the community.



Findings: Assessing Reintegration Readiness

Summary:

- In assessing readiness for the reintegration of a survivor, there are four main stakeholder groups with varying amounts of decision-making power: the survivor, the survivor's family/caregivers, the safehouse and its components and the courts.
- Assessments must weigh findings from the different groups in order to determine holistic readiness.
- A common theme found among the different safehouses interviewed is that the process is not a one-size-fits-all, therefore all assessments are catered towards the individual, through a survivor centred approach.

Assessment can either be triggered internally, or externally by the courts. Mahali Pa Usalama has indicated the case being concluded in the court as one indicator that the child can leave the centre. However, it is important that these assessment processes begin on the basis of maintaining a survivor-centred approach. Mary Faith Children Centre pointed out an instance when a child ran away from the centre when told they needed to be reintegrated. In other cases, survivors may tell workers that they want to leave even when they may not necessarily be ready for discharge. Therefore it is important to ensure there is a balance created by various parties who can speak on readiness for reintegration.

In the assessment of a child as an individual, three main ways this can take place was identified: through the child's wants, through counselling reports, and through their skills preparation. Ark Foundation, Mahali Pa Usalama, Mary Faith Children Centre, and Trace Kenya have all spoken about directly listening to the verbalized wants of the survivors and whether or not they want to leave the centre. Mary Faith Children Centre, Mahali Pa Usalama and Rahab Uganda have also shared sentiments in relying on counselling reports as major indicators of the child's psychosocial readiness to be reintegrated. The Ark Foundation has mentioned looking to see if the survivor is equipped with the skills to thrive and be productive members of society post-reintegration.

The step that can occur concurrently with this process is determining where the child will be going, the environment they will be reintegrated into. Trace Kenya has even indicated that as soon as the child is secured in the safe house, they already start collecting family background data. Mary Faith Children Centre discusses their two-way visitation process, conducting home visits and allowing the family to visit the child at the safe house. Prior to the conduction of visitations however, visitors must pass through verification structures, which include agreement from the child and assessing possible risks of the visitation. Through safe house visitations, they are able to see interactions in a regulated setting, seeing the dynamics and the child's response to the visitor's touch and speech which serve as indicators that the child is ready and comfortable to return to the guardian.

Four of the organizations have also indicated offering counselling services to family members or guardians, preparing the families to support the child when they return to the home. The Mary Faith Children Centre has even indicated that the success of reintegration, especially for a child, is dependent on the parents' ability to handle their own trauma. However, Mary Faith Children Centre discusses that while the government may demand physically abusive parents to go to counseling, parents may pay a counselor to write a letter to confirm that they have gone through counseling when they did not. At the same time, there are cases where relatives may reject the idea of taking in the child. Mary Faith Children Centre recalls a case where their uncle was jailed for their abuse and thus the child became an enemy to the whole clan. In other cases, a child may be an orphan. Alternative options for care may then be explored, however, the child might not always be comfortable with this option which may result in the child staying in the safe house for longer, or the children's office can recommend the child to go to other institutions that can accommodate the child for a longer time due to resource constraints (Mahali Pa Usalama).

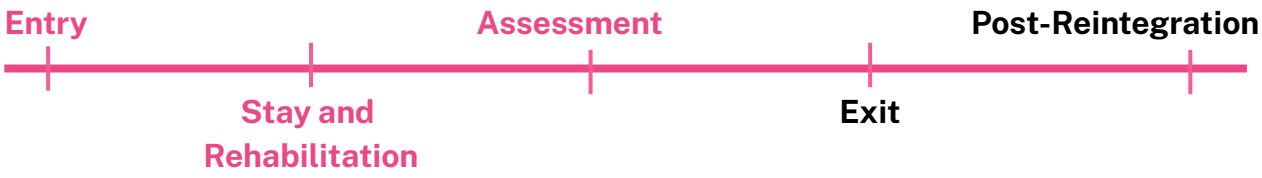
Ripples International has established a systematic approach to reintegration assessment with various levels of verification, beginning at the social worker who is responsible for the child. Once the social worker determines the child is prepared for reintegration, they must present their findings to a case committee (Ripples International). Following this, the case committee will approve or disapprove the appeal based on the findings. If the committee approves of the discharge, the director is then notified of the intent to discharge the girl, and if this is approved the case will move to the children's office and the court (Ripples International).

Best/Innovative practices and strategies:

Strategy	Adaptation for Maisha
Case Committee	A systematic approach to reintegration assessment with various levels of verification, beginning at the social worker who is responsible for the child. Once the social worker determines the child is prepared for reintegration, findings are presented to a case committee who will approve or disapprove the appeal. If the committee approves of the discharge, the director is then notified of the intent to discharge the girl and if this is approved the case will move to the children's office and the court. **Challenge Addressed:** Variability of cases; Acceptance of reintegration by parties; Revictimization; Collaboration with External Stakeholders **Adaptation for Maisha:** This strategy would align with Maisha's desire to formalize their processes. Through creating a formal case committee that looks at every case of reintegration, and creating a flow of verification from social worker to case committee to director to external actors, the reintegration process can be made consistent while maintaining its individual, survivor centred manner. Proposed by: Ark Foundation
Family Counselling	Offering counselling services to family members or guardians, preparing the families to support the child when they return to the home. Mary Faith Children Centre has indicated that success of reintegration, especially for a child, is dependent on the parents' ability to handle their own trauma. These sessions can serve as indicators for assessing readiness. **Challenge Addressed:** Variability of cases; Acceptance of reintegration by parties; Revictimization **Adaptation for Maisha:** Maisha can either provide counselling services or refer family to counsellors whom Maisha has connections with. It is important that this counsellor can be trusted to provide accurate information regarding the progress of the counselling. Proposed by: Mahali Pa Usalama and Mary Faith Children Centre

