MANAGEMENT PROGRESS REPORT

On

IMPLEMENTATION OF THE MANAGEMENT ACTION PLAN

FOR

BRIDGE INTERNATIONAL ACADEMIES (BRIDGE-04) (PROJECT# 32171, #38733, #39170, #39224) KENYA – EAST AFRICA

July 22, 2025

Contents

Abbreviations and Acronyms

AC	Advisory Committee
BIA	Bridge International Academies
CAO	Office of the Compliance Advisor Ombudsman
CSEA	Child Sexual Exploitation and Abuse
CSO	Civil Society Organization
E&S	Environmental and Social
GBV	Gender-Based Violence
GBVH	Gender-Based Violence and Harassment
IDA	International Development Association
IFC	International Finance Corporation
LSE	Life Skills Education
MAP	Management Action Plan
NGO	Non-Governmental Organization
PSEA	Protection from Sexual Exploitation and Abuse
SAE	Sexual Abuse and Exploitation
SEAH	Sexual Exploitation, (sexual) Abuse and (sexual) Harassment
SEP	Stakeholder Engagement Plan
SGBV	Sexual and Gender-Based Violence
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAWG	Violence Against Women and Girls
WBG	World Bank Group

Background

Summary

1. On March 13, 2024, IFC's Board approved the Bridge-04 Management Action Plan (MAP), which was developed in response to a self-initiated Compliance Advisory Ombudsman (CAO) Compliance Investigation Report regarding IFC's investment in Bridge International Academies.

2. Over the past 16 months, IFC has been advancing the MAP's two key commitments: (1) developing a response and prevention program in Kenya, and (2) strengthening the management of gender-based violence (GBV) and child protection risks in its investments.

3. IFC developed the response and prevention program, which includes two complementary components structured around the following objectives: (1) supporting local response services; and (2) contributing to the prevention of CSEA in Kenya. In shaping the program, IFC considered its commitments under the Board approved MAP, an extensive stakeholder engagement process, specific requests from the four Bridge complainants, good GBV and CSEA practice, guidance from IFC's independent Advisory Committee, a set of design principles outlined in the program document, input from UNFPA and UNICEF which have technical expertise and extensive programming experience in Kenya, the Kenyan context, input from the Kenyan Government, IFC's institutional role and how it can complement World Bank initiatives.

4. In parallel, IFC is strengthening its approach to Sexual Exploitation, Abuse, and Harassment (SEAH), as well as GBV and child protection risks across its operations. IFC conducted a portfolio review of 2,000 active clients, prioritizing sectors with higher potential of SEAH and child protection risks, and carried out detailed reviews of projects in those sectors. The review identified client-specific areas for improvement, and IFC developed action plans to prevent, mitigate, and respond to risks through enhanced development and implementation of policies, procedures, and capacity building. IFC expanded its internal expertise by appointing a global GBV lead, five regional leads, and a senior child protection consultant. It also engaged external specialized consultants to develop key resources as needed. It updated legal covenants in its investment agreement templates with SEAH and child protection incident reporting obligations and, anti-sexual harassment policy obligations for new investments. At the project level, IFC integrated enhanced SEAH/GBV and child protection risk screening, assessment and project design into the mandatory due diligence and supervision tools used by all E&S specialists globally. Staff, clients, and Nominee Directors are receiving tailored training, guidance, and resources to strengthen SEAH/GBV risk management. These measures are now being increasingly taken up by other DFIs, multiplying the reach and protection for people impacted by private sector development. IFC will continue improving its approach in FY26 by providing ongoing training, developing and rolling out specific tools, tipsheets, and updating good practice guidance as needed.

5. This document outlines the process of developing the program, the principles followed, stakeholders consulted, and factors influencing its design. It also highlights how IFC's approach complements the World Bank's initiatives and prioritizes immediate support for the four Bridge complainants. Outside of the MAP commitments, it notes IFC's longer-term work on GBV including through the establishment of a new GBV hub in Nairobi. The program design follows this background note.

Bridge-04 MAP Context and Background

Investment and CAO Investigation Timeline

6. Between 2013 and 2016, IFC invested $13.5 million (a 5.3 percent shareholding) in Newglobe Schools, the parent company of Bridge International Academies, to improve quality and access to K-12 education in Kenya and create the opportunities that come as a result. IFC invested alongside a number of other investors such as DFC's predecessor OPIC, UK's BII, Novastar, Omidyar Network, and the Chan Zuckerberg Initiative. At the time of IFC's investment in 2014, Bridge operated 211 primary and secondary schools in Kenya, serving approximately 57,000 students. By 2016, Bridge International Academies had around 100,000 primary students enrolled in schools serving low-income communities in 44 of Kenya's 47 counties, which was almost 1% of total primary school children in Kenya at the time.

7. IFC exited this investment in March 2022, but still had an indirect stake through Learn Capital Venture Partners Fund III until February 2024, when Bridge became an independent foundation in Kenya. Neither Learn Capital nor IFC has any other investment in Bridge or Newglobe.

8. In September 2020, CAO self-initiated a compliance appraisal of IFC's investments in Bridge due to concerns about alleged child sexual abuse while undertaking an assessment on a separate matter. This led to a compliance investigation report submitted to the Board in October 2023

9. In response to the CAO report, IFC developed a MAP which the Board approved in March 2024. In August 2023, the CAO received a complaint from four former students alleging child sexual abuse at a Bridge International Academies School in Kenya (referred to as the 'Bridge complainants' in this document). In August 2024, the CAO found that the complaint was related to similar issues that had been deliberated under the CAO Bridge-04 case compliance process. Hence, in August 2024, the CAO combined the separate case brought by the four former students with the Bridge-04 case.

MAP Program Commitments and Program Development Considerations

10. In the Bridge-04 MAP, IFC committed to directly fund a response program for survivors of child sexual abuse in counties where Bridge has operated or currently operates in Kenya.[1] To do this, the MAP proposes that IFC partner with experienced, recognized and established service providers with existing programs to strengthen and sustain services, supporting their continuity through a well-planned exit strategy. The MAP proposes that financial assistance be provided on a case-by-case basis, to enable survivors to access the necessary services. Additionally, the MAP includes complementary prevention activities to engage local communities in these counties to strengthen prevention efforts and outreach to at-risk adolescent girls and other populations at risk of GBV and child sexual abuse.

11. IFC engaged with many stakeholders, including survivors, survivor networks, GBV and CSEA service providers, international and local civil society organizations (CSOs), the government of Kenya, United Nations (UN) agencies operational in Kenya, the World Bank and the CAO. IFC partnered with two UN agencies – UNFPA and UNICEF – to conduct consultations in Kenya. An independent Advisory Committee composed of experts in GBV, Protection from Sexual Exploitation and Abuse (PSEA), and CSEA prevention, survivor services, and human rights, further informed the program. Annex 8 provides

[1] This includes 44 out of 47 counties in Kenya.

the membership of the Advisory Committee. Moreover, IFC has been engaging with the four former Bridge students through the CSOs representing them: Accountability Counsel, Inclusive Development International, Oxfam, and the Wangu Kanja Foundation (WKF). Information and ideas gathered from these and other stakeholders was instrumental in shaping the program design.

12. IFC and the UN agencies designed consultations to enable students who may have experienced school-related abuse while attending Bridge schools to participate. They were conducted in counties selected based on the presence of Bridge schools as committed in the MAP, as well as the prevalence of GBV and CSEA. Information on the consultations' schedule was shared with local GBV service providers in the areas where consultations were held to invite the participation of any survivors, including former students of Bridge. UNFPA also worked with WKF, a local Kenyan non-profit organization, to lead survivor outreach and provide psychosocial support during consultations in 2024. The WKF is also one of the organizations representing the four Bridge complainants. Consulted survivors were provided with the opportunity to self-identify; none of the survivors chose to do so. More details on the consultation process can be found in the March 2025 supplementary progress report to the Board.

13. To manage the complexity of effective GBV and CSEA program design and to respect the dignity and well-being of those the program is trying to serve, IFC adopted a set of core design principles, which represent international good practice for program designers in the GBV sector as well as being critical for mitigating CSEA. The design principles are outlined in the program design document.

14. IFC has worked to balance diverse perspectives gathered through consultations and stakeholder engagements. This involved reviewing evidence and carefully considering a range of expert inputs on strategies to address GBV and CSEA across different community sectors. As an example, IFC explored whether reimbursement of past expenses is an appropriate option for the program, whether in respect of survivors of GBV and CSEA in general, or for Bridge survivors specifically. IFC consulted with several GBV and CSEA service providers, and came to the understanding that this is not advisable, due to challenges for service providers in verifying claims, the risk of undermining trust with survivors, and the non-discrimination principle, which would require offering reimbursements to all survivors, raising concerns about equity, cost, and sustainability. Using a needs-based approach in the Kenyan context, the program prioritizes essential services for survivors and is built on established GBV standards. While the program will deliver on many of the expectations of the stakeholders, it will not meet all their expectations.

IFC's Kenya GBV and CSEA Response and Prevention Support Program Overview

15. The development process outlined above has resulted in a proposed three-year, $12 million program, funded by IFC, with two main components: response and prevention.

Component 1 -- Response

i. **Case Management and Service Provision to Survivors of GBV and CSEA:** This sub-component will help enable survivors of GBV and CSEA to access the services they need for their recovery journey. IFC will provide grants to local NGOs with established referral networks to support them in expanding response services for GBV and CSEA survivors through case management,

covering a wide geographic area. Services may include medical care, psychosocial support, safe shelters, legal aid, socio-economic support, and financial assistance to access services based on assessed needs.

ii. **GBV Service Delivery Sustainability:** The implementing partner will provide the selected NGOs with capacity strengthening to enhance their strategic and operational planning and resource mobilization skills to support their longer-term sustainability, and consistency of support services needed by survivors to complete their recovery.

Component 2 -- Prevention

Prevention of CSEA by Working with Adolescents on Life Skills Education: This component will support ongoing efforts to reduce community acceptance of CSEA and foster positive gender norms in communities across Kenya. Working through an existing UNFPA program, it will equip adolescents with age-appropriate and culturally relevant skills and knowledge on consent, prevention of CSEA, reporting abuse, and accessing services. It will also engage parents, caregivers, and communities to address risk factors and harmful norms, fostering a safer environment.

