Street Safe Space Culture

A Project on creating Gender-responsive Safe Spaces to Improve Mental Health among Street-connected Children and Youth in Mombasa County, Kenya

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ACRONYMS

CBO – Community-Based Organization

CSC – Consortium for Street Children

GBV – Gender-Based Violence

GYW – Girls and Young Women

KNA – Kenya News Agency

OHCHR – Office of the United Nations High Commissioner for Human Rights

SCCY – Street-Connected Children and Youth

SFRTF – Street Families Rehabilitation Trust Fund

SGBV – Sexual Gender Based Violence

SRHR – Sexual and Reproductive Health and Rights

ToC - Theory of Change

UNCRC – United Nations Convention on the Rights of the Child

UNFPA – United Nations Population Fund

UNICEF – United Nations Children's Fund

WHO – World Health Organization

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KEY DEFINITIONS

I list definitions of terms as I use them in this proposal, relying on international frameworks and scholarly works rather than dictionary definitions. This approach is to recognize that language is not entirely neutral.

Children in street situations - Defined by the United Nations Convention on the Rights of the Child (2017); *general comment No. 21 (2017) on children in street situations*, the term refers to children who depend on the streets to live and/or work, either alone, with peers, or with family. It can also refer to a broader group of children who have formed strong bonds with public spaces, with the street playing a central role in their daily lives and identities. This group includes children who sometimes, but not always, live and/or work on the streets.

Street families (Kenya): Refers to families experiencing homelessness who live on the streets of major cities, towns, market centers, and areas reserved for overnight public transport vehicles.

A "child living on or off the streets": The Kenya Children Act 2022 defines this as a child who, because of inadequate care, abuse, neglect, poverty, community upheaval or any other reason, has left his or her home, family or community and lives, begs or works on the streets but returns home at night.

Street-connected children/youth: The project proposal will be using this term to refer to all categories and the different definitions of street-connected children. A street-connected child is understood as a child for whom the street is a central reference point – one which plays a significant role in his/her everyday life and identity (UN OHCHR, 2012).

Gender transformative programming: Gender transformative approaches address the underlying causes of gender inequality by looking at discriminatory legislation, policies, institutions, harmful norms, insufficient support for women's agency and rights and stereotypes about what it means to be a man or a woman. By addressing this, gender-transformative approaches ultimately contribute to the equal distribution of power, resources, and opportunities between men and women (UNFPA, 2023, p.4).

Safe spaces: According to Meherali et al. (2025), safe spaces are environments where adolescents and youth feel secure, valued, and empowered to express themselves openly without fear of judgment or harm. Traditionally linked to schools, community centers, and recreational facilities, safe spaces now include online platforms, social media, and peer support groups, mirroring the shifting needs and preferences of today's youth.

Harmful Masculinities - Connell (2005) describes masculinities as socially constructed patterns of behavior shaped through gender relations. Though she does not give direct definition of harmful masculinities, this project draws on the concept of hegemonic masculinity to interpret them as forms of masculinity that sustain power, dominance, and inequality. Donaldson's (2003), illustrates how this operates in practice through traits like emotional isolation, deliberate toughening of boys, and a sense of entitlement.

Translations

Chokoraa – Swahili word translated as *'garbage picker'* in English. A community label given to street-connected children and youth. It is linked to undesirable characteristics constituting "evils" in society and stereotypical beliefs that they were "delinquents," reinforcing their "otherness" and devalued social status" (Gayapersdad et al., 2023, p. 1)

EXECUTIVE SUMMARY

Street-connected children and youths (SCCYs) in Mombasa County, Kenya, experience a high level of social exclusion, stigma, and limited access to essential services, including mental health care, protection from violence, access to justice, and sexual reproductive health. The current interventions in Kenya have largely focused on rescue, rehabilitation, and removal from the streets, however, while these interventions are important, they fail to address deeper structural, psychosocial, and gendered realities shaping SCCYs' lives. As a result, SCCYs remain trapped in cycles of trauma, marginalization, and sometimes unsuccessful reintegration.

SCCYs navigate everyday violence, substance use, poverty, unstable social support systems, and their experiences are also deeply gendered. Boys face the pressure from the streets to conform to harmful masculinities that normalize violence and emotional suppression, whereas girls are disproportionately exposed to sexual exploitation, gender-based violence (GBV), and restricted agency. However, it is important to admit that it is not as black and white, as the street environments deeply affect their expressions of gender. Despite these realities, current interventions remain largely gender-neutral and not trauma-informed enough, leaving critical gaps in addressing mental health, gender norms, and social belonging.

The Street Safe Space Culture project responds to these gaps by introducing a participatory, gender-responsive, and trauma-informed safe space model for street-connected adolescents aged 14-17. The project will establish a youth-centred safe space co-designed with SCCYs, where they can access psychosocial support, build trust, and strengthen their agency. This co-design concept is important for learning and collective engagement. The safe space will host weekly group sessions focused on mental health literacy, coping strategies, sexual reproductive health and GBV awareness, and enable critical reflections on harmful gender norms.

This project aims to increase engagement of and a sense of belonging among SCCYs, improve their coping mechanisms in mental health, strengthen their agency and confidence in reporting violence, and enhance their understanding of gender norms leading to reduced inequitable behaviors. By positioning SCCYs as active agents in shaping their own well-being, the project prioritizes rights-based and sustainable approaches. It contributes to improved

psychosocial well-being, enhanced social inclusion, and inclusive protection systems, while generating evidence to inform more effective, gender-responsive SCCY interventions in Kenya.

1. INTRODUCTION

Filthy, desperate, impoverished, dangerous, criminal, poorest, worthless, homeless; these are common words used to describe children who live and/or work on the streets. Rarely do we call them ***resilient, resourceful, or capable***. Such language reflects deeply-rooted societal perceptions that not only stigmatize Street-Connect Children and Youth (SCCY), but also go further to shape policy and interventions, often overlooking their agency and lived realities.

The United Nations Committee on the Rights of the Child coined the universal and inclusive term Street-Connected Children to counter the often stigmatizing and traditional terms such as “street children”, “children on the street”, and “homeless children”. This term is used to refer to children whose livelihood depends on the street, and children who have developed a connection and an identity with public spaces such as parks, markets, and transport terminals (Convention of the Rights of the Child, 2017).

Despite global recognition of their rights, SCCY continue to experience exclusion, violence, and limited access to essential services, shaped by broader socio-economic, cultural, and political factors (The Office of the United Nations High Commissioner for Human Rights, OHCHR, 2012; Aptekar & Stoecklin, 2014). This proposal presents the Street Safe Space Culture project, which seeks to address critical gaps in existing multiple interventions for SCCY in Mombasa County, Kenya. Current interventions emphasize rescue, rehabilitation, and removal from the streets. They fail to address the deeper psychosocial, gendered, and structural factors shaping young people’s everyday experiences (Bernard et al., 2026). Limited attention is given to mental health, gendered vulnerabilities, and the need for participatory approaches that recognize SCCY agency.

This introductory chapter provides an overview of the historical and background context, both globally, and within Kenya. It then narrows the focus to the statistics, gendered dimensions, and lived realities of SCCY in Mombasa County. Finally, it highlights gaps in available interventions for street-connected children and discusses how the Street Safe-Space Culture project aims to create the ideal environment for these children to feel a sense of belonging and amplify their agency.

1.1. Historical and Background Context of SCCY

It is estimated that 100 million street-connected children exist globally. However, this 1989 estimated figure has often been challenged. The Office of the United Nations High Commissioner for Human Rights (OHCHR, 2011) argues that the number has no basis because the number of street-connected children in a given city or country may fluctuate according to changes in socio-economic, political and cultural contexts, patterns of urbanization and the availability of protection services.

This uncertainty is not only caused by challenges of counting this population, but it also reflects the fluid nature of SCCY lives. Research affirms that street-connected populations are highly mobile and difficult to define with inconsistent categories. This explains why they cannot be easily captured in fixed numbers (Aptekar & Stoecklin, 2014). However, data from Compass Children Charity (n.d) and Kumar (2021) suggest that about 150 million street-connected children exist worldwide in recent times, with some living in a compromised environment with their relatives, while others beg, hawk and sell to earn a living and return to their relatives late at night.

Historical records show that during Europe's industrial revolution, large numbers of children lived in urban streets, often referred to as 'street waifs, street urchins or runaway youth' reflecting the links between poverty and child vulnerability (Salihu, 2019). In Africa, the issue of street-connected children expanded alongside urbanization, economic instability (poverty) and demographic pressure. Rural-urban migration in search for employment, combined with poverty and family disruption has pushed many children to the streets. In many contexts, the children work on the streets to support the household but end up transitioning to street life (Aptekar & Stoecklin, 2014).

In Kenya, the number of street-connected children increased tremendously during the post-independence period (1963 was Kenya's independence year). For instance, Sorre and Oino (2013) reported 115 street children in Kenya in 1975, 17,000 in 1990 and, eventually, 150,000 in 1997. In 2007, the Consortium of Street Children (CSC) report estimated the number of street-connected children to range between 250,000 to 300,000, with boys having the highest numbers. The 2020 National Census Report identified 46,639 street-connected persons, including over 15,000 children, with the highest concentrations in urban areas in

Nairobi followed closely by Mombasa, reflecting the pull migration factor to urban areas as spaces of economic opportunities (National Policy on Rehabilitation of Street Families, 2023). Recently, news reports claim an increase in SCCY due to rapid urbanization and population increase (Kenya News Agency Report, 2026).

The National Census of Street Families (2018) and The National Policy on Rehabilitation of Street Families (2023) indicate that family break-ups, domestic violence, drug addiction, congested home accommodation, divorce, poverty, death of a parent, and gaps in child protection systems were further drivers for street families.

Studies show that street-connected children exist in both low and high-income countries, showing that no society has fully eliminated child homelessness. Their experiences are shaped by limited access to formal safety nets, meaning the street becomes both a workplace and, for some, a home (Aptekar & Stoecklin, 2014).

1.2. The Mombasa County Context

Gideon Ochieng's *Street Children in Kenya Analysis (2015)* estimated 250,000–300,000 children living on the streets in Kenya. However, the 2018 National Census of Street Families identified 46,639 individuals living on the streets, with Mombasa recording 7,529 individuals, the second highest number nationally. The National Census of Street Families also indicates that 75.8% of the total street-connected individuals are aged 10-34, reinforcing that children and youths are the highest numbers on the streets. Yet, as highlighted by organizations like UNICEF and the Consortium for Street Children, these numbers are likely to underrepresent the true scale, because we have girls who are invisible in domestic labor, transactional sex economies and informal care arrangements (UNICEF; Consortium for Street Children).

In coastal urban centers like Mombasa, SCCYs' lives are continuously shaped by the city's uneven development, historical marginalization, and rapid urbanization. Mombasa has deep-rooted geographical inequalities, leading to many inhabitants having limited access to education, social services, and economic opportunities. As noted in ethnographic research, the coast region, including Mombasa, has been "largely ignored in development schemes, educational facilities, and government appointments" contributing to persistent exclusion and underinvestment (Low 2009, p. 12). This has pushed many people to the urban centers of the coast region, largely Mombasa. As Low (2009, p. 4) observes, the city "magnetizes street

children" due to the generosity of the Swahili culture, while at the same time exposing them to overlapping risks, including exploitation, violence, and even substance use. Substance use, in particular, is embedded within the street culture. The ethnographic findings from Low, highlight that drug use was inextricably linked to street culture (Low 2009) and functioned as a coping mechanism for trauma and as a means of social belonging among themselves, with most sniffing 'glue', which is the cheapest and most accessible inhalant.

It does not help that Mombasa, as an Island, has for the longest time been characterized as a drug haven with established regional drug trafficking routes, because of its strategic coastal location and the presence of a major port along the Indian Ocean (Khamis et al., 2016). This has contributed to the ease of access to substances like heroin and cannabis, especially for street-connected children. Thus, the children here face a high risk of early initiation into substance use both as a coping mechanism and a means of survival.