Strategy	Adaptation for Maisha
Family - Home assessment	Assessing whether or not the home the child will return to is a safe and stable environment to facilitate healing and prevent revictimization. **Challenge Addressed:** Variability of cases; Revictimization; Continued instability and lack of safety after reintegration; Stigma and continued judgement; Collaboration with External Stakeholders **Adaptation for Maisha:** Maisha should continue to play a role in facilitating home assessments and determining whether or not the home will match the child's needs. Proposed by: Ark Foundation
Family - Visitations	Allowing the family to visit the child at the safe house. Through safe house visitations, they are able to see interactions in a regulated setting, seeing how the child responds to their touch and their speech. **Challenge Addressed:** Revictimization; Continued instability and lack of safety after reintegration; Stigma and continued judgement **Adaptation for Maisha:** Maisha should continue with visitations; however, visitations can also be used as a place of assessment of the dynamics between the child and their family. The Maisha team can keep records of the occurrences during the visitation. Proposed by: Trace Kenya
Child - Psychosocial readiness	Counselling reports and records as major indicators of the child's psychosocial readiness to be reintegrated, as it is often during these sessions that the child's needs and wants are reflected. **Challenge Addressed:** Variability of cases; Revictimization; Continued instability and lack of safety after reintegration; Stigma and continued judgement **Adaptation for Maisha:** Maisha should continue to utilize counselling and psychosocial readiness as a major determinant to assess reintegration. Proposed by: Mary Faith Children Centre, Mahali Pa Usalama, and Rahab Uganda

Strategy	Adaptation for Maisha
Child - Personal readiness	The verbalized wants of the survivors and whether or not they want to leave the centre, because the child is either open to the idea, ready for the idea or completely shut off and is not willing to leave. **Challenge Addressed:** Variability of cases; Acceptance of reintegration by parties **Adaptation for Maisha:** This is a more informal practice to gauge readiness, however, Maisha can employ participatory research practices mentioned in the literature review, should they want to approach this more systematically. Proposed by: Ark Foundation, Mahali Pa Usalama, Mary Faith Children Centre, and Trace Kenya
Child - Skills-based readiness	Looking to see if the survivor is equipped with the skills to thrive and be productive members of society post-reintegration. **Challenge Addressed:** Variability of cases; Revictimization; Continued instability and lack of safety after reintegration; Stigma and continued judgement **Adaption for Maisha:** Since Maisha houses children, many of whom are going back to school, focus should be on the mental readiness to return to a learning environment, and whether or not they will be able to thrive in the grade level they will be placed in. Proposed by: Ark Foundation



Findings: Exit

Summary:

- Challenges and gaps at this stage of the reintegration process persist across organizations of different sizes, mainly in ensuring the positive approval of reintegration by all related parties, and abruptness of exit orders.
- Working with external stakeholders, particularly courts, throughout the exit to ensure legal protections for the survivor was highlighted.
- Innovative and best practices included strategies to distribute parcels or kits to remain in contact with survivors, reframing reintegration as a celebration, and working with community partners to ensure a safe and smooth reintegration process.

Eight out of nine organizations directly referenced exit strategies during their interviews, providing insights into the processes, challenges, and innovative practices surrounding the exit of a survivor into their reintegration destination. The exiting process, much like entry to the safe house, was identified as being yet another beginning in the survivor's healing journey.

Survivor-centred approaches and agency was raised by three organizations that worked to prioritize the best interests and comfort of the child, allowing them to help shape the reintegration plans for where they would end up and who they would stay with (Mahali Pa Usalama, Makueni County Shelter, and Mary Faith Children Centre).

Regarding the conversations leading up to the exit of the survivor, pre-and post-exit talks to ensure that survivors are aware of different pathfinding opportunities to ensure their safety and access to educational, economic strengthening, and mentorship opportunities. Moreover, Woman's Hope Centre noted that survivors should be made aware that the safe house and related entities are open for survivors to return should they find themselves in another vulnerable situation. Leading up to the moment of exit, additional steps to ensure that educational or economic opportunities are prepared and lined up for the survivor prior to their actual exit from the safe house was highlighted (Saartjie Baartman Centre).

Continued efforts to protect the survivors at the time of exit in partnership with external stakeholders (government institutions, courts, like-minded organizations, etc.), were deemed as important relationships to maintain by five organizations (Ripples International, Mary Faith Children's Centre, Saartjie Baartman Centre, Ark Foundation, and Woman's Hope Centre). Enduring difficulties with abrupt court orders to reintegrate a survivor or survivors running away from shelter, choosing this form of exit, rather than going through the holistic reintegration process were highlighted by Mary Faith Children Centre.

Similar to procedures at Maisha, two organizations indicated having verification forms for the person coming to pick up the survivor to validate their identity (Makueni County Shelter and Mahali Pa Usalama). Two other organizations identified using an exit form to ensure that the guidelines regarding safety planning for the family post-reintegration and next steps for the reintegrating party to be aware of to continue on their healing journey are well-understood (Mary Faith Children Centre, and Saartjie Baartman Centre).

