



Towards Improved Prevention of Violence Against Women and Girls (VAWG) Among Urban Refugees Project (October 2018 – May 2022)



End of Project Evaluation Report
July 2022



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Implemented by:
the Refugee Consortium of Kenya (RCK)
in Nairobi and Garissa Counties Kenya

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Acknowledgement

This is an independent End Term Evaluation (ETE) report for the Improved Prevention of Violence Against Women and Girls (VAWG) among urban refugees project implemented by the Refugee Consortium of Kenya (RCK), in partnership with the United Nations Trust Fund (UNTF), in the Counties of Garissa (Garissa township) and Nairobi (Eastleigh, Kawangware, Kitengela, Kayole and Kasarani), in Kenya. The evaluation was conducted during the months of June and August 2022.

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This report has been prepared to generate knowledge on prevention, reduction and eradication of violence against women and girls among urban refugees and host communities. Although every effort was made to report as accurately as possible, information and data provided by the various respondents, and views expressed in this report are those of the authors, and may not necessarily represent those of RCK, its partners or the UN Trust Fund. We thank you all for the support and hope that the report will establish an avenue for scaling up interventions and designing innovative projects that will bring to an end violence against women and girls.

Eunice Ndonga Githinji

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Table of Content

Acknowledgement.....	3
List of Acronyms and Abbreviations.....	8
1.0 Executive Summary	
1.1 Relevance	9
1.2 Efficiency.....	10
1.3 Effectiveness.....	11
1.4 Impact.....	12
1.5 Sustainability	13
1.6 Knowledge Generation	14
1.7 Recommendations.....	14
2.0 Background and context	17
2.1 Description of the project.....	18
2.2 Strategy and Theory of Change/Results chain.....	20
3.0 Purpose of the evaluation	21
4.0 Evaluation Objectives and scope	22
4.1 Scope of evaluation	22
4.2 Objectives of the evaluation.....	22
5.0 Evaluation questions and criteria	23
6.0 Evaluation Team	24
7.0 Methodology	
7.1 Description of the evaluation design	25
7.2 Data sources	26
7.3 Data collection methods and analysis	26
7.4 Description of the Sampling Framework Proposed sampling methods	27
7.5 Limitations to the evaluation methodology.....	28
8.0 Evaluation ethics	29
9.0 Findings and Analysis per Evaluation Question	31
9.1 Socio-Demographic Information.....	31
9.2 Relevance of Towards Violence against Women and Girls Project.....	34
9.2.1 Relevance and Strategic Fit with other Development Initiatives	34
9.2.2 Validity of VAWG Project in relation to target population needs.....	35
9.2.3 Appropriateness of Project design, interventions and indicators.....	37
9.2.4 Flexibility of program design and Interventions to target groups needs	42
9.3 Efficiency.....	42
9.4 Effectiveness.....	50

9.4.1 Outcome One: Enhanced community-based support for VAWG survivors for reduction of community members' stigmatization of VAWG survivors in Nairobi and Garissa Counties	50
9.4.1.1 Perceptions on Safety from Sexual Violence	51
9.4.1.2 Perceptions on norms on physical and sexual violence against women and girls.....	52
9.4.1.3 Perceptions on Norms on Sexual Rights for Women and Girls	54
9.4.1.4 Perceptions on Female Genital Mutilation (FGM)	55
9.4.2 Outcome Two: Improved reporting and conviction rates of VAWG cases through enhancing capacity of police, health professionals and court officers'	55
9.4.2.1 Perceptions on knowledge to VAWG prevention and response services from the stakeholders.....	56
9.4.2.2 Perceptions on ease of access to VAWG prevention and response services from the stakeholders.....	57
9.4.2.3 Perceptions on efficiency of stakeholders in VAWG prevention and response service provision	58
9.4.2.4 Respondent's Awareness on VAWG Prevention and Response Strategies.....	59
9.4.3.1 Safety and Social Support Network.....	62
9.4.3.2 Perceptions on Self-Worth for Resilience.....	63
9.4.3.3 Coping mechanisms for women and girls' survivors of violence – Entrepreneurship	65
9.4.4 Outcome 4: RCK is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to VAWG with a focus on the most vulnerable women and girls	67
9.5 Impact	68
Outcome One: Enhanced community-based support for VAWG survivors for reduction of community members' stigmatization of VAWG survivors in Nairobi and Garissa Counties	68
Outcome Two: Improved reporting and conviction rates of VAWG cases through enhancing capacity of police, health professionals and court officers'.....	69
Outcome 4: RCK is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EAW/G with a focus on the most vulnerable women and girls	72
9.6 Sustainability	73
10. Knowledge Generation	77
11. Conclusions	79
Relevance:	79
Efficiency:	79
Effectiveness:	80
Impact:	81
Knowledge generation:	81
Sustainability:	82
Gender Equality and Human Rights:	82
12. Recommendations.....	83
13. Annexes	87
13.1 Success Stories	87
13.1.1 Giving up was an option; I chose resilience	87

13.1.2 My children gave me the energy boost to fight for my rights	88
13.1.3 Business boost brought me back to my feet again.....	89
13.1.4 Despite the many challenges, I am a warrior	90
13.2 Final version of the Terms of Reference	92
13.3 Evaluation Matrix.....	107
13.4 Beneficiary Data Sheet	110
13.5 Data collection instruments and protocols	111
13.5.1 Consent form.....	111
13.5.2 Survey Questionnaire.....	112
13.5.3 Focus Group Discussion (FGD) Guides.....	117
13.5.4 KII guide for Community Leaders and Partnering Organizations	120
13.5.5 KII guide for VAWG Project Manager and Staff	121
13.5.6 KII with County Government Officials and Local Administration	124
13.6 List of key stakeholders/partners consulted	125
13.7 List of documents reviewed	126

Table of Figures

Figure 1: Respondent's level of Education	21
Figure 2: Respondent's marital status	21
Figure 3: Age of the respondents	22
Figure 4: Respondent's religious affiliation.....	22
Figure 5: Respondent's engagement in income generating activities	23
Figure 6: Overall achievement of the outcomes.....	33
Figure 7: Percentage of those who have ever heard of FGM.....	45
Figure 8: Respondents who had received training on entrepreneurship skills	55

List of Tables

Table 1: Summary of sample distribution.....	19
Table 2: Summary of the achievement of project outputs.....	36
Table 3: Prevalence of physical violence in the counties	41
Table 4: Prevalence of Sexual Violence in the Counties.....	42
Table 5: Norms on physical and sexual violence against women and girls.....	43
Table 6: Perceptions on Norms on Sexual Rights for Women and Girls.....	45
Table 7: Perceptions on knowledge to VAWG prevention and response services from the stakeholders.....	46
Table 8: Perceptions on ease of access to VAWG prevention and response services from the stakeholders.....	48
Table 9: Perceptions on efficiency of stakeholders in VAWG prevention and response service provision	49
Table 10: Respondent's awareness on VAWG Prevention and Response Strategies	50
Table 11: Respondent's knowledge on different entitlements according to the law	51
Table 12: Respondent's Safety and Social Support Network within the community	52
Table 13: Respondent's perception on self-worth for resilience	53
Table 14: Respondent's entrepreneurship practices last 6 months	55
Table 15: Respondent's Entrepreneurship skills.....	55

List of Acronyms and Abbreviations

CBOs	Community Based Organizations
CSO	Civil Society Organization
CUC	Court Users' Committee
ETE	End Term Evaluation
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GBVRC	Gender Based Violence Recovery Center
KIIs	Key Informant Interviews
MERDA	Monitoring Evaluation and Research for Development in Africa
MOH	Ministry of Health
MSC	Most Significant Change
MTE	Mid Term Evaluation
NCCK	National Council of Churches of Kenya
NGEC	National Gender and Equality Commission
RCK	Refugee Consortium of Kenya
SGBV	Sexual Gender Based Violence
SRHR	Sexual Reproductive Health Rights
TOR	Terms of Reference
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNTF	UN Trust Fund to End Violence Against Women
VAWG	Violence Against Women and Girls

I.0 Executive Summary

The Prevention of Violence Against Women and Girls (VAWG) project was a 44 months' project (1st October 2018 – 31st May 2022) aimed at addressing different forms of violence including - intimate partner, sexual, psychological and emotional, economic, sexual by non-partners (rape/sexual assault) in the community, and sexual and gender-based amongst refugees and asylum seekers as well as vulnerable women and girls within the host communities in Kenya. The project expected to address VAWG in the Counties of Garissa (Garissa Township) and Nairobi (Eastleigh, Kawangware, Kitengela, Kayole and Kasarani). The project aimed at enhancing community-based support for VAWG survivors; improve reporting and conviction rates of VAWG cases; and strengthening coping mechanism of women and girls' survivors of VAWG.

Between June and August 2022, MERDA Limited conducted the End Term Evaluation (ETE) for the VAWG Project. The overall objective of the evaluation was not only for accountability purposes, but more importantly for learning. The evaluation was expected to provide UNTF and RCK with evidence of the project's impact as per the theory of change, on the target beneficiaries; document lessons learnt and provide vital information for sustenance of the project as well as inform future programming. Specifically, the evaluation was expected to appraise the entire project against the effectiveness, relevance, efficiency, sustainability and impact criteria, as well as the cross-cutting gender equality and human rights criteria; including identifying key lessons and promising or emerging good practices in the field of ending VAWG.

The ETE utilized both qualitative and quantitative research techniques. Structured questionnaires were used to gather information from 196 project participants (VAWG survivors), while interview guides were used to conduct 14 Focus Group Discussions and 29 Key informant interviews. Additionally, 4 case studies were compiled.

Some of the limitations experienced in conducting the ETE included insecurity since the evaluation was conducted in the informal settlements. This was mitigated by selecting research assistants who had worked in the informal settlements before or came from the same area as the project beneficiaries and also ensured involvement of the local administration and project staff for guidance. In addition, due to Covid-19 pandemic, the evaluation team ensured observation of Ministry of Health guidelines (use of masks and sanitizers) and discussions were done in open spaces keeping social distance. Finally, the evaluation team did not get the targeted sample size due to mobilization challenges occasioned by competing priorities of the participants.

Relevance

The overall objective of the VAWG project was to address the needs of refugee/asylum seekers women and girls who are survivors of Sexual Gender Based Violence (SGBV) in the counties of Garissa and Nairobi. This objective is relevant and also fits strategically with several international and national policies such as International Organization of Migration (IOM) Institutional Framework for addressing GBV in Crises; UNHCR's protection mandate of preventing and responding to SGBV; Kenya National Migration Vision 2030 draft Policy; and Women Economic Empowerment Strategy 2020-2025. The implementation of the VAWG Project interventions will also contribute to the realization of the Refugees Act, 2021. In addition, the beneficiaries also affirmed the relevance of the VAWG project as it met their needs. This

therefore, shows that the VAWG project was relevant, coherent and development-focused aligned with key national and international development instruments.

Efficiency

By the ETE, the achievement of the planned activities, which had targets indicated from the beginning of the project, was at 121%. This was calculated as an average achievement of the planned activities. Within the context of the project operation, project management made strides to ensure efficient use of human, financial and other resources to implement the targeted activities which were extensively achieved. Most of the activities were achieved and some targets surpassed. Overall, project achievement of planned targets was within the set budgets, a proxy overall indicator of efficient use of project resources.

The project was supported by a team of 11 technical staff, 5 consultants and 6 Community Based Counsellors (CBCs) and further engaged other partners and stakeholders in the community. The partnership approach of working with different partners was both effective and efficient as it ensured synergy and utilization of the existing human and other resources available. Proper planning by the RCK staff and local partners ensured that there was good coordination and cooperation which created a good team spirit within the project environment. Monitoring and routine collection of information on a day-to-day basis and using shared information resources and statistics to keep track of the project process enhanced efficiency.

The civic education provided by the community resource persons and use of translators ensured that all were reached in their local languages. The CBCs came from the same community and therefore had a positive impact in changing the attitudes of the refugee's women/girls in embracing positive living. The legal assistance representation from RCK and openness of the court created confidence in the justice system in prosecution of the perpetrators of violence against women and girls and it helped the victims to seek justice which led to success of the project. In addition, the use of well recognized and respected individuals such as religious leaders and government officials helped to overcome barriers of rejection by the community members and also built relationships on trust and respect. Mass media interventions through partnering with community media helped in addressing the interconnectedness of knowledge, attitudes and behavior in the community. The flexibility of the financial support by the UNTF especially during the Covid-19 pandemic was very instrumental in achieving the outcomes of the project. Support was provided in terms of Personal Protective Equipment (PPEs) such as masks and sanitizers as well as cash transfers to cater for basic needs such as food, including booster grants for businesses which were on the verge of collapsing.

The tremendous organizational change at RCK played a huge role in the success of the VAWG project. The procurement of an online administrative system Enterprise Resource Planning (ERP) and Employee Self-Service portal (ESS) enhanced efficiency of project interventions during and post Covid-19 pandemic. The revised policies such as the Human Resource, Finance and Procurement manuals, including the development of the 2022-2027 Strategic Plan, played a major role in enhancing efficiency of the project implementation and sustainable organizational governance. The current Clients Management System (CMS) portal which is being enhanced to capture fast-hand data, track progress and generate reports will be very instrumental in providing evidence to support project-based decision making.

There were, however, some challenges such as the Covid-19 pandemic that disrupted systems especially the medico-legal clinics, police visit and meeting the survivors which essentially were designed to happen in person. RCK resulted to having virtual platforms (i.e. WhatsApp, Zoom and Microsoft Teams),

something that had not been earlier thought of. The level of vulnerabilities in some survivors was so dire that project interventions had to first address needs such as food and rent, before they could effectively participate in the project activities. The project and the donor was flexible enough to have budget lines moved to address such needs. SGBV also increased during the Covid-19 which affected the project interventions. The implementation was also affected by the negative perceptions towards the duration and fairness of the court processes and procedures as well as the patriarchal power balances which are ingrained in targeted communities.

Effectiveness

The project activities were effective in delivering on the four desired outcomes which aimed at addressing some of the challenges the VAWG survivors face. The first outcome was to enhance community-based support for VAWG survivors for reduction of community members' stigmatization of VAWG survivors in Nairobi and Garissa Counties. This outcome was successfully achieved at 108%. The findings indicated a high likelihood of physical violence (48%) an increase from the baseline figures (26% in Nairobi and 8% in Garissa). In addition, the prevalence of sexual violence (49%) also increased from baseline figures (18% in Nairobi and 4% in Garissa). These findings can be attributed to among other things the increased SGBV during the Covid-19 pandemic which came with serious psychological and socially disruptive consequences attributed to economic insecurity. Overall, on average, the respondent's knowledge towards aspects that contribute to sexual and physical violence was at 86%. This is a good indication that the life skills gathered from the project interventions brought about adaptive and positive behavior to enable the refugee women and girls to deal effectively with aspects related to SGBV. The evaluation also observed change in norms regarding whether male partners take into account their female partners' opinion regarding their sexual desires. More respondents in Nairobi (62%) compared to baseline (40%) while 52% respondents in Garissa compared to baseline (34%) were in agreement, an indication of positive change in norms of how male partners treat their female partners.

Under outcome two, the project targeted to improve reporting and conviction rates of VAWG cases through enhancing capacity of police, health professionals and court officers. The achievement was at 181% which is commendable. Overall, above half (56%) indicated that the police have high knowledge in VAWG prevention and response which is an improvement from baseline (from 18% to 56% and 15% to 57% in Nairobi and Garissa respectively). Overall, 62% of the respondents indicated that the health professionals have high knowledge with an improvement from baseline (46% to 63% in Nairobi and 25% to 63% in Garissa). Overall, a majority of the respondents (58%) indicated that the knowledge of the court officials was high with significant improvement from baseline in the two counties. This is an indication that the interventions focused on the CUCs were able to enhance how services were provided by the different stakeholders. The project participants highlighted that safety and security of the refugee women and girls in the community had increased as a result of VAWG project due to involvement of the host community in the refugee training sessions. The ETE observed improved perceptions of the women refugees towards knowledge, access, and efficiency of service provision by the police, health professionals, court officials and alternative dispute resolution mechanisms. It is expected that this will increase the reporting of incidences, uptake of justice and health services by the VAWG survivors. Overall, the awareness of the prevention and response strategies stood at 91% which is a great indication that the interventions employed by the project to address this gap really worked. The training and the outreach activities had positive results that were expected in the community. This is also an indicator that the VAWG survivors can now take up economic empowerment interventions, mental health services and report assault incidences in helping them cope, prevent and respond to VAWG. The third project outcome focused on strengthening coping mechanism of women and girls' survivors of

VAWG. This outcome registered 96% achievement. On average, the respondent's knowledge on the different entitlements according to the law stood at 89%. This is an indication of an improved knowledge in terms of human rights and adopted practices for VAWG survivors. The access and knowledge of the safety and social support network within the community was also at 89%. These findings indicate that the host community and other stakeholders have been able to provide a safe environment for VAWG survivors. Overall, on average, the participants had a measure of 94% in terms of their perceptions on self-worth for resilience. This is an indication that the interventions linked to improving women and girls wellbeing and self-worth were able to have a positive impact on the lives of the respondents. Some of the entrepreneurship practices adopted by the women and girls survivors of violence included putting money in a savings account (in the bank or by phone – Mpesa) which a majority (93%) indicated to have done. Over three quarters (76%) indicated that they were now able to develop new business ideas; while 71% indicated that they were now able to write a business plan. In addition, 78% of the respondents indicated that they were aware of where to get money to start a new business.

The fourth project outcome focused on strengthening RCK as an organization to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to VAWG with a focus on the most vulnerable women and girls. The upgrade of internal reporting and management systems enhanced effectiveness and efficiency in project implementation. The achievement of this outcome was 100%.

Impact

The intended impact of the VAWG Project was achieved through four outcomes. To enhance community-based support for VAWG survivors for reduction of community members' stigmatization of VAWG survivors in Nairobi and Garissa Counties the project employed community-based interventions to reduce the stigma associated with VAWG survivors. The findings indicate that vulnerable refugee women and girls were able to enhance their skills in terms of rights, knew where to seek protection, and where to access services. The findings indicate that the prevalence of SGBV rose during Covid-19 pandemic, putting at risk life skills acquired by the refugee women and girls due to the pressures of increased unpaid care work, loss of livelihoods, compromised mental health and anxiety. However, the discussions from the key informants indicated that the service providers (police, health professionals and the court officials) were already embracing the human rights approach which has helped in addressing the stigma. Discussions with the women indicated that the host community had begun embracing them as neighbors which is a positive sign in eliminating stigma and discrimination.

To improve reporting and conviction rates of VAWG cases through enhancing capacity of police, health professionals and court officers, there was notable improvements on the perceptions of the women refugees towards the police, health officials and CUCs. The safety and security of the refugees' women and girls improved based on the involvement of the host community in the interventions. The integration of male engagement in VAWG project helped substantially to address cases of domestic violence. VAWG project has created peace and harmony in the refugee families. Men were also supporting and defending women and girls against violence in the society as they became advocates for women and girls' rights. There was also improvement in ease of access to VAWG prevention and response services from the different stakeholders.

On strengthening coping mechanism of women and girls' survivors of VAWG, the results indicate an improvement in terms of knowledge of human rights and adopted practices for VAWG survivors. Discussions from the FGDs in Garissa indicated that the VAWG project increased the safe space through

provision of legal support. More women and girls' survivors (77%) felt supported and respected by male partners/male supporters. There was also an improvement in terms of perceptions on self-worth for resilience among the women and girls which has enhanced their ability to positively cope with stress and adversity. The economic empowerment package enabled refugee women and vulnerable women from host communities to be economically independent. The VAWG project had by some extent reduced the level of poverty in the community since they were able to provide for their families and were no longer feeling vulnerable as they ran their businesses.

RCK was institutionally strengthened to sustainably respond to the Covid-19 pandemic and other crises while maintaining or adapting existing interventions to EVAWG with a focus on the most vulnerable women and girls. This has played a huge role in the success of the VAWG project and will continue to play a critical role in ensuring sustainability of future project interventions. The Psycho-Social Support (PSS) department has been able to make the counseling support services readily available. This is essential since this is a critical need for the refugee women and girls who are a focus for their programming. The project supported the development of strategic plan 2022-2027; Review of manuals and policies (Procurement, Financial and human resource). There was also installation of the ERP system, CMS and video conferencing to ease implementation of activities and documentation of data and information.

Sustainability

Some of the key elements of sustainability identified include the following:

- Involvement and collaboration of various stakeholders in the VAWG Project who brought their expertise and networks to enhance the impact and sustainability of the project.
- The developed training curriculums for different stakeholders for example Economic Empowerment Curriculum; Court Users Committee Curriculum; Translators Training Curriculum; and Community Based Training Curriculum have the potential to be used after the project ends if the project is scaled up to other communities/areas.
- The project trained CBCs as a strategy for sustainability. The CBCs are community persons who live within the locations where the refugees reside. These individuals are trained on how to respond to SGBV and they are able to continue even after the project comes to an end.
- The focus on capacity strengthening of the women and girls survivors with information on SGBV and human rights is a sustainable measure since they have the capacity to empower other women and girls in the community.
- The utilization of the existing structures such as the village elders, the chief, and the police (who are local resource persons) and training them on rights and how to handle SGBV will ensure that even as the project comes to an end, they will continue to be ambassadors in the work on advocacy for human rights for the refugees and the women in general. The linkage to health facilities and other service providers has brought about a strong supportive network that can continue after the close of the project.
- The developed Information Education and Communication (IEC) materials including the simplified booklets on the referral system which have been translated in many local refugees' languages and also summarized in pictorials will continue to provide the information on SGBV to the refugees and the host community.
- RCK through the project developed and designed a self-representation manual on addressing gender based violence in the communities. The manual is expected to provide legal information for survivors of SGBV to enable them access justice.

- The VAWG project trained the police officers stationed at the gender desks and the assumption is that the trained law enforcers will cascade the training to other officers and continue to serve the community through addressing cases of SGBV even after the project comes to a close.
- Legal aid and legal representation of survivors' refugees and asylum seekers, including their interactions with the law enforcement, and those in detention centers etc. are part of what RCK does even with other programs. It is expected that these activities will continue through other donors.
- The tremendous organizational change at RCK played a huge role in the success of the VAWG project especially during the Covid-19 pandemic and will ensure the systems and structures that were strengthened are sustainable going into the future.