These drivers are further enhanced by tourism-driven informal economies. These areas also happen to be close to 'Makadara Park', which serves as a key location where street Mombasa's Old Town, a large tourism hub close to the ports, poverty intersects with informal tourism economies, and easy access to drugs (Khamis et al., 2016). The Old Town families engage in informal work, begging, and often sleep while navigating the streets. Far from their lived realities, street life is also organized into groups with internal hierarchies that shape their access to resources, protection, and opportunity (Danny Low, 2009)

Due to these hierarchies, SCCY experience layered forms of violence and exploitation including different levels of physical and sexual abuse (Low, 2009). While boys are more noticeable in public spaces, girls are also forced to survive through dangerous ways, which exposes them to high risks of sexual exploitation and limited access to sexual and reproductive health services. This intersection between their street-connected lives, gender inequality and SRH risk remains insufficiently addressed within existing interventions.

SCCYs experience constant exposure to violence, substance abuse, and exploitation, which are conditions strongly correlated with trauma, chronic stress, and adverse mental health outcomes. Yet, Kenya's child and adolescent mental health systems remain fragmented and under-resourced, with limited integration of trauma-informed support within community-

level interventions. The current policy situation is at a place where, although opportunity is available, limitations still exist.

Mombasa County-level response has recently further illustrated this gap. In March 2026, according to the Kenya News Agency, the Mombasa government launched a multiagency operation targeting street families. It brought together security agencies, social services and humanitarian actors, including the Red Cross. This was framed as both a humanitarian "rescue" and a response to a growing "security concern" about the rising presence of street-connected children in public spaces such as children approaching vehicles and sleeping in the Central Business District.

Figure 1: Image from the Kenya News Agency website on Mombasa County Government Press launching a multi-agency operation to tackle the rising number of street children

While framed as a rescue and rehabilitation initiative, the structure of the intervention is supposedly going to include night raids, heightened surveillance, and removal of children from public spaces, which reflects a securitized intervention approach to social vulnerability. The language used is 'operations', 'taskforce', and 'restoring safety', revealing how street-connected populations are approached with control rather than care or rights-based. It is this kind of framing that shifts SCCYs from right holders with agency to be perceived as threats/criminals. Such interventions prioritize removing them in public spaces over long-term

trauma-informed interventions that encourage inclusion, agency, sustainable reintegration and recognizing their overlapping gendered identities and realities.

While the Mombasa government also committed to having an initiative called the 'Mombasa Street Families Trust Fund' and vocational training programs for them, which signal a growing political wheel, they remain insufficient without integrating rights-based, trauma-informed and gender-responsive approaches. Most of this is usually left to civil society organizations who continue to play a 'bridging the gap' role through localized, community driven approaches.

It is also within this context that Thrive Together CBO, the organization that will take the lead in implementing this Street Safe Space Culture project, positions its work. By working alongside young people to advance mental health, SRHR and social justice through youth-led, feminist and trauma-informed approaches, Thrive Together CBO has a vision of an inclusive society where all young people, including those in street situations, have the agency, support and resources to live with dignity and can access equal opportunities. The organization has a mission to create safe spaces for healing, learning and collective action.

Ultimately, the Street Safe Space Culture project does not respond to an immediate service gap, but a broader structural failure by reframing interventions from those of control to ones centered on psychosocial care and gender justice. The project will provide trauma-informed psychosocial support sessions at the group level, strengthening reintegration and resilience pathways at the community level, and advancing gender-responsive and SRHR-informed approaches that confront the exclusion and invisibility among street-connected children.

1.3. A gender analysis

Gendered experiences among SCCYs can be analyzed through dominant societal norms that position boys and girls within unequal structures of power, opportunity, and vulnerability. However, we risk overlooking how gender is constructed and shaped within a street environment. Embleton et al. (2016) suggest that the street should be understood as a socializing context that dictates its own norms, expectations, and identities, including gendered ones. Within that context, it is important to understand that SCCYs navigate co-

existing systems of gender construction: from the broader society and their lived realities of street life.

Gender for them is altered through survival rules, peer dynamics, and exposure to risk (Barker & Ricardo, 2005). So while these dynamics can produce forms of "street masculinity", traits like aggressiveness, emotional restraint, and toughness are also adopted by girls as strategies for navigating insecurity and for asserting agency (Beazley, 2003). It is thus important to understand their experiences and that gender in this space, as in most marginal environments, shifts in response to the environment and social interaction (Gibbs et al., 2020). The street is an active site where gender is continuously negotiated and reconfigured (Hebdige, 1979). Recognizing this is critical for how we interpret masculinity, femininity, and fluidity in SCCYs' lives.

1.3.1. Gender disaggregated data

In Africa, street-connected children are predominantly male (Cumber & Tsoka-Gwegweni, 2015). While boys may be able to navigate the streets to find their means of livelihood, girls, on the other hand, face distinct vulnerabilities like sexual exploitation and gender-based violence that create unique challenges. Yet, their lives are not defined by vulnerability alone because they try to navigate complex environments, forming relationships that can help them survive or expose them to more harm. They develop coping strategies, build their own networks, gain survival skills and exercise agency in making decisions about their daily lives even with their challenging circumstances (Apteka & Stoecklin, 2014).

The Kenya National Census of Street Families 2018 Report was a significant national effort by the Kenyan government to collect data on the street connected population, improving their visibility in both national planning and policy. The census provides a wide range of numerical data including county segregated data, age, sex, education levels, migration patterns, health information including some bit of sexual reproductive health habits such as sexual activity and condom use. It highlights that 72.4% of the total 46,639 street families' population are male and 27.6% are female, highlighting differences in visibility. The report also reports that a large proportion of street-connected youth are sexually active, yet condom use remains low, pointing to significant health risks. An important finding is also that 32.1% of the total population 46,639 were children from the age bracket of 7 to 18 years, which fall under primary and secondary school-going ages.

Table 1: Street-Connected populations in Kenya by Selected Age and Sex (Table image from the 2018 National Census of Street Families Report)

Table 3. 3: Street persons by Selected Age and Sex

	Total		Male	Female
Kenya	46,640	100.0	100.0	100.0
0 - 4	443	.9	.6	1.9
5 - 6	335	.7	.7	.9
7- 18	14,974	32.1	36.8	19.8
19 -34	21,550	46.2	45.0	49.2
35 - 39	3,446	7.4	6.9	8.7
40- 44	1,884	4.0	3.2	6.2
45 - 49	1,406	3.0	2.4	4.5
50 - 54	977	2.1	1.8	3.0
55 -59	487	1.0	.8	1.6
65 +	1,125	2.4	1.8	4.1
Not Stated	14	.0	.0	.1

This information is important for the Street Safe Space Project because it focuses on adolescents and youths. It also highlights the exposure to risk, vulnerability, violence and social exclusion is happening during a key stage of development for most SCCY. However, while the data provided by the report is useful, there are important limitations to it. The report, for instance, mainly focuses on quantitative data rather than the analysis of what they mean. It tells us how many but not why. For example, it gives data on sexual activity and low condom use but does not mention underlying factors like coercion, survival strategies, gender-based violence or power dynamics that shape these outcomes.

It also concludes that girls are more likely to stay in the streets for long but does not say why. The report does not explore issues such as gender based violence, mental health, coercion or power dynamics which are important for an understanding of their gendered experiences. Overall, the report shows that boys are more visible in the data, but girls face more complex and hidden forms of vulnerability, which have important implications because making programs based on that data risks missing specific gendered needs of SCCYs.

The report itself acknowledged the lack of accurate and reliable data, which remains a challenge when addressing the needs of street-connected populations. This shows that even the report itself has gaps. UNICEF and the Consortium for Street Children emphasize that

gender-sensitive data is critical for designing effective interventions. When data is incomplete, programs may fail to reach the most vulnerable, especially girls, and may overlook deeper issues. Although the project will not collect any data, it hopes to advocate for and provide evidence-based lessons on why it is important for effective national planning and policy.

1.3.2. Gendered experiences of street-connected children and youth

Media and government reports have often portrayed the street environment as a neutral environment with little to no acknowledgment of how gender plays a significant role in the lives of SCCYs. Yet, gender shapes how they access space and resources, how they are exposed and experience risks, construct their identity/roles, their social positioning in the streets and their access to protection. What it means to be a boy on the streets is shaped by what it means to be a girl and vice versa. Their experiences are relational and mutually reinforcing rather than separate.

The street is not a uniform space, it reproduces societal gender norms, which result in unequal lived realities for boys, girls and intersex, although no information is provided on intersex communities in the street environment. It is important to recognize that these experiences are not incidental, they exist within a wider system of patriarchy (Embleton et al., 2022), social exclusion, and economic discrimination that governs street life. This section will provide an answer as to why gender-responsive safe spaces are needed to address systemic gaps and encourage more equitable results for SCCY.

Boys: Visibility, Survival, and Performed Masculinity

Data supports that there are more boys in the street environment and that they are often the economic actors in the street survival systems. They participate in begging, scavenging, and hustling through day-wage tasks/jobs like car washing, garbage collection, collecting bottles or scrap metals to sell to recycling companies and sometimes as security, watching people's cars in the parking lot until they are back. However, this exposes them to risks like frequent interactions with police which can result in police harassment (Embleton et al., 2022), arrest, physical violence, exploitation, especially for younger boys from their older peers (J. Woan et al., 2013), and criminalization. These experiences are not incidental. They are shaped by the social construction of masculinity where survival is closely tied to performing your toughness, dominance and emotional control, reflecting patriarchal norms

which continue to be reproduced and intensified on the streets (Embleton et al., 2022) through gangs and hierarchy culture. Such norms discourage help-seeking habits and normalize violence as a means for survival and a part of their identity. Substance use, which has been widely reported among street-connected boys, function as a means to social group belonging and coping with hunger, trauma and stress (Woan et al., 2013).

Drawing on Jessica Woan's research on the health status of street children and youth, we might conclude that although street connected boys appear more resilient because of their visibility and mobility, their underlying mental health challenges including depression, hopelessness and emotional distress, are often masked as norms of masculinity discourage emotional expression and help-seeking (Woan et al., 2013). In this sense, masculinity for SCCY boys comes as a resource and constraint. While it allows their economic survival and dominance in the street hierarchies, it also exposes them to more risks, psychosocial stress and reproducing cycles of violence.

Girls: Invisibility, control, vulnerability (Sexual and structural)

The experiences of girls are shaped by gender norms that restrict their mobility and put them in controlled survival systems. Although we have girls in public spaces, they are more likely to be absorbed in domestic work, caregiving and transactional sexual relationships as means of survival (Woan et al., 2013). The risks they face are also structurally rooted. There is a lot of documented evidence about the abuse, severe forms of exploitation, gender-based violence, high levels of sexual violence and coercion, where many girls report forced sexual initiation and engagement in survival sex as a means of accessing shelter, protection, or basic resources (Woan et al., 2013). This places them at a high risk of psychosocial harm, STI infections, early pregnancy and long-term reproductive health complications.

Thrive Together CBO's prior engagement with street-connected children has shown that, in many cases, access to resources is enabled through relationships with dominant male figures within street hierarchies, who sometimes even take their earnings, reinforcing dependency and limiting their autonomy. Stigma surrounding female sexuality further restricts them from accessing health and social services, especially in systems that were not designed to accommodate highly mobile, socially marginalized people (Bernard et al., 2026) with little to no documentation. These dynamics show how gender power imbalances are

deeply rooted in street hierarchies, where girls' bodies become 'objects' of control and economic exchange.

Layered Vulnerabilities

While gender differences plays a critical role to explain the different experiences, it does not operate in isolation. Factors such as age, ethnicity, disability, family connection, and socio-economic status shape gendered experiences of SCCYs. SCCY children who have weaker family ties tend to experience more severe health and psychosocial outcomes (Bernard et al., 2026). Similarly, protective factors are gendered, whereas boys may find belonging with peer groups, girls' networks are dictated through dependency relationships, which limits their protection. Despite this clear evidence of a difference in experiences, most interventions remain largely gender neutral. They also rarely touch on underlying gender norms that shape behavior, especially the performance of harmful masculinities among boys or the limited agency of girls. The absence of gender-responsive psychosocial support also risks ignoring how trauma and mental health are differently experienced for them, which limits the effectiveness of available programs.