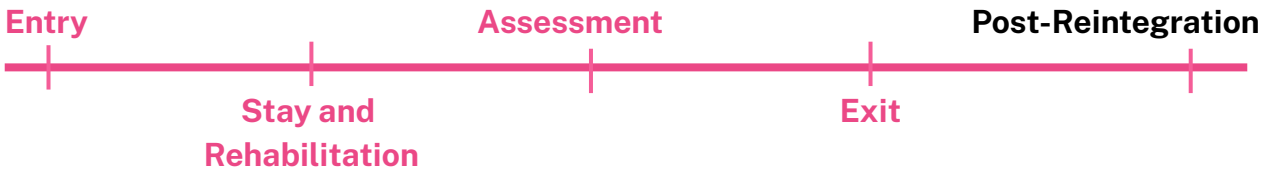
A significant challenge emphasized by four organizations was on the efforts needed to convince reintegration-related entities (survivor, receiving partner, social worker, community, etc.) to get to the point of exit (Rahab Uganda, Makueni County Shelter, Mary Faith Children Centre, and Ark Foundation). Rahab Uganda raised that there may be efforts needed in order to prepare the receiving family, household, or community to ensure that they feel prepared to provide a safe space for the survivor to return to. Additionally, survivors may also feel an aversion to reintegration if they feel that they do not want to leave the safe house or go with their reintegrating partner. At these moments, having genuine and survivor-centred conversations were recognized as key to assessing readiness for reintegration and helping survivors navigate life after exit (Mary Faith Children Centre and Rahab Uganda).

Best/Innovative practices and strategies:

Strategy	Adaptation for Maisha
Outreach through survivor kits	The provision of a program that centres on outreach for young teens and girls in vulnerable areas to help in areas of pregnancy prevention, physiological education, menstrual health and related topics. A dignity kit is prepared and distributed including items such as reusable pads, undergarments, soap, etc. **Challenge Addressed:** Awareness building; Aftercare; Revictimization **Adaptation for Maisha:** Resources are relatively cheap to obtain and can be coupled with the ongoing efforts in the safe spaces that Maisha operates in. Additional education for girls in these areas may be adapted through a simple training or brochure material. Maisha has already implemented such strategies. Proposed by: Woman's Hope Centre
Community integration	Working with existing village chief and elder systems, information on the safety of the community and reintegration readiness of the home can be gathered and used to make informed exit decisions. **Challenge Addressed:** Continued instability and lack of safety after reintegration; Collaboration with external stakeholders **Adaptation for Maisha:** There may be landscape and environment differences between Makueni County and Nairobi that make such village systems more viable in more rural parts of Kenya. Maisha may continue to speak with community leaders to incorporate a similar system that is more fit to the urban landscape of Nairobi. Proposed by: Makueni County Shelter

Strategy	Adaptation for Maisha
Reframing reintegration	Framing reintegration as something to be celebrated, rather than dreaded, is a way to encourage survivors to progress in their healing journey. A small celebration or party to bid farewell to the survivor shifts the culture surrounding the exiting process. **Challenge Addressed:** Acceptance of reintegration by parties **Adaptation for Maisha:** Small celebrations or ways that reintegration is spoken about can help to shift the perception of reintegration in the survivor and reintegrating parties' eyes. Trauma-informed principles should shape the nature of the celebration according to the needs of survivors (e.g., if survivors are having difficulty reconciling or accepting reintegration). Celebrations should also be held in a way that would be mindful of the potential triggers other survivors in the safe house may feel (e.g., it could highlight the differences in reality for those returning/not returning to a safe home). Proposed by: Mahali Pa Usalama
Collaboration with legal entities	Involving legal teams of the organization and working with the judiciary and forums such as the Court Users Committees and more specifically, **Children's Court Users Committees** was raised as a way to work with legal entities to issue necessary legal protection orders for survivors as they are reintegrated. **Challenge Addressed:** Collaboration with external stakeholders; Continued instability and lack of safety after reintegration **Adaptation for Maisha:** Looking to establish working relationships with local courts and legal service organizations can help to ensure that protective measures can be in place in tandem with the survivor exiting the safe house. Proposed by: Ripples International

Strategy	Adaptation for Maisha
Secured pathways	Starting from the point of entry to secure educational, trade, and economic opportunities and programs for survivors to return to. This can help to ease anxiety surrounding the pathways forward following reintegration. Having these opportunities solidified before the exit is helpful to easing the reintegration process of leaving the safe house. **Challenge Addressed:** Continued instability and lack of safety after reintegration **Adaptation for Maisha:** Maisha primarily works with girls who will continue to pursue education post-reintegration. Continued access to education should be communicated as a source of stableness and continuity in the phase of change that is accompanied with reintegration. Proposed by: Saartjie Baartman Centre



Findings: Post-Reintegration

Summary:

- Across all external organizations interviewed, factors such as sustained access to education, opportunities, and mentorship, partnerships with external stakeholders, and aftercare support are all viewed as critical to a survivor's success post-reintegration.
- As at Maisha, a dominant theme of limited financial and human resources continues to constrain organizations' ability to sustain post-reintegration support.
- Despite the challenges identified across organizations, each organization offers useful insight into different practices used post-reintegration to support reintegration and reduce the risk of revictimization.

Three trends were mentioned by each of the nine organization interviews: reliance on external stakeholders, follow-up timelines, and resource constraints impacting capacity. Frequent reliance on linkages with community partners, NGOs, government institutions, or private sector actors was highlighted as a key enabling factor in post-reintegration support. Each organization discussed how partnerships with different stakeholders have helped to strengthen reintegration outcomes. Collaboration practices such as connecting survivors with vocational training, ensuring continued education, and offering community support and mentorship programs to help survivors access psychosocial support were mentioned. Notably, Woman's Hope Centre and Rahab Uganda explicitly mentioned using linkages to provide grants and job placements for survivors, helping to strengthen economic opportunities for survivors following exit from the safe house. The Saartjie Baartman Centre specifically recommended strengthening relationships with external organizations as a way to enhance resource-sharing and support capacity at Maisha.