16. IFC will engage one implementing partner to administer, provide technical support, and oversee the overall activities of both components of the program. IFC will support implementation through stakeholder engagement to monitor progress, gather feedback, and make adjustments as needed. IFC will be responsible for annual IFC Board and CAO reporting. The implementing partner will provide regular progress reports. IFC will establish fiduciary controls on the use of project funds.

17. The program will complement the World Bank's ongoing efforts in Kenya, where it has been actively supporting the government of Kenya in addressing GBV and CSEA through IDA operations. Specifically, the World Bank has been supporting the Ministry of Health, to establish an evidence-based quality assurance system across the health sector and strengthen the quality of medical care to survivors of GBV. In the education sector, the World Bank has supported the strengthening of the Gender Champions' initiative, which includes a focus on sexual exploitation and abuse. This effort led to the establishment of over 7,000 Teacher Gender Champions in 30 counties, who mentor students, facilitate community dialogues on SEA, and strengthen referral mechanisms for SEA cases. These initiatives collectively aim to enhance institutional capacity, improve service delivery, and foster community engagement in combating GBV and CSEA. The IFC program both benefits from these activities to support the health sector, and the community-focused prevention component complements the World Bank's support for the education sector.

18. The program will further complement the broader work IFC is doing in Kenya and the region related to GBV prevention. IFC has established a global GBV hub in Nairobi to initiate and promote programs designed to strengthen the private sector's response to preventing and addressing GBV within their companies, supply chain, and community.

19. IFC explored partnering with other investors in Bridge International Academies on the Kenya GBV and CSEA Response and Prevention Support Program. While several are supportive of the program plan, none have committed to contributing financially.

Support for the Four Bridge Complainants

Engagement with the Bridge Complainants and their CSO Representatives

20. The views and requests of the four Bridge complainants have been central to the program's development. IFC has been engaging with their representative CSOs over the past year to share updates on the program development and incorporate feedback. Additionally, UNFPA held a dedicated consultation session with the four Bridge complainants and their CSO representatives in November 2024 as part of the consultation process.

21. In January 2025, the CSOs requested additional consultations to identify more survivors, particularly from a Bridge school setting. IFC and the CSOs held a workshop to discuss safe approaches for conducting these consultations, and IFC expanded consultations with adult survivors of sexual abuse across school settings, adhering to UN Women guidelines. IFC also agreed to include additional education sector stakeholders. UNFPA conducted the consultations between March and April, reaching 55 additional survivors. These efforts complemented the consultations held between July and November 2024.

22. The program also incorporates outreach efforts. Under Component 1 (response), the implementing partner will work in collaboration with local NGOs, survivors' networks, women's groups, and community organizations to share information with communities on GBV and CSEA, available response services and to connect survivors to services. Outreach locations will include counties with current or former Bridge schools, providing information on available services and engaging organizations in the Bridge referral database. Stakeholders involved in the program will be briefed so that they can support additional survivors to access services safely and ethically. Outreach efforts will align with prevention activities in the same locations, enabling survivors who come forward through prevention efforts to access services. All survivor-related information will be handled in line with international good practices for privacy, consent and confidentiality.

The Four Complainants' Requests and the Kenya GBV and CSEA Response and Prevention Support Program

23. Through the engagement and consultation process, the Bridge complainants made specific requests to IFC, Bridge International Academies, and the World Bank Group Board through their CSO representatives. To IFC, they requested financial compensation for harm, support for school fees, counseling services for survivors and their families, skills training, and the establishment of a survivor support center offering comprehensive services. They also requested legal support, including funding for cases against perpetrators, safe housing, and IFC to be an observer in legal proceedings. To Bridge International Academies, they called for a public acknowledgment and apology, access to counseling for pupils, and stronger policies to prevent GBV, including stricter teacher vetting, staff training, and parent sensitization. To the World Bank Group Board, they urged engagement with the Kenyan government to improve private school regulation, advocacy for better handling of GBV cases by police, and support for community education to reduce stigma against survivors.

24. The proposed Kenya GBV and CSEA Response and Prevention Support Program addresses most of the requests made by the Bridge complainants to IFC. Via a case management process, the program will connect survivors to existing local service providers for support services, including counseling, medical screening, safety measures, and mentorship. Additionally, the case manager will facilitate access to economic empowerment activities such as skills training, small business support, and educational

assistance. Financial assistance to access services will be provided to survivors on a case-by-case basis. Legal support is included as part of the GBV and CSEA response package, and Bridge complainants will be supported in accessing these services. Specifically, this will include assistance in following up with police on the process of investigation and prosecution of relevant cases and provision of information on instituting a civil case.

25. As mentioned above, the request by Bridge complainants also included financial compensation for survivors, funds to pursue legal action against perpetrators in Kenyan courts, and for IFC to have an observer role in court cases. IFC carefully considered these requests. The process of determining and paying compensation carries significant risks, such as potentially increasing survivors' vulnerability to further harm or exploitation, retraumatizing them, or compromising their confidentiality. Further, IFC does not believe financial compensation payments by IFC are appropriate in this case because, as a minority investor with no operational control, IFC is not a guarantor of E&S outcomes nor can it be an insurer of remedy costs, particularly in cases involving harm caused by criminal actions of individuals outside of IFC, which fall under the jurisdiction of the Kenyan criminal justice system. Nonetheless, IFC is making a significant financial commitment to address the widespread issue of abuse in Kenyan schools through its response and prevention program. This program includes providing financial assistance as needed to help survivors access services to address the harm they experienced (e.g., counseling, medical, socio-economic empowerment), and supporting survivors to pursue legal claims as outlined in paragraph 23.

26. Regarding the request that IFC act as an "observer" in relevant legal proceedings, we do not intend to do so for a number of reasons, including a lack of capacity, the risk that we may be perceived to be inappropriately influencing proceedings, and because the service provider under the Program will be better positioned to take this on given the role they are to play and their experience.

27. In March 2025, ahead of the program's implementation, IFC offered direct support to the four Bridge complainants. IFC connected the four complainants with a local GBV service provider recommended by UNFPA. Through this process, each complainant was offered the opportunity to work with a case manager who could assist them in accessing a range of services. Services include medical and psychosocial care, safety measures, legal assistance, and socio-economic programs. These services align with the requests the complainants made to IFC. IFC stands ready to address any impediments to the four complainants accessing these services.

Kenya GBV and CSEA Response and Prevention Support Program

Introduction

1. The Kenya GBV and CSEA Response and Prevention Support Program is a three-year, $12 million program with two main objectives: (1) supporting local gender-based violence (GBV) and child sexual exploitation and abuse (CSEA) response services; and (2) contributing to the prevention of CSEA in Kenya.

2. IFC developed the program in response to the Bridge-04 MAP and to contribute to addressing GBV and CSEA in Kenya. This initiative follows a compliance investigation linked to IFC's investment in Bridge International Academies.

3. The program has been shaped by the Bridge-04 MAP commitments, extensive stakeholder engagement, good practices in GBV and CSEA, a set of design principles, input from GBV and CSEA experts, specific requests from survivors, the Kenyan context, guidance from the Kenyan Government, recommendations from the independent Advisory Committee, IFC's institutional role and how it can complement World Bank initiatives.

Context

4. The response and prevention program was developed with an understanding of the widespread impacts of GBV and CSEA globally and in Kenya, acknowledging their significant effects on children's education, psychosocial well-being, and health. IFC recognizes that while CSEA is related to GBV, it is also a distinct form of violence with unique risk and protective factors. Addressing CSEA requires a tailored approach to prevention, as well as specialized expertise to effectively provide services and support to survivors of child sexual abuse who seek assistance.

5. In Kenya, the 2019 Violence Against Children Survey[2] found that 15.6 percent of females and 6.4 percent of males had experienced sexual violence before the age of 18, underscoring the severity of CSEA as a development issue.

6. The 2022 Kenya Demographic and Health Survey (KDHS)[3] found that over a third (34%) of women aged 15-49 have experienced physical violence since age 15, while 13% of women in the same age group have experienced sexual violence in their lifetime. The period between 2023 and 2025 has seen a worrying increase in cases of violence against women and girls. By early 2025, the Kenyan government had documented over 7,100 cases of violence against women and girls, with 100 women reportedly killed in just four months.[4] Intimate partner violence remains one of the most common forms of violence against women and girls (VAWG), present in patriarchal social systems, economic disempowerment, and inadequate institutional safeguards.[5]

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[2] The VAC 2019 report was conducted by UNICEF in collaboration with Kenya's Ministry of Labor and Social Protection.

[3] Ministry of Labour and Social Protection of Kenya, Department of Children's Services. Violence against Children in Kenya: Findings from a National Survey, 2019. Nairobi, Kenya: 2019

[4] AP News. (2025). Kenya announces plan to combat rising gender-based violence as 100 women are killed in four months. https://apnews.com/article/2d58d281b9e1530102a062be7d20af83

[5] Elizabeth Owiti, *Intimate Partner Violence Against Women in Kenya* (African Economic Research Consortium 2019) https://ideas.repec.org/p/aer/wpaper/127b4f3e-9c05-48e3-bf8c-6851d913c46c.html accessed 28 April 2025.

Program Design Development Process

7. IFC shaped the program, taking a comprehensive approach to GBV and CSEA planning, including administrative mapping to assess survivor services in Kenya, global good practices, evidence-based strategies, and stakeholder consultations that sought to understand needs and recommended interventions.

8. IFC developed a Stakeholder Engagement Plan (SEP) to engage survivors, the government of Kenya, sub-national officials, UN agencies, local and international CSOs, and community leaders. The SEP, informed by UN Women's Safe Consultations with Survivors guidelines, was shared with the CAO and the Board. To implement the SEP, IFC partnered with UNFPA and UNICEF for their expertise in GBV, child protection, and community engagement, ensuring the voices of survivors and survivor networks were heard.