1.4. Existing Interventions and Gaps

Despite the differences in context, street-connected children share common experiences of exclusion and rights, including limited access to education, healthcare and protection. They continue to face violence, stigma and poor mental health (OHCHR 2011). However, their experiences are shaped by their cultural, economic and social environment. In some high-income countries, for example, these children are often linked with better institutional care transitions, homelessness systems and occasionally can access state services. This stands in contrast to many low and middle-income countries across Africa, Asia and Latin America, where these children are more dependent on the streets for livelihood, socialization and survival, with little to no state social protection services (Convention of the Rights of the Child, 2017).

Interventions have evolved from charity-based to more rights-based approaches. Interventions have been rescue, shelter, and rehabilitation, focused on removing children from the streets and placing them in institutional care. However, global frameworks now emphasize a rights-based approach having holistic, long-term strategies that include

prevention, family strengthening, and access to education, healthcare and community re-integration (Convention of the Rights of the Child, 2017). These interventions also incorporate outreaches, psychosocial support, education programs and drop-in or safe spaces, recognizing the complexity of SCCYs' lived realities which cannot be addressed through rehabilitation alone.

In many low and middle-income countries, particularly Sub-Saharan Africa, interventions often include community-based models, like drop-in centers, mobile health outreach and partnership between civil society and government actors to improve access to services, such as in the case of Malawi and Tanzania (Bernard et al., 2026). These interventions have been providing basic care, referrals and psychosocial support in an attempt to bridge the gap in formal government systems. SCCYs in low and middle income countries are more embedded within formal welfare systems (Aptekar & Stoecklin, 2014) such as Statutory Children Institution or Private Charitable Children Institutions. In Kenya, the rehabilitation, rescue and shelter interventions exist but face resource constraints. Civil society organizations try to bridge this gap by delivering interventions like shelters, education, vocational training, counselling and outreach *(Final-SFRTF-Census-Report-March-2020 street census)*.

Most interventions have tried to force SCCY into transitioning away from street-connected life to family or alternative care systems without addressing the deeper and interconnected realities shaping their lives including trauma, identity, and social belonging. They fail to acknowledge that, while services such as shelter, healthcare, and education are provided, they do not address the mental needs and gendered experiences they go through in their environments as part of rehabilitation (Bernard et al., 2026), which is why some SCCYs move from rehabilitation back to the street environment again, limiting their long-term effectiveness and sustainability. Therefore, even where services exist, they are not designed to accommodate their mobility and lived realities.

The gendered experiences of SCCYs also continue to be under-addressed. Many interventions lack consistent gender transformative approaches while there is enough evidence highlighting that SCCYs experience different risks based on their gender, i.e. gender based violence, unequal power dynamics and exploitation. The interventions do not sufficiently address the distinct experiences of girls and boys, as well as issues of harmful gender norms and masculinities in their environments. Therefore, there is a need for

interventions that are not only holistic and rights-based, but also context-sensitive, responsive to mental health and gendered realities.

1.5. The Street Safe Space Culture Project

The Street Safe-Space Culture project responds directly to this gap by co-creating a participatory safe space model that places SCCYs at the center of the intervention. Grounded in a human rights-based and intersectional approach, this project recognizes that psychosocial wellbeing, gendered experiences, dignity and social belonging are deeply interconnected for SCCYs. By creating a consistent, gender-responsive safe space that is co-designed with the SCCYs, the project will encourage trust, peer supporting, meaningful engagement and recognize SCCY's agency.

Participatory sessions on mental health, sexual reproductive health and rights, gender based violence and harmful gender norms in the safe space will provide SCCYs with tools to navigate their everyday lives. These sessions are meant to not only support them with better coping and resilience tools, but also strengthen their agency and encourage reflections and dialogues. Through the Street Safe Space Culture, it will offer a more contextual and grounded approach that recognizes SCCYs as active agents capable of making decisions on their futures and shaping their own wellbeing as they go through their everyday life. The project seeks to be a value addition and complement the current existing interventions that do not sufficiently address this.

2. PROJECT JUSTIFICATION

Building on chapter 1 which touched on the global, national, and community context of the drivers and experiences of SCCYs, this section provides a justification for the Street Safe Space Culture project. It explains why a holistic approach is necessary, outlining the specific gaps that this project seeks to address. It argues for the importance of integrating trauma-informed, gender-responsive, and participatory approaches that move beyond a 'securitized' response or a short-term intervention and demonstrates how the Street Safe Space Culture project aligns with identified needs, existing evidence, while contributing to a sustainable and contextualized support for SCCYs.

Before I describe the approach my intervention takes to tackle these gaps, I shortly want to highlight another shortsighted approach to SCCYs' well-being, by looking at the gaps

in the legal frameworks attempting to solve their problems. Kenya has ratified a number of international treaties relative to children's rights (YK, B. S, 2022), trying to extend children's rights to go beyond their physical well-being to include more encompassing human rights. However, Ndimurwimo et al. (2024) argue that despite the legal assurance and the ratification of these tools, SCCYs remain invisible human beings, highlighting the gap between legal commitments and practical outcomes for countries. Article 53 of the Constitution of Kenya (2010), for example, is dedicated to children and states that their best interests are of paramount importance in every matter concerning them. However, evidence shows that many children, particularly SCCYs, continue to lack these basic rights (Ndimurwimo et al., 2024). The Kenyan National Policy on Rehabilitation of Street Families states that most street families lack statutory documents (birth certificates, national identity cards, etc.), which contributes to their exclusion from government programs.

The Children Act (2022) equally tries to strengthen child protection but continues to frame SCCYs as 'children in need of care' taking on a welfare approach instead of a rights approach (Ndimurwimo et al., 2024). Similarly, the Social Assistance Act (2013) aims to provide financial aid and services aimed at reducing poverty, child neglect and dependence for vulnerable populations including elderly, persons with disabilities, vulnerable children and orphans. However, the requirements such as identification documents and fixed residence excludes SCCYs, demonstrating how legal frameworks fail to account for their lived realities even if they try to formalize existing initiatives which happened in the case of the National Policy on Rehabilitation of Street Families 2023 that formalizes the Street Families Rehabilitation Trust Fund 2003 (SFRTF). While the policy intends to provide a coordinated framework to address the concerns of street families through prevention, rescue, rehabilitation, socialization, and reintegration, more than twenty years after the establishment of the fund, weak coordination and institutional challenges have limited its effectiveness, with the number of street families continuing to rise.

Overall, while Kenya has strong legal and policy frameworks of children's rights, gaps remain in the implementation. Current approaches largely emphasize rehabilitation, reintegration, and service delivery, but insufficiently focus on the social and psychological aspects of the lived realities of SCCYs. Moreover, weak implementation, limited accessibility,

and lack of coordination of legal institutions continue to exclude the street families from the existing support programs.

2.1. Psychosocial Vulnerability, Social Exclusion and Systems Gaps Affecting Street Connected Children and Youth (SCCY)

Structural vulnerabilities of street life

SCCYs live within environments that fundamentally shape their health, safety and developmental stages. Their survival, therefore, requires navigating daily exposure to hunger, unsafe sleeping conditions, violence and dangerous work, all of which lead to long-term vulnerability. As a result, mortality among street connected populations is estimated to be significantly higher than that of the general population, with many of their deaths caused by preventable illness or violence (Khor, 2024).

SCCYs are also disproportionately affected by food insecurity, which undermines their physical and cognitive development, while constant noise, overcrowding and insecurity disrupts their sleep, intensifying their chronic stress. Evidence from a western Kenyan study on SCCYs shows that many of them sleep in public spaces without protection, exposing them to harsh weather, assault, exploitation and conditions that threaten their survival (Embleton et al, 2022). To cope, substance use often emerges as a coping mechanism for hunger, cold and emotional distress, further increasing their health risks. These structural conditions show that vulnerability among SCCYs is embedded in environments that systematically deprive their safety, stability and basic rights.

Studies show that many SCCY come from households affected by poverty, unemployment, abuse or broken family structures because of divorce, parental death or neglect (Embleton et al., 2022, p. 134) and children end up in the streets to work to support family income or leave to escape abuse. Once in the streets, survival is dependent on informal and sometimes dangerous economic activities like begging, scavenging, or petty trading (Embleton et al., 2020, pp. 9, 14), which exposes them to more violence, exploitation and accidents, limiting their opportunities. Over time, the absence of stable support systems has created a cycle of poverty and marginalization for them, emphasizing the need for interventions that also address structural inequalities.

Mental Health and psychosocial impact

An individual's mental health is shaped by the conditions of everyday life and capacity to cope with daily stressors, relationships, environments and traumatic life events. Psychological wellbeing is tied to access to safety, stability, supportive relationships and communities, enough rest and good nutrition, factors widely known as determinants of mental health. The World Health Organization defines mental health as a state in which individuals can manage normal life stressors, function productively and contribute to their communities, which shows the length at which wellbeing is embedded in social and environmental conditions, not just individual characteristics. When these conditions are disrupted, the body's stress response becomes chronically activated, weakening emotional regulation, cognitive responses, immune functioning and even physical health. Continued exposure to hard times without cushioned support is associated with increased risk of anxiety, depression and reduced resilience across one's life (Shonkoff et al., 2012)

For SCCYs, these 'support cushions' are largely absent. The psychological health of SCCYs is influenced by cumulative trauma events, chronic stress, and unstable or absent care environments without social support or even just a sense of belonging. Research on orphaned and street-connected children indicates that supportive relationships can buffer against negative psychosocial outcomes (Omari et al., 2021). Homelessness-related stress has been linked to aggression, withdrawal and low self-esteem all of which disrupt healthy social development (Khor, 2024).

Evidence from studies of SCCYs in Kenya continues to show the high prevalence of mental health challenges alongside exposure to traumatic events such as assault, sexual violence, harassment by authorities and grief (Embleton et al., 2022). Substance use like inhalants (glue), alcohol and other drugs is reported as a coping mechanism to numb emotional pain, suppress hunger or manage fear and cold, while causing more mental health problems, cycles of dependency, social exclusion and increasing SCCY's vulnerability to exploitation and risky behaviors. Their distress often manifests through behaviors misinterpreted as deviance rather than understood as symptoms of unmet psychosocial needs. Despite this, studies indicate that most SCCY receive little or no formal psychological support, relying on peer networks or coping mechanisms that offer temporary relief but do not address underlying trauma or teach them mental health literacy (Omari et al., 2021). Barriers such as stigma, discrimination, cost, lack of documentation limit their access to care.

Therefore, addressing these challenges requires comprehensive, trauma-informed and community-based interventions that restore safety and focus on building the resilience of SCCY in their circumstances.

Social exclusion, stigma and gendered risks

In addition to the hardship of not having their basic or material needs met, SCCYs face unwelcome social exclusion that contributes to their marginalization. The community refers to them as dangerous, criminals, and indiscipline. They are labelled as '*Chokoraa*' a Swahili term to mean '*Garbage picker'* and '*unkempt and dirty'*. Such labelling warrants discrimination by police, service providers and community members which limits their access to basic needs like education, healthcare, protection services and even opportunities for re-integration, pushing them further into risky survival systems. This shows that their experiences are shaped not only by poverty but also by societal attitudes that make them invisible rights-holders while criminalizing their presence (Aptekar & Stoecklin, 2014).

The process of 'othering' constructs a symbolic boundary between 'insiders' and 'outsiders' normalizing SCCYs' exclusion from healthcare, education and protection services (Powell & Menendian, 2024). In many cases, SCCYs lack legal recognition or permanent residence, preventing them from accessing essential services like social protection systems (Arif Ali et al., 2025). SCCYs often report harassment, violence, and unwarranted arrest by police, further cementing their mistrust of formal institutions (Embleton et al., 2020).

Gender further intensifies risks in street connected environments. Girls and young women on the streets are vulnerable to sexual exploitation, coercive relationships, trafficking and survival sex, like exchanging sex for protection, shelter or food (Salihu, 2019). Therefore, the intersection of stigma, gender inequality and poverty creates layered vulnerabilities that require gender-responsive approaches that address the contributing harmful norms and social exclusion for SCCYs.