Seven organizations had defined timelines for follow-up post-reintegration. Ranging from one month to a year, these follow-up practices ranged from phone calls, house visits (both scheduled and random), school check-ins, and informal check-ins with survivors. Trace Kenya and Mahali Pa Usalama explicitly mentioned how resource constraints shape the type and frequency of follow-up, often relying on phone calls to check in with survivors, which was viewed as often unreliable.

This sentiment was echoed by six of nine organizations that mentioned that resource constraints limited their ability to expand post-reintegration support activities. Rahab Uganda explicitly mentioned that this challenge had a direct impact on the organization's ability to support successful reintegration into the community.

Regarding the understanding of reintegration, four thematic patterns were repeated throughout the nine interviews. The first theme spoke to both the social and relational aspects of reintegration. Successful reintegration is not solely determined by the individual survivor, but is heavily dependent on community dynamics and context. Reintegration outcomes are shaped by factors such as stigma, community acceptance, and strength of relationships with caregivers and peers. Based on the student team's interviews with Maisha staff, this is already an area prioritized by Maisha. It should continue to be highlighted in order to strengthen community acceptance and reduce social stigma.

Second, economic independence was seen to support long-term stability and reduce vulnerability in post-reintegration settings. All nine organizations mentioned the importance of economic strengthening of the survivor in post-reintegration settings, mentioning a variety of support strategies such as vocational training, job placement, empowerment funds, and income-generation pathways. The overarching consensus is that financial stability is a key step in preventing revictimization, with many survivors being forced back into unsafe situations due to a lack of financial independence (Makueni County Shelter).

Another recurring theme across most interviews was that aftercare is essential, but often under-resourced and evolving. As mentioned by Trace Kenya, organizations must provide their own aftercare, which is largely dependent on resources. Organizations like Woman's Hope Centre use specific apps that help connect survivors to resources such as psychosocial support. Aftercare was often underdeveloped across all organizations, a gap that Maisha is also facing.

The final thematic pattern was in the flexibility and informal approaches to aftercare and post-reintegration support for survivors. None of the organizations demonstrated a fully standardized, formalized aftercare policy. Some organizations, such as Mahali Pa Usalama, Ripples International, and Woman's Hope Centre, hold structured practices with clear timelines and peer support groups. However, the consensus is that organizations rely on case-by-case decision-making, adapting support to the specific needs of individuals.

Across all interviews, the following gaps were recognized as key areas for strengthening post-reintegration support. First, as Maisha has flagged, there is limited access to psychosocial services following reintegration. While many organizations can conduct follow-ups with survivors, once they are reintegrated into the community, there are limited resources to continue psychosocial support for survivors. This challenge is viewed as urgent across organizations, as continued support is seen as critical to sustaining healing and well-being in community settings.

Monitoring and long-term data tracking were other areas where challenges arose. Saartjie Baartman Centre mentioned that once a survivor leaves the shelter, it is difficult to track them for follow-up. Survivors may move, change contact information, or choose not to share their information with the shelter at all, highlighting opportunities to strengthen follow-up systems and data continuity practices.

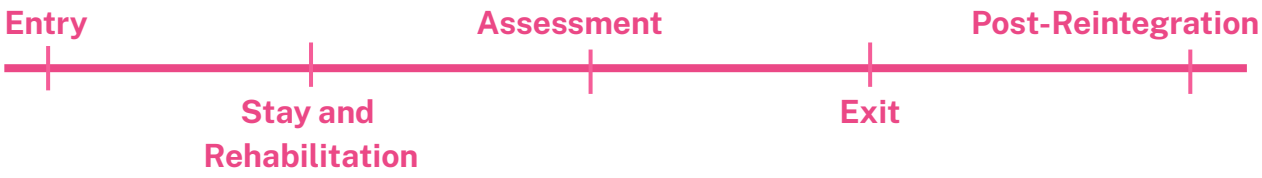
The final gap consistent across organizations was an over-reliance on short-term economic support. While many programs provide initial assistance, such as small grants, vocational training, or start-up resources, these supports are often not sustained over time. This creates a risk that survivors may struggle to maintain financial stability once initial funding or programming ends, often leading to increased vulnerability, underscoring the importance of sustained and long-term economic empowerment pathways.

Best/Innovative practices and strategies:

Strategy	Adaptation for Maisha
Vocational skill training	Collaborate with other organizations to offer advanced sewing skills, training and employment provisions post-reintegration to help survivors continue to develop necessary skills to get a job. **Challenge Addressed:** Economic strengthening of survivors post-reintegration **Adaptation for Maisha:** Partner with local vocational organizations to provide advanced skills training and direct employment pathways for survivors post-reintegration, not just basic training. Recommended for survivors who are closer to the age of majority and will be done with their schooling soon. Proposed by: Mary Faith Children
Partnerships with existing empowerment programs	Find empowerment programs for survivors to attend in the community post-reintegration. **Challenge Addressed:** Aftercare; Psychosocial support **Adaptation for Maisha:** Map and connect survivors to existing programs in the community instead of creating new ones from scratch. Proposed by: Trace Kenya
Food parcel distributions	A food parcel distribution program can help to keep in touch with reintegrated survivors to provide material resources to survivors and their families, along with having an avenue to continue to stay in contact with survivors. **Challenge Addressed:** Aftercare; Collaboration with external stakeholders **Adaptation for Maisha:** Food parcels and their distribution may be outside of the scope of resources at Maisha at the current moment. There may be opportunities to partner with local food banks to continue with this type of follow-up. Proposed by: Saartije Baartman Centre