9. Between July and November 2024 and March-April 2025, UNFPA and UNICEF conducted stakeholder consultations, engaging over 700 stakeholders across 30 counties, including duty-bearers (i.e., government officials, justice sector representatives), community members and 150 survivors and survivor networks.

10. The consultations reiterated the significant challenges in addressing GBV and CSEA in Kenya, highlighting barriers such as lack of information on reporting channels, threats from perpetrators, stigma, insufficient service provision, and financial and logistical challenges. Survivors and other stakeholders emphasized the need for comprehensive support services and suggested ideas for preventive measures, including school and community-based interventions, capacity strengthening for duty-bearers, and engagement with religious and cultural leaders.

11. Survivors and other stakeholders also emphasized improving response efforts by sensitizing the community on the prevalence and impact of CSEA, establishing gender desks at police stations, providing legal aid, and creating safe spaces for survivors. For rehabilitation, recovery, and reintegration, they requested financial assistance to access services, educational support, counseling services, skills training, and the establishment of a survivor support center. Ideas arising from consultations are not necessarily consistent with evidence-based practices and need to be assessed by experts against implementation realities and practice standards before being integrated into programming.

12. The team conducted an administrative service mapping to better understand the landscape of GBV and CSEA services in Kenya. The mapping confirmed significant gaps and inconsistencies in service provision, particularly at the county level. Many organizations, primarily NGOs and community-based groups, offer fragmented and donor-dependent services that often cease when funding ends. Although at least 30 counties have GBV-focused organizations, the full range of essential services is rarely available in any one county, and service quality remains inconsistent. Additionally, services are unevenly distributed, with some counties lacking critical recovery support due to factors such as remoteness, insecurity, or humanitarian challenges. The government plays a key role in providing health, safety, security, and legal services through various ministries and departments, including the State Department for Gender and Affirmative Action and the Directorate of Children Services. However, there is no single entity ensuring consistent coordination, and most services rely on local NGOs, which often have to depend on referral networks because they do not have a permanent presence in all counties.

Program Design Principles

13. This program required considerable investment by IFC to enhance its GBV and CSEA expertise. IFC expanded its GBV expertise by hiring additional specialists, including a dedicated specialist assigned to the program development, and engaging technical experts to provide specialized support (e.g. child protection). Moreover, IFC's analysis reaffirmed the complexity of effective GBV and CSEA program design and the importance of following international good practice. As such, in order to implement the commitments outlined in the MAP, IFC followed a set of design principles intended to guide donors and maximize the delivery of sustainable benefits from the program while minimizing the risk of inadvertent harm to those the program seeks to help.

14. Specifically, IFC drew from core programming principles such as those outlined in CARE-GBV Foundational Elements of Gender-Based Violence Programming in Development by USAID, the Inter-Agency GBV Minimum Standards developed by the UN and partners, the Interagency Essential Services Package for Women and Girls Subject to Violence Inter-Agency GBV Case Management Guidelines, The Caring for Child Survivors Guidelines, and What Works to Address GBV to direct the design of this program. These core principles are as follows:

    i. **Safety and Confidentiality of Survivors, Staff, and Community Members:** All donors and GBV and CSEA service providers should take steps so that project activities (including consultations) do not put people in harm's way and all activities and support are provided confidentially and in a manner that won't identify survivors or the nature of the abuse they suffered.
    ii. **Survivor-Centered**: The survivor-centered approach, which is the hallmark of high quality GBV and CSEA programming, focuses on empowering survivors and respecting their right to make decisions that affect them. This involves obtaining informed consent and considering the preferences of survivors to guide support provided to them, recognizing the impacts of trauma, and actively working to prevent retraumatizing or stigmatizing survivors.
    iii. **Promote the Best Interests of the Child**: The child's well-being is paramount throughout their care and treatment. This means evaluating risks to the child and nonoffending caregivers and identifying their strengths and protective factors, discussing the possible positive and negative consequences with them to inform decision-making, and taking the least harmful course of action available. All actions should prioritize the child's rights to safety and ongoing development.
    iv. **Rights-Based**: Recognizes GBV and CSEA as violations of human rights and that, accordingly, GBV and CSEA programs grounded in human rights principles should be designed and delivered with a focus on the rights of survivors to non-discrimination and empowerment. A rights-based GBV program therefore would incorporate ways to address practices and tradition (e.g., gender inequality and harmful traditional practices) that discriminate against individuals. A rights-based approach also underscores the responsibility of state and institutional actors in meeting their obligations to uphold human rights, including prevention of GBV and CSEA.
    v. **Accountable**: Establish responsibility among funders and implementers of GBV and CSEA programs for any consequences resulting from their programs. Provide survivors,

stakeholders, and communities opportunities to provide input on both the design and implementation of interventions.

vi. **Gender Transformative**: Aim to alter unequal gender dynamics and promote gender equality.

vii. **Intersectional**: Consider the diverse needs of survivors arising from overlapping power imbalances, circumstances, and social identities that can disadvantage survivors and complicate recovery. This also means recognizing, in the case of CSEA, that sexual violence impacts children differently. Age and power imbalances are critical factors, and children's developmental stages influence both their vulnerability to victimization and their ability to respond or seek help.

viii. **Accessible**: Strive for inclusivity and recognize the specific needs of persons with disabilities, through careful planning and resourcing. This includes providing reasonable accommodations so that survivors with disabilities can access and benefit from services on an equal basis.

ix. **Led by Women's Rights Organizations and Other Local Groups working on GBV, CSEA and human rights**: Advocate for leadership by those most affected by GBV, leveraging their expertise, lived experience and knowledge of the context.

15. In addition to the core principles outlined above, the team considered the sustainability of the program's intervention, given its time-bound nature. The recovery process for survivors of GBV and CSEA is not quantifiable – it can take years or even decades. As a result, the program's goal is that support services are available to beneficiaries after the IFC-funded program concludes. The program, therefore, prioritizes supporting existing GBV and CSEA response service providers and prevention programs in the country and includes initiatives to build the capacity of these organizations, thereby helping to boost their long-term sustainability. IFC recognizes that the sustainability of service providers in Kenya depends on factors beyond its control, such as the broader funding landscape and legal environment—challenges that will persist regardless of the program's duration. To support continuity and a smooth transition post-program, IFC will work with implementing partners to establish clear exit milestones. These will be regularly evaluated to assess progress and may inform adjustments to the program's duration as needed.

16. Based on these principles, IFC made the following program design decisions:

i. **Stakeholder informed design**: A comprehensive stakeholder mapping process and consultations guided the program design. These engagements involved a broad range of actors, including communities, national and county government representatives, survivors, CSOs, education sector stakeholders, and GBV prevention and response experts. The program thus reflects and balances these diverse perspectives, experiences, and expertise.

   All consultations were and will continue to be conducted in line with the UN Women's Guide for Safe Consultation with Survivors of Violence Against Women and Girls, creating a safe, ethical, and confidential process that avoids the seeking out and identification, stigmatization, or re-traumatization of survivors. The following outlines key design characteristics captured by the program, which were emphasized by participants during stakeholder engagement:

a. *Component 1*: Funds to expand access to services such as psychosocial support, health care, access to justice, livelihoods, and education; referrals to safe spaces and outreach to increase awareness and visibility of existing services, including those in schools.
b. *Component 2:* This component will expand existing programs to equip adolescents, youth, parents, and caregivers with critical information on consent, CSEA, abuse prevention, and accessing support services. It aims to reduce peer-to-peer sexual abuse through evidence-based strategies, empower youth leaders in reporting incidents, and engage communities to address harmful social norms and raise awareness of prevention and reporting mechanisms. It will also link survivors who come forward to services under the response component.

ii. **Informed decision making**: The project team conducted an administrative service mapping and gap analysis to understand service delivery in Kenya related to GBV and CSEA. The mapping informed IFC's decision to support existing GBV organizations with a broad reach to increase scale, awareness of services available, and sustainability of their operations.

iii. **Scale and duration of operation**: IFC's overall program is expected to add $12 million to Kenya's GBV and CSEA response and prevention system over three years. This funding amount and duration are designed to have a meaningful impact while promoting financial diversification for the supported organizations, so that services for survivors remain available after IFC funding ends. Moreover, the size and nature of individual grants to local GBV service providers will be calibrated with sustainability in mind. The exact ratio will be determined during implementation, but to promote sustainability, it is expected that individual grants will not amount to more than 30% of the grantee's current operating expenditure. By partnering with GBV service providers that have a broad reach and established referral networks, the program will aim to address survivor needs in counties where Bridge schools previously operated and/or remain active directly or through the referral systems.[6]

iv. **Use existing international good practice:** The program is designed to follow established international standards for GBV response and prevention, such as the UN Essential Service Package for Women and Girls Subject to Violence, the Interagency GBV Minimum Standards, the Interagency GBV Case Management Guidelines, and Caring for Child Survivors, among others. It focuses on enhancing existing services and supporting providers to continue offering quality support. As a result, under Component 1 (response), the program will provide support for access to a proven package of services that practical experience has identified as essential for survivors. This includes access to medical care, psychosocial support, legal assistance, and livelihood activities for survivors, based on assessed individual needs. Financial assistance to access services will follow GBV response practices, determined on a case-by-case basis. Component 2 (prevention) aligns with good practices for addressing CSEA by including activities aimed at engaging children,

[6] This implied 44 out of 47 counties.

parents, caregivers, and community members. At the institutional level, prevention efforts will focus on improving reporting mechanisms, enhancing oversight in handling cases, and strengthening the process of linking survivors to appropriate services.

v. **Contract implementation and supervision experts**: IFC will recruit, through a quality-based selection process, a suitable NGO or UN agency to implement the overall program. This includes identification, support and supervision of the sub-grantees, provision of technical support and direct capacity building assistance as per the program design. Annex 6 outlines the criteria for selecting the implementing partner. For example, the organization must demonstrate strong GBV expertise, operational capacity, financial transparency, experience and network of partners in Kenya, and a commitment to sustainability and partnerships to effectively prevent and respond to GBV and CSEA.

vi. **Work with quality local service providers**: The program (through the implementing partner) will work with the selected existing local NGOs that are experts in GBV and CSEA response and prevention in Kenya, with a reputation for quality and adherence to relevant international good practice. In addition, these providers will have existing networks and agreements with the Government of Kenya and demonstrated capacity to work with child and adult survivors of CSEA. This will allow the program to concentrate on increasing awareness, expanding the reach and availability of their existing services, and improving the strategic planning and fundraising skills of the supported organizations.