Systemic gaps and need for integrated support

There is fragmented coordination between child protection services, social services, and NGOs/CBOs providing mental health services, which leaves gaps in the support pathways for

SCCYs. Responses by governments to SCCYs often fail to address the complexity of their lived realities. Most programs have for a long time focused on rehabilitation, institutionalization and short-term rescue without tackling their gendered vulnerabilities, psychosocial needs or creating trust-based relationships.

Many programs are designed without meaningful participation from them, resulting in interventions that are inaccessible, stigmatized or unsustainable. Aptekar and Stoecklin argue that effective interventions must recognize SCCYs' agencies, not view them as passive victims. Responses should include integrated systems that are contextually relevant, sustainable and also recognize SCCYs as active individuals with knowledge of their own needs. Responses need to include primary care for early risks, secondary care for those already struggling to cope by providing mental or physical services, and tertiary efforts focused on larger issues of prevention and public education, which is among the sustainability plan with Thrive together CBO (Aptekar & Stoecklin, 2014).

2.2. Theoretical Framework

This project draws on the theory of intersectionality, trauma-informed/mental health approaches and a critical look into masculinities to understand the lived realities of SCCYs. The theories used are meant to illuminate how these intersecting factors influence behavior among SCCYs and how safe spaces come in as interventions that offer a holistic approach.

2.2.1. Intersectional theory

Intersectionality, a concept first introduced by Kimberle' Crenshaw (1989), explains how people experience overlapping and interconnected forms of disadvantage based on multiple aspects of their identity. It speaks to the multiple social identities and ideological instruments through which power and disadvantage are expressed and authenticated (Crenshaw, 2017). Rather than looking at disadvantages through a single lens, such as gender or race, intersectionality shows us how these categories interact. A single-axis framework as Crenshaw calls it forces an individual into one category, ignoring how their lived realities are shaped by several identities at once (Crenshaw, 2017). For this project, intersectionality provides a critical focus to understand how SCCYs experience simultaneous discriminations based on their multiple social identities. They are not only 'children' but from marginalized ethnic groups, living with disabilities, lacking family support and experiencing poverty. Each of these

identities shape how they experience exclusion, discrimination, and access to services (Losleben et al, 2023).

The theory of intersectionality also highlights how identities are socially constructed through systems of power. Some are not neutral because social labelling assigns identities that position them at the margins. In Kenya, SCCYs are labelled as *'chokoraa'* which places them at the bottom of the social hierarchy framing them as less deserving of care and protection, making them disposable. As noted by Salihu (2019), SCCY are perceived as 'ready-made laborers' or as disposable populations, rather than children in need of support. Such labels affect public attitude and institutional responses.

This is visible in legal and policy frameworks like the Constitution of Kenya and the Children Act (2022), where SCCYs are often categorized as 'others' (Leah et al., 2024). These frameworks mention children but refer to street-connected children as 'children in need of care', as such it doesn't always guarantee equal rights, and it just separates one type of child from another, unintentionally reflecting a form of legal marginalization.

Mombasa County laws construct SCCYs as a homogenous group of criminals, risking being a single-axis lens, because it ignores their multiple identities in age, gender, duration on the street and family background. In Kenya, there is a use of 'street sweeps' where police offices remove SCCY from public spaces justifying it as maintaining security or sanitation. Such a case happened in 2015, in Mombasa, where over 150 street-connected individuals were arrested, most of whom were children (Embleton et al., 2020). As such, it shows how institutions respond to SCCY not as children in need of protection but as threats to be controlled, affecting them beyond reintegration, because stigma persists, wrongful blaming for crimes, mob justice and limited protection from authorities (Embleton et al., 2020).

In the same way, there are categories and 'levels' to SCCYs that are often overlooked, such as children who work on the street but have family ties and go back home, those who spend some time on the streets and those who live entirely on the streets, with or without their families. These categories matter because they shape the intensity of risks children face and the policies and interventions needed for such complexity.

SCCYs lack of identity documents limits their access to social services and ethnicity further complicates their experiences. Kenya has a history of ethnic divide, including significant events like the 2007-2008 Kenyan post-election violence, which highlights how ethnic identity can influence access to resources and protection. For SCCYs, ethnicity can lead to neglect by both communities and government systems (Embleton et al., 2020).

Therefore, the marginalization of SCCYs is not caused by a single issue, but by the intersection of legal neglect, social stigma, and socioeconomic inequities. The theory helps the project to move beyond single issues and recognize how their overlapping identities and different systems of power shape their realities, showing who gets immunity and who is disposable and how we cannot treat them as a homogenous group.

2.2.2. Trauma and Recovery Theory

The Trauma and Recovery theory hypothesizes trauma as an overwhelming experience that leaves an individual powerless, disrupting their sense of safety, control over their behavior and connection to others. According to Judith Lewin Herman (1992), who pioneered this theory, trauma is characterized by terror, helplessness and social isolation which affects the survivor's functioning and worldview. Herman (1992) emphasizes that psychological reactions to trauma remain the same whether in domestic violence, stranger crime, or captivity in the hands of government-inflicted violence and that recovery cannot occur in isolation but requires the restoration of safety, supportive relationships, emphasizing healing needs to be both psychological and a social process. Her approach is a call to us to face painful issues so they can be dealt with and open space for recovery (Rothschild, 1992)

Prolonged exposure to abuse and instability during childhood affects how young people understand themselves and others. Symptoms of emotional numbing, social withdrawal, and a distrust of others, can function as coping strategies in unsafe environments, allowing cycles of trauma to persist (Rousseau, 2025). For SCCYs, whose lives are marked with multiple such exposures, trauma is an ongoing condition embedded in their everyday life. Research shows that homelessness itself is a significant psychosocial stressor that increases vulnerability to mental health problems. Goodman et al. (1991 p. 1,219) argue that 'homelessness itself is a risk factor for emotional disorder' indicating that mental distress among SCCYs is shaped not only by prior trauma but also by structural circumstances.

Homelessness disrupts critical development processes and exposes young people to chronic stressors that undermine their emotional, cognitive and social growth. Many adolescents in street situations have histories of abuse and violence, especially girls and women being vulnerable to sexual assault and rape, victimization and social exclusion which heightens risks of depression, post-traumatic stress disorder, substance use, especially, the negative effects of trauma from physical and sexual assault most likely have a greater effect on their psychological development than that of adults. (Khor, 2024)

Research on orphaned, separated and street-connected children in low and middle-income countries provide strong evidence of this cumulative trauma burden. A study in Uasin Gishu County, Kenya, found that children living and working on the streets were at a significantly higher risk of post-traumatic stress disorder, depression, anxiety, and suicide compared to their peers in care environments (Omari et al., 2021). The study also reported that 10%-20% of children and adolescents living in low- and middle-income countries experience mental health problems, but the prevalence among SCCYs exceeds this number, likely because of the repeated post-traumatic events experienced on the streets and the issues that prompted them to migrate to the street. These findings thus highlight the role of social inclusion and social support, reinforcing Herman's argument that recovery is relational and requires both a psychological and a social process, not a changed physical environment alone such as, in SCCY case, structure homes.

Mental illness and homelessness also operate in a bidirectional cycle in which each condition contributes to and worsens the other, reinforcing long-term instability (Saraceno et al., 2007) which explains why trauma among SCCYs needs both structural and relational interventions. This theory provides a framework for understanding the experiences of SCCYs, highlighting how repeated exposure to traumatic events affects their psychosocial well-being, emphasizing that supportive relationships and social inclusion could be a step towards creating some kind of relief in their lives.

2.2.3. Masculinities

So far, this proposal has mentioned the gender inequalities that exist in the street sub-culture. These gender inequalities may be a result of the social, cultural, and gender norms, especially around hegemonic masculinity. The theory of hegemonic masculinity is applied here to

understand how masculine norms play a role in dictating the street culture and environment for SCCYs and slightly touch on the role this plays in mental health because understanding this is relevant for effective counselling and psychotherapy of men and boys both individual and groups. Connell (2005) defines hegemonic masculinity as a gender practice that legitimizes patriarchy, which guarantees men's power over women and other men. He also defines protest masculinity as a hyper masculine response employed by marginalized men, where dominance, violence or toughness are given emphasis to compensate for social powerlessness.

The construction of masculinity among SCCYs is thus not just a social preference but also a response to the street subculture hierarchy and economic needs. As Embleton et al. (2020) observe, male youth adopt the identity of the '***Mshefa'*** (hustler) to resist the derogatory label of *'Chokoraa'*. However, this identity is gendered and tied to what Connell (2005) defines as 'protest masculinity'. Traditionally, male SCCYs are excluded from Kenyan standards of masculinity like good employment standing, so they 'protest' this exclusion by over-performing physical dominance. In the street subculture, for safety and security, adolescents form peer groups with strict norms where members are rewarded with 'protection' for their loyalty and obedience (Salihu, 2019). Toughness and loyalty are like a currency for survival, including engaging in criminal activities for sustenance.

In the Kenyan urban context, a man's worth is tied to their ability to provide (Schmidt, 2023) which, on the streets, creates a situation where material provision is exchanged for sexual or social control (Embleton et al., 2020). When adolescent boys cannot be able to meet these patriarchal expectations of themselves, they resort to 'compensatory masculinity' (Silberschmidt, 2001), using physical aggression like in protest masculinity to reassert power. This ends up creating a cycle of violence where 'hyper sexuality' and 'toughness' are normalized as bodily necessities which serve to validate Sexual Gender Based Violence (SGBV) as a trait of manhood (Embleton et al., 2020) rather than as forms of socially constructed behavior to show power.

The constant performance of this masculinity has an impact on the psychological well-being and access to services. Drawing on Van Blerk's theory of 'spatial masculinity' (2012), it is argued that adolescent behavior is dictated by the environment. Supporting the

need for safe spaces to create a 'safe-neutral space' where the pressure to perform is not expected, allowing SCCY to be in an environment that helps them deconstruct these harmful norms and promote alternative forms of non-violent masculinity.

2.3. Theory of Change (ToC)

This project adopts an Intersectional and trauma-informed theory of change that positions safe spaces as socially constructed environments of belonging, agency, psychosocial well-being, dignity, social belonging, and gender norms shifts conversations for SCCYs in Mombasa It is grounded in the argument that SCCYs experience layered vulnerabilities shaped by gender, social exclusion, structural inequalities, and cumulative trauma. The framework assumes that meaningful and sustainable change must include safety, dignity, and participation in ways that reflect SCCYs' lived realities. This ToC is not a neutral or purely technical framework. It deliberately tries to shift away from welfare-focused interventions that have historically excluded SCCYs' voices towards a more participatory approach that acknowledges them as individuals with knowledge.

Hence, the project focuses on the creation of a consistent, participatory, and gender-responsive safe space co-designed with adolescents and youths themselves **(*output 1.1)***. It becomes a relational space where trust, dignity, agency and inclusion are fostered. As a result, SCCYs meaningfully engages in and shapes the safe space **(*outcome 1)***, strengthening their sense of belonging and inclusion in contrast to the stigma and exclusion experienced in the wider community.

Building on this foundation, the project integrates trauma-informed psychosocial support through weekly trauma and gender responsive mental health literacy sessions conducted in the safe space **(*output 2.1).*** These sessions acknowledge that mental distress among SCCYs is rooted in structural inequalities, violence, experiences of instability, social exclusion and traumatic events. By creating a space for emotional expression, peer support, mental health literacy and self-reflection, participants develop coping mechanisms grounded in their realities. This contributes to SCCYs strengthening contextually relevant ways of coping with daily stressors and trauma **(*outcome 2)***.

Simultaneously, the safe space serves as a platform for rights-based awareness through weekly gender-responsive Sexual Reproductive Health and Rights (SRHR) and Gender

Based Violence (GBV) awareness sessions conducted at the safe space using participatory approaches **(*output 3.1).*** These sessions are meant to equip them with knowledge of their rights, safe response strategies to gender-based violence and accessible, youth-friendly referral pathways. This leads to increased agency and strengthened confidence for SCCYs to safely report violence and seek support **(*outcome 3)***, challenging both the normalization of violence and the mistrust of institutions.