Strategy	Adaptation for Maisha
Educational adaptations	Partner with external organizations to provide short courses in situations where a survivor cannot go back to school. These courses include a tailoring course, a catering course, or a hair salon. **Challenge Addressed:** Sustained access to opportunities post-reintegration; Education provisions **Adaptation for Maisha:** Offer or partner for short-term vocational courses as an alternative pathway for survivors unable to return to school. Proposed by: Ripples International
Survivor-led check-ins	Prioritize survivor-led check-ins. This is when survivors call the organization or visit on their own terms and let them know how they are doing and if they are safe. **Challenge Addressed:** Aftercare; Follow-up **Adaptation for Maisha:** Adopt a model that encourages survivors to initiate contact after reintegration allows for check-ins that do not require additional resources. Proposed by: Mary Faith Children
Mentorship groups	Offer mentorship groups that survivors can join once they reintegrate. This group is a part of the healing process and can offer continued support post-reintegration. **Challenge Addressed:** Psychosocial support **Adaptation for Maisha:** Strengthen peer support network Safe Sisters, for ongoing connection post-reintegration. Proposed by: Woman's Hope

Strategy	Adaptation for Maisha
Follow-up timelines	Follow up with the children after one month to assess how they are doing in the community and, if any adjustments are made, after three months to check in on their well-being. **Challenge Addressed:** Aftercare; Follow-up **Adaptation for Maisha:** Develop a structured follow-up system to check in on survivors post-reintegration. Proposed by: Ripples International



Findings: Values Governing Reintegration

Summary:

- Reintegration is primarily values-driven, spotlighting survivor agency, empowerment, and individualized support across most organizations.
- Emotional healing and economic strengthening are highlighted throughout, emphasizing psychosocial support and vocational programs to strengthen survivor autonomy in the reintegration process.
- Survivor safety and active participation are central, with survivor-centred decision-making guiding reintegration.

Principles and Goals:
For eight out of nine organizations, reintegration is considered a values-driven process. Central to this approach is the promotion of survivor agency, with Makueni and Ark Foundation emphasizing the necessity of working alongside survivors to deeply understand their unique needs. This commitment to autonomy is further reflected in the mission of organizations like the Saartjie Baartman Centre and Ark Foundation, both of whom identify empowerment as a formal, primary goal. To bridge the gap between initial entry and the prevention of future revictimization, some organizations focus on the dual pillars of emotional healing and economic strengthening. Mahali Pa Usalama and the Saartjie Baartman Centre prioritize psychosocial and therapeutic support as the pillar of ongoing healing. Meanwhile, Trace Kenya, Ark Foundation, and Mary Faith Children Centre, expressed that financial independence is essential for enhancing a survivor's autonomy, ensuring they have the means to sustain themselves and reduce vulnerability post-reintegration.

Trauma-informed Practice:
Trauma-informed practice was explicitly referenced as a broader concept by Rahab Uganda and Trace Kenya. Although it was not clearly defined, core values such as collaboration and safety are widely recognized as central to trauma-informed practice. This understanding is primarily grounded in Canadian literature, which could provide a useful framework; however, its conceptualization in the Kenyan context may differ. Building on the trauma-informed practice framework, organizations such as Trace Kenya and Rahab Uganda highlighted that reintegration is treated as a context-dependent process, with approaches tailored to individual cases.

Mary Faith Children Centre and Makueni County Shelter emphasized that the court should consider the child's voice and the caregivers they trust. They described a process of first engaging the child to understand their needs and comfort levels, and then collaboratively identifying the best path forward with the child's active participation.

Additionally, three organizations emphasized that the safety of the survivor is the primary priority (Mary Faith Centre, Makueni County Shelter, and Ark Foundation). This included ensuring that reintegration environments are supportive of survivors' emotional and psychological needs, that caregivers are committed to protecting the child's future, and that safe spaces such as secure housing are available. Safety was framed not only in physical terms but also in relation to long-term wellbeing and healing. Another aspect of safety that Ark Foundation described is internal protocols that discourage survivors from sharing their personal experiences with other residents or with non-social work staff, due to concerns about confidentiality, judgment, and lack of training in ethical handling of such information. The organization also maintains that only trained social workers are permitted to manage and access survivors' stories, and this information is not shared more broadly within the shelter. In addition, volunteers, including those placed through university programs, are oriented to avoid asking survivors about their backgrounds and to maintain appropriate, respectful boundaries in their interactions.

Frameworks:
These goals inform the reintegration frameworks organizations follow. Trace Kenya reported using a reintegration framework that is both structured and flexible, guided by survivor-centred and trauma-informed principles. While general protocols are in place, the approach allows for adaptation based on factors such as age and type of exploitation experience. Furthermore, while three organizations identified that they operate within established governmental legislative and policy frameworks, these can range in their specificity, as one organization noted that these policies are broad in nature and do not provide step-by-step guidance for implementation (Trace Kenya, Ripples International, and Makueni County Shelter). Furthermore, to address psychosocial needs that fall outside the scope of the organization and to fill these gaps, service providers rely heavily on community partnerships. For Trace Kenya and the Saartjie Baartman Centre, these partnerships act as an important process for care coordination.