Knowledge Generation

Key lessons learnt from the project include the following;

- The co-designing of the project with the local implementing partners and beneficiaries is important as it enhances ownership and sustainability and the need for flexibility during project implementation.
- Good collaborations with the partners and stakeholders are essential for the success of the project.
- There is a need for flexibility during project implementation. With the upsurge of Covid-19 pandemic, there was a need for adapting to the changes that required social distancing. If the project did not adapt its delivery through use of virtual platforms, the targeted outcomes and activities would not have been met.
- The support from the males in the households and the community is crucial for any intervention targeting girls/women. There is a need to see how male engagement can work through involving them at the project design and also during implementation as active agents of change.
- It is important to look at the practicability of interventions e.g. safe spaces/shelters. The assumption was that these places have all the essential services which in real sense they thrive on support from stakeholders.
- There is need for organizations to have contingency plans in case of emergencies. When the Covid-19 pandemic struck, it exposed gaps in organizational structures and systems.

Recommendations

Some of the key recommendations drawn from the VAWG Project are as follows:

Relevance:

- a) SGBV awareness raising campaigns in the community were successful and therefore need to be intensified including those that focus on social norm change. Strategies at the community level may include individual and group activities with community members, influential individuals, and community groups.
- b) More sensitization is required through religions and community leaders who are gate keepers of cultural practices and norms if practices such as FGM and early marriages (which are deeply

ingrained in culture) are to be eliminated. Intensified stakeholder engagement from the community can formulate a steering committee to address such practices.

- c) There is need to strengthen the economic empowerment programmes and interventions to help women to be self-reliant. More strategies can be included such as vocational training, literacy classes and opportunities to earn a livelihood. The approach need to be family focused looking at practical ways to integrate men and boys into training programs, and engaging them as agents of change to take action against negative stereotypes and behaviors.
- d) Psychosocial support has really played a huge role in the success of this project. This need to continue through CBCs since the counselling has been identified as important for those affected by SGBV to navigate through the trauma of their experiences and rebuild their lives in safety and dignity.

Efficiency

- a) Referral mechanism needs to be strengthened to integrate tracking and feedback avenues. It is vital to identify gaps in the current process, understand challenges and make significant improvements in the referral process.
- b) The current M&E system can be further strengthened by integrating a Mobile App and Cloud based System so that data is available real time. This will enhance the quality of data as well as inform prompt decision making. The Performance Monitoring Plan (PMP) attempted through an output template can be enhanced through ensuring all aspects are covered.

Effectiveness

- a) There is need for regular refresher trainings for the police, health professionals and CUCs. This is because the officers working with the government institutions get transferred frequently. The training can also cover other officers (for example beyond gender desks) who are able to cascade the information to other officers.
- b) While designing similar projects, it would be important to also focus on social assistance. This is because the SGBV survivors are faced with other challenges besides SGBV including basic needs such as food, rent, transport etc. even as they seek justice.

Impact

- a) RCK need to continue advocating for more safe houses/rescue centers for victims of violence, especially among refugee women and girls and their families. The centers are very few/missing in the counties. This means working closely with the gender department at the county and national level so that budget is set aside for setting up of more centers.
- b) Projects addressing sensitive aspects such as SGBV ingrained in cultures and societal values need longer periods of implementation. This will provide more time to establish gains and positive outcomes from the implementation.
- c) RCK need to continue advocating for alternative status for refugees and integration within the country.

Sustainability

- a) While it is understood that RCK's strength is on legal support, the provision of economic empowerment support to refugee survivors of GBV could be further enhanced - especially in terms of assisting them with financial integration. The organization can venture into this aspect to diversify and as a result enhance its sustainability.

Knowledge generation

- a) Given additional funding, the project model is replicable, since it supplements other projects run by RCK and funded by other donors. RCK need to reflect on how they can expand to other areas in Kenya such as Mombasa where there is also a considerable refugee and asylum seekers.

Gender Equality and Human Rights

- a) There is need for advocating for continued service delivery for survivors of VAWG especially during crisis and pandemics such as Covid-19 to ensure that the gains made are not watered down when responses are heightened to address crisis.

2. Background and context

The Prevention of Violence Against Women and Girls (VAWG) project was a 44 months' project (1st October 2018 – 31st May 2022) aimed at mitigating against different forms of violence including - intimate partner, sexual, psychological and emotional, economic, sexual by non-partners (rape/sexual assault) in the community, and sexual and gender-based amongst refugees and asylum seekers as well as vulnerable women and girls within the host communities in Kenya. The project expected to address VAWG in the Counties of Garissa (Garissa township) and Nairobi (Eastleigh, Kawangware, Kitengela, Kayole and Kasarani) through the following interlinked outcomes:

1. Enhanced community-based support for VAWG survivors;
2. Improved reporting and conviction rates of VAWG cases;
3. Strengthened coping mechanism of women and girls' survivors of VAWG.

As of 31 May, 2022, Kenya was hosting approximately 552,061 refugees and asylum seekers out of which 489,191 (89%) were refugees and 62,870 (11%) were asylum-seekers. Kenya hosts refugees mainly from the Great Lakes and the Horn of Africa region (Somalia, South Sudan, Congo, Ethiopia, Sudan, Rwanda, Eritrea, Burundi, and Uganda)¹. While most people fleeing from conflict in South Sudan arrive in Kakuma refugee camp in Northern Kenya, most Somali refugees flee to Dadaab refugee camp, located in Garissa County in the former North Eastern Province of Kenya. The others flee to urban centers such as Nairobi and Mombasa. This project focused on those settled in Garissa Township in Garissa County and Eastleigh, Kawangware, Kitengela, Kayole, and Kasarani areas in the greater Nairobi Metropolitan region.

Girls and women in Kenya hold unlimited potential. However, barriers that constrain them are multifaceted. Issues like Sexual and Gender-Based Violence (SGBV) remains pervasive and women continue to be underrepresented in decision-making processes at all levels. Notwithstanding the concomitant challenges that this presents, refugees and the host community are faced with additional hurdles in respect to the lack of information, transparency and accountability of programs which are supposedly developed to assist them. Whilst these programs have been and expected to be beneficial to refugees and the host communities, sometimes there has been little involvement of the community from the outset, especially in the design and implementation process. These programs view the refugee and host population only as beneficiaries rather than allowing their meaningful community participation as partners.

Refugee women and girls are exposed to a variety of violence as they flee from their homes, travel along migration routes, and reside within refugee camps or in areas they chose to relocate. Some of the violence refugee women and girls experience is rooted in gender-based violence which can include sexual, physical, mental and economic harm inflicted in public or in private. GBV also includes threats of violence, coercion and manipulation, among others. GBV against refugee women is a serious human rights abuse and a public health issue because of its substantial consequences for women's and girl's

¹ Department of Refugee Services, "[Kenya Statistics Package, Refugee and Asylum Seekers in Kenya](#)", May 31, 2022. Accessed last on 2nd August, 2022.

physical, mental, and reproductive health problems². In addition, refugee women and girls may also face some unique challenges, such as fear of being deported or of losing custody of their children.

The target areas for the project (Eastleigh, Kawangware, Kitengela, Kayole, Kasarani in Nairobi County and Garissa Township in Garissa County) are residential areas for diverse ethnic communities with diverse cultures. Community differences translate to diversity in beliefs, relations, politics, and economic activities, which have in the recent past contributed to intensification of VAWG cases among the communities.

It is in this line of reality, that RCK partnered with the UN Trust Fund to address violence against refugee women and girls as well as women and girls in general, within the host community. The VAWG project sought to address community members’ stigmatization of VAWG survivors; support improvement of police, health professionals and court officers’ response to cases of VAWG; and improve the coping mechanisms for women and girls’ survivors of violence in Garissa and Nairobi counties. In addition, RCK sought to ensure that it is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to VAWG with a focus on the most vulnerable women and girls.

2.1 Description of the project

Organization	Refugee Consortium of Kenya (RCK)
Project title	Towards Improved Prevention of Violence Against Women and Girls (VAWG) among Urban Refugees in Nairobi & Garissa Counties
Project duration	44 months (1 st October, 2018 – 31 st May, 2022)
Budget and expenditure	\$1,866,649
Geographical areas	Garissa Township in Garissa County and Eastleigh, Kawangware, Kitengela, Kayole, and Kasarani areas in the greater Nairobi Metropolitan region.
Specific forms of violence addressed by the project	Intimate partner, sexual, psychological and emotional, economic, sexual by non-partners (rape/sexual assault) in the community, and sexual and gender-based amongst refugees and asylum seekers in Kenya.
Main objectives of the project	To address VAWG in the Counties of Garissa and Nairobi through: <ul style="list-style-type: none"> a) Enhancing community-based support for VAWG survivors; b) Improving reporting and conviction rates of VAWG cases; c) Strengthening the coping mechanism of women and girls’ survivors of VAWG.

² Fariyal Ross-Sheriff (2013) Contagion of violence against refugee women in migration and displacement : National Academy of Sciences <https://www.ncbi.nlm.nih.gov/books/NBK207254/> Accessed 09.09.22

<p>Key assumptions of the project</p>	<p>a) If women and girls were empowered, they would have the confidence to stand up for their rights and know how to prevent, respond and report cases of violence;</p> <p>b) If men and boys were actively engaged as agents of change, they would fully understand and appreciate the impact of VAWG and take up active roles in prevention and response to VAWG;</p> <p>c) If practices and responses to VAWG became supportive to survivors, more women and girls would be comfortable in reporting cases of violence and gradually SGBV cases within the community would decrease significantly.</p>
<p>Description of targeted primary and secondary beneficiaries</p>	<p>Primary beneficiaries</p> <p>The project targeted 1350 female (women/girls) refugees'/asylum seekers, as well as women and girls within the host community who were survivors of violence/victims of sexual exploitation in Eastleigh, Kawangware, Kitengela, Kayole, Kasarani in Nairobi County and Garissa Township in Garissa County in the following age cohorts; adolescents (10-19), young women (20-24), adult women (>24 years).</p> <p>Secondary beneficiaries</p> <p>RCK engaged with community based counsellors (CBCs), translators, members of community-based organizations, government officers (decision makers, policy implementers), health service providers, and men and/or boys who acted as change agents/champions of change.</p>
<p>Key implementing partners and stakeholders</p>	<ul style="list-style-type: none"> • National Council of Churches of Kenya (NCCCK); • Nairobi Women Hospital (Gender Based Violence Recovery Center - GBVRC); • Coptic Hospital; • Garissa County Hospital • Foundation for Health and Social Economic Development (HES-ED) Africa; • HIAS; • United Nations High Commissioner for Refugees (UNHCR); • Garissa Rescue Centre; • Haki na Sheria; • The judiciary of Kenya; • The police department; • Prosecutors department; • National Gender and Equality Commission (NGEC); • Girl Kind; • Youth and Gender department.

2.2 Strategy and Theory of Change/Results chain

The project's assumption was that if women and girls were empowered, they would have the confidence to stand up for their rights and know how to prevent, respond and report cases of violence; If men and boys were actively engaged as agents of change, they would fully understand and appreciate the impact of VAWG and take up active roles in prevention and response to VAWG; and If practices and responses to VAWG became supportive to survivors, more women and girls would be comfortable in reporting cases of violence and gradually SGBV cases within the community would decrease significantly.

RCK therefore used diverse strategies to ensure maximum benefits to women and girls in the project implementation areas. Key among them was building the capacity of women and girls to identify and report VAWG cases, provision of psychosocial support services for the SGBV survivors to address the trauma and also during pre-trial counselling; capacity enhancement of Court User Committees (CUCs) (whose membership include police officers, medical personnel, judicial officers, children department officers and human rights actors) on SGBV, women's human rights, violence against women, cultural sensitivities, risk factors, the needs of victims, victim experiences in court, and the impact of judicial demeanor on perpetrators and harmful stereotypes about women and girls. The health professionals (doctors and nurses in partnering hospitals) were trained on how to provide immediate physical, emotional and psychological health needs of women and girls who have been subjected to SGBV. In addition, they were trained on documentation of the cases for legal redress and psychosocial support. The project also created awareness among the general public through community dialogue forums; building capacity of men and boys in accountable practices, use of Information, Education and Communication (IEC) materials as well as partnered with community radio to improve awareness on VAWG within the refugees and host community.

3.0 Purpose of the evaluation

The purpose of the evaluation was not only for accountability purposes, but more importantly for learning. The evaluation was expected to provide UNTF and RCK with evidence of the project's impact as per the theory of change, on the target beneficiaries. It was also expected to document lessons learnt and provide vital information for sustenance of the project as well as inform future programming. Specifically, the evaluation was expected to appraise the entire project against the effectiveness, relevance, efficiency, sustainability and impact criteria, as well as the cross-cutting gender equality and human rights criteria. It was expected to identify key lessons and promising or emerging good practices in the field of ending VAWG. Further, the evaluation was expected to assess the progress and achievements at project end, by comparing actual and expected results, including unintended results and also assess strengths and weaknesses of the theory of change in the implementation of the project.

It is expected that the evaluation findings will serve programming and management purposes for prevention and response to VAWG among refugees and host communities. The findings, lessons and recommendations will be of use to a variety of stakeholders. The main users of the evaluation findings include community leaders, women, and men championing for women rights, county governments in Nairobi and Garissa, Garissa Gender Based Violence Recovery Centre (GGBVRC), Gender Violence Recovery Centre - Nairobi Women's Hospital, Coptic Hope Centre, Law enforcement officers, judicial system, UNTF, UN Women, RCK, Refugee Led Organisations and partners, and CSOs at national and community level, among others, who support prevention and response to VAWG among refugees and host communities.

The findings and recommendations inform the stakeholders such as community leaders, women community, county governments, Garissa Gender Based Violence Recovery Centre (GGBVRC), Nairobi Women hospital, Law enforcement officers, Judicial system, UN Women, UNTF, RCK, Refugee Led Organisations, like minded CSOs, and state officers on the best practices in prevention and response to VAWG cases. Some of the actions to be taken include but not limited to, building a case for potentially scaling up and disseminating knowledge being implemented by RCK in organizational strategies and build on other studies that the project has carried out during its implementation period. The evaluation findings may further inform the design of future projects to address any gaps identified.

4.0 Evaluation Objectives and scope

4.1 Scope of evaluation

The evaluation covered the 44-months period of the project implementation in Galbet, Iftin Township, and Wabera Wards in Garissa County; Eastleigh, Kawangware, Kitengela, Kayole, and Kasarani areas in the greater Nairobi Metropolitan region. The evaluation targeted both primary and secondary beneficiaries during the data collection. The primary beneficiaries included: female refugees/internally displaced/asylum seekers, women/girls survivors of violence and women/girls victims of sexual exploitation while secondary beneficiaries included, members of community-based groups/members, government officials (i.e. decision makers and policy implementers), health professionals, and men and/or boys. At least 50% of the stakeholders and 15% of the beneficiaries (primary and secondary) from each of the aforementioned sites were sampled for interviews.

4.2 Objectives of the evaluation

1. To evaluate the entire project (October 2018 – May 2022), against the effectiveness, relevance, efficiency, sustainability, knowledge generation and impact criteria, as well as the cross-cutting gender equality and human rights criteria (defined below);
2. To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes;
3. To assess the progress and achievements at project end by comparing actual and expected results, including unintended results;
4. To assess strengths and weaknesses of the theory of change in the implementation of the project.

5.0 Evaluation questions and criteria

The evaluation adopted the OECD DAC Network on Development Evaluation³ guided by the following questions:

Evaluation Criteria	Mandatory Evaluation Question
Effectiveness	To what extent were the intended project goals, outcomes and outputs (project results) achieved and how?
Relevance	To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
Efficiency	To what extent was the project efficiently and cost-effectively implemented? To what extent did Covid-19 affect the results/implementation of the project? To what extent did the additional support provided by UNTF in response to emerging issues i.e. Covid-19 sustain the project and enhanced efficacy of the organization?
Sustainability	To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends? To what extent has the community/beneficiaries owned the project?
Impact	To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)? What are some of unintended results from the project?
Knowledge generation	To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?
Gender Equality and Human Rights	Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated throughout the project and to what extent.

³ Evaluation Criteria <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>
Accessed 09.09.22.

6.0 Evaluation Team

Proposed staff	Proposed Position	Expertise	Responsibilities
Ms. Mary Kaira	Lead Consultant, gender and MEL Expert	Mary is a Monitoring, Evaluation and Learning and Gender Expert with over 14 years of experience in the public and private sector. Her work experience mainly comprises development and implementation of Institutional and programmatic M&E systems and protocols (including Frameworks and templates, M&E Policies, Data Management guidelines, Data Handling and Storage Policies, Routine Data Quality Assurance); implementation of Knowledge Management Information system; Learning Agenda and Process; as well as monitoring of Strategic Plans. She has experience working with different donor funded programs including CDC, USAID, Global Fund, European Union, IOM, ENDEV, DGIS, Dutch Ministry of Foreign Affairs among others. In addition, she is an excellent and enthusiastic trainer on both qualitative and quantitative data collection methodologies including Outcome Harvesting. She has a Master's Degree in Anthropology and has undertaken M&E courses from the University of Nairobi and California STD/HIV Prevention Training Centre. She has also undertaken a quality management course from the University of Nairobi complemented by a certificate in Communicating Population & Health Research to Policy Makers. She has experience in using Statistical Packages such as SPSS, EPI Info and Epi Data. She has also published research papers in different areas of interest.	<ul style="list-style-type: none"> Lead consultant Lead in Outcome Harvesting Will handle socio-cultural and gender issues during development of data collection tools, field work, analysis and reporting Logistical and technical management of the teams Conduct Key Informant Interviews and moderate FGDs Will be responsible for quality assurance on all deliverables to the client Report writing
Mr Mark Mwiti	MEL, Statistician, Human Rights and Policy Advisor	Mr. Mwiti has M.Sc. Social Statistics degree with emphasis on project design, analysis and data management. He is an experienced expert in Project Evaluation and development of Monitoring and Evaluation systems/tools for public institutions and development programs. He possesses multi-sectorial and thematic expertise having designed, developed and implemented M&E systems in the areas of agriculture, livelihood, rural development, income generation and poverty reduction, water sector, health sector, education and environment. He has also participated in evaluation of poverty reduction initiatives at multiple levels, including national, sectorial, program level. He possesses extensive knowledge and experience in program cycle management, participatory approaches to development, development of performance indicators, preparation of logical frameworks, design and implementation of surveys including baseline surveys, technical report writing and results-based management particularly results-oriented M&E.	<ul style="list-style-type: none"> Will handle issues on Human Rights and Policy Will lead in design, sampling and data management Will supervise data cleaning, entry and take a lead in data analysis Conduct Key Informant Interviews and moderate FGDs Tools development Report writing
12 support staff	Research Assistants	Each of the research assistants had a first degree in social sciences with vast experience in data collection using both qualitative and quantitative approaches. There was also a mix of those who spoke the local language (Somali) and also fluent in Kiswahili	<ul style="list-style-type: none"> Quantitative Data collection using the survey tool Qualitative data collection using FGDs

7.0 Methodology

An inception meeting for this evaluation was conducted on 7th June 2022 between Refugee Consortium of Kenya (RCK) project team and MERDA consultants. The overall objective of the meeting was to get more clarity on the Terms of Reference and agree on the methodology and roll-out of the assignment. The specific agenda items were:

- Clarification of expectations: Terms of Reference and Scope of Evaluation;
- Review and agree on the methodology of implementing the assignment; and
- Agree on roles and responsibilities, including communication channels between MERDA Consultants and RCK for the period of the assignment.

7.1 Description of the evaluation design

The team reviewed the methodology and agreed that both qualitative and quantitative approaches were to be used for the assessment. The data collection methods were a combination of literature review, a survey using standard questionnaire, Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), and Most Significance Change technique.

- Literature review: Some of the documents that were reviewed included Project proposal, Baseline report, training curriculums (Economic Empowerment training, Court Users Committee training, Translators Training, UNTF Community Based Counsellors training), Annual Project Reports (year 1-3), project concept note, and UNTF end of project report. Other documents reviewed included pre & post evaluation forms, list of participants' data collection form, impact evaluation form, and draft M&E internal report.
- Survey using questionnaires through a team of enumerators for women and girls' refugees and asylum seekers who were survivors of VAWG in the following age cohorts; adolescents (10-19), young women (20-24), adult women (>24 years). The questionnaire was developed in the Census and Survey Processing System (CSP⁴) which ensured real time data collection and accuracy thereby enhancing the quality of the data collected.
- FGDs with primary beneficiaries (those not sampled for the survey) and secondary beneficiaries such as male champions.
- KIIs were conducted with persons considered strategic in terms of their participation in the project. Key Informant Interviews (KIIs) were conducted with the following:
 - Project Team - RCK team and the UNTF project portfolio manager;
 - Community stakeholders and partners included the following:
 - Community - Representatives from Women rights organizations, Community Based Counsellors (CBCs), and Community Based Organizations (CBOs);
 - Medical providers in the camps (Kenya Red Cross Society and Gender Based Violence Recovery Centre in Garissa and National Council of Churches of Kenya (NCCCK) in Nairobi, Nairobi Women hospital and Coptic Hospital;

- Law enforcement and justice system - Court Users' Committee (judges, magistrates, police, immigration officers, prosecutors, children officers, and the Muslim Kadhis);
 - County Government officers (decision makers, and policy implementers);
 - Children organizations: Danish Refugee Council, and HIAS Refugee Trust of Kenya;
 - Local and community media.
- Most significant stories were also collected.

The study tools were developed and pre-tested (further described under Evaluation Ethics), reviewed and validated by MERDA team in liaison with the RCK and UNTF Project team before starting field work.

7.2 Data sources

Information was gathered from different sources and accessed using different methods as elaborated in the evaluation matrix above. These sources included project reports and documents including evaluations done previously, relevant county documents such as Sexual Reproductive Health Rights (SRHR) policies, policy documents such as policy on immigrants and human rights etc. (for secondary data review) and from project staff, project participants (including direct and indirect stakeholders) for primary data. Detailed list of documents consulted can be found in annex 13.7.