Finally, weekly participatory training sessions on harmful masculinities and gender norms conducted at the safe space **(*output 4.1)***, to create opportunities for reflection on how harmful masculinities and inequitable gender norms contribute to inequitable behaviors and violence, especially when they are used as daily survival strategies. By fostering dialogue and alternative ways of expressing identity, they are supported to shift their attitudes. This would lead to SCCYs gaining an improved understanding of harmful gender norms and reduce violent in-equitable behaviors **(*outcome 4)***.

Importantly, as SCCYs begin to lead discussions and peer-driven initiatives in their safe space through the sessions, change extends beyond the individual to peer networks. The safe space evolves to a platform for community learning, supporting the emergence of safe space champions who will facilitate peer engagement, trust-building, and sustained participation. The ToC has interconnected pathways that contribute to sustained psychosocial wellbeing, dignity and social inclusion for SCCY.

This Street Safe Space Culture project also tries to respond to the existing gaps of accessibility and inclusivity of services for SCCYs. By strengthening referral and reporting pathways, while documenting learning through indicators, the project generates evidence for reflection and learning to overtime contribute to county-level policy dialogues on mental health and GBV frameworks for SCCYs.

3. PROJECT FRAMEWORK

3.1. Project Goal

The goal of the Street Safe Space Culture project is to contribute to an improved psychosocial well-being, social inclusion, and protection of street-connected adolescents aged 14-17 years in Mombasa County, Kenya, by creating gender-responsive and participatory safe spaces.

3.2. Project Objectives

- To strengthen the psychosocial wellbeing and resilience of street-connected children and youth through gender-responsive and participatory approaches.
- To build safe, inclusive, gender responsive environments and support systems that enhance agency, trust, and gender equality behaviors among street connected children and youth.
- To generate evidence and learning on participatory, gender responsive safe space models through documentation, monitoring and evaluation to inform advocacy for SCCY interventions.

3.3. Project Outcomes and Outputs

Table 2: The Street Safe Space Culture project outputs and outcomes

Outcome 1: Street connected adolescents and youth meaningfully engage in and shape the safe space.
Output 1.1: Gender-responsive and participatory safe space established and actively operational.
Outcome 2: Street Connected adolescents and youth strengthen contextually relevant practices and ways of coping with daily stressors and trauma.
Output 2.1: Weekly trauma and gender-responsive mental health literacy sessions conducted at the safe space.
Outcome 3: Increased agency and strengthened confidence for street connected adolescents and youth to safely report and seek support for gender-based violence.
Output 3.1: Weekly gender-responsive SRHR and GBV awareness sessions conducted at the safe space using participatory approaches.
Outcome 4: Street-connected adolescents and youth improve understanding of harmful gender norms and reduce engagement in violent inequitable behaviors.
Output 4.1: Weekly participatory training sessions on harmful masculinities and gender norms conducted at the safe space

3.4. Project Design

The Street Safe Space culture adopts a safe space model as its main approach, informed by participatory, gender-responsive and co-creation frameworks. Safe spaces are not just physical locations, but can be described as publicly built environments that encourage conversations, reflection and mutual learning. As defined by Kambunga et al. (2023, p. 1), safe spaces "consciously develop social environments for thoughts, situated actions, and mutual learning" where participants can talk about their lived experiences and express themselves without fear of judgment. The importance of safe spaces for adolescents is supported by evidence. A review by Meherali et al. (2025) highlights how safe space interventions contribute to improved mental health well-being among young people, including reducing anxiety, post-traumatic stress, social relationships and even substance use. Safe spaces are further described as places where young people feel accepted, secure and empowered to express themselves, which is much needed since adolescence is a period of emotions and development (Meherali et al., 2025). The importance of the Street Safe Space Culture project is also aligned with guidance from the UNICEF Adolescent Kit which highlights safe spaces as key interventions for adolescents, by providing group-based activities that strengthen their resilience and promote psychosocial wellbeing. Safe spaces are designed for participation, peer support, positive relationships where adolescents can safely engage, learn and develop (UNICEF, n.d)

3.4.1. Learning from existing interventions

Community-based safe space interventions for adolescents in Sub-Saharan Africa have been used to address mental health, social exclusion, and gender-based vulnerabilities. HIV prevention programs for adolescent girls and young women in South Africa and Kenya, like the DREAMS project, have used this intervention. They have created physically and emotionally secure environments where participants access peer support, SRHR services, and psychosocial care (Mathews et al., 2022). These spaces are designed to be free from stigma, violence, and discrimination, improving SRHR service access and mental well-being.

UNICEF also supports child-friendly spaces in different African contexts through structured group-based psychological support through activities like art, play, and peer interaction. The spaces help children and adolescents to process trauma, build coping skills, and have better social connections, with trained facilitators offering guidance and referrals. In

Kenya, initiatives under UNESCO's O3 PLUS project spaces like campus "gazebos" and wellness centers have been established that promote peer-to-peer mental health support. These spaces enable young people to have conversations about stress, substance abuse, and emotional well-being, which normalized help-seeking behavior (UNESCO, n.d). The common feature in these interventions is the use of flexible group sessions that encourage trust and emotional expression.

3.4.2. Target group and site of project

The project targets adolescents aged 14-17 years. According to the World Health Organization, changes including exposure to poverty, abuse or violence can make adolescents vulnerable to mental health problems. The Adolescent Mental Health fact sheet by WHO also highlights that suicide is the third leading cause of death among 15-29 year olds (WHO, 2025). According to The Kenya National Census of Street Families 2018 Report, 32.1% of the total population of street-connected families were children from the age bracket of 7 to 18 years, which fall under early to late adolescents. Focusing on this group thus also constitute an opportunity to contribute to long-term sustainable impact. The project will be implemented in Mombasa as justified in the introduction (chapter 1).

3.4.3. Methodological approaches

The project will integrate the following approaches:

Gender Transformative approach: This is an approach that addresses the root causes of gender inequality by trying to transform harmful social norms and power relations (McDougall et al., 2022). This project recognizes that gender norms shape the experiences of SCCYs, their vulnerability and coping strategies. Boys face pressure to conform to harmful masculinities linked to violence while girls experience high risks of exploitation and limited agency. Weekly sessions on gender norms will challenge harmful gender norms, address the power imbalance in their environment, try to strengthen their voice, agency and promote equitable relationships and positive masculinities.

Human-Centered Design Approach: a co-creation framework that enables stakeholders to create and shape solutions based on their lived experiences, ensuring that interventions are contextually relevant and respond to real needs (Romero & Rivera, 2025). This project will use this framework by grounding the solutions in adolescents' realities and

priorities and to actively involve them in shaping the safe space, including leading the space, adapting activities they prefer, and continuous feedback integrated through implementation.

Studies show that involving adolescents as co-designers leads to interventions that are more acceptable and relevant, thereby improving the sustainability of interventions. It also enhances young people's engagement, sense of ownership, agency and their perspectives directly inform the design and refining of interventions (Leung et al., 2025). By using this framework, the street safe space culture project strengthens its long-term sustainability and relevance to the needs of SCCYs.

Trauma-Informed Approach: This is an approach that recognizes the impacts of trauma and the importance of integrating this into practices, environments and interactions with adolescents and young people (Champine et al., 2019). The project uses this approach to ensure all interventions and activities in the safe space are sensitive to the lived realities of SCCYs who have been exposed to violence, exploitation and other forms of discrimination. This approach supports the creation of environments that promote safety, trust and supportive relationships, which are principles important to mental health interventions. It will involve building the capacity of facilitators to be able to identify the trauma-related needs of the SCCY in the safe space and respond with care. This approach thus goes a long way in building supportive systems that promote resilience, coping, and building trust.

3.4.4. Safe space framework

To ensure these principles of what a safe space should be, the project adopts a safe space framework developed by Kambunga et al. (2023). Kambunga's safe space framework uses a phased structure which the Street Safe Space project adopts to some degree while contextualizing the framework's concepts to fit the project. With the framework adoption and contextualization, it will look like:

- Element 1: Establishing a safe and trusted environment, where SCCYs build relationships, share their experiences, and engage in conversations.
- Element 2: Group engagement where they reflect on their realities, including traumatic life events, daily stressors, gender norms, and gender based violence, and develop coping strategies.

- Element 3: Linkages to SRHR, GBV reporting pathways, and psychosocial services, to support SCCY transition toward change, well-being and resilience.
- Element 4: Co-creation and guidance will be a continuous flow throughout the framework.
- Element 5: Peer leaders who will be identified as safe space champions, will help co-create sessions, co-facilitate, and bridge the gap between participants and facilitators. This element will create room for participatory sessions and ensure the project remains grounded in their lived realities.

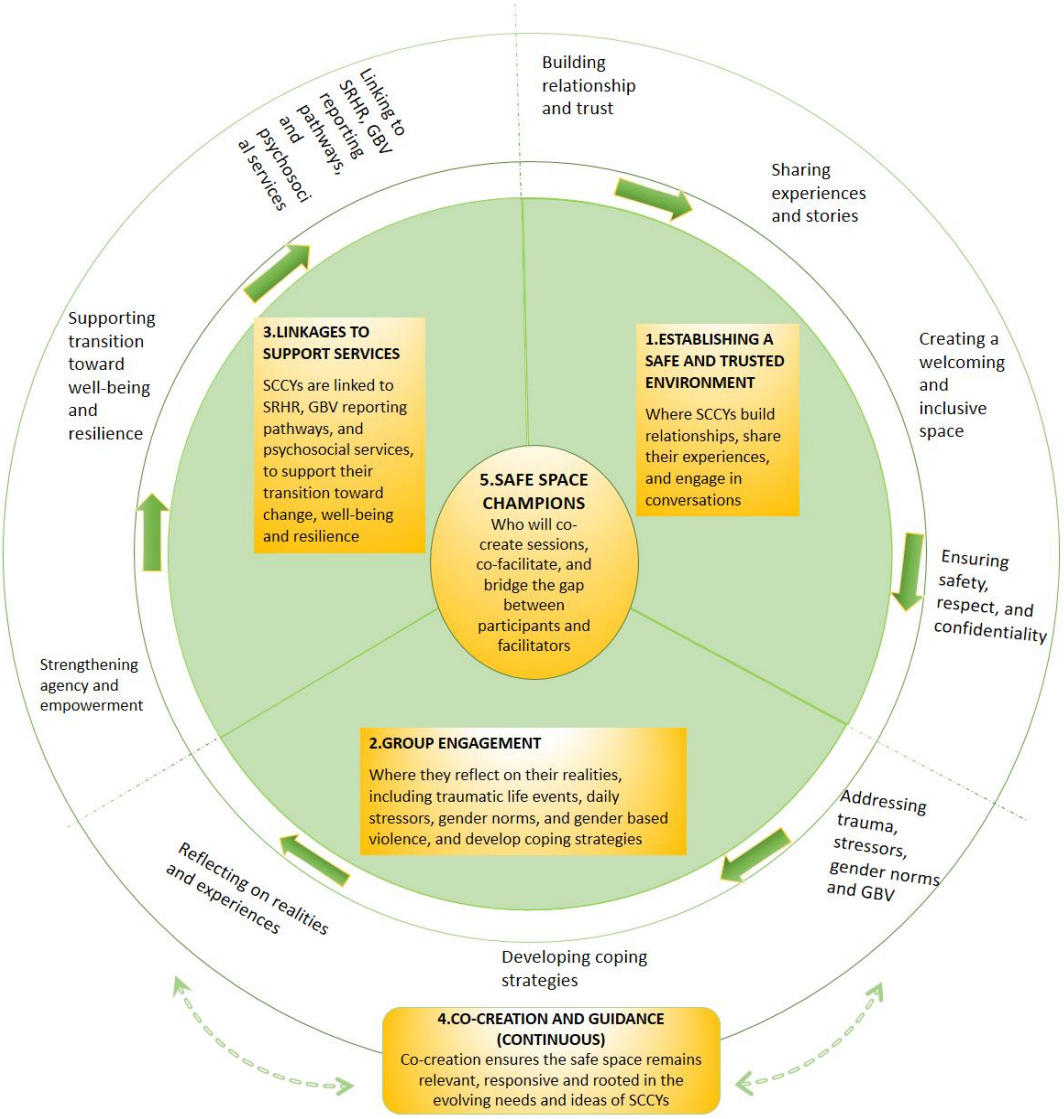

Figure 2: Adopted safe space framework for the Street Safe Space Culture Project (Adopted from Kambunga et al., 2023)

3.4.5. Structure of safe space sessions

The sessions will be conducted weekly in groups of approximately 15-20 participants aged 14-17. Sessions will be designed with attention to age and gender dynamics to ensure safety and meaningful participation. Mixed-gender sessions will be encouraged, exceptions given to sensitive topics or participants requests. Each session should last 2-3 hours and will follow a semi-structured format allowing for flexibility but including check-ins, participatory activities for breaking ice, guided discussions, and reflections. Sessions will be facilitated by trained facilitators using trauma-informed and gender-responsive approaches. As a crucial aspect of peer-led sessions, they will take a similar flexible format and will incorporate peer-led activities and guidance. These sessions will prioritize meeting SCCY needs and experiences.