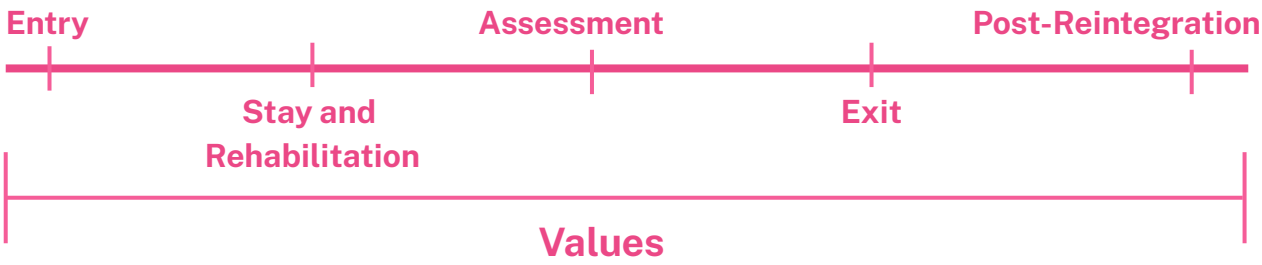
Additional Considerations:
Mary Faith Children Centre also described non-traditional ways that survivors may exit, such as running away. While these actions clearly reflect a survivor's agency and desire to assert control over their own circumstances, it can also raise safety concerns and procedural challenges for organizations. This highlights an important tension between supporting a survivor-centred approach and adhering to organizational policies or legal requirements. Five organizations have also expressed a preference for reintegration into the family unit; however, additional considerations and an awareness of when this approach may no longer serve the survivor's best interests are particularly important within survivor-centred frameworks (Trace Kenya, Ripples, Mahali Pa Usalama, Rahab Uganda, and Ark Foundation).

Additionally, a child who is legally required to testify may face intense emotional difficulty when confronted with the person who abused them, as Mary Faith Children explained: "The child does not want to testify, when she is able to see the person who abused her, it's very hard for that child to testify." These competing considerations highlight the importance of implementing practices that protect survivors while also respecting their autonomy, ensuring that their wellbeing remains the central focus even within the boundaries of organizational and legal responsibilities.

Multiple organizations outlined the principle of addressing both the home environment and the needs of survivors through family strengthening and financial empowerment. This approach aims to reduce abuse within the home, thereby decreasing the likelihood of revictimization and promoting sustainable, long-term safety for survivors during their transition. This approach centres on integrating survivors and their families into mentorship and care, exemplified by initiatives such as Mary Faith's choice to employ parents to work for them and programs that train survivors to be volunteers or mentors. Similarly, Rahab Uganda focuses on equipping survivors for the world outside the safehouse, recognizing that care and education are critical in empowering individuals to rise as "survivor leaders".

Best/Innovative practices and strategies:

Strategy	Adaptation for Maisha
Enhancing organizational capacity	Enhance staff capacity and training to strengthen organizational effectiveness through specialized on-the-job training, financial support, and survivor-led workshops and consultancy from experienced partner organizations **Challenge Addressed:** Limited organizational capacity and expertise to effectively support survivors **Adaptation for Maisha:** • Financial support for capacity building: **Limited** – may be constrained by funding priorities; require strategic allocation • Consultancy from experienced partner: **Potential** - new project connections could provide access to consultancy opportunities • On-the-job training: **Potential** – Maisha has a demonstrated history of collaborations with organizations in Nairobi; opportunities to explore new collaborative approaches • Survivor-led workshops: **Potential** – strong existing survivor network; considerations include survivor safety, willingness, and other practical challenges Proposed by: Makueni County Shelter



Findings: Funding Strategies

Below is a compilation of strategies employed by interviewed organizations directly addressing resource capacity challenges in the reintegration/aftercare process, and the organization at large.

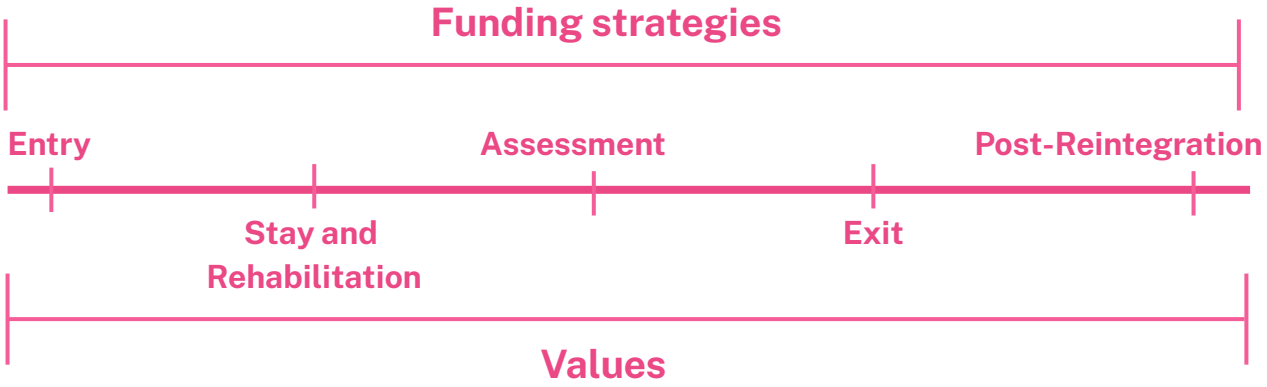
Strategy	Adaptation for Maisha
Stories and statistics in fundraising	Using success/impact stories, safe house statistics, and national statistics for rates of gender-based violence and of economic impacts of empowering survivors. Organizations described reviewing other organization's proposals to see gaps in key indicators. Proposed by: Makueni County Shelter, Saartjie Baartman, and Ark Foundation.
Alternative support from private sector	Approach the private sector for in-kind support and/or one-off assistance or subsidies. Recommended to keep a database of donors and remain open-minded about what type of support businesses can provide. **Donors may be encouraged to offer support through:** • Basic needs (food, beds, clothing) • Education materials, school fees • Scholarships • Free counselling sessions • Work placements or business initiatives to survivors • Vocational training and certification, with potential job offer afterwards (e.g., retailers) • Coaching in a company's trade (e.g., hotels, caregiving) • Internship programs and placements • Seed money for survivors' startups (safe house empowerment fund) Rahab Uganda emphasizes the importance of working with the private sector not only to accrue funds but to mainstream sexual and gender-based violence prevention in the sector through staff training, bylaw adoption, and lobbying. **Adaptation for Maisha:** This may be a less typical approach to donor partnerships, as contributions are short-term and resource-specific. Maisha may utilize existing donor connections or seek new networking opportunities to circulate options for in-kind support specific to that contact's field, such as counselling, vocational training or short-term, one-off donations. Proposed by: Trace Kenya, Mahali Pa Usalama, Rahab Uganda, Ark Foundation, Woman's Hope Centre, Saartjie Baartman Centre, and Mary Faith Children Centre