7.3 Data collection methods and analysis

Both qualitative and quantitative approaches were utilized. Data collection methods were a combination of literature review and structured questionnaires to collect quantitative data. In addition, qualitative data was collected using Focus Group Discussions (FGDs) targeting women and girls in the project. Key Informant Interviews (KIIs) were conducted with RCK team, partners, representatives from Women rights organizations, community based counsellors (CBCs), translators, members of community-based organizations, government officers (decision makers, policy implementers), health service providers, community leaders, women community, county governments, Garissa Gender Based Violence Recovery Centre (GGBVRC), Nairobi Women hospital, law enforcement officers, judicial system, and men and/or boys. Success stories were also captured. The data collection tools used was as follows:

- a) **Desk Review:** Review of existing secondary data was done to complement primary data where appropriate, collect background information relevant to the evaluation, and inform development of data collection tools and planning of the field activities. The desk review was a continuous process. The following documents were reviewed among others: Project proposal, Performance Management Plan (PMP) and M&E framework, Annual Reports, Baseline report, and other relevant reports and documents (for background information and establishing the socio-economic and political context in which the project took place) and any other program documents to enable the evaluation team to get acquainted with the project. The baseline report provided baseline data which was compared with ETE data; however, the data for both came from separate respondents but from same target population.
- b) **A structured questionnaire** with closed and open-ended questions was designed in the questionnaire developed in CSPro system to gather both quantitative and qualitative data from women/girls who are survivors of SGBV. Information on interventions, benefits, lessons learned and challenges was collected. Special emphasis was put on explanations associated with the trends on use and benefits from various interventions.

- c) **Focus Group Discussions (FGDs)** was used to capture the experiences of the women/girls and male champions based on the approach and outcomes of the project. The information was used to triangulate survey data and assess experiences, impacts, lessons learnt and sustainability issues.
- d) **Key Informant interviews (KII)** was conducted with persons considered strategic in terms of their participation in the project. This method sought to establish their experiences on the approaches, implementation environment and key lessons in order to inform recommendations for future projects.
- e) **Most Significant Change (MSC)** involved generation of significant change stories attributable to the interventions from the supported beneficiaries.

7.4 Description of the Sampling Framework Proposed sampling methods

As indicated in the ToR, the plan was to sample at least 50% of the 37 stakeholders and 15% of the 1727 beneficiaries reached. Based on the 1727 VAWG survivors reached, a total of 260 participants were to be interviewed and 20 stakeholders. To cater for non-response, the evaluation team added 10 more participants to the survey sample and therefore, a sample of 270 interviews was the final agreed target. The sample size was to be equally distributed across the two regions (135 interviews in Nairobi and 135 interviews in Garissa). In addition, the sample size per region was to be proportionately distributed according to the number reached per ward/area. RCK team conducted the mobilization of the respondents from their list of beneficiaries. To enrich the evaluation, qualitative data was collected through FGDs and KIIs. Three (3) FGDs were to be conducted in each ward/area with direct beneficiaries', male champions and indirect beneficiaries. However, based on the availability of participants, only 196 VAWG survivors (11%) were interviewed using the survey tool and 28 KIIs (76%) were conducted. A total of 14 FGDs were conducted (8 in Nairobi and 6 in Garissa) totaling to 126 (72 Nairobi and 54 Garissa) Participants. In Nairobi, 5 were with women and girls direct beneficiaries, 1 with male beneficiaries, and 2 with female indirect beneficiaries) while in Garissa, 1 FGD was conducted with women and girls direct beneficiaries, 4 with males and females (mixed) indirect beneficiaries from the CBOs and other CSOs trained by RCK to address issues of GBV and 1 with local administration (village elders, nyumba kumi representatives) and religious leaders (imams). Each FGD had an average of 9 participants

Table 1: Summary of sample distribution

	Survey questionnaire (VAWG survivors)		FGDs			KIIs	MSC stories
	Nairobi	Garissa	Nairobi	Garissa			
Planned	135	135	15	9	24	20	4
Actual	140	56	8	6	14	28	4

7.5 Limitations to the evaluation methodology

Some of the challenges during the study included insecurity of the evaluation team since the study was conducted in the informal settlements which are considered insecure. This was mitigated through selecting research assistants who had worked in the informal settlements before or came from the same area as the project beneficiaries and also ensured involvement of the local administration and project staff for guidance. In addition, the logistical support was provided by the RCK team who were well conversant with the area.

The Covid-19 pandemic was still seen a risk which restricted public gatherings. In Kenya, during the period of the evaluation, the Covid-19 cases had begun to rise. This was especially observed where the rates in the country had started to rise from 1% in May 22, 5.1% in June 22 and 9.2% in July 22. The evaluation team ensured observation of MoH guidelines (use of masks and sanitizers) and discussions were done in open spaces keeping social distance.

Another challenge was failure to get the sample size due to mobilization challenges caused by competing priorities of the participants. This can be seen in the number of those reached with the survey tool where in some locations; the target was met while in some, it wasn't. This is irrespective of the communication being done earlier occasioning the ETE not meeting its target.

8.0 Evaluation ethics

Prior to undertaking the survey, the evaluation team worked with RCK team to inform and mobilize different stakeholders for the exercise giving a highlight of the evaluation, its goals and objectives. A thorough consent procedure was conducted with all participants prior to conducting the interviews. Participation in the study was contingent upon a respondent's verbal agreement to participate after the consent form had been read aloud by the interviewer or moderator. For the project participants below 18yrs, the evaluation team talked to a parent/guardian. The consent bound the data collectors in maintaining and protecting respondent's rights to privacy and confidentiality. Furthermore, no actual names were recorded and the participants remained anonymous.

The evaluation team committed to ensure that detailed safeguards and procedures were in place to ensure the physical and psychological safety of the respondents and those collecting data. In the event a situation arose where a respondent got overwhelmed and needed counselling, the team made a referral to the project Community Based Counsellors, who were participant mobilisers. In addition, we had in the Evaluation team a trained psychosocial counsellor who addressed similar cases among the data collectors when they arose.

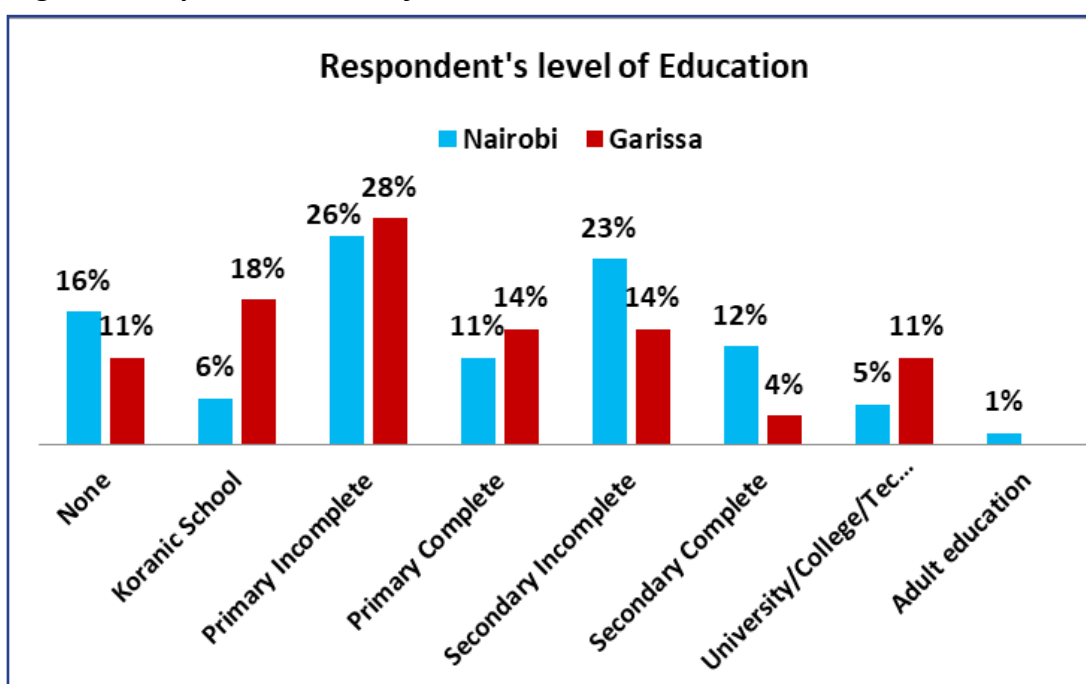
The evaluation team underwent a thorough participatory training (group work, practical sessions, role plays, discussions and various interactive processes) before field visit, to enhance their understanding not only on the project and evaluation methodology but also on how to collect sensitive information and specifically data relating to violence against women. In order to ensure that the questions accurately addressed key issues while simultaneously ensuring cultural relevance, appropriateness, and sensitivity, the survey tools were passed through a rigorous cultural validation process. This involved 2 Somali women, 2 women from DRC, 1 woman from Ethiopia, and 1 woman from Rwanda. The evaluation team pre-tested the survey tool in Mwiki and Ruai wards in Kasarani constituency which presents similar environment as that of the project. To ensure safety of both the respondents and data collectors, interviews were held in a centralized location, and at an appropriate time, rather than conduct door to door household interviews. The locations selected for conducting these interviews were the same locations where the projects activities within the area were carried out during implementation.



9.0 Findings and Analysis per Evaluation Question

9.1 Socio-Demographic Information

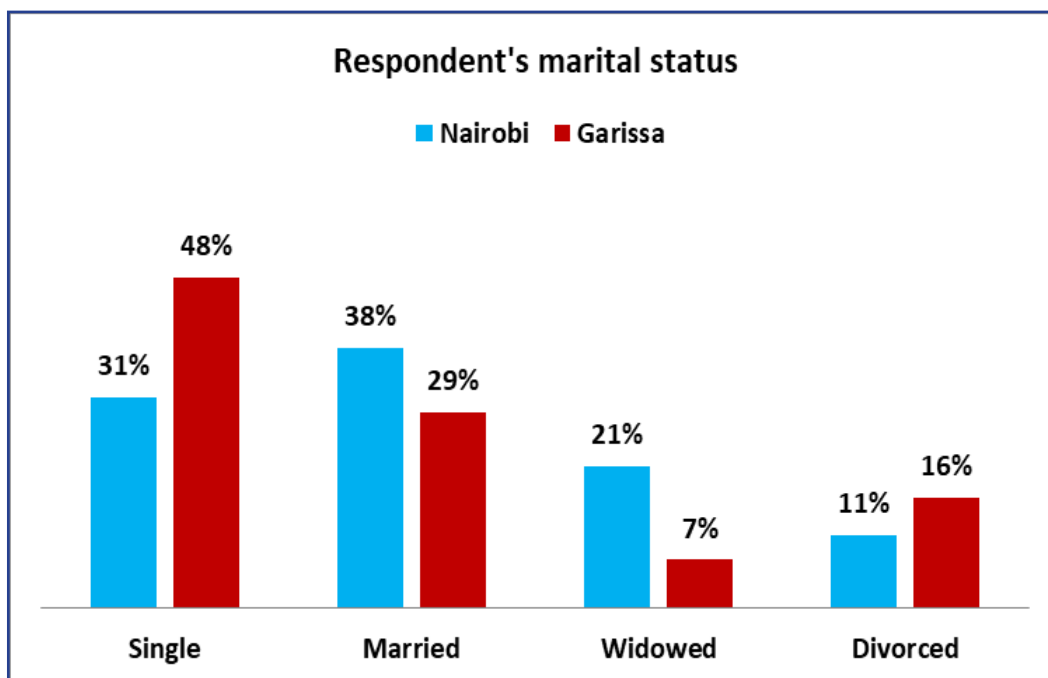
Figure 1: Respondent's level of Education



All the survey respondents were women. A majority of those interviewed resided in Nairobi (71%) with the rest residing in Garissa (29%). In terms of ward/area, a majority (29%) came from Garissa Township, followed by Kawangware (20%). Others came from Kayole (15%), Kasarani (15%), Kitengela (13%) and Eastleigh (9%). Overall, 27% of the respondents had not completed primary education, followed closely by those who had not completed secondary education (20%). Most had not completed primary level of education (29% Garissa and 26% Nairobi) followed by incomplete secondary school (23% in Nairobi). More respondents in Garissa (18%) had completed Koranic school compared to 6% in Nairobi. The comparison of the respondent's level of education in both counties is well presented in the figure 1 above.

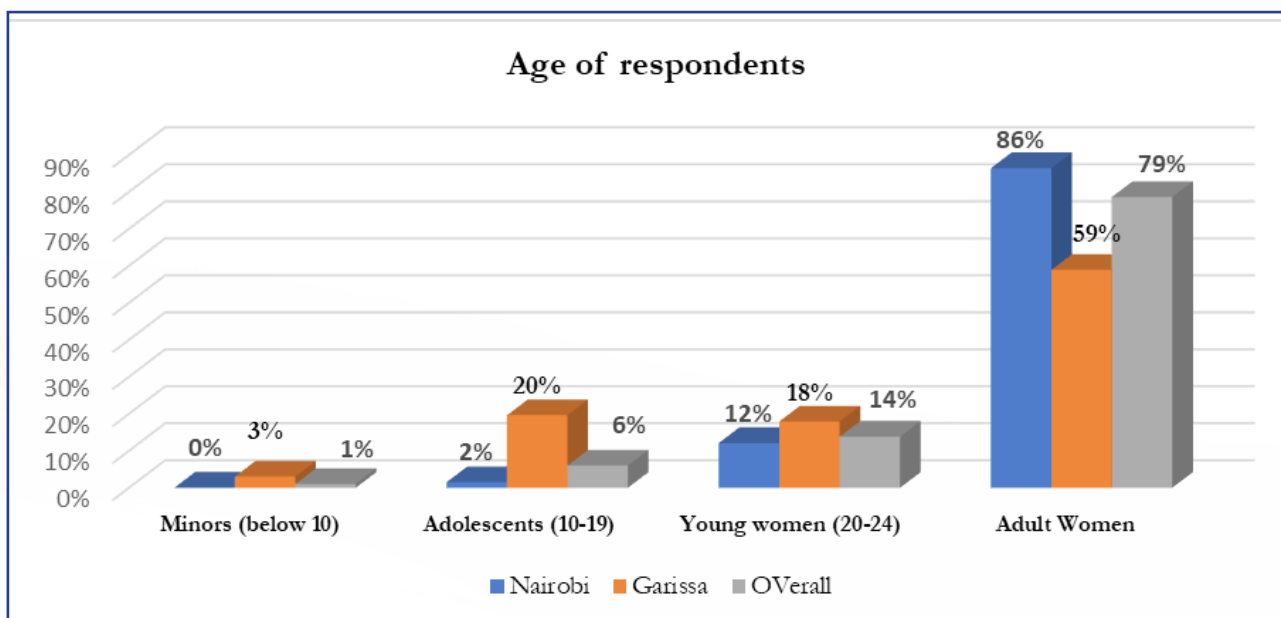
A majority of the respondents (48%) from Garissa were single compared to 31% of those who were single in Nairobi. More respondents (38%) in Nairobi were married compared to 29% of those who were married from Garissa. The figure 2 presents these findings:

Figure 2: Respondent's marital status



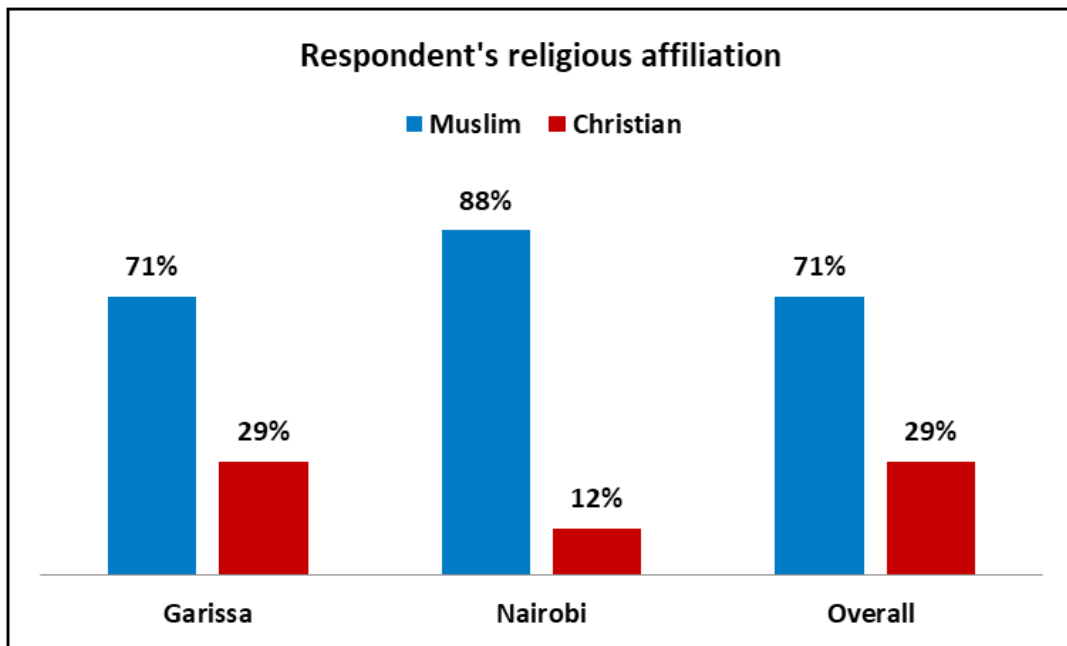
A majority of the respondents (79%) interviewed were adult women (25 years and above) with those aged 20-24 years accounting for 14%. In addition, 6% were adolescents with more in Garissa (20%) compared to Nairobi (2%). There was also representation of the minors (below 10 years) from Garissa County.

Figure 3: Age of the respondents



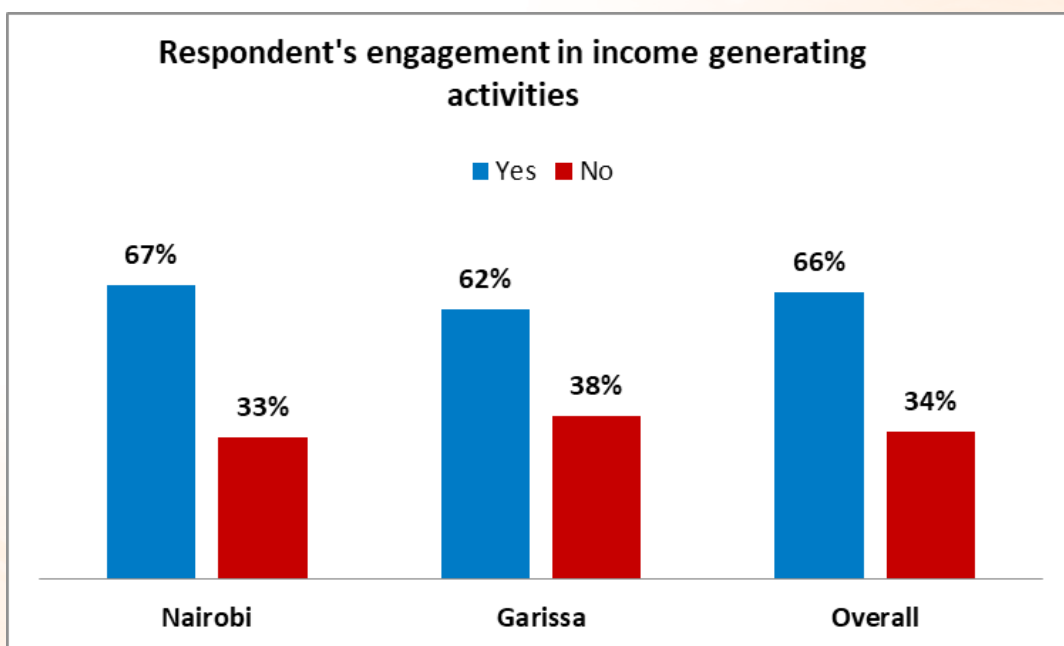
The respondents were affiliated to two religious beliefs; either Christianity or Islamic. Most of the respondents from Garissa (71%) were Muslims while 88% of the respondents in Nairobi were Christians. This is presented below in figure 4:

Figure 4: Respondent's religious affiliation



Overall, most of the respondents (66%) were engaged in an income generating activity (67% in Nairobi and 63% in Garissa). Overall, among those married, slightly above half (52%) indicated that their partners were engaged in an income generating activity (62% in Garissa and 49% in Nairobi). This is presented in the figure 5:

Figure 5: Respondent's engagement in income generating activities



9.2 Relevance of Towards Violence against Women and Girls Project

Evaluation question:

- To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?

9.2.1 Relevance and Strategic Fit with other Development Initiatives

The overall objective of the VAWG project was to address the needs of refugee/asylum seekers women and girls who are survivors of Sexual Gender Based Violence (SGBV) in the counties of Garissa and Nairobi. According to United Nations High Commissioner for Refugees (UNHCR) SGBV refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It includes physical, emotional or psychological and sexual violence, and denial of resources or access to services. SGBV inflicts harm on women, girls, men and boys and is a severe violation of several human rights. The project addressed the needs of the survivors through enhancing community-based support; improving reporting and conviction rates of VAWG cases and through strengthening their coping mechanism. This objective is relevant and fits strategically with the International Organization of Migration (IOM) Institutional Framework for addressing GBV in Crises. The framework appreciates the interventions that can remedy, mitigate, or avert direct loss of life, physical or psychological harm and threats to a person's (especially women and girls) dignity and well-being. The three VAWG project objectives are in line with the institutional framework approaches which include mitigating risks (mitigating the risk of GBV in all crisis operations and doing no harm); supporting survivors (facilitating access to survivor centered, multi-sectoral services) and addressing root causes (contributing towards progressively transforming the conditions that perpetuate SGBV).

The project objective also fits strategically with the core component of the UNHCR's protection mandate of preventing and responding to SGBV. Some of the protection objectives of UNHCR which are in line with VAWG objectives include protecting displaced women, girls, men and boys against SGBV at all times and in all locations; ensuring that SGBV survivors can confidentially report incidents and have timely and non-discriminatory access to services and support, including medical, psychosocial, legal and material assistance, as well as safe spaces where needed; and encouraging and enabling persons of concern to become actively involved in protecting women, men, girls and boys against SGBV, including through community based protection networks and initiatives.

The project was also in line with the Kenya National Migration Vision 2030 draft Policy which provides a roadmap to address impacts and challenges of migration and is informed by relevant international, regional and national frameworks including the Kenya Vision 2030, the Big 4 agenda, the Sustainable Development Goals (SDG), the Global Compact for Migration (GCM), the Global Compact for Refugees, Migration Governance Framework, the African Union Migration Framework and the Intergovernmental Authority on Development (IGAD) regional migration policy framework aimed at promoting safe, orderly and humane migration. Although not specifically targeting migrants and asylum seekers, Kenya has a number of laws that address SGBV. These include the Constitution of Kenya (2010), the Sexual Offences Act (2006), the Penal Code, the Prohibition of Female Genital Mutilation Act (2011), the National Policy for Prevention and Response to gender-based violence (2014), the Protection against Domestic Violence Act (2015) and the Victim Protection Act (2014). The unveiled policy brief "*Kenya's Roadmap to advancing gender equality, ending all forms of gender-based violence and female genital mutilation by 2026*" sets a commitment by the government to remove the systemic barriers that allow SGBV

to thrive. The interventions include adoption of prevention and response programs such as psycho-social support for survivors of violence, economic and social empowerment programs, cash transfers, and community mobilization interventions to address unequal gender norms through sensitization. This is in line with the key interventions that the VAWG project adopted.