Example session outline:

Opening Session (30 minutes)

The opening sessions will always start with interactive icebreakers and emotional check-ins to create a safe and trusting environment for SCCYs and facilitators will use tools such as mood cards or miming activities to help SCCY express their emotional state for that day comfortably. This will help both SCCYs and facilitators to build rapport, encourage participation of SCCYs, and help facilitators to understand the emotional well-being of the SCCY at the start of the session. This is part of creating a trauma-informed safe space.

Main Activity (60 minutes)

Facilitators will introduce the module of the day and use approaches like storytelling, guided group discussions, and role-plays, etc. Depending on the module's objectives, examples and teachings, and discussions will reflect participants' lived realities. In cases where it is mental health sessions, they will understand their stressors, emotional responses, and explore coping strategies in a relatable way.

Reflection (30 minutes)

During this time, SCCYs will engage in guided reflection, either individually or in small groups, to connect the session to their own lives. Facilitators can use prompting questions, role-plays, journaling, or peer sharing to conduct this session. The reflection sessions are important for learning and encouraging meaning-making.

Closing (15-20 minutes)

All sessions will end with a grounding exercise, followed by a final mood check-in, and open feedback. It will ensure participants leave the session feeling heard, supported, and stable while providing facilitators with insights to improve further sessions.

3.5. Strengthening Project Impact

The impact and sustainability of the Street Safe Space Culture will require strategic engagement with stakeholders to leverage existing and/or create strong partnerships. These are important to ensure effective implementation, credibility, better technical quality, service delivery, and a buy-in strategy towards integrating into the systems and structures which are important for long-term impact.

3.5.1. Stakeholder engagement

The project will engage stakeholders at community, institutional and policy levels at different ways to support implementation, ensure relevance and buy-in. Engaging them from the start will facilitate ownership, coordination and help the project effectively respond to the needs of SCCYs.

Table 3: A stakeholder analysis of the project

Stakeholder analysis			
Stakeholder	Influence	Role	Engagement Strategy
Street-connected children and youth and safe space champions	Their needs and participation directly shape how effective, responsive, meaningful, relevant and successful the project will be.	Actively participate in the safe space, co-design the space, peer support and provide regular feedback on the interventions.	Continuous engagement through the safe space activities, feedback processes, co-creation, and child-friendly space.
Parents/guardians	They provide consent for consistent participation and also influence adolescents' behaviors and decision making, which can affect outcomes beyond the safe space.	Provide emotional support, provide consent and support participation.	Involve them in community sensitization meetings and ongoing engagement to build their trust, support and buy-in.
Community and influential leaders (from the street environment and general community)	They shape community norms and attitudes in the general community and the street environment. They are important for legitimizing the project and ensuring access to adolescents.	Gatekeepers for community, support mobilization, influence norms and behaviors.	Regular engagement, community dialogues, and involvement as advocacy agents.

Law enforcement (police)	Their interaction with SCCYs significantly affects their safety, mobility and trust/mistrust in formal systems. Their influence can reinforce fear and exclusion or do the opposite	Potential partners in improving SCCYs' protection and trust in institutions.	Dialogue forums and lesson sharing as a strategy to build trust. If SCCYs feel safe, have moments of dialogue with them.
Local NGOs/CBOs	They contribute to service delivery by bridging institutional gaps. Their involvement ensures resource sharing, coordination and collective action.	Support implementation by providing complementary services, facilities and referrals/outreach.	Dialogue forums, joint programming, information sharing and developing/strengthening referral pathways.
Community Service Providers (health facilities, social workers, mental health services, child protection service)	They play a role in providing localized and community-based support. Their availability contributes to the referral pathways.	Receive referrals, support case management and follow-up for adolescents requiring additional care.	Strengthen referral pathways, formal partnerships, clear communication for follow-ups and case management.

National and County Government (health, children, gender, youth, social services departments).	They shape the policy environment, resource allocation, and long-term sustainability of interventions. Their support is important for integrating lessons into formal systems and potentially scale up.	Policy alignment, provision of social services, oversight and long-term sustainability.	Dialogue forums, stakeholder meetings, policy advocacy and report sharing.

3.5.2. Partners

The project will build on existing partnerships with other local CBOs and aims to create additional partnerships that contribute to the technical capacity, service delivery and sustainability.

Thrive Together CBO

Thrive Together CBO will serve as the lead implementing organization for the project, bringing in strong community roots, experience in youth-centered programs with a mandate to support adolescents and youths, including SCCYs as part of their mission and vision. The CBO is a registered, non-profit and non-political organization based in Mombasa, Kenya. The members come from within the Mombasa Community, bringing a deep understanding of the social, economic, and cultural dynamics within the community. The organization furthermore has experience in implementing community-based programs in partnership with other organizations focused on mental health awareness, psychosocial support and SRHR. Through outreach programs, peer engagements and community sessions, the organization has worked directly with adolescents and youth to raise awareness and facilitate access to essential reproductive health and psychosocial services. Our approach is working alongside adolescents and youth through youth-led, feminist and trauma-informed approaches, creating safe and inclusive spaces for healing, knowledge sharing and collective action. This aligns with the street safe space culture project in its focus to address gendered vulnerabilities, harmful social norms and mental health challenges among SCCY.

The organization is also supported by a network of trained volunteers and staff, with knowledge and training in trauma-informed care, mental health literacy and gender norm, proving the implementation capacity. The volunteers have experience in outreach, facilitation to group sessions and engaging with adolescents. Furthermore, the organization has a focus in building partnerships, strengthening referral linkages and creating community-based support systems. The existing collaborations with different healthcare providers like Nairobi Women's Hospital in Mombasa and Mama Amina's mental health facility positions the organization as one that will facilitate referral pathways for adolescents. Although the organization is still in its growth phase, it demonstrates a clear commitment to impacting the community.

Mental Health Consortium

A Mental Health Consortium was established in 2025 comprising of Thrive Together CBO and two other community-based organizations, all based in Mombasa, Kenya: The first organization is Mizizi Youth Organization which specializes in youth empowerment, mentorship, mental health, peer-led approaches for reaching vulnerable youth, and community engagement. The second organization, Serenity of Soul (SOS), focuses on mental health awareness and psychosocial support, providing technical expertise in well-being interventions, safe space, and mental health facilitation.

The aim of the consortium is to leverage each organization's strengths and expertise, collaborate in resource mobilization, and the implementation of community-based projects. Through this partnership, the project can leverage on the technical support, trained volunteers and capacity strengthening from the consortium, enhancing the impact of the project. The collaboration further strengthens referral pathways, enabling adolescents who require additional psychosocial or health services to be linked to appropriate providers within the consortium or outside. Importantly, the consortium enhances the project's credibility, sustainability, and efficiency by being a platform for resource sharing and collective action.

Network for Adolescent and Youth of Africa (NAYA)

The project has partial funding from NAYA, the organization that nominated the implementer to the Gender Equality Studies Training program (GEST). It is an organization based in Kenya, committed to advancing adolescent and youth wellbeing, meaningful participation and leadership across Africa. It works to support youth-led initiatives, strengthen capacity among young people and address issues of gender equality and SRHR. NAYA will provide both financial and technical support to the project. This includes a financial contribution of KES 50,000, which will support initial project activities. Additionally the organization will provide administrative and logistical support, including mentorship, technical guidance, access to professional networks and advocacy platforms. This partnership enhances the project's implementation, while providing an opportunity to leverage on its networks for additional funding opportunities, supporting the project's sustainability.

Potential Partnership with SwahiliPot Hub

The project will explore a potential partnership with SwahiliPot Hub as a venue for implementing safe space activities with consultation from SCCYs. The SwahiliPot Hub is a youth-centered innovation and creative space based in Mombasa, recognized for supporting youths through skills development, technology, and creative engagement. The project hopes to leverage existing community infrastructure by utilizing space within the hub to host safe space sessions. This is a cost-effective and sustainable method, and the space is already a youth-friendly environment. If formalized and agreed upon by the SCCYs, the space provides an opportunity for community integration, enhanced visibility and sustainability.

3.6. Activities and Work plan

Table 4: Schedule of the Activities and simplified work plan

TENTATIVE ACTIVITY SCHEDULE – PILOT PROJECT												
TITLE: STREET SAFE SPACE CULTURE – *AN INTERSECTION OF GENDER, MENTAL HEALTH AND SAFE SPACES FOR STREET CONNECTED CHILDREN IN MOMBASA, KENYA*												
Activities	**June 2026**	**July 2026**	**Aug 2026**	**Sept 2026**	**Oct 2026**	**Nov 2026**	**Dec 2026**	**Jan 2027**	**Feb 2027**	**Mar 2027**	**Apr 2027**	**May 2027**
Administrative and logistic planning	X	X										
3 Meetings with key stakeholders, partners and community members to align on project objectives and goal and get buy in	X	X	X									
2 Focus group discussion meeting with at least 8 street connected adolescents and youths per group to co-design activities for the safe space.		X										
Identify and secure a safe space	X	X	X									
Recruit facilitators/volunteers with training in mental health/Trauma, SRHR,GBV and Gender norms		X										
Contextualize curriculums/manuals to use to ensure they are age appropriate and reflect lived realities of participants.		X	X									
Co-design Monitoring and Evaluation tools with facilitators		X	X									
Co-design feedback forms with adolescents and youth			X									

Align manuals and session plans to the adolescents and youths suggestions of activities			X									
Train facilitators on participatory and gender responsive approaches to use during sessions				X								
Facilitator and safe space champions led weekly Sessions (Mental health and trauma, SRHR, GBV, Masculinities and gender norms)					X	X	X	X	X	X		
Monitoring and Evaluation (Session feedbacks, self-reflections, participants anonymous feedback)							X			X		
Quarterly reflection and debrief sessions with staff, facilitators, and safe space champions						X			X			X
Baseline assessment and Psychosocial screening of psychosocial wellbeing and GBV reporting					X							
End line assessment and Psychosocial screening of psychosocial wellbeing and GBV reporting											X	
End of Pilot Project												X
Project Reporting and sharing												X

4. BUDGET

Table 5: The project budget

BUDGET						
Description	**Unit**	**No. of Units**	**Cost per Unit (KES)**	**Funding Available**	**Funding Required (KES)**	**Total Cost (KES)**
Personnel costs						
Facilitators stipend (2)	Monthly facilitator stipend support	12	16,000	0	192,000	192,000
Part-time psychosocial counselor	Monthly	12	5,000	0	60,000	60,000
Project coordinator	Monthly	12	7,000	0	84,000	84,000
Sub total				**0**	**336,000**	**336,000**
Safe space utilities and maintenance						
Safe space utilities (Water, electricity, clean-up)	Monthly expenses	12	3,000	0	36,000	36,000
Chairs, mats, basic furniture	One-time purchase (Lump sum)	1	50,000	0	50,000	50,000
Safe space rent	Monthly rent expenses	12	5,000	0	60,000	60,000
Stationery & supplies	Monthly stationery expenses	12	5,000	0	60,000	60,000
First Aid Kit and safety supplies	One-time purchase (Lump sum)	1	15,000	0	15,000	15,000
Sub total				**0**	**221,000**	**221,000**
Program activities						
Safe space session materials	Weekly	24	5,000	0	120,000	120,000
Refreshments	Weekly refreshments for participants	24	4,000	0	96,000	96,000
SRHR, GBV prevention, mental health awareness	Materials for teaching (Lump sum)	1	30,000	0	30,000	30,000
Participants transport	Transport reimbursement for 20 participants	24	500	10,000	230,000	240,000