Strategy	Adaptation for Maisha
Diversify resourcing	Diversify resources, partners and network in alternative ways, reaching all contacts available, including utilizing more personal relationships and individuals (i.e., not only seeking proposals/grants and big donors). Being creative and collaborative about what contacts can provide. Premised on the value of small scale contributions adding up. May consider: • Private sector • Government • Vendors • Donor agencies • Religious institutions • Individuals **Adaptation for Maisha:** Maisha may seek to approach more individuals as donors, with small scale options or in-kind supports in mind. Open conversations can be had about what support may look like. Proposed by: Trace Kenya, Rahab Uganda, and Mahali Pa Usalama
Investment fund	Approach partners to donate seed money specifically towards a safe house investment fund. That money is invested and dividends/earnings of investment are paid back to the safe house to care for the survivors. This ensures longevity and sustainability of funds for survivors' ongoing success. Recommended to approach investment portfolio companies, religious institutions, corporations, and individuals. **Adaptation for Maisha:** If this is of interest, existing and new donors may be approached as investors. Donors should be aware of what their contributions will be used for. The organization should employ statistics and impact stories to demonstrate the importance of economic empowerment and encouraging ingenuity in survivors. Proposed by: Ark Foundation

Strategy	Adaptation for Maisha
Government resourcing & advocacy	Approach government or particular ministries for budget component allocations to the organization directly, even if it is small. Trace Kenya and Rahab Uganda specify taking a multi-agency approach, coordinating and collaborating with other NGOs and civil society organizations in the space to advocate for services that can address the gaps in government responsibility, which may be affecting many organizations. **Adaptation for Maisha:** **Maisha** already works towards strategic policy influence, coordinating with relevant government departments. Maisha may seek to advocate for direct budget funding from the Ministry of Gender, Culture and Children Services. Maisha is already connected to other organizations, and could prioritize working together on budget advocacy specifically. Proposed by: Ark Foundation, Trace Kenya, and Rahab Uganda
Partnering with schools	In addition to forming relationships with survivors' schools, partnerships may be sought to cover tuition fees, and potentially receive donations to the organization from schools. **Adaptation for Maisha:** Maisha already collaborates with local schools, so this may already be carried out. If not, Maisha may seek to introduce the option for the school to cover small scale costs. Proposed by: Ark Foundation
Networking through events	Attend events centred on sexual- and gender-based violence prevention, children, other aligned causes in order to network. This includes events put on by businesses that may offer some type of alternative in-kind support, such as attending sporting tournaments to facilitate partnerships. This may include bringing survivors along to share about the safe house and also use the opportunity to build survivor socialization and networking skills. **Adaptation for Maisha:** Maisha may already be involved in events and meetings in this field. Maisha may seek to gain awareness of events taking place where networking opportunities may be relevant. Proposed by: Mary Faith Children Centre and Rahab Uganda

Strategy	Adaptation for Maisha
Scaling resources	Work to the scale of resources at a given time and calculate budget according to forecasted safehouse intake to optimize funds. This may include setting aside small funds for survivor empowerment or investment to ensure sustainability. **Adaptation for Maisha:** Depending on existing resource capacity, Maisha may be able to adjust budget accordingly based on fluctuating resources and survivor intake. Proposed by: Rahab Uganda and Makueni County Shelter
Volunteers from universities	Receiving and training university social work students as safehouse volunteers through partnerships with universities. Volunteers socialize with survivors and build activities at the safe house. **Adaptation for Maisha:** Maisha already takes volunteers; opportunities to build partnerships directly with local or international universities to receive students could be expanded. Proposed by: Ark Foundation
Alternative aftercare supports	Linking families to alternative aftercare supports, or making them aware of opportunities or funds they may access. Organizations proposed: • Government bursaries for specific needs • Legal assistance services • Priority assistance for survivors by government under classification as 'vulnerable' **Adaptation for Maisha:** Maisha already pursues linkages to support the aftercare process. If possible, research into government funds could better inform families upon reintegration. Proposed by: Mahali Pa Usalama, Trace Kenya, Ripples, and Woman's Hope Centre

Strategy	Adaptation for Maisha
Inter-organization resource sharing	Sharing resources (both knowledge-sharing and subsistence resources) with other shelters and organizations in times of need. This can be facilitated by participation in forums or coalitions dedicated to SGBV and children's services. In addition to the organizations contacted in this project, interviewees have suggested working with: • National Shelter Movement (based in South Africa, but has an African Chapter on Women's Shelters) • Heart Kenya (has worked with Rahab Uganda) • Global Divas Movement, through Woman's Hope Kenya **Adaptation for Maisha:** All organizations interviewed voiced a desire to build relationships with Maisha. Maisha may begin contacting interviewed organizations directly in order to further share knowledge and best practices. Those in Kenya may be potential collaborators in a functional capacity, e.g., managing survivors between jurisdictions, coordinating responses to government institutions. Proposed by: Rahab Uganda, Woman's Hope Kenya, Mahali Pa Usalama and Saartjie Baartman



Conclusion

This report sought to identify current and best practices applied in the process of reintegrating survivors into society. Through direct engagement with staff and management at Maisha, we identified the key gaps Maisha encounters in this process as: Aftercare, Resource Capacity, Variability of Cases, Acceptance of Reintegration by Parties, Revictimization, Continued Instability and Lack of Safety after Reintegration, and Collaboration with External Stakeholders. Through a comprehensive literature review and a series of semi-structured interviews with nine external organizations similar to Maisha, the report highlights both trends in challenges and practices across the field as well as proposed strategies for Maisha to review.