The implementation of the VAWG Project interventions will contribute to the realization of the Refugees Act, 2021, especially section 20 which recognizes vulnerable groups among refugees and asylum seekers and calls for appropriate measures to be taken to ensure the safety of women, children, persons living with disability, the elderly, persons who have been traumatized or otherwise require special protection at all times. The Act also encourages peaceful coexistence between refugees and host community and therefore the interventions focusing on enhancing community based support were very relevant. The recognition of social economic inclusion of refugees into the Kenyan economic and social spectrum through access and recognition of refugee documentation reinforced the interventions on economic empowerment and seed grants.

The project was also in line with the Women Economic Empowerment Strategy 2020-2025 whose strategic goal is to enhance women economic status for gender equality by 2030. The strategy recognizes that through women economic empowerment the lives of women and girls are transformed from limited power due to gender barriers, to a situation where there is equality.

9.2.2 Validity of VAWG Project in relation to target population needs

The project was implemented in Eastleigh, Kawangware, Kitengela, Kayole, Kasarani in Nairobi County and Garissa Township in Garissa County. These two counties attract migrants and asylum seekers who come to the urban areas, living out of the designated refugee areas. Garissa County is near Daadab Refugee Camp and therefore easily accessed by the refugees of Somali origin while Nairobi county being cosmopolitan and centralized offer a unique blend of migrants from different countries. The increasingly difficult socio-economic situation, lack of opportunities and inadequate protection assistance, are some of the factors that aggravate refugee women and girl's vulnerability and exposure to SGBV. SGBV has a destructive impact on the lives of people. It is more common in unstable conditions such as during displacement or migration of people. There are studies that have focused on sexual violence among people in transit (refugees, migrants, and asylum seekers) and they indicate that migrants are frequently subjected to violence in their home countries and continue to be prone to violence as they transit and at their destination, where they often remain with an irregular migratory status. Some of the common violence reported includes psychological violence, physical violence, and sexual violence. The IOM Institutional Framework for addressing GBV in crises identifies six core types of harmful acts such as rape; sexual assault; physical assault; forced marriage; denial of resources, opportunities and services; and psychological/emotional abuse.

Data (although not updated and not specific to refugees and asylum seekers) from National Crime Research Center indicate that in 2018, the prevalence of GBV including domestic violence in Garissa was 28% while rape and defilement stood at 10% and 7% respectively. In Nairobi, the prevalence of rape

RCK through this project provided a lawyer for free to fight for my children custody which I was granted

(a refugee mother)

was 10% while that of defilement was 4%. According to Gender Violence Recovery Center (GVRC) the GBV is on the rise with the statistics indicating that one in five Kenyan women (21%) face sexual violence. The data indicate that 45% of women between ages 15 – 49 in Kenya have experienced either physical or sexual violence with women and girls accounting for 90% of the GBV cases reported. Most of the violence is committed by an intimate partner with 90% of reported perpetrators being men. It is also worth highlighting that most cases of SGBV go unreported mainly out of fear of ridicule and stigmatization, and therefore this might not be a true reflection of the cases on the ground.

Migration does not cause GBV. However, during their journey, some migrants face situations where they are more vulnerable to violence. Numerous factors influence a person's risks and vulnerabilities. Gender norms and unequal power relationships are the root causes of SGBV against migrant women and girls. Perpetrators seek to exploit inequalities in order to exert physical, emotional, or financial control over those with less power because of their gender. Women and girls suffer higher incidences of this violence because of their subordinate status in a patriarchal society (both from their countries of origin and the host country) where cultural norms assert men's superiority and power over women. These unequal power relations create conditions for SGBV to occur, and is sometimes perpetrated or condoned by relatives and, community members (through Alternative Dispute Resolution (ADR) methods used by men such as Maslaha). Survivors experience a range of physical and psychosocial effects, including injury, sexually transmitted diseases, depression, post-traumatic stress disorder, social stigma, rejection, and isolation. Refugee girls face the additional risk of early and forced marriage, often because their families cannot support them. In addition, financial insecurity and drug and alcohol abuse has also been a factor in perpetuating SGBV.

The VAWG project interventions and activities were relevant and appropriate given that they targeted a section of the population that is usually left out, yet they are widely affected by SGBV. The refugee women and girls are extremely vulnerable to sexual abuse and have few resources to protect or prevent violence. They face immense challenges in seeking support due to the shame associated with the same.

During the focus group discussions with the violence survivors, there was indeed evidence that the project has been very instrumental in addressing some of their greatest needs. Some of these included safety and security within where they live because being in a foreign land makes

them vulnerable to sexual abuse including rape. The project was able to provide networks to those who would provide safe places for those who were dealing with sexual abuse and even provision of rent to facilitate relocation to safer locations. In addition, counselling and psychosocial support was provided since most have gone through so much abuse from their country of origin and continues to face the same even within the host community. Access to medical services was required especially for those who have gone through rape, assault or trauma that required medical attention and counselling. Economic empowerment was also mentioned as a great need to ensure that they were self-reliant and able to provide for the needs of their families. This was provided by the project through the economic empowerment training, seed and booster grants. Most importantly, the refugee women and girls

My daughter underwent FGM against my will and it affected her health so much to a point she wanted to commit suicide. When I reported the matter to RCK, they gave her counselling and she is currently doing well. They covered all the medical costs and continue to support. I am grateful

(a refugee mother)

come from abusive families or community and therefore need love, care and a supportive environment that is able to help them cope and heal from their trauma. The project was able to navigate through these needs through partnering and creating linkages with different stakeholders and also through provision of specific interventions.

The project was also valid because despite the presence of several progressive laws that seek to address SGBV in Kenya, lack of effective implementation strategies owing to inadequate SGBV statistics on refugees and lack of knowledge and skills on how to handle SGBV cases among- the law enforcement officials and health professionals and inadequate community engagement hinders progress towards the reduction of SGBV cases in Kenya.

9.2.3 Appropriateness of Project design, interventions and indicators

In the implementation of VAWG project, RCK combined a variety of strategies.

9.2.3.1 Capacity enhancement to refugee women and girls, and Kenyan women and girls

This involved training individual refugee women and girls, and Kenyan women and girls at risk of sexual exploitation to identify and report incidences of violence and available legal and community remedies. This included a package on building their self-esteem and confidence through life skills, improving their safety and well-being. This training was appropriate since it addressed practically the specific needs of the migrant and Kenyan women and girls' survivors of violence. FGDs and KIIs confirmed that the training sessions were well received and appreciated by all the participants. Delivery of the training was said to have been done in an easy to understand manner which implies the facilitators were well experienced and equipped, and that the methods used to deliver the training were effective. Participants were confident that even after the project comes to an end, they will be able to use the knowledge and skills gained through the project to enhance their lives and those of family members. It has enabled them to have meaningful relationships and improved their confidence and knowledge on SGBV, as well as how and where to report such cases.

9.2.3.2 Psychosocial support

The project adopted an integrated services approach through awareness creation and provision of psychosocial support. The integrated psycho-social aid in the interventions enhanced protection of the psychosocial wellbeing of the women and girls' survivors. The support helped strengthen survivor's ability to identify dangerous and risky situations and formation of social networks to support one another. RCK counsellors and Community Based Counsellors (CBCs) provided counselling and psychosocial support services to survivors with an aim of rebuilding the self-esteem, processing the traumatic experiences and supporting them in exploring healthy coping mechanisms. Counselling offered hope to the survivors of SGBV as well as enhanced their resilience. It enabled the women/girls to navigate their difficult situations, providing the tools and insights to manage their mental health issues, such as anxiety and depression. The CBCs, who were also members of the refugee community and also including Kenyans assisted in identifying participants/survivors, provided counselling, monitored survivors progress, conducted home visits to see the survivors, monitored cases reported to police stations, and made referral recommendations for further assistance. One of the biggest challenge this strategy encountered was when Covid-19 pandemic struck. Due to the government restrictions of physical meetings/gatherings, the CBCs resulted to using phone calls and therefore activities like monitoring and follow up home visits

could not work. Conducting counselling sessions using mobile phones was not as effective and some cases were not amicably resolved. However, findings from FGDs indicated that the psychosocial support and counselling helped women and girls' survivors in rebuilding their self-esteem, confidence, acceptance and re-integration in the community.

Another challenge the CBCs have faced especially the men is being branded names and being resented by the community. For example, one CBC mentioned being nicknamed 'mtu wa wanawake' (the women's person). A majority were accused of interfering with other people's marriages to a point of being threatened by the perpetrators of the violence whose cases had been reported to the police. Although this makes them uncomfortable, they have tried addressing this challenge by providing more information on women human rights in the community forums.

The cases were very diverse; from physical violence, emotional abuse by an intimate partner to rape cases. The survivors came traumatized and needed mental healing. We adopted cognitive behavioral therapy to help the survivors adopt positive attitudes and behavior to enable them heal.

(Community Based Counsellor).

9.2.3.3 Legal aid representation

The provision of legal aid was expected to enhance assistance to survivors of SGBV. People seeking out legal services and especially the refugees are typically not in the most ideal situations and therefore are unable to meet legal fees, while the quality of legal representation is also limited. This strategy was therefore appropriate to enhance reporting and follow up of cases reported. RCK provided the information on human rights and laws on VAWG along with information on prevention and response to VAWG. RCK also provided legal aid and representation at courts and police stations for cases referred to them. In Garissa, the defilement and assault cases were mostly referred to Garissa County Referral hospital and Madogo level two hospital for treatment and later with a P3 form, the victim was able to file a report with the police. In Nairobi, the victims were referred to either Mama Lucy Kibaki Hospital, Joy Medical clinic, M-safe hospital in Eastleigh, Coptic or Nairobi Women's hospital or to NCKK for medical checkup and treatment for free. RCK would then allocate the victim legal counsellor to represent her in court once the police took the case to court. The victim was first given guidance and counselling to deal

with trauma, so that they were composed/in a position of writing a police statement. After counselling, if the victim was hurt they were taken to the hospital where they were treated and given P3 form to fill and later report the matter to the police for an Occurrence Booking (OB) number. The police from there took over the case and followed it up to the courts until the victim got justice. If a lawyer was needed, RCK provided one for the victim. According to the respondents, the specific hospitals where the victims were referred to had competent doctors trained on SGBV issues. The victims were treated with urgency and were not allowed to queue.

The courts in the respective counties collaborated with RCK officials and paralegals to ensure that prosecuted cases took place without interference and that the SGBV cases were given priority. The courts also recorded and shared statistics

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(a refugee mother)

on SGBV cases with the judiciary (on what was happening with reported cases, pending cases, and completed cases whose rulings have been given).

Discussions from the FGDs documented that sometimes, by the very nature that court cases take long, the victims give up on the process since they feel they might not get the justice they deserve. In addition, going to court require transport which at times, the women are unable to meet.

9.2.3.4 Capacity strengthening of Court User Committees (CUCs)

The CUCs are under National Council for administration of justice. The members include police officers, medical personnel, judicial officers, children department officers and human right actors such as RCK. The law enforcement officers were trained on how to make reports available to SGBV survivors to aid their pursuit for protection orders, civil remedies, immigration petitions, insurance benefits, and compensation claims. They also got trained on protocols for survivor interview and medical testing so that survivors were questioned and examined in a confidential, respectful and timely manner for successful evidence use at trial. The Court User Committees (CUCs) were trained on SGBV to dispel any misconceptions they might hold. The training provided information on women's human rights, violence against women, cultural sensitivities, risk factors, the needs of victims, victim experiences in court, and the impact of judicial demeanor on perpetrators and harmful stereotypes about women and girls. The health professionals were provided with knowledge and skills on how to provide immediate physical, emotional and psychological health needs of women and girls who have been subjected to SGBV. These skills were on counselling and clinical management of rape cases to be able to collect evidence and store it appropriately, offer post-exposure prophylaxis (PEP) to prevent patients becoming infected after possible exposure to HIV, HIV testing and emergency contraceptives.

The trainings also focused on how to humanely treat survivors at each referral point. Evidence from past RCK interventions through this model indicated that SGBV survivors who reported their cases to trained police officers received better services; evidence collected was better stored; the medical practitioners provided quality medical care to SGBV survivors at the hospitals including recording of the incidents and evidence; and the judicial officers handling SGBV cases in court were more conversant with the laws.

9.2.3.5 Community sensitization / awareness creation

The strategy of creating awareness among the general public through community dialogue forums was important because the role of host communities is paramount to integrating, protecting and assisting refugees and asylum seekers as they seek resettlement. Psycho-education forums sensitized the community on identification, response to VAWG, caring for survivors, and effects of VAWG trauma to individuals and families in order to support survivors and on provision of psychosocial first aid. The project acknowledged that the host community is a multidimensional concept, and therefore reached out to different stakeholders bringing together civil societies, local governments, different sectoral communities, religious institutions, and the private sector. Experience has shown that for successful integration to occur, host communities need to improve the provision of public services to the migrants. This translates into social investment by local governments to allow access to the health, housing, increase employment opportunities, among other examples, in order to benefit not only refugees and migrants, but also the population of the host communities.

The public community dialogues were conducted through opinion leaders such as chiefs, elders in the community and religious leaders providing them with information on the different forms of SGBV, their negative implications and its linkage to the cultural norms in the community and how they can be addressed. Public forums offered valuable insights into the community members. All Kenyan chiefs are required by law to convene at least two *barazas* a month. The involvement of the chiefs and village elders in the VAWG project ensured that during community *barazas*, the topic on VAWG especially SGBV was allocated time, and either the chief, village elders, CBCs would sensitize people on the topic as well as address the stigma associated with it. This intervention was also reinforced through the *Nyumba Kumi* Initiative . Although the initiative was to primarily serve as a security measure, the added value has been the social cohesion within the communities.

The use of Information, Education and Communication (IEC) materials to improve awareness on VAWG among the public and specifically building capacity of men and boys in accountable practices was important since they are the majority of the perpetrators of violence. RCK produced and distributed to the public IEC materials containing messages on VAWG, prevention and response. These materials were displayed at strategic locations where service providers supported survivors. The project also used social media e.g. @RCKKenya (Twitter Handle) to create awareness targeting the online community. Use of media through radio shows were conducted in local languages to disseminate information about the project and information on VAWG prevention and response using community initiatives. The project partnered with Kulmiye Fm in Garissa and involved known media presenters, community representative members like the Imams and activists, and project staff based in Garissa to create VAWG awareness. The platform enabled more people from the community to have a conversation around VAWG (which is rarely talked in the open) which was happening within the community.

9.2.3.6 Working with male VAWG champions/Male integration:

SGBV is not a female issue. The project considered this aspect during the design phase where they designed an approach to work with male significant others (fathers/husbands) and the community to support the fight against SGBV. Male engagement was important in challenging negative stereotypes and influencing positive attitudes and practices towards women and girls. This was expected to increase capacity of men and boys in transformative behaviour change to understand the impact of VAWG. The project worked with the CBCs and the village elders in mobilizing the males from the community to be part of the project male champions. Champions were expected to rally other members of the community especially men in support of initiatives that promote respect for women and girls. Expected male project participants were protection monitors, religious and clan leaders, youth and members of the Maslaha. The engagement was through dialogue sessions and psycho-education forums where practical information aimed at breaking gender stereotypes was shared.

Both women and girls need to be protected and defended in the community so that their rights are not violated.

I have learned that it is good to listen and discuss issues with my wife in a respectful manner

(male champion from Nairobi)

9.2.3.7 Economic empowerment:

Learning from previous project implementation, 40% of women/girls survivors supported by RCK indicated that lack of economic empowerment and over dependence on their spouses for financial support contributed to domestic violence and early/forced marriage to raise wealth for the family. Training women in entrepreneurship business skills to enhance economic empowerment proved an effective strategy since the beneficiaries were no longer reliant on their spouses for support and it also build their self-esteem. This approach was adopted for VAWG project where women/girls were trained on Economic Empowerment (EE) through entrepreneurship skills. The most vulnerable women/girls requiring EE support were identified during legal aid and counseling sessions. The list was shared with UNHCR and other agencies to ensure there was no duplication of support services. An EE curriculum was developed and was approved by the UNTF for use. The curriculum was pre-tested on participants in Nairobi before the actual training was done. Participants selected under the EE activity were trained for two weeks, spread out over a period of time (one week for each period) by an economic empowerment consultant. The training provided skills on how to develop a business plan, basic business skills, savings and business trajectories. There was a requirement to at least know basic English/Kiswahili for basic business terminologies and conversations.

The training began with an empowerment lesson through life skills to enable the women see themselves as capable and worthy. This was followed by the training on basic business skills (where the language used was not technical) after which each trainee had a meeting with the business consultant to discuss their business plan. The participants wrote down their business plans which were reviewed by the consultant. The participants who were unable to write, were assisted by the consultant to develop their business plans. They would then be required to confirm the market prices of the commodities they needed since the economic support was in the form of goods worth between Ksh 30,000 and Ksh 50,000. The economic empowerment consultant would also be required to confirm the market prices of the goods selected. The location of the business premises would also be checked since a majority of landlords do not offer written agreements. RCK would assist the clients to obtain written agreements for safety and security of the business premises. During these EE trainings, a counselor would always be on site to provide psychosocial support. Only those who had healed or were in the process of healing mentally (the counselor would evaluate) and were willing to move on were eligible. This is because the challenges associated with running a business required willingness and psychological ability to be resilient to these issues. These challenges include customer relations and book keeping etc. The business grants were then monitored by the EE consultant (visiting business sites, discussing challenges the beneficiaries encountered and documentation of the same).

9.2.3.8 Stakeholder Engagement

RCK is a member of the urban SGBV Working Group in Nairobi County that brought together partners working in addressing SGBV. The meetings are held monthly where best practices and lessons learned are shared. In addition to celebrating anti SGBV days, the forums also serve as avenues where cases that require attention of the partners are brought up/discussed. RCK was also a member of Urban Mental Health and Psychosocial Support Working Group which brought together organizations that offer support to persons of concern (e.g. refugees) in the urban areas. The project also partnered with the police stations, providing training of police officers on how to handle cases of SGBV and also operationalization of the gender desks.

9.2.4 Flexibility of program design and Interventions to target groups needs

Covid-19 pandemic highly disrupted the project activities with suspension of social gatherings as well as physical meetings. This necessitated adaptation in delivery approach for training and counseling sessions which were either done virtually or delivered in smaller socially distanced groups. This still worked and the project was able to achieve its objectives. Counseling continued to be provided on phone and the respondents indicated that the counselors offered a listening ear and a caring heart, since it was done individually and thus enhanced confidentiality.

However, this period was not without challenges. A section of respondents indicated that although some telephone numbers were provided, some would not go through while some were not being picked/received. This might have been occasioned by lack of a particular call centre and other concurrent engagement of staff including court and clients' attendance. Return of calls were done later but this did not guarantee accessing the respondent.

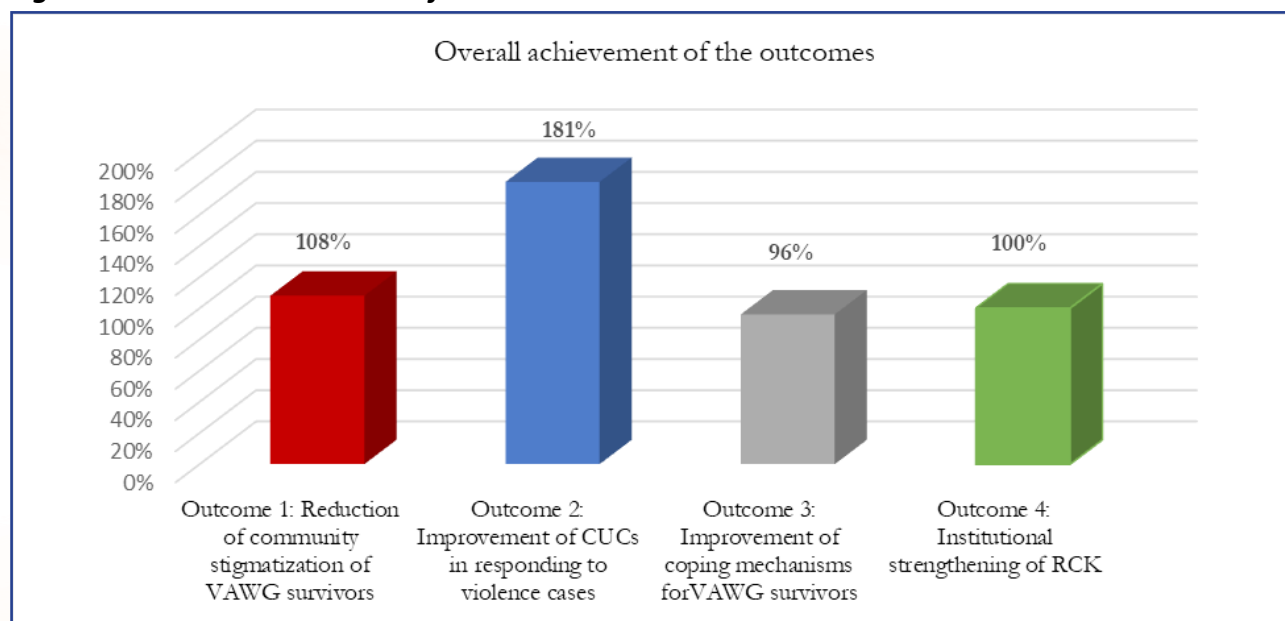
9.3 Efficiency

Evaluation questions:

- To what extent was the project efficiently and cost-effectively implemented?
- To what extent did Covid-19 affect the results/implementation of the project?

Within the context of the project operation, project management made strides to ensure efficient use of human, financial and other resources to implement the targeted activities which were considerably achieved. Most of the activities were achieved and targets surpassed. This can be seen in the figure below:

Figure 6: Overall achievement of the outcomes



UNTF provided a No Cost Extension (NCE) providing RCK with an opportunity to go beyond the challenges of COVID-19 to achieve the set targets. Overall, project achievement of planned targets was within the set budgets, a proxy overall indicator of efficient use of project resources.