Hygiene (Wipes, diapers, dignity kits)	Quarterly	4	10,000	0	40,000	40,000
Emergency referral support (health/GBV cases)	Lump sum	1	30,000	0	30,000	30,000
Sub total				**10,000**	**546,000**	**556,000**
Monitoring & evaluation						
Baseline and end line assessments	Materials printing (Lump sum)	2	20,000	0	40,000	40,000
Focus group discussions costs	FGD sessions	3	5,000	0	15,000	15,000
Data collection tools printing	Lump sum	1	15,000	0	15,000	15,000
Stakeholder sharing and learning meeting	Transport reimbursement for 25 participants	1 Meeting	1,500	0	37,500	37,500
Documenting and reporting impact stories	Lump sum	1	30,000	0	30,000	30,000
Sub total				**0**	**137,500**	**137,500**
Administration & miscellaneous						
Communication	Airtime, internet	12	3,000	0	36,000	36,000
Contingency	Lump sum	1	50,000	0	50,000	50,000
Staff, safe space champions, and facilitators' wellbeing and debrief sessions	Quarterly	4	10,000	0	40,000	40,000
Safeguarding training and reporting mechanisms	Lump sum	1	30,000	0	30,000	30,000
Sub total				**0**	**156,000**	**156,000**
Stakeholder/community engagement and advocacy						
Stakeholder meetings	Transport reimbursements for 20 participants	2 Meetings	1,500	20,000	40,000	60,000
Community forums/dialogues	Transport reimbursements for 20 participants	2 Meetings	1,500	20,000	40,000	60,000

Policy brief development and printing	Lump sum	1	30,000	0	30,000	30,000
Sub total				**40,000**	**110,000**	**150,000**
TOTAL BUDGET				**50000**	**1,506,500**	**1,556,500**

5. RISK ANALYSIS AND MITIGATION

Working with street-connected families and children presents many risks. To ensure the success of this project, it is important to analyze and measure these risks in advance, mitigate them proactively, and develop strategies to reduce potential damage to both the participants and the organization. Risks, such as assuming that adolescents and youths have no agency, can harm youth participation. Young people's involvement in issues that affect them is crucial for fostering agency and activism in transformative societal processes driven by social inequalities. It is also important to recognize them as active contributors, not passive beneficiaries (Markowska-Manista, 2025).

Table 6: Risk analysis and Mitigation

RISK ANALYSIS			
Risk	**How it may occur**	**Probability**	**Mitigation**
Power dynamics affecting participant agency	Facilitators and the implementing organization hold positions of power, class, and age differences. This may unintentionally reinforce the belief that they are beneficiaries without agency	Moderate	Facilitators will be trained in feminist participatory approaches that recognize participants' autonomy and ensure safe space sessions uphold dignity, inclusion, and youth-led engagement
Institutional Resistance	Institutions working with street-connected children may hesitate to support conversations about mental health and gender because of competing priorities.	Low	Engage existing partners in the initial stakeholders buy-in meeting to help them understand how the project intersects/complements their areas of work
Political and local leadership backlash	Street-connected families are often politically sensitive groups in Kenya, and the project could be misinterpreted as challenging existing power structures or exploiting participants' lived experiences, particularly given past negative examples from charity initiatives.	Moderate	Engage influential leaders and community gatekeepers in the stakeholders' buy-in meeting. Clearly communicate the project's goals and explore opportunities for collaboration to build trust and transparency.
Trauma triggers during safe space sessions	Participants will be having sensitive discussions that could trigger emotional distress or traumatic memories	High	A trained counsellor will be available on standby during sessions. The organization's partnerships with mental

			health service providers will also provide referral pathways for additional psychosocial support if needed
Confidentiality in GBV cases disclosure	Participants may disclose their experiences of GBV during sessions or when reporting. It is important to ensure confidentiality to build their trust and maintain their safety	Low	All information will be managed confidentially with restricted access to case files, and safeguarding protocols will guide referral to appropriate support services when necessary
Irregular attendance of the participants in the safe space	Street-connected adolescents often face unstable living conditions that might impact their consistency in attending sessions	High	Ensure we co-create flexible engagement schedules with them and constant communication too in case of schedule changes

6. PROJECT SUSTAINABILITY

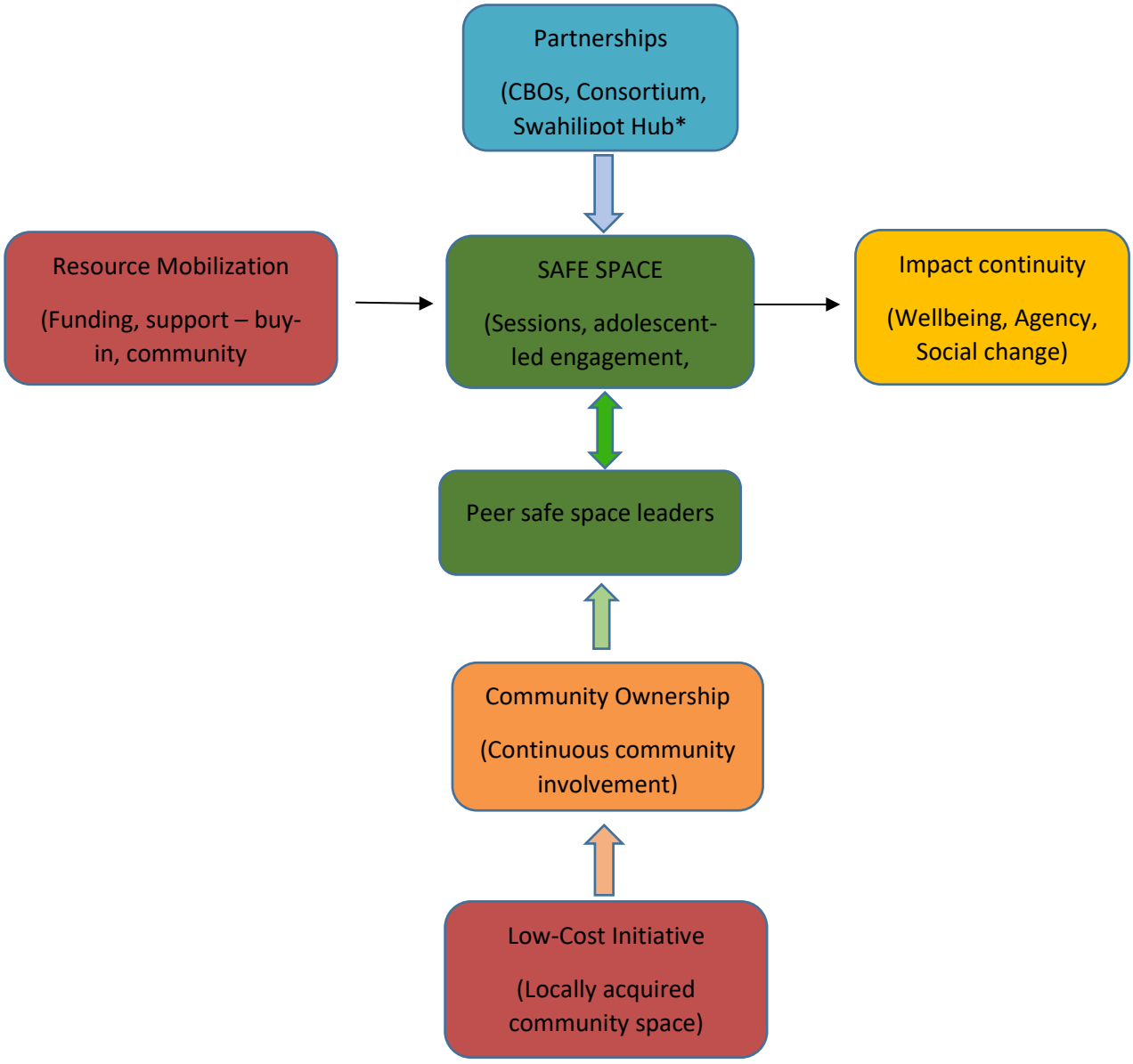

FIGURE 3: The Sustainability Model of the Street Safe Space Culture Project

The sustainability model illustrates a combined approach towards sustainability that flows through, peer leadership, community integrations, partnerships, and multiple resource strategies including using local resources, ensuring the project is designed to sustain its activities and impact.

The sustainability of the Street Safe Space Culture project is embedded within the design of the intervention, with a strong emphasis placed on co-creation with the SCCYs which will encourage peer leadership, community ownership through the space used to host the safe space, which should be a community owned space, and the involvement of different stakeholders to ensure system integration. Rather than the project relying only on external resources, it is structured to enable continuity through the active participation and leadership of the adolescents themselves.

A central component of the sustainability approach is the introduction of a peer-led Safe Space Champions aspect where the SCCYs participating in the safe space can be trained to take on leadership roles in the safe space as they co-design. They will be encouraged to support session delivery, encourage peer participation and contribute to shaping activities. To ensure it is of high quality, safe and ethical, the champions will be supported through ongoing mentorship and guidance from the partnerships and organizations network, with available referral pathways for any specialized support required.

Involving the community and influential leaders for the project fosters a sense of community, ownership and responsibility. The continuous engagement will allow the safe space to evolve into a supported environment beyond the initial design of the project. And the SCCY and community surrounding them can be positioned as agents of change capable of sustaining supportive networks by themselves, not as passive 'beneficiaries'.

Partnerships and continuous resource mobilization strategies will strengthen sustainability. Like leveraging on existing community structures and potential spaces meant for youths like the 'SwahiliPot Hub', minimizes the project costs. Additionally, collaboration with other community-based organizations and networks will support continuity of services and referral pathways.

Through NAYA's initial funding and its potential to be a funding organization, financial sustainability will continue to be strengthened. Efforts from Thrive Together CBO who will also continue with resource mobilization as part of its vision and mission committed towards this project and working with SCCYs.

7. MONITORING AND EVALUATION

Project staff, facilitators, and safe space champions will support monitoring which will be done continuously throughout the project through attendance registers, session reports, participant feedback tools and standardized reporting template for facilitators for the sessions. The reports will capture key details like outcomes, outputs, and deliverables from sessions, the activities conducted in the session, disaggregated number of participants, key discussions, the level of participant engagement and notable observations including behavioral/attitude shifts and emerging issues. Regular reflection circles and feedback sessions with participants, supported by safe space champions, will help with real-time learning and ensure the project continues to respond to the needs of SCCYs.

Evaluation

A mid-project implementation review will be conducted using an outcome-harvesting tool developed by Thrive Together CBO, specific to this project. Outcome harvesting focuses on identifying and verifying observable changes in behaviors, relationships, and practices, and then tracing how the intervention contributed to those changes. The tool is important for the project because change is expected to be non-linear, informal, and rooted in shifts of trust, identity, and social dynamics among SCCYs. This tool will therefore capture significant changes as they emerge, documenting early outcomes. A final evaluation will compare baseline and end line findings, complemented by focus group discussions and impact stories to assess overall changes in psychosocial well-being, social inclusion, and behavior change, for evaluation to go beyond the outputs to transformation in participants' experiences and dynamics.