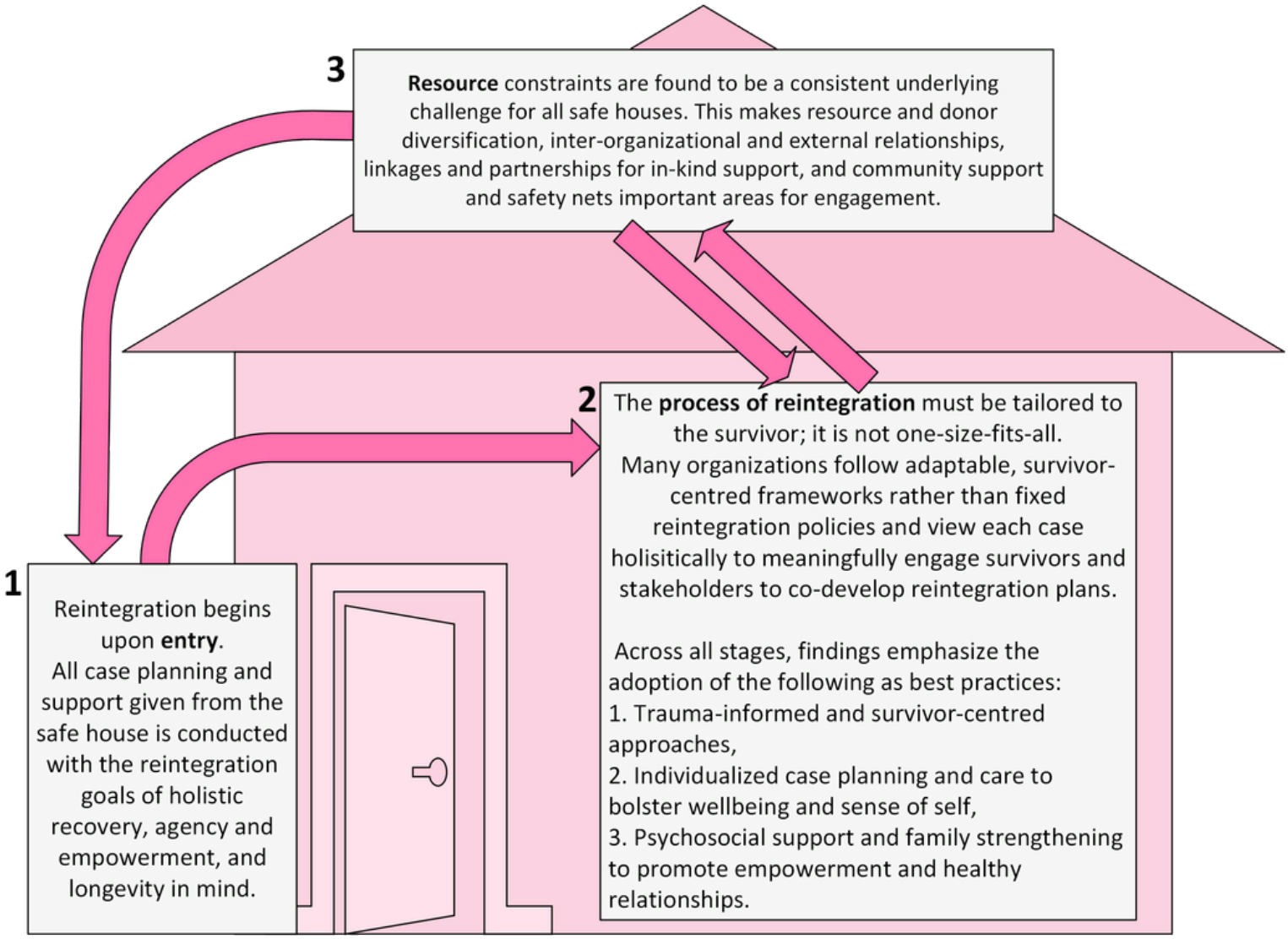


Figure 5. Diagram illustrating key considerations in survivor reintegration, highlighting entry into the safe house, the need for individualized and survivor-centred reintegration processes, and the influence of broader resource constraints on program design and outcomes.

Next Steps

- Maisha Girls Safe House management may review the findings of this report and assess the practicality of integrating them into practice.
- All organizations contacted voiced a desire to build a relationship with Maisha for knowledge-sharing. All contacts will be provided to Maisha along with this report, and we encourage management to reach out.
- The ORICE team has discussed the possibility of extending this project to look at data management and impact measurement structures specific to Maisha, as this has been addressed as an area of interest but has had limited place in this project. If this is of value to Maisha, management should discuss what this may look like in future.

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Appendix

Access the Appendix Google Drive Here

Appendix 1: Literature Review
Appendix 2: Maisha Semi-structured Interview Guide
Appendix 3: External Organization Contact List and Tracker
Appendix 4: External Organizations Semi-Structured Interview Guide
Appendix 5: Quote Book
Appendix 6: Code Books
Appendix 7: Strategies and Tools from Literature Review
Appendix 8: Organization Chart

Note: All these resources and research belong to the Maisha Girls Safe House and may be used and disseminated as Maisha sees fit, enduring that the data confidentiality promised to the external organizations that interviewed is kept.

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