Program Overview

17. The Kenya GBV and CSEA Response and Prevention Support Program, funded by IFC, has two components: response and prevention.

Component 1: Response -- Supporting Local GBV and CSEA Response Services

18. IFC-sponsored consultations confirmed the findings of the administrative mapping: quality and comprehensive GBV response services are not consistently available across Kenya. However, discussions with local service providers highlighted several reputable NGOs delivering effective GBV and CSEA response services. These NGOs often maintain an on-the-ground presence in multiple counties, offering comprehensive support to survivors in areas where they are well-established, while relying on referral networks to provide assistance in other regions. Despite their efforts, these organizations often face resource constraints, limiting their ability to fully meet the needs of survivors.

19. To address these gaps, IFC's program will provide supplementary funding to expand the capacity of a select group of local GBV and CSEA service providers. As part of their regular programs, these providers enable survivors to access necessary services free of charge, either by connecting them to third-party organizations offering pro bono services (such as legal aid or health care) or by covering the required fees directly. IFC's program will strengthen the ability of these providers to cover such costs, ensuring that more survivors can access the services they need to support their recovery.

20. Building on this foundation, through the implementing partner, Component 1 of the program will deliver direct support to a select group of established local service providers to enhance the availability and quality of services for GBV and CSEA survivors. This support will focus on expanding their national referral networks and addressing resource constraints. The component will be implemented through two subcomponents as follows.

Component 1a: Case Management and Service Provision to Survivors of GBV and CSEA

21. This subcomponent will support the GBV and CSEA service providers in enhancing their capacity to deliver tailored, survivor-centered, and child-friendly services. Case management will prioritize core principles such as safety, confidentiality, non-discrimination, informed consent, and the best interests of child survivors. Services will include medical care, mental health support, legal assistance, safe housing, and livelihood support, with special attention to the needs of children and adolescents, considering their unique development and legal processes.

The Case Management Approach

22. GBV and CSEA case management is a structured therapeutic process that helps survivors access the comprehensive support and services they need while protecting their safety, dignity, and confidentiality. GBV and CSEA service providers typically rely on a network of organizations (NGOs, hospitals, government departments, education providers, small business grant providers, etc.) to deliver the required specialized services to support survivors' needs over the life of their recovery. Case managers (who are trained GBV or child protection experts) conduct case assessments, provide therapeutic support, co-develop safety plans where needed, provide expert advice on what services are needed, refer survivors to organizations providing the services and help survivors to coordinate their schedule and follow up. As part of case assessment, case managers assess the circumstances of the survivor and may provide access to financial or other assistance to enable the survivor to access services in a timely manner without creating or exacerbating financial or other hardships.

23. Following international good practice, when survivors of GBV or CSEA come forward to seek help, service providers providing therapeutic case management support are often the first point of contact. Upon arrival, survivors are assigned an intake or case worker who assesses their individual situation and immediate needs. Using well-established standards, case workers guide survivors through available service options, make referrals, and provide emotional, logistical and other support throughout the process as needed. Case management service providers work directly with specialized service providers so that survivors do not have to repeatedly recount their experiences, which helps minimize the risk of re-traumatization.

24. Cases of child sexual exploitation and abuse are highly complex and require specially trained case managers who are skilled in balancing the best interests of the child with the child's right to participate in decisions that affect them. In these cases, survivors' families and/or guardians are actively involved in the decision-making process while also receiving mental health and psychosocial support to help them cope with the trauma experienced by their family member(s) or loved ones.

25. Additionally, case managers must be proficient in child-friendly procedures and equipped with knowledge of legal and justice processes specific to children. These processes often involve multiple

actors operating under various laws, requiring case managers to navigate these systems effectively while ensuring the child's safety, rights, and well-being remain the priority.

The Essential Services Response Package for Survivors of GBV and CSEA

26. This subcomponent will strengthen the capacity of the selected GBV and CSEA service providers to deliver a core package of services to survivors. These core services, designed to uphold the rights, safety, and well-being of survivors, include medical care, mental health and psychosocial support, access to safety measures, legal assistance, and livelihood support, all aligned with international good practices for GBV response. Survivors will be able to access these services either directly at the selected GBV and CSEA service providers or through their support and referral networks. Importantly, this support will be available to survivors regardless of where the abuse occurred. Service providers will implement strategies to improve access for men and boys, addressing societal perceptions that hinder service use. They will also make reasonable accommodations for survivors with disabilities, including accompaniment support where needed, to enhance accessibility and inclusivity. Experience indicates that not all survivors require every service within the package; in many cases, survivors may only need one specific type of support. Accessing services will be entirely voluntary and provided with the informed consent of the survivor and/or their parent or guardian, enabling a survivor-centered approach to care.

27. The nature of response services available under this subcomponent is expanded upon below. All services provided are intended to be free of charge. Where specialist services do have a fee, the GBV and CSEA service providers (supported by this program) will facilitate access to these services as needed.

28. **Medical care** for survivors includes treatment for injuries sustained during the incident and the clinical management of the consequences of rape. Additionally, medical care may be required long after the incident has occurred to address ongoing health needs related to the abuse. Under this subcomponent, government agencies will be prioritized for the provision of health services, focusing on facilities with personnel trained in trauma-informed, gender-sensitive, survivor-centered, and child-friendly approaches. In cases where such services are not available within the public health system, private health providers will be engaged, to enable survivors to receive necessary care without financial barriers.

29. **Mental Health and Psychosocial Support** (MHPSS) are a critical component in helping survivors address the emotional, psychological, and social impacts of GBV and CSEA. It plays an essential role in both the immediate response to an incident and the longer-term healing and recovery process. Recovery from GBV and CSEA is often a prolonged journey, with some survivors requiring MHPSS for years or even decades. Support can be provided individually through counseling or collectively through support groups and community-based interventions. The case management process itself serves as a cornerstone of MHPSS, offering survivors a safe space and guidance to understand and navigate their recovery journey. Under this subcomponent, psychosocial support will primarily be delivered by local GBV and CSEA service providers, with access to specialist care as needed. Additionally, parents and caregivers of child survivors will have access to these services, helping them cope with the trauma and provide support to the survivors. MHPSS support for children will be customized to their developmental stage and delivered using evidence-based strategies considered to be effective for children.

30. **Safety Measures** provide secure opportunities for survivors to escape violence, including retaliation or further harm. This may involve supporting survivors to remove themselves from danger in their current environment and referring them to an existing safe shelter or, in the case of children, a rescue center. Under this subcomponent, case management will include safety planning to assess the survivor's safety needs and facilitate referrals to safe houses as needed where available. In situations where safe houses are not accessible, support will be sought from specialized actors such as the police and other relevant government agencies. For survivors under the age of 18, NGOs must collaborate with and support Children's Officers under the State Department of Children's Services, who are legally mandated to refer children to rescue centers or safe homes. This enables the safety and well-being of child survivors to be addressed in accordance with legal requirements and good practices.

31. **Legal assistance for survivors** can include facilitating access to free legal advice on the options, risks, and benefits of pursuing accountability and redress, as well as aiding survivors in reporting incidents of GBV or CSEA to the police and implementing formal safety and protection measures**.** Most legal assistance is expected to be delivered by specialist legal aid providers within the service provider's support network on a pro bono basis or subject to the relevant providers funding limits and requirements, rather than directly by the service provider itself. Specifically, with respect to criminal cases, this support may include assistance following up with police and other authorities on the process of investigation/prosecution of relevant cases. Funding to investigate, initiate and litigate civil actions falls outside the scope of standard GBV interventions and will not be supported under the program. Legal assistance will, however, include information on instituting a civil case. If a survivor chooses to proceed to trial, legal assistance as described above, as well as non-legal direct costs associated with participating in a trial (such as transportation to the court) will typically be covered either by the legal aid service or the GBV and CSEA service provider. This means survivors have the necessary support to seek legal redress. With respect to CSEA, legal assistance will be tailored to the specific needs of children, including navigating separate justice pathways designed for minors.

32. **Socio-economic support** plays a vital role in helping survivors achieve economic independence, rebuild their self-esteem, overcome stigma, and reintegrate into their communities. This support may include opportunities for economic empowerment, such as income-generating initiatives, vocational training, and cash-for-work programs for adults. For younger survivors, it may involve skills training, savings schemes, and other age-appropriate interventions. One example of socio-economic support is the provision of start-up kits for survivors who are ready to launch their own ventures. Additionally, the program will support survivors seeking further primary or secondary educational opportunities, returning to formal schooling or pursuing alternative learning pathways. Survivors may, as needed, also receive academic and career counseling which includes facilitation support to help them understand and meet admission requirements, manage academic workloads on an as needed basis, and navigate their chosen educational or career paths.

Financial Assistance to Access Services

33. Existing financial support for GBV and CSEA survivors in Kenya is limited and inconsistent. Most support is donor-funded and delivered through NGOs, survivor networks, and community-based organizations.

34. To address this, the program, as outlined above, allows survivors—or their parent(s)/guardian(s) in the case of child survivors—to receive financial assistance. This assistance may be provided in the form of petty cash or vouchers to help them access essential services. The modality of the cash transfer will

be tailored to the specific context, safety and needs of each survivor, including the use of digital payments. This component is designed to address immediate needs by providing support through a case management approach, primarily covering transportation and related costs such as meals, lodging, and childcare during service appointments. It also includes education materials to help survivors access the services they require. Vouchers will be utilized in coordination with service providers to streamline access to services. In cases where vouchers are not practical, direct cash or mobile money transfers may be provided to enable survivors to access necessary services in alignment with their individual case plans. This flexible approach helps survivors to receive timely and effective support to meet their unique needs.