The project was overseen by the Executive Director providing overall thought leadership, supported by the Senior Programme Officer based in Nairobi, with support from Programme Officer-Advocacy and Policy Development, Programme Officer-Research and Knowledge Management, M&E Officer, and Programme Officer, Legal and Psychosocial Support based in Nairobi. There was also an Assistant Programme Manager based in Garissa who was overseeing the consultants in Garissa through the support of the Dadaab Programme Manager. Financial management was overseen by Finance and Administration Officer supported by 2 Accountants (one in Nairobi and one in Garissa) and a Human Resource Officer. The project team also had 5 Consultants (1 Training and Capacity Building Consultant, 2 Legal Consultants, and 2 Psychosocial Consultants) and 6 CBCs. The project created partnerships with Kenya Red Cross Society, Gender Based Violence Recovery Centre in Garissa and Nairobi, National Council of Churches of Kenya (NCCCK), Muslim Kadhis, Nairobi Women hospital; Coptic hospital, Court Users' Committees in Garissa and Nairobi, County Government officers (such as the gender and children department), children organizations such as Danish Refugee Council, HIAS Refugee Trust of Kenya and local and community media. The partnership approach of working with different partners was both effective and efficient as it ensured synergy and utilisation of the existing human and other resources available. The VAWG project ensured there were proper referral pathways and mechanisms that existed between the governmental and non-governmental stakeholders such as the local and national administration, the hospitals, children department, courts, religious leaders, referral centers and community-based organizations which ensured strengthened partnerships and created workable technical committees.

Proper planning by the RCK staff and local partners ensured that there was good coordination and cooperation which created a good team spirit within the project environment. The local partners worked with a lot of empathy and were passionate and dedicated in achieving the goals of the project. The feedback sessions brought about deep conversations, because the beneficiaries identified with the safe spaces/institutions and the RCK staffs were able to act on deeper issues affecting beneficiaries such as depression, trauma and gender violence. The spirit of accountability helped the project because everything was documented. Both the participants, local partners and project staff were accountable to each other. Monitoring and routine collection of information on a day-to-day basis and using shared information resources and statistics to keep track of the project process enhanced efficiency.

The civic education provided by the community resource persons and use of translators ensured that all were reached in their local languages. The CBCs and project consultants managed to transverse the project areas targeting the community with information on human rights and current laws, policies and acts that address VAWG. The legal assistance representation from RCK and openness of the court created confidence in the justice system in prosecution of the perpetrators of violence against women and girls and it helped the victims to seek justice which led to success of the project. In addition, the use of well recognized and respected individuals such as religious leaders and government officials helped to overcome barriers of rejection by the community members and also built relationships on trust and respect. Mass media interventions through partnering with community media helped in addressing the interconnectedness of knowledge, attitudes and behavior in the community. The numerous campaigns on VAWG through radio using local language and using persons of authority locally known by the community boosted the outcomes of the project.

The efficiency of the project was also enhanced through commitment and dedication of all the stakeholders towards achieving the objective of VAWG project in the community. Relevant training on human rights in the community ensured that people were aware of their rights, were able to identify violations and report cases. There was also willingness of the community to accept and embrace the change that came with the program. There was no resistance from the community when the project was being implemented. The project capitalized and worked with the existing local structures such as village elders and chiefs, which were very supportive in terms of availability whenever community forums were scheduled. The interventions were also based on sound knowledge of women and girls needs and were built on the existing skills and resources within a community.

Use of Community Based Counsellors (CBCs) and some community resource persons who were also trained as counselors enhanced the availability of the counseling services. This is because the CBCs came from the same neighbourhood/community and therefore had a positive impact in changing the attitudes of the refugee's women/girls in embracing positive living. The availability of the counselling services built good rapport with the project beneficiaries and made them open up. The Helpline which was toll free enhanced the efficiency in addressing mental illness as well as other challenges that women and girls were exposed to. Linkages to health facilities ensured provision of health education and medical support to the women and girls while the local administration, CBOs such as Girl Child Network and CHVs supported community mapping and identification of vulnerable women and girls in the community.

The flexibility of the financial support by the UNTF especially during the Covid-19 pandemic was very instrumental in achieving the outcomes of the project. Support was provided in terms of Personal Protective Equipment (PPEs) such as masks and sanitizers as well as cash transfers to cater for basic needs such as food. In addition, the project provided booster grants for businesses which were on the verge of collapsing. Some of the partnering institutions also supported this project through setting up gender desks in police stations and cash transfers to vulnerable groups like orphans, people living with disability and the elderly for their basic needs. The Gender and Social development office also supported through provision of human rights information and cash transfers to cater for project participant's daily needs.

There has also been tremendous organizational change at RCK which is commendable. This played a huge role in the success of the VAWG project. There was procurement of an online administrative system Enterprise Resource Planning (ERP) and Employee Self-Service portal (ESS) which came in handy in enhancing efficiency during the Covid-19 pandemic where government regulations required people to stay at home. Currently the staffs are able to work remotely through the system (booking and procuring services such as office vehicles online as well as raising financial requisitions to support field activities). There was continued capacity strengthening by the donor on reporting and documentation which has improved the capacity of the staff to do so even with other donors. The use of consultants' concept especially when the funding is limited has built the capacity of the staff and management to always think beyond the box when it comes to project implementation. RCK was also able to review policies such as the Human Resource, Finance and Procurement manuals including the development of the 2022-2027 Strategic Plan, which have played a major role in enhancing efficiency of the project implementation and sustainable organizational governance. On the same note, UNTF supported the governance arm of RCK where they supported some of their strategic organizational meetings and Senior Management Team meetings to strategize on the fast changing humanitarian and donor environment. They also offered guidance in some of the governance challenges that arose during the project implementation period as well as general institutional management.

Discussions from the M&E staff indicated that the project was implemented guided by a vibrant M&E system. The M&E system was perceived as effective based on the quality of reports generated and the success stories reported. In addition, the system was seen as very beneficial internally as it monitored closely and evaluated the progress of the project and was able to note off course trajectory. The system would then give advisories to the implementing staff to take corrective measures. Additionally, the system was also able to document the best strategies and lesson learnt for replication in other projects. The M&E staff also mentioned that during inception of the project the department provided guidance on how to document the success stories to implementing staff. These stories were then collected continuously and submitted to the department on a semi-annual basis together with progress reports.

In terms of quality assurance, the M&E team indicated that they would do a verification exercise to ensure there was accuracy of the data submitted. The team would do a random sampling on the data collected and verify through calls. This was also supported through FGDs, where the M&E team would take a hybrid approach where by the beneficiaries would fill a tool and also have the discussions providing insights of the services given and highlighting challenges experienced. There was indication that the support supervision was conducted on monthly basis through review meetings with the implementing staff. This was done virtually due to the Covid -19 and the cost implication of travelling. Field visits complimented the review meetings, which was done quarterly targeting the beneficiaries, stakeholders and staff. The M&E team developed monitoring tools for use during these activities which would then be filled by the beneficiaries and analysed later. Additionally, the team mentioned to have had KIIs targeting the stakeholders in appraising the project. The ETE team noted that this system is partly paper based and can be revamped through adoption of a Mobile App for data collection as well as integration of cloud based management system to ensure real time data and information. This will add into the already existing Clients Management System (CMS) portal which RCK is currently managing and improving to enhance its functionality of capturing fast hand data i.e. on clients seen, issues reported/addressed and the general progress made on project implementation. This will be very instrumental in providing evidence to support decision making.

Presented below is a summary of the achievements of project outputs:

Table 2: Summary of the achievement of project outputs

Outcome 1: Community members' stigmatization of VAWG survivors in Nairobi and Garissa Counties reduces by May, 2022.					
	Outcome Indicators	Target	Baseline	ETE	% Achievement
1.1	Proportion of Male champions and other community members who participated in awareness sessions have greater knowledge of ending VAWG and better understanding on their role to support the survivors.	880	0	747	85%
1.1.1	Number of community dialogue forums conducted	36	0	34	94%
1.1.2	Number of community members reached through community dialogue forums	900	0	869	96%

1.1.3	Conduct 12 radio shows on VAWG prevention and response targeting the general public.	9	0	11	122%
1.1.4	Number of Psychoeducation forums targeting community members.	30	0	17	57%
1.1.5	Number of community members reached through psychoeducation forums	500	0	396	79%
1.1.6	Number of IEC materials on VAWG prevention and response and refugee protection booklets developed and distributed	3600	0	5073	141%
1.1.7	Number of banners developed	2	0	4	200%
1.1.8	Number of Self-representation pamphlets/booklets developed	350	0	350.	100%

Outcome 2: Police, health professionals and court officers' response to cases of violence against women and girls in Nairobi and Garissa Counties improves by May, 2022.

	Outcome Indicators	Target	Baseline	ETE	% Achievement
2.1	Proportion of Police, health professionals and court officers that participate in training sessions with greater knowledge of prosecution and evidence gathering of VAWG cases.	100%	70 %	86%	86%
2.1.1	Number of training sessions for 180 court users' committees, law enforcement and health professionals conducted	6	0	13	217%
2.1.2	Number of court users' committees, law enforcement and health professionals trained	180	0	364	202%
2.1.3	Number of training for translators conducted to facilitate communication with women and girls at the legal aid clinics, courts of law and the police station.	1	0	3	300%
2.1.4	Number of translators trained to facilitate communication with women and girls at the legal aid clinics, courts of law and the police station.	10	0	10	100%

Outcome 3: Coping mechanisms for women and girls' survivors of violence in Nairobi and Garissa improves by May, 2022.

	Outcome Indicators	Target	Baseline	ETE	% Achievement
3.1	Proportion of Survivors of VAWG who have attended psychosocial sessions have greater capacity to cope with their trauma.	1350	0	1355	100%

3.1.1	Number of beneficiaries (women and girls) provided with psychosocial counselling	1350	0	1,674	124%
3.1.2	Number of training/refresher sessions for community based counsellors on psychological first aid conducted	5	0	5	100%
3.1.3	Number of reflection/information sharing/debriefing sessions for staff to address secondary trauma conducted	3	0	3	100%
3.1.4	Number of virtual debriefing and information sharing sessions for community based counselors to address secondary trauma conducted	50 sessions	0	50 sessions	100%
3.1.5	Number of beneficiaries provided social assistance in form of cash.	N/A	0	60	100%
3.2	Proportion of Refugee and vulnerable host community women VAWG survivors in Garissa and Nairobi have better access to economic empowerment programmes at the end of the project.	90	0	86	96%
3.2.1	Number of women trained on entrepreneurship skills	90	0	90	100%
3.2.2	Number of Grant disbursement and mentorship to women on entrepreneurship skills for 6 months provided	90	0	86	96%
3.3	Proportion of Refugee and vulnerable host community women VAWG survivors in Garissa and Nairobi have more access to appropriate legal protection at the end of the project	1350	0	1395	103%
3.3.1	Number of women and girls provided legal information and representation at courts of law and police stations.	1350	0	1395	103%
3.3.2	Number of children provided child protection legal representation in Nairobi.	90	0	30	33%

Outcome 4: RCK is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls by May, 2022.

	Outcome Indicators	Target	Baseline	ETE	% Achievement
4.1	Extent to which RCK has put in place mechanisms to improve institutional resilience to crises including COVID-19 that ensures the stability of projects and sustainability of the organization[s] in the longer term.	All staff.	0	All staff	100%

4.1.1	Communication support between staff and clients during and post-COVID19 provided	All staff	0	All staff	100%
4.1.2	Support provided to partner police station to respond to COVID-19.	N/A	0	2	100%
4.1.3	Support provided to strengthen RCK's internal capacity and long term sustainability of the organization.	1 (RCK)	0	1(RCK)	100%
4.1.4	Support provided to staff to ensure RCK is able to provide safe, reliable and continued services during and post COVID pandemic (PPEs, internet bundles, and laptop).	49 (28f, 21m)	0	49 (28f, 21m)	100%
4.1.5	Support provided to RCK to upgrade internal reporting and management systems to enable staff and board to adapt to remote working in order to continue supporting survivors effectively.	1		1	100%
4.2	Extent to which RCK staff has improved knowledge, skills and capacities to maintain or adapt EVAW/G interventions and reach the most vulnerable women and girls while responding to the impact of the COVID-19 pandemic or other crises.	49 (28f, 21m)	0	49 (28f, 21m)	100%
4.2.1	Number of Staff capacity and development/ debriefing activities/sessions conducted (for all 49 staff (28 Females, 21 Males).	3	0	3	100%
4.2.2	Number and type of organization's policies and manuals reviewed	2	0	2 (<i>Finance & Human resource</i>) <i>manual</i>	100%
4.2.3	Number of RCK Board workshops to better lead and guide the organization through COVID-19 and other crises situations supported.	1	0	1	100%
4.2.4	Financial Support to RCK administrative costs.	1		1	100%
4.2.5	Number of Senior Management Team Workshop to review and plan post COVID-19 period conducted	1	0	1	100%

Key

- >80% of the target, the project did very well in achieving targets.
- 41-79% of the target, the project achievement was moderate.
- <40% of the target, the project was below target achievement.

However, it was not always a walk in the park. Covid-19 disrupted systems especially the medico-legal clinics, police visit and meeting the survivors which essentially were designed to happen in person. The initial contact with a violence survivor is always better in person because of the sensitivity of the cases and to be able to create a rapport. Survivors, especially children more often than not declined to open up. The numbers reached during this time declined significantly. This could explain why the achievement of psychoeducation forums targeting community members and number of community members reached through psychoeducation forums was at 57% and 79% respectively.

In addition, the SGBV was reported to have increased during this period. Kenya's department of gender indicated that cases of gender-based violence nearly quintupled during the Covid-19 pandemic⁵. However, the stigma and fear associated with reporting abuse meant that the real number of cases was many times higher. In addition, the situation created by Covid-19 pandemic challenged how reporting was to be done with the government directives indicating that people needed to stay at home. RCK resulted to having virtual platforms (WhatsApp and Zoom), or conducting counselling sessions on phone, something that had not been earlier thought of. The platforms worked and ensured continuity of services, although the human touch and rapport created through face to face meetings was missed especially for the counselling sessions. This was mitigated by the CBCs conducting sessions in open spaces to avoid infection.

The implementation was also affected by the negative perceptions towards the duration and fairness of the court processes and procedures. Interviews from the project team indicated that some clients with very good evidence declined to go to court due to the long judicial processes.

Existing challenges of inadequate shelters and safe houses and rescue centers for the SGBV victims, affected the efficiency of the project interventions. In Garissa County for example, there is only one rescue center at Kamuthe Primary School in Fafi constituency (some 50kms from Garissa Town) which is run by ActionAid and Kamuthe Women Network. It has been equipped to host around 80 girls below the age of 18, who are rescued or have run away from home because of FGM and child marriage. However, there are issues of insecurity concerns after 3 teachers were killed in 2020 by the Al-Shabaab militia. In addition, if a woman was assaulted and her life was in danger, the project had to look for alternatives.

All in all, the project helped create social support for the vulnerable people in the society. The project through its partnership with UNHCR linked survivors to their safe house. They also partnered with the community to help getting safe places for those in dire need. Kasarani police station has a safe space/holding room where they house emergency SGBV survivors for at most 3 days before they are referred to the respective referral places. They have a room for boys and girls. The VAWG project was able to support the station with mattresses and dignity kits (shukas, pads and tooth brush/paste) for the survivors.

At the peak of Covid-19 pandemic, the level of vulnerabilities in some migrant women/girls was so dire that project interventions did not make sense to them at first. Some needed food and money to sort their rent arrears more than anything else and the project team had to figure out how to address such needs first. The project and the donor was flexible enough to have budget lines moved to address such needs.

The patriarchal power balances especially among the communities where most refugees come from (the Somali) continued to affect the implementation of some of the project interventions. Most cases were handled by Maslaha elders (traditional judicial system) under the Somali Cultural law. These challenged the reporting and follow up of SGBV cases for the survivors from this community.

5 [Voice of America: Gender-Based Violence Cases Quintuple in Kenya during Pandemic, Survey Finds https://www.voanews.com/a/africa-gender-based-violence-cases-quintuple-kenya-during-pandemic-survey-finds/6206279.html](https://www.voanews.com/a/africa-gender-based-violence-cases-quintuple-kenya-during-pandemic-survey-finds/6206279.html)

The heightened security threat from Al-Shabaab militants, sometimes saw the law enforcers handling refugee’s cases, address it from a security threat angle. This would destabilise the process requiring security protocol to be followed up when going to court.

There were high expectations that all the survivors would get entrepreneurship support and when that did not happen (because the kits were awarded to those with solid business plans), there was too much bitterness from those who did not qualify. In addition, most of the businesses were affected by the Covid-19 pandemic that resulted in many closing down.

There was an assumption that all the SGBV survivors who reported cases of abuse were willing to undergo for psychosocial support and vice-versa. This is highlighted on the targets set for each of these different indicators. Experience showcased that each case was unique and not all were willing to go through all the processes because of the different factors spanning from cultural, personal and perceptions towards the different referral points.

9.4 Effectiveness

Evaluation questions:

- To what extent were the intended project goals, outcomes and outputs (project results) achieved and how?
- To what extent did the additional support provided by UNTF in response to emerging issues i.e. Covid-19 sustain the project and enhanced efficacy of the organization?

9.4.1 Outcome One: Enhanced community-based support for VAWG survivors for reduction of community members’ stigmatization of VAWG survivors in Nairobi and Garissa Counties

The findings indicate a high likelihood (48%) of physical violence in the last 12 months. This likelihood is high among those residing in Nairobi County. 67% of the respondents in Nairobi indicated that it is very likely to be assaulted (slapped or thrown something that could hurt) compared to 23% in Garissa. This is a sharp rise from the baseline figures (26% in Nairobi and 8% in Garissa). This scenario is similar to the likelihood of being pushed or shoved or hair pulled for respondents in Nairobi (64%) who indicated that it is very likely compared to 25% of the respondents in Garissa. In comparison to the baseline figures, we also see a rise from 19% in Nairobi and 9% in Garissa. Overall, 55% of the respondents indicated that they are very likely to be kicked, dragged or beaten compared to 49% who indicated that it is very likely to be hit with a fist or something that could hurt. The findings registered 36% of the likelihood of being choked or burned intentionally. This analysis is well presented in the table below:

Table 3: Prevalence of physical violence in the counties

Physical Violence		Nairobi		Garissa		Overall
		Baseline	ETE	Baseline	ETE	ETE
What is the likelihood of being slapped or thrown something at that could hurt	Not likely	38%	16%	65%	57%	28%
	Somewhat likely	28%	16%	18%	20%	17%
	Very likely	26%	67%	8%	23%	55%
	Don’t know	8%	1%	9%	0%	1%

What is the likelihood of being pushed or shoved or hair pulled	Not likely	43%	16%	64%	57%	28%
	Somewhat likely	31%	19%	18%	16%	18%
	Very likely	19%	64%	9%	25%	53%
	Don't know	7%	0%	10%	2%	1%
What is the likelihood of being hit with fist or anything that could hurt	Not likely	40%	16%	64%	57%	28%
	Somewhat likely	31%	24%	19%	18%	22%
	Very likely	21%	59%	7%	21%	49%
	Don't know	8%	1%	10%	4%	2%
What is the likelihood of being kicked, dragged or beaten	Not likely	44%	16%	62%	50%	26%
	Somewhat likely	28%	16%	23%	21%	18%
	Very likely	21%	66%	5%	27%	55%
	Don't know	8%	1%	10%	2%	1%
What is the likelihood of being choked or burned intentionally	Not likely	55%	32%	76%	64%	41%
	Somewhat likely	19%	20%	11%	16%	19%
	Very likely	17%	43%	3%	18%	36%
	Don't know	9%	5%	10%	2%	4%
What is the likelihood of being threatened with or actual use of a knife, gun or other weapon	Not likely	54%	28%	74%	70%	40%
	Somewhat likely	22%	19%	13%	13%	17%
	Very likely	14%	51%	4%	18%	42%
	Don't know	10%	2%	10%	0%	2%

In all these different indicators of physical violence, we see a significant increase at ETE. These findings can be attributed to among other things the increased SGBV during the Covid-19 pandemic⁶. The quarantine although necessary to reduce the community spread of the disease, it came with serious psychological and socially disruptive consequences which resulted into a surge in the cases of SGBV. Similar to previous pandemics and epidemics, the alarming rise in the incidents of SGBV can be attributed to economic insecurity. The United Nations Development Programme (UNDP)⁷ indicated that pre-existing toxic social norms and gender inequalities, economic and social stress caused by the Covid-19 pandemic, coupled with restricted movement and social isolation measures, led to an exponential increase in SGBV. Many women were in 'lockdown' at home with their abusers while being cut off from normal support services. The increase could also be attributed to the fact that the women had more knowledge on SGBV and therefore could identify it when it happened.

9.4.1.1 Perceptions on Safety from Sexual Violence

It is worth noting that overall, the respondents indicated that there was a high likelihood of experiencing rape by threat or put in inescapable situation to say no (54% very likely and 18% somewhat likely) in the two counties where the project was implemented. The likelihood was more in Nairobi compared to Garissa. In comparison to the baseline, this is sharp increase from 16% to 59% in Nairobi and from 3% to 43% in Garissa. Similarly, there is a high likelihood to be forced to do other sexual acts other than intercourse that they find degrading or humiliating (44% very likely and 18% somewhat likely). This is also an increase from baseline of 20% to 54% in Nairobi and from 4% to 20% in Garissa. This can be attributed to the Covid-19 pandemic as discussed earlier. These statistics are well presented in table 4 below:

⁶ Shalini Mittal and Tushar Singh (2020) Gender-Based Violence during COVID-19 Pandemic: A Mini-Review <https://pubmed.ncbi.nlm.nih.gov/34816149/> Accessed 09.09.22

⁷ UNDP 2020 Gender-based violence and COVID-19 <https://www.undp.org/publications/gender-based-violence-and-covid-19> Accessed 09.09.22

Table 4: Prevalence of Sexual Violence in the Counties

Question		Nairobi		Garissa		Overall
		Baseline	ETE	Baseline	ETE	ETE
What is the likelihood to experience rape by threat or put in inescapable situation to say no	Not Likely	39%	20%	65%	38%	25%
	Somewhat likely	40%	19%	25%	16%	18%
	Very likely	16%	59%	3%	43%	54%
	Don't know	5%	3%	8%	4%	3%
What is the likelihood to be forced to do other sexual acts other than intercourse that they find degrading or humiliating forced to do other sexual acts other than intercourse that they find degrading or humiliating	Not Likely	42%	26%	70%	52%	33%
	Somewhat likely	30%	16%	13%	25%	18%
	Very likely	20%	54%	4%	20%	44%
	Don't know	7%	5%	12%	4%	5%

9.4.1.2 Perceptions on norms on physical and sexual violence against women and girls

In order for women and girls to adopt healthy sexual and reproductive behaviour, they need to have accurate information (key facts), opportunities to apply this to themselves (values and attitudes) and to feel good enough about themselves to think that they are worth looking after (self-esteem). In addition to this are the skills to act on this new understanding. The project empowered the women and girls with the knowledge, positive attitudes and skills to enjoy sexual and reproductive health and well-being. The expectation was that this would build the confidence to stand up for their rights and know how to prevent, respond and report cases of violence.