Table 7: Monitoring and Evaluation Framework

Goal/Outcomes/Outputs	Indicators	Targets	Means of Verification	Data Collection Methods	Frequency	Person Responsible

Goal: Improved psychosocial well-being, dignity, and social belonging of SCCY	% of participants reporting an increased sense of dignity, belonging, and emotional safety % reporting improved capability to manage stress	70%> show improvement by the end of the project in both indicators	Psychosocial assessment and screening reports. Participants' narratives/stories of change Participatory reflection circles	PHQ9 forms and reflection sessions in the safe space	Baseline and end line	Program staff and facilitators
Outcome 1: SCCY meaningfully engage in and shape the safe space	No. of youth attending weekly (Gender disaggregated data) % of SCCY reporting the safe space is inclusive and responsive	15> regular participants 80% report safe space is inclusive and responsive	Participants attendance forms Anonymous Feedback forms and reflection circles	Attendance tracking tools Feedback tools Focus group discussions	Weekly (attendance) Monthly (Feedback) Quarterly FGD	Facilitators
Output 1.1: Safe space established and operational	No. of safe spaces created No. of trained facilitators No. of sessions conducted	1 safe space 2> facilitators 20>sessions	Activity reports and photos Activity schedules and work plan Participants attendance forms Facilitator contracts signed Safe space inventory list	Administrative records Observation Tracking sessions	Monthly	Program staff
Outcome 2: Improved stressors and trauma coping skills	% of participants demonstrating improved coping skills % reduction in trauma/mental health symptoms	60%> show improvement	Psychosocial assessment and screening reports. case reviews from facilitators	PHQ9 tools Case documentation tools	Baseline and end line	Facilitators Program staff
Output 2.1: Mental health sessions delivered	No. of trauma-informed sessions conducted	3> sessions per month	Participants attendance forms Activity reports Session plans from facilitators	Observation	Monthly	Program staff

	% of participants attending regularly	70%>attendance		Sessions documentation		Facilitators
Outcome 3: Increased confidence in gender-based violence reporting and support seeking	% of participants aware of gender-based violence reporting pathways No. of referrals made to services	70%> participants Increased referrals	Referral records Feedback forms	Anonymous feedback forms Case documentation tools	Quarterly	Facilitators Program staff
Output 3.1: Sexual Reproductive Health (SRHR) and gender-based violence (GBV) sessions conducted	No. of SRHR and GBV sessions conducted % of participants attending regularly	3> sessions per month 70%>attendance	Participants attendance forms Activity reports Sessions plans form facilitators	Observation Sessions documentation	Monthly	Program staff Facilitators
Output 4: Improved understanding of gender norms and reduced harmful behaviors	% of participants demonstrating improved understanding of gender norms % reporting reduced harmful behaviors	70%> participants Increased reports	Feedback forms Activity reports Case reviews	Case documentation tools Anonymous feedback forms Observation	Baseline and end line	Program staff Facilitators
Output 4.1: Masculinities and gender sessions conducted	No. of masculinities and gender sessions conducted % of participants attending regularly	3> sessions per month 70%>attendance	Participants attendance forms Activity reports Sessions plans form facilitators	Observation Sessions documentation	Monthly	Program staff Facilitators

8. REPORTING

The Street Safe Space Culture will use a reporting system that supports continuous learning, accountability and adaptive implementation. On a weekly level, facilitators will submit weekly standardized reports after their sessions. These reports and ongoing feedback from participants will form the foundation of ongoing monitoring work and contribute to the outcome harvesting tool.

On a quarterly basis, session reports will be consolidated into narrative reports that will provide an overview of the activities done that quarter, key achievements, challenges, and lessons learned, and any gender and safeguarding reporting. At mid-year of implementation, the project will do an outcome harvesting report to document significant changes in participants' behavior, relationships, coping strategies and gender norms. Also document any community/stakeholder achievements from continuous community engagement. This outcome harvesting report and quarterly narrative will be shared mid-year with stakeholders to validate and account for all outcomes and guide project adaptation.

At the end of the project, a final report will integrate findings from session reports, the quarterly narrative reports and updated outcome harvesting report, alongside impact stories and participants' experiences. A final stakeholder meeting will be held to share key lessons, a policy brief, reflect on overall impact and discuss the sustainability and scale-up opportunities. Continuous feedback as shared will ensure the project remains responsive to the SCCYs' needs and lived realities.

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ANNEXURES

Annex 1: Logical Framework

LOGICAL FRAMEWORK			
TITLE: STREET SAFE SPACE CULTURE – *AN INTERSECTION OF GENDER, MENTAL HEALTH AND SAFE SPACES FOR STREET CONNECTED CHILDREN IN MOMBASA, KENYA*			
OBJECTIVES	**INDICATORS**	**MEANS OF VERIFICATION**	**ASSUMPTIONS**
Project Goal To improve and strengthen the psychosocial wellbeing, dignity and social belonging of street connected adolescents and youth in Mombasa, Kenya.	% of participants reporting increased sense of dignity, belonging, and emotional safety (disaggregated by gender, age, disability). % reporting improved ability to navigate stress within their lived realities	Baseline & end line psychosocial assessments. Participatory reflection circles Narratives and testimonies of their self-assessments	The adolescents and youths consistently attend and fully engage in the safe space sessions. Their disparities do not escalate during implementation time.

Outcome 1 Street connected adolescents and youth meaningfully engage in and shape the safe space.	Number of youths attending the safe spaces weekly (disaggregated by gender, age, disability) % of participants reporting that the safe space feels inclusive, and responsive to their needs	Participants' attendance forms. Short participatory anonymous feedback forms and reflection circles	Safe space location is secure and accessible Participants feel safe providing honest feedback
Output 1.1 Gender-responsive and participatory safe space established and actively operational.	Number of safe spaces established Number of trained facilitators assigned to the safe space Number of sessions conducted weekly in the safe space	Activity reports and photos Activity schedules/work plan Participants attendance forms	Facilitators are consistently present at the safe space during safe space hours. Funds are available

		Facilitator contracts signed Safe space inventory list	
Outcome 2 Street Connected adolescents and youth strengthen contextually relevant ways of coping with daily stressors and trauma.	% of participants demonstrating improved coping skills grounded in their lived context. % reduction in reported trauma symptoms.	Pre and post participatory assessment forms Trauma and Mental health screening tools administered using a gender-responsive approach. Regular facilitator case reflection review.	Adolescents and youths feel safe to share their experiences. Safe spaces are trusted and consistent to ensure consistent participation of the adolescents and youths.

Output 2.1 Weekly trauma and gender-responsive mental health literacy sessions conducted at the safe space.	Number of sessions conducted using participatory methods per month Number of adolescents and youth attending the sessions (disaggregated by gender, age and disability).	Session reports from facilitators Participants' attendance forms Session plans from facilitators	Facilitators can apply gender-responsive and participatory approaches Adolescents and youths consistently attend safe space sessions Adolescents and youths are willing to lead sessions
Outcome 3 Increased agency and strengthened confidence for street connected adolescents and youth to safely report and seek support for gender-based violence.	% of participants able to name trusted and safe GBV reporting pathways (disaggregated by gender, age and disability).	Facilitator session reports Pre and post participatory assessments	Referral mechanisms are functional and accessible. Service providers provide safe, ethical and youth-friendly services without discrimination.

	Number of GBV cases reported through formal or informal referral channels. % of participants reporting increased confidence to seek help when experiencing or witnessing GBV	Recorded referral/linkage forms Short participatory anonymous feedback forms	
Output 3.1 Weekly gender-responsive SRHR and GBV awareness sessions conducted at the safe space using participatory approaches.	Number of Sexual Reproductive Health Rights sessions conducted per month Number of adolescents and youth attending the sessions (disaggregated by gender, age and disability).	Session reports and photos Participants' attendance forms Session plans from facilitators	Training materials and content curriculum are age appropriate.
Outcome 4 Street-connected adolescents and youth improve understanding of	% of participants demonstrating increased critical understanding of harmful masculinities and gender norms.	Pre and post participatory assessments	Participants feel safe engaging in critical discussion.

harmful gender norms and reduce engagement in violent in-equitable behaviors.	Number of youth-led initiatives and discussions promoting non-violence and gender equality.	Facilitator observation reports and participants self-reports.	Safe space environment remains supportive and consistent. Youth are willing, have the agency and confidence to lead dialogues and initiatives.
Output 4.1 Weekly participatory training sessions on harmful masculinities and gender norms conducted at the safe space	Number participatory sessions on of harmful masculinities and gender norms conducted per month Number of adolescents and youth attending the sessions (disaggregated by gender, age and disability).	Session reports and photos Participants' attendance forms Session plans from facilitators	Youths are willing to participate in sessions consistently.

Annex 2. Outcome-Harvesting Tool

Project Name:	Street Safe Space Culture										
Reporting Perio											
Fill in as much detail as possible											
Organization	**Year**	**What Changed**	**Who Changed**	**How Did The Safe Space Contribute**	**Why Does This Change Matter**	**Proof/Evidence**	**Link To Outcome**	**Link To Outputs**	**Partner Contributions**		
		Describe the change	*Individual, Group, Community*	*What activity/session contributed to this change*	*What does this change show? E.g. reduced harmful norms, improved well-being, increased agency, social inclusion*	*Reference, observation, picture, report document, quote, story, behaviour*	*Which of the four project outcomes are linked to the change (Select outcome)*	*Which of the four project outputs are linked to the change (Select relevant outputs)*	*Did any partner contribute to the change? YES/NO*	*If YES? Name partner*	*If YES, what role did the partner play*

Annex 3. Mental Health Literacy Manual

Thrive Together CBO utilizes the Mental Health Literacy Manual developed by Aga Khan University as a foundational resource for its mental health sessions. The manual provides guidance to enhance understanding of mental health, reduce stigma, and promote help-seeking behaviors through interactive modules and practical activities. It will be adapted and contextualized to suit adolescents aged 14–17 within the Street Safe Space Culture Project. Here is a link to the Mental Health Literacy Guiding Summary. [Mental Health Literacy Guiding Summary]

THE AGA KHAN UNIVERSITY

THE MENTAL HEALTH LITRACY GUIDE SUMMARY

The mental health Guide has been developed to help enhance the mental health literacy of adults; men and women, from 18 years and above. Given the elevated burden of mental health problems, the associated impacts of these conditions and the stigma of mental illnesses in this population, it is thus essential for them to have the knowledge, attitudes, and competencies to help themselves and others as much as possible.

Mental health literacy has four components:

1) Understanding how to optimize and maintain good mental health

2) Understanding mental disorders and their treatments

3) Decreasing Stigma and improving on self-care.

4) Enhancing help-seeking efficacy (knowing when and where to get help and having the skills necessary to promote self-care and how to obtain good care)

The Guide helps to raise awareness and inform people on how to deal with mental health challenges in the community set up. Facilitators using the Guide may wish to use additional information to supplement the resources described in the Guide or to increase their knowledge of mental health.

The steps to implement the Guide are:

Step 1) Pre/Post-Quiz

Step 2) MH assessment Tools

Step 3) Participant Evaluation

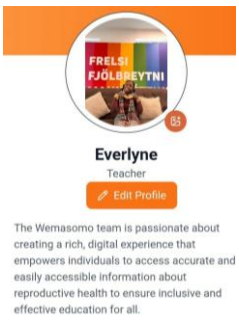
Step 4) Modules

Annex 4. Trauma-Informed Care Manuals for Training Facilitators

Attached is an image of the module, free resource access from Terre des hommes Kosovo, from which I was trained by Terre des hommes Kenya. Here is a link to all the full resource toolkit inclusive of manuals, and slides. [Trauma Informed Care Training Toolkit for Trainers]

Annex 5: Sexual Reproductive Health Rights Teaching Resources

Thrive Together CBO has an informal partnership with WeMasomo, where all volunteers have taken courses on SRHR from. Their website and app provides resources for teaching and learning contextualized for Sub-Saharan Africa with multiple languages including Swahili, which is important for conducting sessions in Mombasa, Kenya. This is a link to their website and the resources [WeMasomo]



Annex 6: Harmful Masculinities Manual

We will be contextualizing the Program H toolkit manual developed by EngenderHealth and Promundo, which focuses on transforming gender norms by encouraging men to critically

reflect on harmful or risky behaviors. This manual has been used to implement projects in Kenya. Here is a link to its full manual [Engaging Boys and Men in Gender Transformation]