Component 1b: GBV Service Delivery Sustainability

35. Under subcomponent 1b, the implementing partner will support the select service providers in strengthening their strategic planning, operations, and fundraising to sustain expanded services after the IFC program ends. This assistance will include technical support tailored to each provider's needs, such as grant writing, project and financial management, monitoring and evaluation, partnership building, resource mobilization, and advocacy. Strategic and resource planning will be completed in the program's first year, with two additional years of IFC support to help providers implement the agreed plans.

Component 2: Prevention of Child Sexual Exploitation and Abuse in Kenya

36. **Prevention of CSEA by Working with Adolescents on Life Skills Education**: The prevention program will support the UNFPA's program to provide life skills education training to adolescents and young people. The program, run by local youth-led and youth-serving NGOs, aims to empower adolescents and young people with the knowledge, skills, and attitudes to build confidence, emotional intelligence, healthy relationships, effective communication, conflict resolution, and coping mechanisms. It also promotes awareness of peer abuse and the risks of CSEA. This program provides essential information on health and well-being, empowers adolescents and young people to report incidents of sexual violence, and seek appropriate support through referral pathways for essential services. This prevention component will also engage parents and caregivers as they are important partners in addressing risk factors of CSEA. The prevention work will support the UNFPA-led program that delivers life skills education to adolescents through:

    a. **Structured Out-of-School Life Skills Education sessions:** This targeted intervention focuses on engaging adolescents and young people outside of traditional school settings, leveraging weekends and school holidays to maximize participation. Participants will attend a minimum of four comprehensive sessions, each addressing critical comprehensive adolescent health, rights and well-being topics, including CSEA. The program will incorporate prevention strategies backed by evidence and data on what works to prevent CSEA. To enrich the learning experience and foster deeper understanding, the sessions incorporate dynamic audio-visual content based on real-life experiences of young people. These materials serve as powerful conversation starters, ensuring the information is relatable and resonates with participants' own lives and challenges. This approach goes beyond simply sharing facts, encouraging open dialogue, critical thinking, and peer-to-peer learning. By creating a safe and engaging environment, the program aims to empower young people with the knowledge and skills to navigate issues and advocate for their own well-being.

b. **Peer Education and Training to Complement Structured Life Skills Sessions:** Peer education will serve as a complementary approach to structured Life Skills sessions, empowering youth leaders and advocates to take on the role of peer educators. These peer educators will be trained to share accurate information, facilitate discussions, and actively challenge harmful social and gender norms, stereotypes, and age-power imbalances that contribute to CSEA. This youth-driven approach leverages the influence of peers to foster open, relatable dialogue in safe and trusted spaces, making the learning experience more engaging and impactful. The program will be guided by existing standardized curricula to maintain consistency and accuracy in messaging. By targeting adolescents and young people in their preferred environments, peer education aims to create a supportive network that promotes positive change and empowers young people to address and prevent CSEA within their communities.

c. **Education and Awareness through Technology and Media:** This intervention will harness the power of digital technologies and media to expand the program's reach and engage young people. Recognizing the significant online presence of adolescents and young people, as well as the role of new media in shaping behaviors, the program will utilize a variety of platforms to deliver messaging and information. Key tools will include social media platforms, mobile applications, radio broadcasts, and television, including online Sexuality Education TV platforms such as Imara TV. These channels will be used to equip young people and community gatekeepers with essential information on comprehensive adolescent health and well being, including CSEA. The intervention will aim at amplifying the reach of Life Skills content, disseminate targeted CSEA messages (including addressing the intersectionality of abuse in the digital sphere), and provide interactive learning experiences. By leveraging technology and media, the program aims to create accessible, engaging, and far-reaching opportunities for education and awareness, empowering young people to make informed decisions and advocate for their rights.

d. **Engaging Parents, Caregivers and other Community Members to Foster Supportive Social Environments:** This intervention acknowledges the critical role of a supportive social environment in reducing health and well-being and CSEA risks among adolescents and young people. To achieve this, parents, community leaders, and other key stakeholders will be engaged and sensitized to create a protective, safe, and empowering environment for young people. Parents and caregivers are critical for the understanding of risk factors that would enhance the protection of children against sexual exploitation and abuse. There will also be sessions on changing social norms that promote a culture of silence against reporting incidents of sexual abuse. The initiative will include community forums and dialogues that address topics such as adolescent sexuality, risk and protective factors, myths and misconceptions surrounding SRHR and CSEA including peer to peer sexual violence, and strategies for responding to violations. These discussions educate individuals while fostering open conversations that challenge harmful beliefs and practices. The program will leverage existing community structures, including those established by the healthcare system, to facilitate dialogue on critical SRHR and CSEA issues. The overarching goal is to drive a collective shift in social norms and attitudes, promoting safer, more equitable environments for adolescents and young people. By empowering communities to take an active role in prevention and protection, the program seeks to reduce instances of CSEA and support the well-being of young people.

Implementation Arrangements

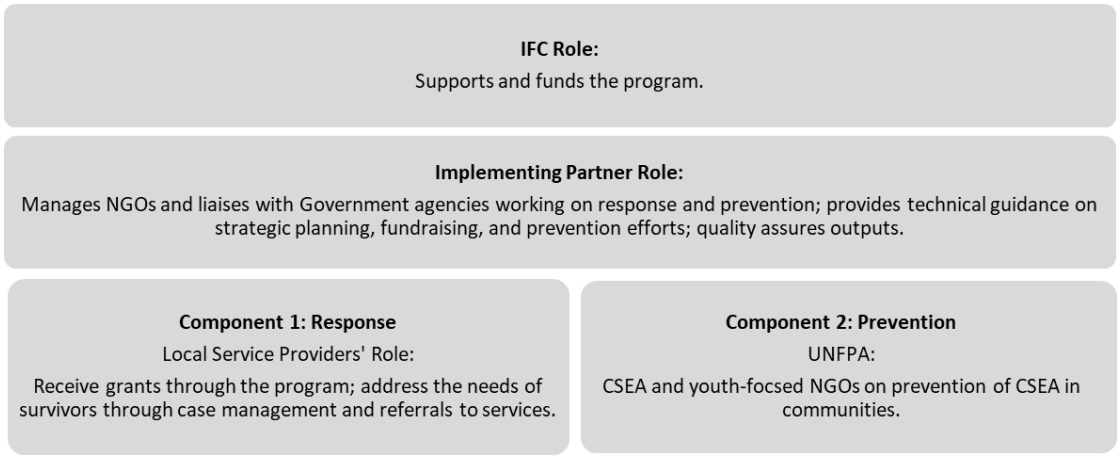
37. IFC will engage one implementing partner to administer, provide technical support, and oversee the overall activities of the response and prevention program. The primary implementing partner will be a UN agency or an NGO with specialized expertise in GBV and CSEA and a strong, long-term presence in Kenya. See Annex 6 for more details on the implementation partner criteria.

38. Under Component 1, the implementing partner will collaborate with local GBV and CSEA service providers selected based on established criteria, prioritizing broad geographic coverage and quality service delivery. The partner will manage the program while offering technical support to local service providers under Component 1a and providing direct planning and operational assistance under Component 1b to help make services sustainable. Under Component 2, the implementing partner will establish partnership agreements with local youth-focused and CSEA NGOs to implement the agreed-upon activities. The implementing partner will also be responsible for monitoring service delivery, managing program funding, and providing timely reports to IFC. By providing effective coordination, technical support, and accountability, the implementing partner will play a central role in achieving the program's objectives and delivering impactful results.

39. IFC will provide a grant to the selected implementing partner to support local service providers working with GBV and CSEA survivors and to carry out activities in line with the program's objectives. The grant will be contingent upon the Grantee and the Project meeting the disbursement conditions outlined in the Agreement and achieving the targets specified in the Project's results framework. The implementing partner will select local service providers based on the selection criteria outlined in Annex 6.

40. The implementing partner, service providers, and institutions it works with under this project will undertake actions to reasonably prevent and respond to Sexual Exploitation, Abuse and Harassment (SEAH). Each of the organizations will need to have implemented policies on Protection from Sexual Exploitation, Abuse, and Harassment. These policies, indicating leadership commitment, include Codes of Conduct that all staff will need to have signed and be trained on at least once annually. These organizations will need to demonstrate that they have taken action to understand and manage risks of SEAH within their agencies. They will also have clear protocols on support available to survivors of SEAH and monitoring of the effectiveness of their systems of PSEA.

41. The program organogram:



Implementation for Component 1: Local GBV and CSEA Service Providers

42. The implementing partner will adopt a quality-based selection process to identify appropriate local GBV and CSEA service providers to receive grants under this component. Service providers will meet the following criteria, along with additional requirements detailed in Annex 6:

    a. **Adherence to International Good GBV and CSEA Practice:** Service providers must have a proven track record of delivering high-quality response services to survivors of GBV and CSEA in alignment with international standards. This includes employing case managers skilled in using the Inter-Agency Gender-Based Violence Case Management Guidelines (2017) and other relevant frameworks to deliver survivor-centered care.
    b. **Broad Coverage**: Providers must demonstrate a strong on-the-ground presence and the ability to refer survivors to services across multiple counties nationally. This broad coverage is essential to enable the program to reach survivors of GBV and CSEA wherever they are in Kenya.
    c. **Mid-sized and a Going Concern:** Service providers must have a history of delivering GBV and CSEA response services in Kenya and operate as a going concern. This enables the program to align with their existing operational capacities and complements other funding streams, rather than creating dependency on IFC financing. To promote sustainability, IFC funding should not exceed 30% (ratio to be confirmed at inception) of the provider's existing annual operating budget. This cap is intended to avoid reliance on IFC funding and support the long-term growth and resilience of selected service providers.

Implementation for Component 2: CSEA and Youth-Focused Organizations

43. This component will be implemented in collaboration with UNFPA and Child Protection and Youth Organizations that will conduct community engagements with parents, caregivers and other community members, focusing on activities aligned with the program's goals. Additionally, UNFPA and youth-focused NGOs will play a key role in delivering Life Skills Education programs with youth who will support peer-to-peer engagement and engaging parents and communities.