Overall, on average the respondent's knowledge towards aspects that contribute to sexual and physical violence was at 86%. This is a good indication that the life skills gathered from the project interventions brought about adaptive and positive behavior to enable the refugees women and girls to deal effectively with aspects related to SGBV. A high percentage of respondents (93% in Nairobi and 96% in Garissa) disagreed that there are times that women deserve to be beaten. In addition, 87% of all the respondents disagreed that women should tolerate violence to keep their families together. These findings are presented in the table 5 below:

Table 5: Norms on physical and sexual violence against women and girls

Statement		Nairobi		Garissa		Overall
		Baseline	ETE	Baseline	ETE	ETE
There are times when a woman deserves to be beaten	Disagree	87%	93%	87%	96%	93%
	Agree	11%	6%	12%	4%	6%
	Neutral	2%	1%	1%	0%	1%
A woman should tolerate violence to keep her family together	Disagree	46%	89%	73%	84%	87%
	Agree	47%	4%	22%	12%	7%
	Neutral	7%	7%	5%	4%	6%

It is alright for a man to beat his wife if she is unfaithful	Disagree	64%	84%	74%	86%	84%
	Agree	25%	13%	20%	11%	13%
	Neutral	11%	3%	6%	3%	3%
A man is allowed to hit his wife if she won't have sex with him	Disagree	80%	92%	75%	87%	91%
	Agree	14%	5%	20%	11%	7%
	Neutral	6%	3%	5%	2%	2%
If someone insults a man, he should defend his reputation with force if he has to	Disagree	76%	94%	80%	95%	95%
	Agree	16%	4%	9%	5%	4%
	Neutral	8%	2%	11%	0%	1%
A man using violence against his wife is a private matter that shouldn't be discussed outside the couple	Disagree	46%	84%	69%	82%	84%
	Agree	50%	14%	25%	13%	13%
	Neutral	4%	2%	6%	5%	3%
When couples disagree, the man should get his way most of the time	Disagree	60%	81%	73%	89%	84%
	Agree	30%	14%	15%	9%	12%
	Neutral	10%	5%	12%	2%	4%
A woman should obey her husband in all things	Disagree	30%	69%	44%	61%	67%
	Agree	60%	24%	50%	34%	26%
	Neutral	10%	7%	6%	5%	7%

Comparing baseline and ETE findings, there was indeed enhancement of perceptions on norms on physical and sexual violence against women and girls which is an indicator that life skills that had been acquired by the refugee women and girls got enhanced within the project period. There was a 6% improvement margin from the respondents in Nairobi who disagreed that there are times when a woman deserves to be beaten, while in Garissa, there was a 9% improvement margin. There was also a 43% improvement margin on the percentage of women who disagreed that a woman should tolerate violence to keep her family together in Nairobi, compared to 11% improvement margin in Garissa. On the same note, there is also a 20% improvement margin for the women in Nairobi who disagreed that it is alright for a man to beat his wife if she is unfaithful compared to a 12% improvement margin in Garissa.

These statistics provide a scenario where we find more improvement of perceptions in Nairobi than in Garissa. Several things could have contributed to these scenarios top of them being Covid-19 pandemic. The impact of Covid-19 is not gender-neutral. As the pandemic has spread across the globe it has heightened and amplified existing vulnerabilities and inequalities in social, political, economic and health systems. Policies and public health responses have not fully considered the gendered impact of the crisis on girls and women. Instead, with the spread of the pandemic, even the limited gains made by women and girls in the past few decades have been put at risk. Women and girls have continued to face the pressures of increased unpaid care work, compromised mental health and anxiety which has had a negative impact on the life skills. In addition, with the focus in Garissa being the community, the effects of the strong cultural beliefs and practices continued to play a negative role on the perceptions.

9.4.1.3 Perceptions on Norms on Sexual Rights for Women and Girls

An individual's culture, including their family values, traditions and religion, affects their views on Sexual and Reproductive Health Rights (SRHR)⁸. People who migrate from a region with relatively conservative values to one that is generally more liberal are likely to have different attitudes towards SRHR services from those of the host population, leading them to significantly underuse available SRHR services⁹. Somali culture for example is built upon traditional Islamic teachings in which sexual conduct, particularly the notion of remaining a virgin until marriage, is important and matters related to sexuality and reproduction are viewed as intensely private. The table 6 below presents some of the norms that affect the reproductive health of the respondents interviewed. The norms are stronger in Garissa where the project focused on the host community compared to Nairobi, which is cosmopolitan. More respondents (25%) in Garissa agreed that women should not talk about sex compared to 8% in Nairobi, while 16% of those in Garissa indicated that women should not initiate sex compared to 9% in Nairobi. The evaluation also observed change in norms regarding whether male partners take into account their female partners opinion regarding their sexual desires. More respondents in Nairobi (62%) compared to baseline (40%) while 52% respondents in Garissa compared to baseline (34%) were in agreement, an indication of positive change in norms of how male partners treat their female partners.

Table 6: Perceptions on Norms on Sexual Rights for Women and Girls

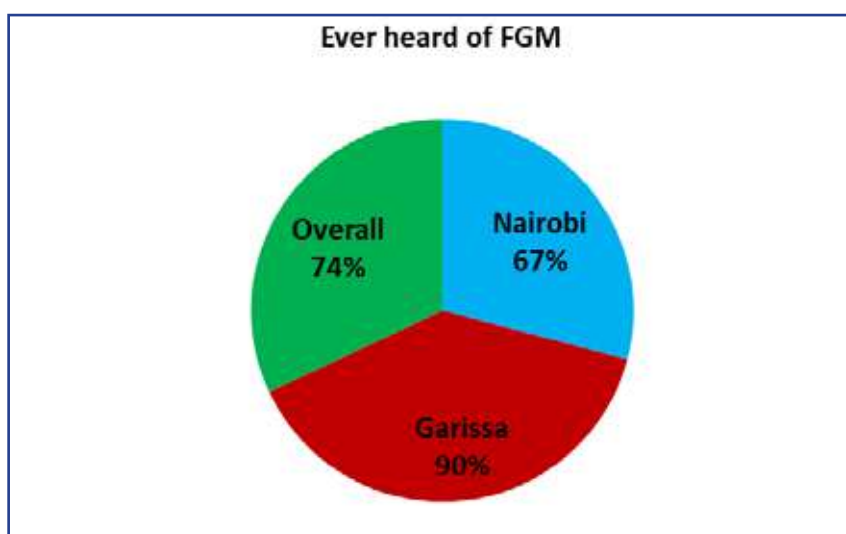
Norms		Nairobi		Garissa		Overall
		Baseline	ETE	Baseline	ETE	ETE
Women should not talk about sex, they should just do it	Disagree	62%	88%	78%	71%	83%
	Agree	30%	8%	12%	25%	13%
	Neutral	8%	4%	10%	4%	4%
A woman should not initiate sex	Disagree	62%	82%	71%	80%	81%
	Agree	30%	9%	13%	16%	11%
	Neutral	8%	9%	16%	4%	8%
Men often force women in indirect ways to have sex with them, even if they do not want to	Disagree	41%	19%	63%	20%	19%
	Agree	54%	77%	28%	73%	76%
	Neutral	5%	4%	9%	7%	5%
Most male partners take into account their female partners opinion regarding their sexual desires	Disagree	46%	34%	51%	43%	36%
	Agree	40%	62%	34%	52%	59%
	Neutral	14%	4%	15%	5%	5%

⁸ Noura Alomair et al (2020) Factors influencing sexual and reproductive health of Muslim women: a systematic review <https://pubmed.ncbi.nlm.nih.gov/32138744/> Accessed 09.09.22

⁹ Carol Lynn Pavlish, Sahra Noor and Joan Brandt (2020) Somali immigrant women and the American health care system: discordant beliefs, divergent expectations, and silent worries <https://pubmed.ncbi.nlm.nih.gov/20494500/> Accessed 09.09.22

9.4.1.4 Perceptions on Female Genital Mutilation (FGM)

Figure 7: Percentage of those who have ever heard of FGM



Female genital mutilation (FGM) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons. The practice has no health benefits for girls and women. FGM can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths¹⁰. Although FGM is a violation of the human rights of girls and women, it is legalised in Somalia with 98% of girls undergoing the procedure. Often, these girls undergo this procedure before turning 13 years old. The Somali refugees continue with the practice while living within the host community. A majority of the respondents in Garissa (90%) reported to have heard about FGM compared to 67% in Nairobi. When asked if FGM is a requirement from religion, 23% of those in Garissa were in agreement compared to 4% in Nairobi. On the same breadth, 23% of the respondents in Garissa indicated to personally approve FGM compared to 3% in Nairobi.

9.4.2 Outcome Two: Improved reporting and conviction rates of VAWG cases through enhancing capacity of police, health professionals and court officers'

Among the strategies adopted by the project was capacity strengthening of the law enforcers, judicial officers, medical practitioners' on VAWG and protection of women and girls. The officers were trained on prevention and response to SGBV. The training focused on evidence collection and analysis; evidence storage; recording of the incidents and evidence; laws reflection on SGBV among others to increase prosecution success rates and increase access to justice and quality health services for survivors.

10 World Health Organization (2022) Female Genital Mutilation: Key facts <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation> Accessed 09.09.22

9.4.2.1 Perceptions on knowledge to VAWG prevention and response services from the stakeholders

Different stakeholders are involved when it comes to the prevention and response of VAWG. The evaluation sought to assess from the respondents on how they perceived the knowledge, ease of access and efficiency of the police, health officials, court officials and CBOs/NGOs in prevention and response to VAWG. Most people usually have mixed responses and reactions towards the police with most being hesitant or scared to approach the police. The citizen-police relationship is usually affected by the perception that the police lack sensitivity and accountability especially when handling cases of SGBV. Overall, above half (56%) indicated that the police have high knowledge in VAWG prevention and response which is an improvement from baseline (from 18% to 56% and 15% to 57% in Nairobi and Garissa consecutively). Overall, 62% of the respondents indicated that the health professionals have high knowledge with an improvement from baseline (46% to 63% in Nairobi and 25% to 63% in Garissa). Overall, a majority of the respondents (58%) indicated that the knowledge of the court officials was high with significant improvement from baseline in the two counties. The same is observed on CBOs/NGOs, showing a significant improvement from baseline. This is an indication that the interventions focused on the CUCs were able to enhance how services are provided by the different stakeholders. This is well presented in the table 7 below:

Table 7: Perceptions on knowledge to VAWG prevention and response services from the stakeholders

Stakeholder	Level	Nairobi		Garissa		Overall
		Baseline	ETE	Baseline	ETE	ETE
Knowledge of the Police in VAWG Prevention and Response	Low	26%	24%	35%	14%	21%
	Moderate	45%	16%	45%	18%	17%
	High	18%	56%	15%	57%	56%
	Don't Know	11%	4%	5%	11%	6%
Knowledge of the Health Professionals in VAWG Prevention and Response	Low	9%	12%	29%	5%	10%
	Moderate	38%	21%	42%	23%	22%
	High	49%	63%	25%	63%	62%
	Don't Know	4%	4%	4%	9%	6%
Knowledge of the Court Officials in VAWG Prevention and Response	Low	12%	9%	3%	6%	8%
	Moderate	22%	11%	41%	16%	13%
	High	23%	54%	18%	69%	58%
	Don't Know	43%	26%	7%	9%	20%
Knowledge of the CBOs/NGOs in VAWG Prevention and Response	Low	10%	8%	35%	0%	5%
	Moderate	37%	26%	32%	17%	23%
	High	26%	61%	20%	70%	64%
	Don't Know	27%	5%	13%	13%	8%

The Covid-19 pandemic raised unique challenges for the different stakeholders in the service industry. Reductions in manpower due to police officer illness and the need to social distance to suppress spread of the disease restricted the ability of police to fully engage with the public and deliver full services. Changes to policing strategies might have had an effect to the respondent's feelings of safety and their relationships with police. The pandemic also overwhelmed the health system with a majority of health personnel focusing more on the Covid-19 cases, which might have had an effect of how health professionals were viewed in terms of their knowledge on VAWG and service provision.

However, discussions with the police and chief representatives highlighted that safety and security of the refugee women and girls in the community had increased as a result of VAWG project due to involvement of the host community in the refugee training sessions. The trainings, besides the refugee women and girls, targeted the chiefs, the police, local leaders, male champions and CBCs. The community forums ensured that information on refugee rights was disseminated to enhance a positive relationship between Kenyans and the refugees, and that the former appreciate the refugees as fellow human beings that need help to settle in a secure and safe environment. This helped improve safety of refugees and how they were handled in the society as well as reduction of stigma towards them.

9.4.2.2 Perceptions on ease of access to VAWG prevention and response services from the stakeholders

The ETE also sought to find out the perceptions towards ease of access to VAWG prevention and response services from the police, health professionals, the court officials and CBOs/NGOs. Possibly linked to the perceptions towards the police on knowledge about VAWG prevention and response, a majority (62%) indicated that it is easy for women and girls to lodge a complaint with the police and get a complaint acknowledgement receipt. This is an improvement from the baseline (14% to 68% in Nairobi and from 16% to 50% in Garissa). On the other hand, overall, 55% of the respondents indicated that it is easy for women and girls to access a health professional and get the required medical services (50% very easy in Garissa and 71% easy in Nairobi). There is also a notable improvement from the baseline. On the same breadth, 57% of the respondents indicated that it is easy for women and girls to access a court official for legal assistance (68% in Nairobi and 38% in Garissa). Also, 66% of the respondents indicated that it is easy for women and girls to access assistance from CBOs/NGOs with a significant improvement from the baseline. Discussions from the FGDs documented that the staff from the NGOs/CBOs were viewed as friendly and willing to help the victims at all time without any discrimination. This is well presented in the table 8 below.

Table 8: Perceptions on ease of access to VAWG prevention and response services from the stakeholders

Stakeholder	Level	Nairobi		Garissa		Overall
		Baseline	ETE	Baseline	ETE	ETE
How easy is it for women & girls to lodge a complaint with the police and get a complaint acknowledgement receipt/OB	Not easy at all	31%	16%	36%	13%	15%
	Somewhat easy	34%	10%	42%	6%	9%
	Easy	14%	68%	16%	50%	62%
	Very easy	9%	3%	2%	19%	9%
	Don't know	12%	3%	4%	12%	5%
How easy is it for women & girls to access a health professional and get the required medical services	Not easy at all	9%	7%	20%	6%	6%
	Somewhat easy	34%	10%	45%	6%	9%
	Easy	26%	71%	29%	25%	55%
	Very easy	27%	6%	3%	50%	21%
	Don't know	4%	6%	3%	13%	9%
How easy is it for women & girls to access a court official for legal assistance	Not easy at all	15%	10%	39%	12%	11%
	Somewhat easy	11%	10%	41%	6%	9%
	Easy	10%	68%	10%	38%	57%
	Very easy	16%	3%	5%	31%	13%
	Don't know	48%	9%	5%	13%	10%
How easy is it for women & girls to access assistance from CBOs/NGOs	Not easy at all	16%	7%	29%	0%	4%
	Somewhat easy	31%	10%	44%	13%	11%
	Easy	12%	74%	11%	50%	66%
	Very easy	15%	3%	5%	25%	11%
	Don't know	26%	6%	11%	12%	8%

9.4.2.3 Perceptions on efficiency of stakeholders in VAWG prevention and response service provision

A majority of the respondents (55%) rated the efficiency of the police on service provision to women and girls as high (61% in Nairobi and 44% in Garissa). This is an improvement from baseline where the same was rated at 23% and 20% in Nairobi and Garissa respectively. On the same note, 70% of the respondents rated the efficiency of health professionals on service provision as high (68% in Nairobi and 75% in Garissa), a huge improvement from the baseline, especially for Garissa where it was at 35%. The efficiency of court officials on service provision to women and girls was rated as high by 72% of the respondents (84% in Nairobi and 50% in Garissa). In addition, a majority of the respondents (66%) rated the efficiency of the alternative dispute resolution mechanisms/Maslah service provision to women and girls as low (a huge improvement from the baseline). These findings are presented in the table 9 below:

Table 9: Perceptions on efficiency of stakeholders in VAWG prevention and response service provision

Stakeholder	Level	Nairobi		Garissa		Overall
		Baseline	ETE	Baseline	ETE	ETE
How would you rate the efficiency of the police on service provision to women and girls	Low	19%	16%	30%	25%	19%
	Moderate	44%	13%	46%	19%	15%
	High	23%	61%	20%	44%	55%
	Don't know	14%	10%	4%	13%	11%
How would you rate the efficiency of health professionals on service provision to women and girls	Low	5%	3%	27%	13%	6%
	Moderate	31%	23%	34%	6%	17%
	High	60%	68%	35%	75%	70%
	Don't know	5%	6%	4%	6%	6%
How would you rate the efficiency of court officials on service provision to women and girls	Low	10%	6%	34%	19%	11%
	Moderate	16%	6%	44%	19%	11%
	High	24%	84%	15%	50%	72%
	Don't know	50%	3%	8%	13%	6%
How would you rate the efficiency of alternative dispute resolution mechanisms/ Maslaha on service provision to women and girls	Low	8%	68%	43%	63%	66%
	Moderate	33%	10%	34%	19%	13%
	High	42%	10%	14%	13%	11%
	Don't know	17%	13%	9%	6%	11%

There is a correlation between efficiency and effectiveness of service provision in building confidence of service uptake in any industry. The ETE observed improved perceptions of the women refugees towards knowledge, access, and efficiency of service provision by the police, health professionals, court officials and alternative dispute resolution mechanisms. It is expected that this will increase the reporting of incidences, uptake of justice and health services by the VAWG survivors.

9.4.2.4 Respondent's Awareness on VAWG Prevention and Response Strategies

Several VAWG prevention and response strategies for women and girls have been adopted. Some of these strategies include economic empowerment, arrest and protection orders, counselling to address mental health among others. A majority of the respondents (86%) agreed that economic empowerment was sufficient to prevent first-time occurrence of violence against women & girls (84% in Nairobi and 91% in Garissa). This is an improvement from the baseline where that awareness was at 78% in Nairobi and 78% in Garissa. In addition, a majority of the respondents (89%) agreed that arrest and protection orders were the most important immediate interventions to deal with short-term solutions for survivors and perpetrators (87% in Nairobi and 93% in Garissa). Furthermore, a majority of the respondents (93%) agreed that addressing mental health challenges was another short-term intervention that could prevent reoccurrence of violent situations and behaviours that cause them (88% in Garissa and 95% in Nairobi). On the same breadth, there was improved knowledge on the initial actions that survivors of sexual assault ought to take while reporting for sexual assault cases. A majority of the respondents (93%) disagreed that survivors of sexual assault ought to take a bath and clean their clothes before reporting

the assault to the police, a 30% improvement margin from the baseline in both counties. A majority of the respondents (94%) agreed that a woman has the right to say no to cultural practices that do not feel beneficial to women in the community (91% in Garissa and 95% in Nairobi). More needs to be done towards those who still think that a woman has no right towards the harmful cultural practices (2%) and also those that were neutral to that conversation. This analysis is presented in the table 10 below:

Table 10: Respondent's awareness on VAWG Prevention and Response Strategies

Statement	Level	Nairobi		Garissa		Overall
		Baseline	ETE	Baseline	ETE	ETE
Economic empowerment is sufficient to prevent first-time occurrence of violence against women & girls	Disagree	12%	6%	10%	4%	6%
	Agree	78%	84%	78%	91%	86%
	Neutral	10%	10%	12%	5%	9%
Arrest and protection orders are the most important immediate interventions to deal with short-term solutions for survivors and perpetrators	Disagree	12%	6%	11%	2%	5%
	Agree	73%	87%	77%	93%	89%
	Neutral	15%	6%	12%	5%	6%
Addressing mental health challenges is another short-term intervention that can prevent reoccurrence of violent situations and behaviours that cause them	Disagree	22%	2%	14%	5%	3%
	Agree	61%	95%	64%	88%	93%
	Neutral	16%	3%	22%	7%	4%
Survivors of sexual assault ought to take a bath and clean their cloth before reporting the assault to the police	Disagree	63%	94%	61%	91%	93%
	Agree	27%	1%	19%	4%	2%
	Neutral	10%	4%	19%	5%	5%
As a woman I have the right to say no to cultural practices that I do not feel are beneficial to me or other women in the community	Disagree	9%	2%	11%	2%	2%
	Agree	83%	95%	81%	91%	94%
	Neutral	8%	3%	8%	7%	4%

This increase in awareness in the prevention and response strategies is a great indication that the interventions employed by the project to address this gap really worked. The training and the outreach activities had positive results that were expected in the community. This is also an indicator that the VAWG survivors can now take up economic empowerment interventions, mental health services and report assault incidences in helping them cope, prevent and respond to VAWG.

9.4.3 Outcome Three: Strengthened coping mechanism of women and girls' survivors of VAWG

Empowerment through this project was inform of knowledge and information acquisition on laws and practices related to VAWG, harmful practices related to VAWG, life skills and entrepreneurship skills. Article 19 of the Universal Declaration of Human Rights (United Nations, 1948¹¹) states that everyone is entitled to all the rights and freedoms set forth, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Refugee survivors of SGBV face many human rights challenges including the right to education, protection from discrimination, a safe place to live, security of person and legal protection. In a majority of instances, refugees are unaware of some of the rights they are entitled to exposing them more to human rights violation including SGBV. The ETE findings indicate that overall, a majority of the respondents (95%) agreed that survivors of VAWG have rights under the law for redress if assaulted by someone they knew or lived with. In addition, a majority (94%) agreed that survivors of VAWG could apply for civil court order to restrain their abuser to stop harassing or hurting or keep out of or away from their homes. This means that the survivors are aware of rights that they are entitled to according to the law.