Scope and Duration

44. Following the appointment and mobilization of the implementing partner and the signing of grant agreements with local GBV and CSEA service providers, the Program is expected to run for three years. Grants would be disbursed by the implementing partner in three annual tranches, subject to Grantees (the selected local GBV and CSEA service providers and NGOs implementing Life Skills Educations activities) meeting the conditions set forth in the grant agreement and achieving targets in accordance with the Program's results framework.

Program Outreach

45. Outreach is a vital component of GBV and CSEA programs, connecting survivors to services, raising awareness about GBV and CSEA, and empowering survivors with knowledge to access support discreetly and without fear of stigmatization. Under Component 1, the implementing partner will collaborate with local NGOs, survivors' networks, women's groups, and community-based organizations to conduct outreach in counties where Bridge operates. This will include sharing information on available response services and engaging organizations in the Bridge referral database to increase awareness and access for any current or former students from Bridge schools. Stakeholders consulted during program design will be briefed and encouraged to support outreach efforts to identify additional survivors of CSEA, helping them to access services safely and ethically. All survivor-

related information will be handled in line with international good practices for privacy and confidentiality. Outreach efforts will align with prevention activities in the same locations, enabling survivors identified through prevention efforts to access services. As per good GBV and CSEA practice, all prevention activities will include information on available services to foster community involvement in safe and ethical referrals.

46. The program will establish a grievance redress mechanism, managed by the implementing partner, with defined protocols for how service providers, survivors and community can report concerns about services and what they can expect after filing a grievance. Outreach efforts will also inform communities and staff of the implementing partner and agencies delivering the program in communities about the types of issues to report, the reporting process, and the timelines for receiving feedback on submitted grievances.

Program Timeline – Inception and Mobilization Phase

Date	Activity
September	
September 1	Grant Agreement drafting: IFC and implementing partner lawyers
September 15	Grant Agreement finalized and submitted to the implementing partner
September-October	
Mid-September - October	Develop project activities, identify local service providers with the Implementing Partner. Socialize the approved program design, stakeholder communications, including CSOs
By October 31	Implementing Partner signs grant agreement
November - December	
November – Mid-December	Inception and mobilization phase: team mobilization, development of sub-grant agreements, KPIs and exit milestones
By December 24	Draft Inception Report agreed between IFC/Implementing Partner
January	
January	Draft Inception Report shared with the AC for comments and finalized
February	
February	Project Implementation commences

Program Budget and Funding

47. The estimated budget for this Program is $12 million over three years plus the startup phase of 6-9 months. The planned budget allocation is as follows:

- Component 1: Response (grants to local NGOs) $7 million
- Component 2: Prevention $3 million
- Implementing Partner $2 million

48. This budget was determined based on the estimated costs of selected interventions. These interventions were identified on the basis of stakeholder consultations and detailed discussions with a range of key agencies and experts, including the World Bank, the Government of Kenya, expert organizations, the Advisory Committee, and informed by a UN cost estimate of potential intervention areas, which were further refined by engagement with internal and external specialists. IFC considers the $12 million budget to be sufficient to make a meaningful contribution to the sector and create a real impact on the ground without creating an irreplaceable dependence on IFC. The budget is a considerable portion of the national financing of GBV and CSEA prevention and response efforts. At present, IFC estimates that public and private sources allocate around $50 million annually to GBV prevention and response services in Kenya.[7]

49. IFC will continue to explore various funding sources for program implementation; based on the information we have to date, it is likely IFC will be the sole funder.

Risks

50. The table below includes program risks, the likelihood a risk will materialize, the impact on the program's ability to achieve outcomes if a risk materializes, and proposed mitigation measures.

Risk	**Likelihood 1 (low) to 3 (high)**	**Impact 1 (low) to 3 (high)**	**Mitigation Measures**
Delays in onboarding the implementing partner	2	3	Program duration has taken into consideration this delay allowing for a period for onboarding the implementing partner so that the program is structured to operate for three years after the implementing partner is identified and agreements are signed with local service providers.
Delays in the implementing partner onboarding the local service providers	2	3	Program duration has factored in the time needed by the implementing partner to onboard partners, and the program is structured to operate for three years after the implementing partner is identified and agreements are signed with local service providers.
Changes in donor funding availability impacting GBV service providers, undermining sustainability	3	2	The program will work with existing service providers and work to diversify their funding sources.

[7]There are no official sources of data on total annual level of funding for GBV and CSEA services in Kenya. This estimate is derived from IFC conversations with the UN and other partners.

Inadequate capacity of local partners and staff	2	3	The implementing partner will select high performing local service providers with an evidence-based good reputation and, should deficiencies be found, support them to fill any gaps.
Implementing partner and agencies delivering the program utilizing survivors to fundraise	2	3	Implementing partner to adhere to, and establish for all agencies selected to deliver services in accordance with, rigorous oversight mechanisms related to GBV and CSEA guidelines on engagement of survivors.
IFC is the sole funder of this program	3	1	The program is designed to be self-contained and does not rely on additional funding to achieve the direct program objectives. The team will continue to explore other funding sources.
Natural disasters	3	1	Develop contingency plans, monitor the external environment, and maintain flexibility in program design.
Security risks in program implementation areas	2	1	Conduct regular security assessments, develop contingency plans, and coordinate with local authorities.
Inadequate coordination and collaboration among stakeholders	1	2	Establish clear communication channels, regular meetings, and facilitate joint planning and implementation.
Political instability due to elections	2	2	Engagement with security actors to guide continued operations within safety measures in place as well as prepare to serve more survivors if there is indeed political unrest and violence ensuing.
NGO staff violating code of conduct and committing Sexual Exploitation and Abuse	2	2	Implementing partner will provide rigorous oversight mechanisms for all NGOs to adhere to the established code of conduct, particularly concerning the Protection from Sexual Exploitation and Abuse.

Results Indicators and Exit Milestones

51. A project results framework (including outcome indicators and exit milestones) will be refined in collaboration with the implementing partner. Qualitative and quantitative baseline surveys will be undertaken as needed to enable monitoring against these targets.

52. Outcome indicators and exit milestones will be finalized and detailed with the implementing partners upon approval of the program. Below are examples of potential indicators and milestones which may be included:

- **Component 1 (Response):**

  Access to quality services KPIs

  - Number of counties reached with all the services within the Essential Services Package
  - Percentage of survivors reporting to the GBV and CSEA service providers during the last six months who accessed at least one support service
  - % of GBV or CSEA survivors who report satisfaction with GBV and CSEA services received

  Planning and fundraising KPIs

  - Selected local service providers all have strategic plans in place and expanded fundraising activities underway

- **Component 2 (Prevention):**
  - % of adolescents and youth reached who report having information on prevention of CSEA, reporting mechanism and response services available
  - # of parents reached with parent-facing prevention strategies

53. A project results framework (including outcome indicators and exit milestones) will be refined by IFC in collaboration with the implementing partner. A baseline survey will be undertaken at the outset of the program to establish initial conditions. Annual reviews of program performance will be conducted to monitor progress against targets and inform adaptive management strategies. An evaluation of the program's attainment of the results matrix and exit milestones will be undertaken upon completion of the program's activities. In accordance with the MAP, IFC will provide annual progress reports to the Board.

Program Annexes

Annex 1: Management Action Plan (MAP) Commitments

Proposed Actions
Action 1: IFC will directly fund a remediation program (subject to design, evaluation and milestones) for survivors of child sexual abuse in counties where Bridge operated or currently operates in Kenya. The program will build on established service delivery programs, led by relevant international agencies and/or reputable international or local NGOs with a solid track record and relevant child protection and GBV expertise in delivery of survivor-centered prevention and response services. Services will be open for any survivor of child sexual abuse to use, regardless of the environment in which the abuse occurred. The scope and cost of this program will be determined in the design phase, based on the service-gap analysis and further consultation with potential partners, and subject to evaluation and exit milestones. The overall duration of the program will be a minimum of 3 years to be adjusted based on the outcomes of the design phase including consideration of the average timeframe taken by survivors to disclose their abuse and the proposed exit strategy. It will be updated based on progress against metrics defined during the design phase of the program, in consultation with the CAO and the Board and may not exceed 10 years. By partnering with established, competent service providers with existing programs in target locations, IFC will be able to support the strengthening of services and enable the sustainability of these services after IFC concluded its program, in accordance with a well-designed exit strategy. The response will aim to primarily support the psychosocial needs of survivors of child sexual abuse, without discriminating between cases which may be associated with Bridge schools and those associated with other environments. The program will be firmly rooted in gender analysis and apply a rights-based and survivor-centered approach. Services will be open to all genders, while prevention activities will focus on at-risk adolescent girls, which evidence shows are disproportionately at risk of sexual abuse, school dropout and child marriage. The response program will aim to facilitate the engagement and inclusion of available governmental services – or provide services if not available – for survivors of child sexual abuse and their families. i. Modalities to be explored during the design phase (for informed decision making at such time) will include: ii. Psychosocial support and counseling services for survivors of child sexual abuse. iii. Health care support, including adolescent sexual and reproductive health services. iv. Community reintegration support to facilitate survivors' continued education and/or age-appropriate efforts to pursue gainful employment. v. Integration with child-sensitive, survivor-centered quality legal services that are competent in dealing with crimes against children for survivors seeking advice or legal redress against perpetrators.

Financial support with the objective of enabling survivors of child sexual abuse to access the services covered in the program would be provided, on a case-by-case basis, as needed, after careful assessment. The modalities of such financial support and eligibility criteria to access it will be determined in the design phase after consultation with stakeholders including local and international child protection experts, local and international non-governmental organizations active in survivors support, and survivors of child sexual abuse that wish to come forward. This could include for example, cash payments for transportation and incidentals, as well as for lost wages resulting from accessing program services, and reimbursements for directly related past expenses that would otherwise have been eligible under the program, in accordance with the program procedures and subject to verification.

Prevention activities are further described in Action 2 below. The design phase of the project will determine the length of the program, budget, logistics and other important decisions based on informed assessment and consultations. IFC will consult Bridge and other stakeholders – including survivors of child sexual abuse if they wish so — for the design and implementation of the project, as appropriate.