Besides knowledge of the rights, the respondents also demonstrated their knowledge on some of the aspects that they are entitled to. Most of the respondents (89%) indicated that survivors of VAWG can get help with emergency or temporary accommodation while 81% indicated that the law can also help to protect children for survivors of VAWG. On the same note, only 6% of the respondents indicated that the VAWG survivor is not meant to be consulted under traditional/alternative dispute resolution mechanisms. These findings are well presented in the table 11 below:

Table 11: Respondent's knowledge on different entitlements according to the law

Statement	Level	Nairobi		Garissa		Overall
		Baseline	ETE	Baseline	ETE	ETE
Survivors of VAWG have rights under the law for redress if assaulted by someone they know or live with	Disagree	12%	0%	10%	2%	1%
	Agree	73%	96%	80%	93%	95%
	Neutral	11%	4%	10%	5%	4%
Survivors of VAWG can apply for civil court order to restrain their abuser to stop harassing or hurting or keep out of or away from their homes	Disagree	15%	1%	15%	0%	1%
	Agree	64%	94%	74%	95%	94%
	Neutral	21%	4%	11%	5%	5%
Survivors of VAWG can get help with emergency or temporary accommodation	Disagree	25%	6%	22%	4%	5%
	Agree	57%	89%	63%	91%	89%
	Neutral	18%	6%	16%	5%	6%
The law can also help to protect children for survivors of VAWG	Disagree	25%	7%	22%	0%	5%
	Agree	57%	80%	63%	84%	81%
	Neutral	18%	13%	16%	16%	14%
In traditional/ alternative dispute resolution mechanisms, the VAWG survivor is not meant to be consulted	Disagree	44%	90%	56%	82%	88%
	Agree	41%	5%	26%	7%	6%
	Neutral	15%	5%	17%	11%	7%

11 <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

Comparison with the baseline figures show improvements for all the indicators on the coping mechanisms. There was a 23% improvement margin in Nairobi and 13% improvement margin in Garissa that agreed that survivors of VAWG have rights under the law for redress if assaulted by someone they knew or lived with. In addition, there was a 30% improvement margin in Nairobi and 21% improvement margin in Garissa of the respondents who agreed that survivors of VAWG can apply for civil court order to restrain their abuser to stop harassing or hurting or keep out of or away from their homes. Furthermore, there was a 32% improvement margin in Nairobi and 28% improvement margin of the respondents in Garissa who agreed that survivors of VAWG could get help with emergency or temporary accommodation. This is an indication of an improved knowledge in terms of human rights and adopted practices for VAWG survivors.

9.4.3.1 Safety and Social Support Network

SGBV may be perpetrated by anyone, including individuals from host communities, from refugee or IDP communities, and humanitarian actors. Persons in positions of authority (police, security officials, community leaders, teachers, employers, landlords, humanitarian workers) may abuse their power and commit SGBV against persons of concern. Changed social and gender roles or responsibilities, as well as the stresses of displacement, can cause or exacerbate tensions within the home, sometimes resulting in domestic violence. Some harmful customary or traditional behaviours may amount to SGBV such as early marriage, Female Genital Mutilation (FGM) among others. Therefore, preventing and addressing SGBV requires a multi-sectoral approach; bringing together different stakeholders who are able to provide conducive environment for the survivors. According to the UNHCR emergency handbook on SGBV prevention and response, it is important to identify or encourage the formation of community-based networks among persons of concern and assist them in their preventive and information work on SGBV. In addition, it is essential to work with partner organizations to create safe spaces for women and for children in and out-of-camp settings (and where these already exist, make the community more aware of them).

The findings from the ETE indicate that a majority of the respondents (90%) reported to know of a place in the community where they felt safe. More respondents in Nairobi (91%) than Garissa (86%) indicated to be aware of a safe place. Overall, a majority (96%) indicated that they knew of a place or person in the community where they could go to report violence or abuse of a girl or woman. On the same note, 94% of the respondents indicated that they knew of place or person in the community where they could find support for their mental wellbeing (95% in Garissa and 94% in Nairobi). When asked whether they feel supported and respected by male partners/male supporters (fathers, guardians, significant others), 77% were on the affirmative. In addition, a most of the respondents (88%) indicated that they had increased access to a network of trusted people who they could rely-on for support (with Garissa accounting for 84% and Nairobi 89%). These findings are presented in the table 12 below:

I had a job, but my employer couldn't pay me since I was a refugee without identification. He demanded I have sex with him, if I ever wanted to get my salary. I joined VAWG project to get someone who can assist me get justice
(VAWG survivor)

Table 12: Respondent's Safety and Social Support Network within the community

Statement	Level	Nairobi	Garissa	Overall
		ETE	ETE	ETE
I know of a place in my community where I feel safe	Disagree	3%	5%	4%
	Agree	91%	86%	90%
	Neutral	6%	9%	7%
I know of a place or person in my community where I can go to report violence or abuse of a girl or woman	Disagree	1%	0%	1%
	Agree	96%	98%	96%
	Neutral	3%	2%	3%
I know a place or person in my community where I can find support for my mental well-being	Disagree	3%	0%	2%
	Agree	94%	95%	94%
	Neutral	3%	5%	4%
I feel supported and respected by male partners/male supporters (fathers, guardians, significant others)	Disagree	14%	16%	14%
	Agree	76%	77%	77%
	Neutral	10%	7%	9%
I have increased access to a network of trusted people who I can rely-on for support	Disagree	6%	7%	6%
	Agree	89%	84%	88%
	Neutral	5%	9%	6%

The project employed several interventions to reach out to the community such as working with male champions; conducting community outreaches and forums, and engaging the CBCs and community leaders. The ETE findings indicate that the host community and other stakeholders have been able to provide safe environment. This needs to continue especially through advocating for safe houses/shelters which were mentioned as being limited in both counties including formation of community based networks (support groups).

9.4.3.2 Perceptions on Self-Worth for Resilience

The evaluation generated several questions focusing on a measure of person's capacity to resilience and their perceptions on self-worth. Overall, on average, the participants had a measure of 94% in terms of their perceptions on self-worth for resilience. The different components are presented in the table 13 below:

Table 13: Respondent's perception on self-worth for resilience

Statement	Level	Nairobi		Garissa		Overall
		Baseline	ETE	Baseline	ETE	ETE
People are responsible for their own success at work	Disagree	8%	0%	5%	0%	0%
	Agree	90%	94%	86%	95%	95%
	Neutral	2%	6%	9%	5%	5%
People will get out of work what they put into it	Disagree	6%	1%	9%	0%	1%
	Agree	92%	92%	79%	95%	93%
	Neutral	2%	7%	12%	5%	7%
Whether or not people succeed at work depends on their talents and motivation.	Disagree	16%	3%	11%	4%	3%
	Agree	74%	89%	78%	88%	88%
	Neutral	10%	9%	11%	9%	9%
Even if a situation is challenging, I maintain hope	Disagree	4%	2%	6%	4%	3%
	Agree	93%	94%	84%	93%	94%
	Neutral	3%	4%	10%	4%	4%
I am optimistic while staying aware of potential problems	Disagree	7%	1%	10%	2%	1%
	Agree	91%	95%	77%	91%	94%
	Neutral	2%	4%	13%	7%	5%
Considering my circumstances, I am an optimistic person	Disagree	4%	1%	5%	4%	2%
	Agree	93%	96%	83%	95%	96%
	Neutral	3%	2%	12%	2%	2%
My personal values provide me with comfort	Disagree	7%	0%	8%	2%	0%
	Agree	90%	98%	87%	94%	97%
	Neutral	3%	2%	5%	4%	3%
I believe everything happens for a reason	Disagree	7%	2%	4%	0%	1%
	Agree	90%	96%	92%	96%	96%
	Neutral	3%	2%	4%	4%	3%
I believe I have the qualities I need to be successful	Disagree	4%	1%	6%	0%	1%
	Agree	88%	96%	89%	98%	97%
	Neutral	8%	3%	5%	2%	3%
I can successfully meet demands	Disagree	36%	6%	14%	9%	7%
	Agree	55%	93%	74%	86%	91%
	Neutral	9%	1%	12%	5%	3%

I can successfully overcome obstacles	Disagree	24%	3%	12%	4%	3%
	Agree	69%	92%	76%	93%	92%
	Neutral	7%	5%	12%	4%	5%
Others would describe me as someone who productively manages stress	Disagree	27%	3%	22%	0%	2%
	Agree	62%	94%	62%	96%	95%
	Neutral	11%	3%	16%	4%	3%
Others would say I am a calm person	Disagree	9%	3%	10%	2%	3%
	Agree	86%	96%	78%	91%	94%
	Neutral	5%	1%	12%	7%	3%
No one knows it when I am under pressure	Disagree	21%	4%	11%	5%	5%
	Agree	74%	93%	78%	89%	92%
	Neutral	5%	3%	11%	5%	4%

Comparing baseline figures and the ETE indicate an improvement in terms of perceptions on self-worth for resilience. This is an indication that the interventions linked to improving women and girls wellbeing and self-worth were able to have a positive impact on the lives of the respondents.

9.4.3.3 Coping mechanisms for women and girls' survivors of violence – Entrepreneurship

Among the respondents interviewed, only 38% indicated to have received training on entrepreneurship skills (36% of those were in Nairobi and 41% in Garissa). Some of the entrepreneurship practices and behaviors were adopted by those trained included putting money in a savings account (in the bank or by phone – Mpesa) which a majority (93%) indicated to have done. Only 20% of those trained indicated to have visited a bank or microfinance. However, 47% had written or used a budget. This could be attributed to possibly business failures in the last 2 years as a result to Covid-19 pandemic. In addition, access to the financial institutions could have been affected by lack of proper identification documents. These findings are presented in the table 14 below:

Figure 8: Respondents who had received training on entrepreneurship skills

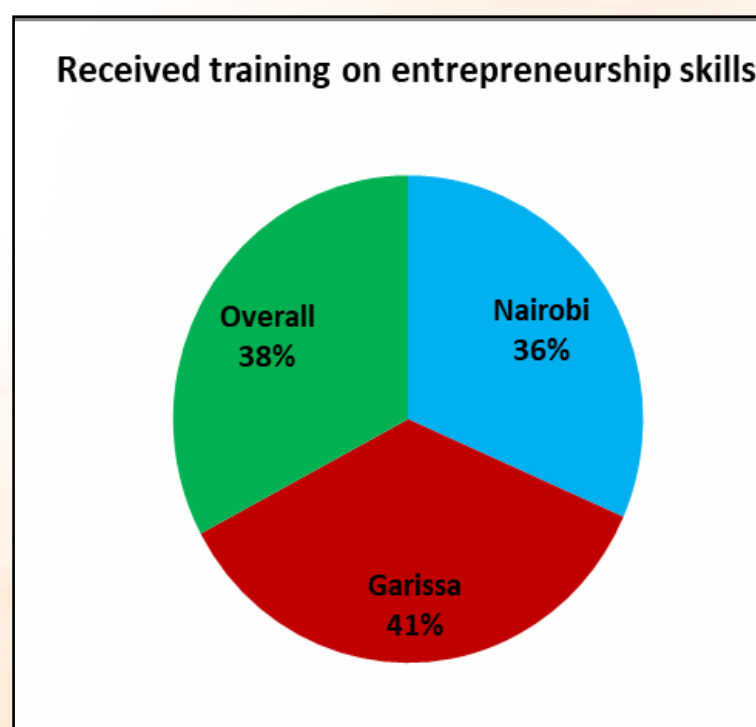


Table 14: Respondent's entrepreneurship practices last 6 months

Entrepreneurship practices last 6 months		Nairobi	Garissa	Overall
		ETE	ETE	ETE
Visited a bank or microfinance institution	Yes	15%	34%	20%
	No	85%	66%	80%
Put money in a savings account (in the bank or by phone -Mpesa)	Yes	94%	93%	93%
	No	6%	7%	7%
Written or used a budget	Yes	50%	39%	47%
	No	50%	61%	53%

By the time of the time the ETE was conducted, 53% were running a business. 75% of those businesses had been started before the project implementation. Over three quarters (76%) indicated that they were now able to develop new business ideas; while 71% indicated that they were now able to write a business plan. In addition, 78% of the respondents indicated that they were aware of where to get money to start a new business. These findings are presented in the table 15 below:

Table 15: Respondent's Entrepreneurship skills

Entrepreneurship skills		Nairobi	Garissa	Overall
I am able to develop new business ideas	Disagree	27%	18%	25%
	Agree	73%	82%	76%
I can write a business plan	Disagree	29%	29%	29%
	Agree	71%	71%	71%
I know where to get money to start a new business	Disagree	25%	13%	22%
	Agree	75%	87%	78%

Overall, only 14% of the respondents interviewed (25% in Garissa and 10% in Nairobi) received seed grants. In addition, only 11% of the respondents received booster grants (16% in Garissa and 9% in Nairobi). The ETE also noted that the respondents participated in other activities (other than VAWG) addressing violence against women and girls. Overall, 35% of the respondents (38% in Nairobi and 29% in Garissa) participated in these education sessions. In addition, 22% of the respondents (29% in Nairobi and 7% in Garissa) participated in other education sessions related to savings, loans, and banks, doing business, and making money.

9.4.4 Outcome 4: RCK is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to VAWG with a focus on the most vulnerable women and girls

A considerable amount of funding was provided to RCK to enhance its operations to allow for resilience as a local organization and to achieve or maintain the same standing as international organization operating in Kenya, working on behalf of refugees and asylum seekers.

The support also included an upgrade of internal reporting and management systems to enable staff and board to adapt to remote working in order to continue supporting VAWG survivors effectively. There was procurement of an online administrative client management system which came in handy in enhancing efficiency during the Covid-19 pandemic when government regulations required people to stay at home. The staffs were able to work remotely through the system (booking and procuring services such as office vehicles online). The staff was also supported with data bundles as well as laptops to be able to work remotely. This enhanced effectiveness and efficiency in project implementation.

UNTF continued strengthen capacity in reporting and documentation which has improved the capacity of the staff to do so even with other donors. The project supported a resource mobilization officer and an M&E associate with mentorship to enhance resource mobilization and good monitoring and reporting of the project activities respectively.

RCK also got support to review some of their organization's policies and manuals. To that effect, the finance and human resource manuals were reviewed, providing the current and updated workplace policies and procedures.

The project also focused on training of RCK staff to improve knowledge, skills and capacities to maintain or adapt VAWG interventions and reach the most vulnerable women and girls while responding to the impact of the COVID-19 pandemic or other crises. The project also provided support to ensure RCK staff were able to provide safe, reliable and continued services during and post Covid-19 pandemic through provision of Personal Protective Equipment (PPEs) such as masks and sanitizers. Similarly, the same support was provided to the project partner police stations to respond to Covid-19 pandemic.

The use of consultants' concept especially when the funding is limited has built the capacity of the staff and management to always think beyond the box when it comes to project implementation. On the same note, UNTF supported the governance arm of RCK where they supported some of their meetings as well as offered guidance in some of the governance challenges that arose during the project implementation period. The support to the board enhanced the management and leadership of the organisation through the dynamic circumstances.

9.5 Impact

Evaluation questions: To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?

Outcome One: Enhanced community-based support for VAWG survivors for reduction of community members' stigmatization of VAWG survivors in Nairobi and Garissa Counties

Due to the stigma that is attached to SGBV, survivors are usually hesitant to speak and 'die' in silence. It is this stigma that has continued to contribute to the under reporting of the crime to authorities or to even family members leading to little or no interventions in communities. Stigma leads to a lack of justice for survivor's violence. Opening community spaces talk about what for generations has been known as a taboo contributes towards addressing stigma associated with survivors of SGBV in the communities.

The project implemented several community-based interventions to reduce the stigma associated with VAWG survivors. These include undertaking community dialogue forums with the male champions, opinion leaders, local administration, religious leaders and other community members to enhance knowledge of how to address VAWG and how to support survivors. Community leaders (who are respected people in the community) played a key role in changing community attitudes on issues such as stigma on survivors of SGBV. The findings indicate that vulnerable refugee women and girls were able to enhance their skills in terms of rights, knew where to seek protection, and where to access services.

We have seen reduced stigmatization of refugee women and girls by the law enforcement officers, the health professionals and court officers while responding to cases VAWG. This can be attributed to the trainings the project has conducted (Community Based Counsellor).

I feel supported since now my husband is more responsible in the family. In case we have issues, we sit down and dialogue not like before when physical fights were the order of the day

(a refugee woman from Garissa)

The project also conducted psycho-education forums targeting community members. In addition, the awareness creation was done through the community media (radio shows) targeting the general public. IEC materials (banners, pamphlets, reflectors, posters) on VAWG prevention and response and refugee protection booklets were developed and distributed to the community. The findings indicate that the prevalence of SGBV rose during Covid-19 pandemic, putting at risk life skills acquired by the refugee women and girls due to the pressures of increased unpaid care work, loss of livelihoods, compromised mental health and anxiety.

However, the interventions had an impact on the stigma associated with refugees. The discussions from the key informants indicated that the service providers (police, health professionals and the court officials) are already embracing the human rights approach which has helped in addressing the stigma. The referral points were managed by persons who had gone through the training and therefore the services were provided without prejudice. In addition, the discussions with the women indicated that the host community has begun embracing them as neighbors which is a positive sign in eliminating stigma and discrimination.

We have seen some men accompany their daughters to report cases of rape, to the police and accompanying them for medical care. This was unlike before where if a girl got raped, she was chased from home or married off (male champion)

SGBV has a bearing on the emotional and mental wellbeing of survivors and their families. The project was able to integrate mental health and counselling services to SGBV survivors through CBCs. The mental health and psychosocial services were one of the first services offered prior to any referrals. Also, the provision of mental health and psychological support to SGBV survivors would address the fears of lodging formal SGBV complaints. This reduced the fear of survivors in sharing their problems and well as got confidence to seek justice.

Outcome Two: Improved reporting and conviction rates of VAWG cases through enhancing capacity of police, health professionals and court officers'

The assumption under this outcome was that if practices and responses to VAWG became supportive to survivors, more women and girls would be comfortable in reporting cases of violence and gradually SGBV cases within the community would decrease significantly. To enhance reporting and conviction rates of VAWG cases, the project trained the police, health professionals and court officers on how to address VAWG cases, prosecution and evidence gathering. In addition, training was conducted for translators to facilitate communication with women and girls at the legal aid clinics, courts of law and the police station.

The findings indicate notable improvements on the perceptions of the women refugees towards the police, health officials and CUCs. Discussions from the local administration indicated that the safety and security of the refugees' women and girls had improved based on the involvement of the host community (village elders, chiefs, police, *nyumba kumi* representatives, and CBCs) in training sessions and also in the community dialogue sessions. There is also reported stigma and discrimination reduction from the service providers towards the VAWG survivors. The integration of male engagement in VAWG project has really helped substantially to address cases of domestic violence. Discussions with the male champions indicated that currently, men are able to resolve domestic issues through dialogue without engaging in physical violence. Men are

There is a police gender desk headed by a woman who is very knowledgeable on gender issues and she is very helpful. Since police officers are working closely with RCK, they are very friendly and willing to help the victims and follow the cases to the court

(a woman refugee in Nairobi)

From the initiative of RCK through this project, my office would even go for three months without receiving any SGBV case. This initiative has promoted safe spaces in the community for women and girls (chief in Garissa)

also supporting and defending women and girls against violence in the society as they are advocate for women and girls' rights. They have gone ahead to also educate their fellow men on their responsibility towards their families by ensuring they provide for basic needs.

In Garissa, discussions from key informants indicated that VAWG project has created peace and harmony in the refugee families. Before the project, there used to be so many cases of domestic violence and child negligence which needed to be addressed in the community and through the different avenues. Through the RCK interventions of sensitizing the community

on SGBV, the cases being reported has gone down. These findings can be corroborated through the results shared earlier on the likelihood of physical and sexual violence in Garissa whose rates are much lower compared to Nairobi.

The findings also indicate improvement in ease of access to VAWG prevention and response services from the stakeholders. Discussions in Garissa indicated that before the project, cases of violence in the community including rape, defilement or family conflicts were resolved through the community elders and the family (alternative justice system). The perpetrator would be asked to pay a small fee and the case would be sorted generating an injustice to the victim. After the civic education on the human rights and impact of SGBV, more cases are now being reported to the police. With more civic education and engagement of the community leaders, resolving cases of SGBV through Maslaha will be eliminated or reduced.

We have seen an improvement in the reporting and following of the violence cases which can be attributed to the training we have done on women rights and life skills. Before the training, women/girls/families would not report cases of SGBV due to fear of shame and ridicule that came with it

(Community Based Counsellor)

Discussions with key informants indicated that the VAWG project has enhanced access to justice for refugees' women and girls through the provision of legal aid, monitoring and capacity strengthening of law enforcement officers like chiefs, police, court users' committees as well as translators with requisite knowledge on refugee rights. Women and girls have been taught how to report cases and preserve evidence, particularly in rape cases. This initiative has reduced both violence and rape cases due to sensitization and awareness created on dangers of causing violence and the consequences awaiting perpetrators in court and jail terms.

Outcome Three: Strengthened coping mechanism of women and girls' survivors of VAWG

The assumption under this outcome was that if women and girls were empowered, they would have the confidence to stand up for their rights and know how to prevent, respond and report cases of violence. The findings indicate an improvement in terms of knowledge in terms of human rights and adopted practices for VAWG survivors. This include knowledge on their rights under the law for redress if assaulted by someone they know or live with, application for civil court order to restrain their abuser to stop harassing or hurting them, help with emergency or temporary accommodation and also on the law that can help to protect children for survivors of VAWG.

*RCK supported the hospital with consultation room for SGBV cases where the victims can feel free and safe reporting their cases without fear of being judged or stigmatized
(Doctor at Garissa Referral Hospital)*

Discussions from the FGDs in Garissa indicated that the VAWG project increased the safe space through provision of legal support. The lawyers from RCK ensured that the survivors got justice through the courts. Seeing perpetrators get prosecuted and punished improved the trust that the survivors had on the judicial system but also with the project. The respondents indicated that the project interventions including trainings were conducted in a safe place where they had freedom of expression and the staff/trainers were very friendly and willing to listen to them.

In addition, the women indicated to have increased confidence to acquire justice since they had been trained on their rights and the referral mechanism was functional. They would get services at each referral point and therefore established confidence with the referral system. However, there were some few instances where a project participant would avoid attending project activities to avoid further abuse. The perpetrators felt that when the women went for the activities, they were being reported and therefore after the activities, they would get more attacks.