Action 2: In parallel with Action 1, the remediation program will be complemented by prevention activities aiming to engage local communities and services in counties in Kenya where Bridge operated or currently operates, to strengthen prevention and outreach to populations at risk of child sexual abuse and GBV. Prevention interventions will be contextually adapted to the local context and designed via participatory methods in accordance with evidence-based good practices.

This can include (i) community conversations prior to any intervention, and convened regularly throughout the program; (ii) support for efforts to reduce social acceptance of GBV and child sexual abuse through community-based behavioral change interventions; (iii) strengthening referral systems for youth at risk; (iv) enhancing the capacity of community-based facilitators such as community health promoters, county council leaders, crime preventers, and religious and cultural leaders to respond to GBV; (v) girls' empowerment and life skills training, and school reintegration for girls who dropped out.

Activities will involve families and all genders.

Annex 2: UN Consultations Overview and Findings

1. Overview of consultations implemented from July – November 2024

In July 2024, IFC partnered with UNFPA and UNICEF, experts in child protection and gender-based violence, to gather input for the program design.

The UN agencies began engaging stakeholders in July 2024 to finalize the consultation process design, including the organizations supporting survivors of child sexual abuse, exploitation, and GBV, and stakeholders from education, health, and legal sectors.

Between August 2-September 13, 2024, the UN agencies conducted consultations with 654 stakeholders, including 96 anonymous survivors and the four Bridge complainants (November 10, 2024), the latter as part of merging the Learn Capital CAO case with Bridge-04. The consultations took place in eight regions and 26 counties.

Upon completion of the first round of consultations, UNFPA and UNICEF held a validation workshop with national level stakeholders on October 1, 2024 in Nairobi, and participants validated the consultation findings on gaps and needs that the program could address. The findings provided a big picture view of the CSA and GBV prevalence in Kenya. Participants at the workshop included line ministries and key GBV and CSEA stakeholders, CSEA Survivors Network, international and local CSOs, and representatives from justice, health, and education sectors.

As presented in the validation report, stakeholders consulted identified challenges related to the following:

- Survivor-Centered, Adolescent and Child-Friendly Response and Support
- Access to Essential Service Packages
- Legal Frameworks and Enforcement
- Cultural and Social Norms
- Parenting Practices
- Child/Adolescent Rights Education
- Coordination and Capacity
- Pre- and In-Trial Support

1. **Additional stakeholder consultations implemented from March – April 2025**

CSOs representing the four known Bridge complainants requested IFC to further seek the voices of survivors from a Bridge school setting and incorporate the perspectives of additional education sector stakeholders at both national and county levels to help shape the program.

In February 2025, IFC agreed to supplemental consultations focused on adult survivors of CSEA in schools to mitigate risk to survivors and additional education sector stakeholders. IFC engaged UNFPA to conduct this work.

Between March and April 2025, the UNFPA Kenya Country Office conducted these consultations with a focus on four counties: Siaya, Nyamira, Taita Taveta, and Kwale, based on the presence of Bridge schools and GBV and CSEA prevalence rates. National-level consultations were also conducted with key education stakeholders.

In this additional consultation period, a series of consultations sought to gather views of adult survivors of CSEA perpetrated in schools, young adults (aged 18 – 24), and education sector stakeholders. The consultations at the county level engaged a total of 163 participants, including 52 adult survivors of CSEA, 56 young adults (18-24 years of age), and 55 county education stakeholders. At the national level, 45 key education stakeholders were engaged.

UNFPA worked with UNICEF and Gender Based Violence Recovery Centre (GVRC), which in turn worked closely with various community-level survivor networks to identify and mobilize adult survivors of child sexual abuse in schools to invite survivors in their networks to voluntarily participate in a focus group discussion. A national validation workshop was held on April 4, 2025.

The additional consultations reinforced findings from the July to November 2024 consultations and also illuminated some new insights.

- **Survivors**: The additional consultations with survivors revealed the request for survivor-led mentorship and community advocacy for their emotional recovery and reintegration.
- **Young adults**: Those consulted found current CSEA prevention and response mechanisms largely ineffective, citing lack of accountability, limited guidance and counseling capacity, ineffective reporting mechanisms, and inadequate response services. They recommended innovative, action-oriented strategies for their active involvement in prevention efforts, through digital platforms and peer-to-peer education, including social media campaigns and youth-led movements.
- **Education stakeholders**: Legal and policy frameworks exist but are often fragmented and under-resourced. School oversight, standard operating procedures for reporting and responding to CSEA cases, and mental health and psychosocial support services were discussed.

Annex 3: GBV and CSEA Situational Analysis in Kenya

GBV in Kenya

Violence against women and girls (VAWG) remains a deeply entrenched human rights violation, manifesting in various forms, including intimate partner violence, sexual violence, technology-facilitated violence, femicide, child marriage, and harmful traditional practices such as female genital mutilation (FGM). Despite having legal mechanisms to address GBV and child sexual exploitation and abuse (CSEA), Kenya's protection environment faces systemic challenges. These include inadequate training of personnel, insufficient interagency coordination, and a justice-centered approach that often overlooks prevention and survivor support. There remains a pressing need to close these gaps for a more holistic and survivor-centered response to GBV.

The 2022 Kenya Demographic and Health Survey (KDHS)8 found that over a third (34%) of women aged 15-49 have experienced physical violence since age 15 while 13% of women in the same age group have experienced sexual violence in their lifetime. Although the overall prevalence of GBV has been gradually declining, the data remains concerning, especially in certain counties. For instance, Bungoma, Murang'a, and Homa Bay reported some of the highest physical and sexual violence rates. Bungoma alone had a 62.2% rate of physical violence and 30.3% of sexual violence. The survey further highlighted a wide disparity in GBV prevalence across counties. Some counties with high prevalence of physical violence such as Bungoma and Homa Bay, Muran'ga, have correspondingly high rates of sexual abuse, while others with high rates of physical abuse such as Isiolo, Samburu, and Turkana have lower rates of sexual abuse.

The period between 2023 and 2025 has seen a worrying increase in cases of violence against women and girls. By early 2025, the Kenyan government had documented over 7,100 cases of violence against women and girls, with 100 women reportedly killed in just four months.[9] Intimate partner violence remains one of the most common forms of VAWG, deeply rooted in patriarchal social systems, economic disempowerment, and inadequate institutional safeguards.[10]

Prevalence of CSEA in Kenya

Child sexual abuse and exploitation remain significant concerns in Kenya, with alarming statistics and deep-rooted social and cultural factors contributing to their persistence. According to the World Health Organization, child sexual abuse involves sexual activity that a child cannot understand or consent to, or that contravenes laws or social norms.[11] In Kenya, where the legal age of sexual consent is 18,[12] such abuse includes acts committed by individuals in positions of power or trust. The 2019 Violence Against Children (VAC) Survey highlighted that nearly half of females (45.9%) and more than half of males (56.1%) experienced some form of childhood violence,[13] with 15.6% of females and 6.4% of males having been subjected to sexual violence before turning 18. The survey also revealed gendered patterns, with two-thirds of abused girls experiencing repeated incidents before adulthood. The 2019 VAC Survey for Kenya indicates that among girls, most instances of CSEA are perpetrated by boyfriend – 23.8%, neighbor –

[8] Ministry of Labour and Social Protection of Kenya, Department of Children's Services. Violence against Children in Kenya: Findings from a National Survey, 2019. Nairobi, Kenya: 2019

[9] AP News. (2025). Kenya announces plan to combat rising gender-based violence as 100 women are killed in four months. https://apnews.com/article/2d58d281b9e1530102a062be7d20af83

[10] Elizabeth Owiti, *Intimate Partner Violence Against Women in Kenya* (African Economic Research Consortium 2019) https://ideas.repec.org/p/aer/wpaper/127b4f3e-9c05-48e3-bf8c-6851d913c46c.html accessed 28 April 2025.

[11] The World Bank 2018. Good Practice Note on Addressing Gender-Based Violence in Investment Project Financing Involving Major Civil Works.

[12] The Sexual Offences Act.

[13] Violence Against Children in Kenya (2019), Ministry of Labour and Social Protection

16.2%, classmate/schoolmate – 15.9%, family member -10.1% and friend – 9.1%. Among males, the most common perpetrators of the most recent incident of sexual violence in the past 12 months were a current or previous spouse, boyfriend/girlfriend (45.8%), a stranger (45.8%), a family member (7.2%), or a classmate/schoolmate (4.3%).[14] In another global study, it indicated that for girls at least between 12-20% occur in schools and for the boys at least between 11 – 31%[15] depending on the context and prevalence. It is to be noted that sexual abuse that occurs in schools is not all perpetrated by teachers and mostly through peers and practices of sexual initiation and sexual exploration. Nonetheless, this information is missing for Kenya, and it is unknown the exact numbers of students abused by teachers in Kenya. A global study analyzing ten years of data estimates that the average statistic is approximately 1.6%.[16]

Underlying drivers of CSEA include poverty, economic inequality, migration, and lack of education, particularly in rural and marginalized communities. Weak law enforcement, especially in remote areas, allows perpetrators to evade justice, while community justice systems sometimes prioritize customary norms over national laws. Moreover, the exposure of children to online pornography, especially among economically disadvantaged households, increases their vulnerability.

Cultural stigma, fear, and lack of confidence in the legal system contribute to under-reporting of child sexual exploitation and abuse (CSEA). Additionally, harmful social norms and practices such as child marriage and Female Genital Mutilation (FGM) persist in certain regions despite legal prohibitions. Communities often prioritize tradition over the law, reinforcing harmful gender norms and placing girls at risk of abuse, early pregnancy, and dropping out of school. The 2021 "Disrupting Harm" report emphasized that online CSEA is growing,[17] with 14% of children meeting someone offline after first interacting online. Many of these cases involve individuals already known to the child.

In Kenya, 15%, of girls aged 15–19 have been pregnant[18] as a result of CSEA. The rate is disproportionately higher among girls from poorer households and those with no education. Counties such as Samburu, West Pokot, and Marsabit, historically marginalized areas characterized by low development, higher poverty rates, food insecurity and lack of access to basic services- report the highest rates of teenage pregnancy, reflecting regional disparities and vulnerabilities. These cases are often linked to sexual violence and exploitation, underscoring the urgent need for targeted interventions.

The cumulative effects of CSEA include lasting mental health issues, poor reproductive outcomes, and increased risk of HIV infection. Addressing this crisis requires comprehensive, community-centered approaches that integrate legal enforcement with education, prevention, and support for survivors.

[14] Ibid p.36
[15] Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. (2019). What works to prevent sexual violence against children: Executive Summary. Together for Girls. www.togetherforgirls.org/svsolutions.
[16] Sichuan Wang "The Global Prevalence of Child Sexual Exploitation and Abuse in Schools between 2012 and 2022: A Systematic Review and Meta-Analysis"

[17] UNICEF Office of Research Innocenti, ECPAT, and Interpol
[18] KDHS 2022

Annex 4: Service Gap Analysis

A service gap analysis undertaken by the IFC team and informed by data gathered through literature reviews and stakeholder consultations at the county level indicates that GBV service provision varies substantially across counties and sub-counties.[19]

Addressing GBV requires a multisectoral approach which brings together health, justice, police and social sectors who all undertake different roles to provide comprehensive services necessary for the recovery of a survivor. A message echoed through all the literature reviewed and the groups engaged during the stakeholders' consultation, was that there is a lack of technical capacity and resourcing (both human and financial) across GBV services such as personnel with skills and facilities for handling cases, with the highest gaps reported being access to the provision of psychosocial support. Survivors consulted indicated that services provided by some of the sectors were most often not tailored to address the specific needs of survivors or children, thereby creating a barrier to those seeking these services.

In several counties and sub-counties, elements of the essential services required were missing, and where they existed, survivors were not aware of their existence. The analysis revealed that only 30 counties had some levels of services, there was a lack of information on services in 14 counties.[20] Furthermore, there is limited data on individual and community perceptions of the functioning and efficacy of GBV service provision in the Kenyan context.[21]

It should be noted that there is limited utility in contrasting Service Gap Analysis with prevalence studies, as it might not effectively indicate where the strongest needs lie. Prevalence data relies on reported cases, as GBV is often under-reported, it is not always clear that highest reporting is where there is the highest need for GBV services. Service Gap analysis might indicate counties with most services but that might not reflect the actual population in need of those services or even those accessing services as those elements are often separate and not always relatable.

[19] The World Bank's 2019 report, Kenya GBV Service Gap Analysis at the County Level
[20] Findings from the Stakeholders Consultations conducted by UNFPA and UNICEF for IFC
[21] The World Bank's 2019 report, Kenya GBV Service Gap Analysis at the County Level

Annex 5: Gender-based Violence Response and Prevention Good Practices

The program design considered global and national guidelines on essential standards and good practices governing the sector supporting survivors of GBV and CSEA.

IFC used key guiding frameworks, including the UNFPA/UN Women Essential Service Package[22] which identifies the most critical services to be provided by the health, social services, police and justice sectors along and quality guidelines for the core elements of each essential service. Quality guidelines provide 'the how to' for services to be delivered within a human rights-based, culturally sensitive and women's-empowerment approach. They are based on and complement international standards and reflect recognized good practices in responding to gender-based violence[23]

Kenya's National Policy on the Management of Sexual Violence outlines the government's stance on how service providers should coordinate and collaborate to ensure quality support for survivors of GBV and CSEA. The policy emphasizes the need to provide comprehensive services that address the needs of both survivors and perpetrators, including medical, psycho-social, legal, and referral services.[24]

Additional resources utilized include the GBV Case Management Guidelines and the Inter-Agency Global Minimum Standards on GBV Programming in Emergencies. The GBV Case Management Guidelines set the standard for provision of quality case management services and what is required for case workers and agencies providing these services. The Inter-Agency Global Minimum Standards on GBV Programming in Emergencies provide "a common understanding of what constitutes minimum GBV prevention and response programming in emergencies. "Minimum" means "of adequate quality," which, for the purposes of this resource, entails: (1) reflecting good practice, (2) not causing harm, and (3) meets the necessary standards for that specific programmatic element to be considered of adequate quality.[25] IFC used the Guidelines on Caring for Child Survivors to guide considerations critical to support child survivors of sexual abuse.

These resources helped IFC determine which elements to include in the program and how to monitor them to ensure quality and avoid causing harm in service provision. Global good practices by UNICEF and IRC on CSEA[26] emphasize the importance of applying the best interests of the child in program implementation and tailoring services to be age-appropriate when working with children. Sexual abuse of children is a unique issue, with dynamics that differ significantly from adult sexual abuse. Therefore, it cannot be addressed in the same manner as adult cases. These guidelines helped IFC design a program that offers quality care to child survivors of sexual abuse and their non-offending caregivers, supporting their recovery and healing.[27]

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[22] UN Women, UNFPA (United Nations Population Fund), WHO (World Health Organization), UNDP (United Nations Development Programme) and UNODC (United Nations Office on Drugs and Crime), *Essential Services Package for Women and Girls Subject to Violence: Core Elements and Quality Guidelines.* 2015.

[23] https://www.unfpa.org/sites/default/files/resource-pdf/Essential-Services-Package-Module-1-en.pdf

[24] https://www.law.berkeley.edu/wp-content/uploads/2015/10/Kenya_Natl-Guidelines-on-Mgmt-of-Sexual-Violence_3rd-Edition_2014.pdf

[25] GBV Area of Responsibility: Inter-Agency Taskforce: The Inter-Agency Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies

[26] United Nations Children's Fund (UNICEF) and International Rescue Committee (IRC), "Caring for Child Survivors of Sexual Abuse Guidelines", Second Edition, UNICEF, New York, 2023.

[27] Ibid p7

Annex 6: Selection Criteria for the Implementing Partner and Service Providers

The Implementing Partner must meet the criteria below:

Operational Capacity and Safeguards

- **Alignment with Strategic Goals**: The organization should have a strategic plan that aligns with the goals of preventing and responding to GBV and CSEA. This includes having existing programs and objectives that support GBV and CSEA prevention and response.
- **Legal Status and Experience**: The organization should have legal status in Kenya and a proven track record of operating for a substantial number of years, demonstrating transparency and accountability in executing programs.
- **Policies on Protection of Sexual Exploitation and Abuse**: the organization should have policies, reporting mechanisms and activities within the organization to Prevent Sexual Exploitation and Abuse including harassment and be capable of supporting other partners contracted by IFC to develop similar policies, reporting mechanisms and structures to Prevent SEA (PSEA) within their organizations.

Financial and Legal Status

- **Budget Allocation**: The organization should already have a substantial budget allocated to prevention and response programs, demonstrate financial transparency, and have an indication that IFC financing will not exceed more than 30% of its annual budget.
- **Value for Money**: the organization must be able to demonstrate that resources will be used effectively and efficiently to achieve desired outcomes.

Technical Expertise

- **Experience in GBV and CSEA**: The organization should have direct experience working in the area of GBV and CSEA, with proven experience in supporting child survivors, preferably with on-the-ground experience in most of the country. The organization should have a track record in adhering to national and international standards in provision of quality care to GBV and CSEA survivors in Kenya.
- **Outreach and Community Mobilization**: The organization should have the capacity to undertake targeted outreach in a safe and ethical manner with proven examples of strategies applied previously and outcomes achieved.
- **Strategic Advice and Support**: The organization should be capable of providing high-level strategic and practical advice and technical support to local Community-Based Organizations, NGOs and other smaller agencies working on GBV and CSEA.
- **Grant Management**: The organization should have expertise in managing the disbursement of funds, ensuring timely payments and adherence to financial protocols with experience in

conducting financial audits and ensuring accountability for grant funds and skills in managing human and financial resources to ensure efficient grant administration.

Capacity Building and Oversight

- **Training and Capacity Building**: The organization should be able to provide training on advocacy for funding, fundraising, proposal development, etc., such that it will aid service providers to build capacities in raising funds and enhance the sustainability of their operations.
- **Monitoring and Evaluation**: The organization should have a robust monitoring and evaluation plan, including knowledge management and learning.

Sustainability

- **Sustainable Practices**: The organization should strive to support project activities and components that are sustainable beyond the project's duration.

Partnerships

- **Collaborative Approach**: The organization should be able to identify and work with potential partners, including government, civil society organizations (CSOs), non-governmental organizations (NGOs), and other relevant entities.
- The organization should be a part of the coordination structures in Kenya, frequently participating in meetings and sharing information and lessons learned with partners.

Annex 7: Key Bridge-04 Documents

Compliance Investigation Report. CAO Initiated Investigation of IFC's Investment in Bridge International Academies (Bridge-04)

IFC Management Report and Management Action Plan in Relation to the CAO Compliance Investigation Report On Bridge International Academies (Bridge 04) (March 2025)

In August 2024, CAO merged the Learn Capital cases with Bridge 04: Learn Capital 04 Compliance Appraisal Report.

First Management Progress Report on Implementation of the Management Action Plan. October 2024.

Supplementary Management Progress Report on Implementation of the Management Action Plan. March 2024.

Annex 8: Advisory Committee members

1. **Alberta Wambua**, Executive Director, GVRC Kenya | Rebuilding Broken Walls by Bringing Back Meaning to the Lives of Survivors and Their Families
2. **Alon Plato**, Protection from Sexual Exploitation, Abuse and Harassment (PSEAH) Independent Expert
3. **Anna Reichenberg**, Senior Governance & Protection Officer (Sexual Exploitation and Abuse and Sexual Harassment), IOM
4. **Daniela Greco**, Senior Social Development Specialist, Global SEA/SH focal point, World Bank
5. **Elizabeth Letourneau**, Moore Family Professor and Director, MOORE | Preventing Child Sexual Abuse
6. **Nicholas Alipui**, Child Health & Development expert: Former Senior Visiting Scholar, Yale University and Former Director of Programmes, UNICEF; AC co-chair
7. **Ritu Gambhir**, Human rights consultant: Former Senior Victims' Rights Officer, UN Office of the Victims' Rights Advocate; AC co-chair
8. **Wangechi L. Wachira**, Executive Director, CREAW Kenya | Advocate for Women's and Girls' Rights