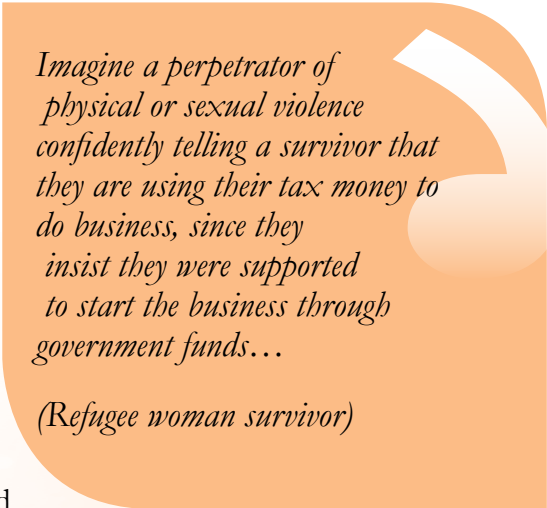
When asked whether they feel supported and respected by male partners/male supporters (fathers, guardians, significant others), 77% were on the affirmative. According to a majority of the respondents from the FGDs, receiving counselling and psychosocial support was among the best intervention from the project. It helped the victims heal mentally and emotionally. Many were so depressed but once they were given counselling they were able to heal and move on with life.

One of the key ways to build resilience is to focus on self-care; improving on self-esteem to build confidence and changing perceptions towards a challenge. Among the refugee women and girls survivors of SGBV, resilience stems from the interaction with their direct environment, host community and the resulting processes that either promote well-being or protect them against the overwhelming influence of risk factors. Cultivating social connections – and avoiding social isolation – is one of the best ways to build resilience which includes having positive peer relationships and supportive interaction with family and the community. The findings indicate an improvement in terms of perceptions on self-worth for resilience among the women and girls. This has enhanced their ability to positively cope with stress and adversity.

The main objective of the economic empowerment package was to enable more refugee women to be economically independent. Refugee women were given training on entrepreneurship and equipped with business skills and provided with start-up capital/seed grants and booster grants for their businesses as a way of empowering the women to provide for their families at the same time creating economic independence. Discussions from FGDs in Garissa indicated that the VAWG project had by some extent reduced the level of poverty in the community through the economic empowerment package. The women were able to provide for their families and were no longer feeling vulnerable as they ran their businesses.

Discussion with the women refugees indicated that the women appreciated how the project has been able to economically empower them through training on entrepreneurship to ensure they had skills and knowledge to do business. The seed and booster grants boosted them economically and cushioned them against the effects of Covid-19. This enhanced the economic wellbeing of their households. Studies have shown that economically empowered women are less likely to be subject of violence in their household and communities and therefore the VAWG project was very instrumental in making this a reality. Although most businesses closed down as a result of Covid-19 pandemic, the skills and knowledge will support them in starting afresh for those that collapsed.

Discussions from the FGDs documented some negative outcomes. One of these has been cases of divorce increasing in refugees' families. This has been perceived to be as a result of the confidence that the women have gotten in reporting cases of violence to the law enforcement agencies and to RCK.



Imagine a perpetrator of physical or sexual violence confidently telling a survivor that they are using their tax money to do business, since they insist they were supported to start the business through government funds...

(Refugee woman survivor)

Some men feel that their wives are no longer respecting them since they are confident of the support they are getting from the project.

In some instances, there were isolated cases of negative perceptions from the host community specifically in Kasarani area in Nairobi on donor benefits received by them as hosts. They are of the opinion that they need to benefit more from projects since they provide the hosting environment to refugees. This is an attitude that in some instances creates hatred amongst them and refugee causing occasional tension. This is a general feeling that is not attributed to this specific project but cuts across all other projects' interventions from other actors. RCK has continued to mitigate the problem by including host populations in all their project designs and interventions; training both refugees and host communities on the need for and benefits of peaceful coexistence and enhancing dialogue forums. RCK also disseminates information through media platforms i.e. radio and social media, and information booklets on the need to integrated refugees, promote and protect their rights and dignity including refugee women and girls. This is progressively resulting in a positive attitude shift amongst the community members in welcoming refugees and supporting their protection.

Outcome 4: RCK is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls

Over the last decade, Civil Society Organizations (CSOs) have increasingly become strategic players in Kenya's socioeconomic development. This potential, however, has not been fully realized because most of these organisations are faced with critical challenges related to limited institutional and technical capacities to deliver their mandates most effectively. CSOs must have robust technical capacities, efficient management systems, and focused leadership structures if development is to be sustainable and people centered.

There has also been tremendous organizational change at RCK which is commendable. This has played a huge role in the success of the VAWG project and will continue to play a critical role in ensuring sustainability of future project interventions. Currently they have a Psycho-Social Support (PSS) department that has been able to make the counseling support services readily available. This is essential since this is a critical need for the refugee women and girls who are a focus for their programming. The project supported the development of strategic plan 2022-2027; Review of manuals and policies (Procurement, Financial and human resource). There was also installation of the ERP system, CMS and video conferencing to ease implementation of activities and documentation of data and information.

A robust M&E system ensures delivery of quality interventions informing decision making. UNTF provided guidance on the design of the Results Framework and its implementation. This included the review of activities, outputs, outcomes, indicators at all levels, and the budget. The ETE observed that the current M&E system is partly paper based- where data collection, entry and analysis is done manually. The quality checks are also done manually by the M&E officer. This is prone to errors and can be avoided by integrating a Mobile App and Cloud based System so that data is available real time. This will enhance the quality of data as well as inform prompt decision making.

Apart from this, RCK has built goodwill with the local partners through this project, e.g. support to local CBOs, the training provided to some participants, the provision of emergency humanitarian support etc.

This demonstrates its level of relevance to the needs on the ground and its ability to mobilize resources for the community.

UNTF notes that RCK has been an exemplary grantee, submitting reports on time and where necessary, duly informing the UNTF Portfolio Manager of any delays in submission of required reports. The grant has been professionally managed. RCK has been responsive to emails, requests for information, meetings, participation in events, etc. They were also very cooperative and helpful in the monitoring missions, exercising flexibility in the scheduling of activities related to the UNTF visits. The project did have an 8-month no cost extension to allow RCK to implement all activities, some of which were disrupted by Covid-19. As at 8th August 2022, the amount of USD 1,230,090.78 had been disbursed, of the total amount of USD 1,239,931.00 allocated to the grantee.

UNTF supports local ownership and are optimistic that RCK will remain a strong organization and that its contribution to the project and especially to the organization's operational requirements will help it to be a sustainable organization as a whole.

9.6 Sustainability

Evaluation questions:

- To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?
- To what extent has the community/beneficiaries owned the project?

The VAWG project has a huge element of sustainability on one hand and a number of interventions and existing institutions that need to be supported to enhance sustainability. The following section discusses the key elements of sustainability and areas that require adjustment to enhance sustainability.

The involvement and collaboration of various stakeholders in the VAWG Project was very strategic and contributed to the success of the project. The different partners brought their expertise and networks to enhance the impact and sustainability of the project. RCK involved other partners in the design of the project and has continued to engage with those working along the referral network to ensure the refugee SGBV survivors are well supported to receive different services. RCK has established a name in the sector and continue to be seen by the other organizations and partners as a strategic partner. This has a potential for scaling up similar projects working on VAWG. RCK has been able to maintain local partnerships, including with other UNTF grantees like HIAS Trust and Centre for Rights, Education and Awareness for Women (CREAW); as well as other actors in the field like UNHCR, Danish Refugee Council, and International Rescue Committee (IRC) etc. During project design, the UNTF provided guidance on the design of the Results Framework, to ensure what the project proposed and approved during the initial stage of selection, maintained fidelity when it came to the Results and Resources Framework. This included the review of activities, outputs, outcomes, indicators at all levels, and the budget.

RCK developed through this project, training curriculums for different stakeholders for example Economic Empowerment Curriculum; Court Users Committee Curriculum; Translators Training Curriculum; Psychoeducation Training Curriculum; and Community Based Curriculum Training Curriculum. All these curriculums were approved by UNTF and have the potential to be used after the project ends if the project is scaled up to other communities/areas.

The project trained Community Based Counsellors as a strategy for sustainability. These individuals are trained on how to respond to SGBV and they are able to continue even after the project comes to an end. This means the counselling services will still continue for the women and girls survivors of SGBV. The CBCs are community persons who live within the locations where the refugees reside. In addition, the project took advantage of the stakeholder engagement and partnerships and trained community workers attached to other organizations. This means that the net is cast wider in terms of continuity. RCK is also very receptive to matters related to refugees and VAWG. The expectation is that the survivors will still have access to their office and the Toll free number will continue to be used even after the close of the project.

The focus on capacity strengthening of the women and girls survivors with information on SGBV and human rights is a sustainable measure since they have the capacity to empower other women and girls in the community. In addition, the utilization of the existing structures such as the village elders, the chief, and the police (who are local resource persons) and training them on rights and how to handle SGBV will ensure that even as the project comes to an end, they will continue to be ambassadors in the work on advocacy for human rights for the refugees. The linkage to health facilities such as the Gender Based Violence Recovery Centre in Garissa and Nairobi and Nairobi Women's and Coptic hospitals as well as other service providers has brought about a strong supportive network and the services are expected to be continuous even as the project comes to an end.

The developed Information Education and Communication (IEC) materials including the simplified booklets on the referral system which have been translated in many local refugees' languages and also summarized in pictorials will continue to provide the information on SGBV to the refugees and the host community. The designing of a booklet on SGBV in Braille ensures inclusivity especially for those who are visually impaired.

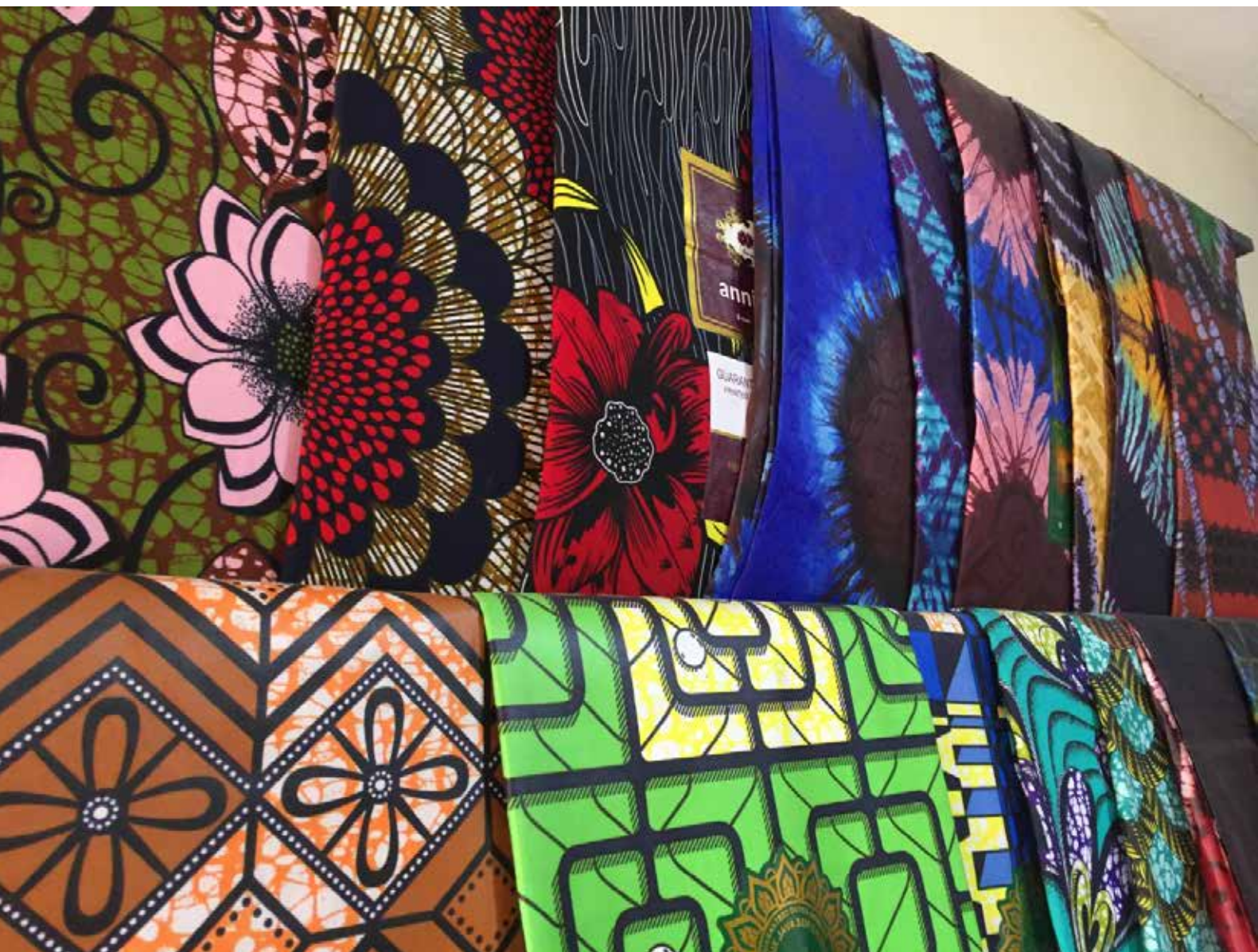
RCK through the project designed a self-representation manual. The manuals are expected to continue supporting survivors who have court proceedings to effectively represent themselves. The manual contains a brief on legal provisions on common sexual offences, the court process from commencement to conclusion, a section on common areas of concern for litigating survivors and finally contacts of VAWG service providers.

The Kenya police instituted reforms to make it more accessible to the community and more responsive to the community needs by setting up police gender desks to respond to cases of SGBV at the police stations. The officers in charge of the gender desks are expected to receive complaints, investigate the cases, refer the complainants to other partners and collaborators such as the health facilities, NGOs for psychosocial support and counselling respectively and the Courts for trials. The VAWG Project trained the police officers stationed at the gender desks in the respective locations where the project was being implemented. Although police officers get transferred more often, the assumption is that the trained law enforcers will cascade the training to other officers and continue to serve the community through addressing cases of SGBV even after the project comes to a close.

Activities in the project including legal aid and legal representation of survivors' refugees and asylum seekers, including their interactions with the law enforcement, and those in detention centers etc. are part of what RCK does even with other programs. It is expected that these activities will continue through other donors.

The tremendous organizational change at RCK played a huge role in the success of the VAWG project especially during the Covid-19 pandemic and will ensure the systems and structures that were strengthened

are sustainable going into the future. The establishment of a Psycho-Social Support (PSS) department will ensure the counseling support services are readily available for the refugee women and girls survivors. There has also been an upgrade in terms of policies such as the human resource and financial management policies which will ensure better management of finances. The strengthened M&E system especially on tracking the referrals will ensure delivery of quality interventions informing decision making. In addition, the board management was strengthened and is in a better place to steer the organization even after the project comes to an end.



10. Knowledge Generation

Evaluation question:

- To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?

The following are the key lessons learned during the project implementation as captured during ETE:

- a) The co-designing of the project with the local implementing partners, the donor and beneficiaries is important since it enhances ownership and sustainability. It also ensures that interventions are based on context and avoids oversimplifications of interventions. This includes engaging all stakeholders in the community in planning, designing and implementing any project and more so in identification and mapping of the vulnerable group in the community.
- b) Good collaborations with the partners and stakeholders is essential for the success of the project. RCK has built over the years a very good rapport with partners working with refugees and perception by the partners towards RCK is very positive and therefore this turned out to be essential in this project. This collaboration has been strengthened further when partners have their different forums and RCK is invited to provide their essential services.
- c) There is a need for flexibility during project implementation. With the upsurge of Covid-19 pandemic, there was a need for adapting to the changes that required social distancing. If the project did not adapt its delivery through use of virtual platforms, the targeted outcomes and activities would not have been met. The pandemic revolutionized case management through the use of innovation, increased flexibility and ongoing learning to adapt accordingly during the pandemic. For instance, psychosocial and legal counselling continued virtually as well as improved referral and coordination as various partners and service providers adapted to technology for service delivery. The flexibility to also support other priorities as identified by beneficiaries such as food worked well for the project.
- d) The support from the males in the households and the community is crucial for any intervention targeting girls/women. There is a need to see how male engagement can work through involving them at the project design and also during implementation as active agents of change.
- e) It is important to look at the practicability of interventions e.g. safe spaces/shelters. The assumption was that these places have all the essential services which in real sense they thrive on support from stakeholders. It is therefore paramount to network and collaborate with more partners and stakeholders of good will to be able to support the current safe shelters and setting up more.
- f) There is need for organizations to have contingency plans in case of emergencies. When the Covid-19 pandemic struck, it exposed gaps in organizational structures and systems. With the adoption of many organizations to work remotely/virtually, finances can be saved. In addition, working with consultants can always bring down the cost of project interventions if well thought of.
- g) Inclusion of host communities as equal beneficiaries and partners in receiving services is key in integration of refugees into the society. In addition, issues related to SGBV cannot be addressed by focusing on one community alone.

- h) The project also produced different knowledge products such as training curriculums (Economic Empowerment Curriculum; Court Users Committee Curriculum; Translators Training Curriculum; Psychoeducation Training Curriculum; Community Based Curriculum Training Curriculum and SGBV Self Help Manual), documented success stories and shared them with the stakeholders. This enhances knowledge management which boosts the efficiency of an organization's decision-making ability.



11. Conclusions

The following are conclusions made by the ETE:

Relevance:

VAWG project was relevant since it addressed the needs of SGBV survivors through enhancing community-based support; improving reporting and conviction rates of VAWG cases and through strengthening their coping mechanism. The project fitted strategically with other development initiatives which among them include IOM Institutional Framework for addressing GBV in Crises which appreciates the interventions that can remedy, mitigate, or avert direct loss of life, physical or psychological harm and threats to a person's (especially women and girls) dignity and well-being. The project objective also fits strategically with the core component of the UNHCR's protection mandate of preventing and responding to SGBV as well as the Kenya National Migration Vision 2030 draft Policy which provides a roadmap to address impacts and challenges of migration. In addition, the project interventions will contribute to the realization of the Refugees Act, 2021, especially section 20 which recognizes vulnerable groups among refugees and asylum seekers and calls for appropriate measures to be taken to ensure the safety of women and children. Lastly, the project was also in line with the Women Economic Empowerment Strategy 2020-2025 whose strategic goal is to enhance women economic status for gender equality by 2030.

Refugees and migrants are at disproportionate risk to SGBV which is deeply rooted in gender inequality, discrimination and power imbalances. It often happens in the home or other familiar settings and thus may be hidden from view. The prevalence of SGBV rose during Covid-19 pandemic, putting at risk life skills acquired by the refugee women and girls due to the pressures associated with increased unpaid care work, loss of livelihoods, economic pressures, uncertainty about the future, compromised mental health and anxiety. The project was therefore relevant and appropriate in relation to the target population needs. In addition, the project was also valid because despite the presence of several progressive laws that seek to address SGBV in Kenya, lack of effective implementation strategies owing to inadequate SGBV statistics on refugees and lack of knowledge and skills among service providers hinders progress towards the reduction of SGBV cases in Kenya.

Efficiency:

The project management ensured efficient use of human, financial and other resources to implement the targeted activities which were considerably achieved. Most of the activities were achieved and some targets surpassed. Overall, project achievement of planned targets was within the set budgets, a proxy overall indicator of efficient use of project resources. Proper planning by staff and partners ensured good coordination and cooperation which created a good team spirit within the project environment. However, the assumption in target setting that those who receive counselling would automatically lead to reporting the case and following it up for legal justice was erroneous.

Psychosocial and counselling support through CBCs was efficient since the services were readily available which created a good rapport that made the survivors comfortable to open up. Counseling helped those affected by SGBV work through the trauma of their experiences and rebuild their lives in safety and

dignity. The Helpline enhanced the efficiency in addressing mental illness as well as other challenges that women and girls were exposed to, especially during Covid-19 pandemic. Linkages to health facilities and legal aid representation ensured provision of health education and medical support to the women and girls and enhanced reporting and follow up of cases reported respectively.

Use of community dialogue forums through well-known persons of authority (chief, religions leaders, police, partner staffs) was very instrumental in providing useful VAWG information to the community as well as within the refugee population. This has enhanced the creation of safe spaces for the refugee VAWG survivors. The mass media interventions through community media such as Kulmiye FM in Garissa was able to reach more community members with information. The numerous campaigns through radio using local language and using people well known by the community opened up discussion on a topic (VAWG) which is rarely talked about.

The organizational change at RCK played a huge role in the success of the VAWG project. The review of Human Resource, Finance Management and Procurement manuals including the development of the 2022-2027 Strategic Plan have played a major role in enhancing efficiency of the project implementation and sustainable organizational governance. Institutional systems and structures enhancement of RCK was essential for the success of the project but also for sustainability going into the future. The procurement of an online administrative system Enterprise Resource Planning (ERP) and Employee Self-Service portal (ESS) enhanced the efficiency of the implementation of the interventions.

Covid-19 pandemic disrupted the approach of the project interventions especially the medico-legal clinics, police visits and meeting the survivors which essentially were designed to happen in person. However, the flexibility of the donor and project team ensured continuity of interventions. Unavailability of resources (human and skills) from some of the hospitals affected the delivery of services. Example is where DNA sample was requested from a certain hospital and they had no capacity to do it and more so when the link to the Government chemist was missing. An example is Garissa County Referral hospital where the doctor in charge indicated that they did not have a link to the government chemist. In addition, a majority of refugee women victims preferred women doctors/ nurses for medical examination due to sensitivity of the matter and religion. This meant that if the GBV department had a male doctor/nurse, some victims went home unattended.

Safe houses and community shelters offer protection for survivors since they are able to access other emergency services such as medical care and cash assistance to meet basic, urgent needs. The inadequate shelters and safe houses and rescue centers for the SGBV victims, affected the efficiency of the project interventions.

Effectiveness:

Overall, on average the respondent's knowledge and adoption of safe practices to mitigate sexual and physical violence improved substantively. This is a good indication of how the life skills gathered from the project interventions have brought about adaptive and positive behavior to enable the refugees' women and girls to deal effectively with aspects related to SGBV. The women have acquired confidence in seeking justice since they are aware of their rights.

The capacity strengthening of the law enforcers, judicial officers, medical practitioners' and CUCs on VAWG and protection of women and girls improved reporting of incidences based on the discussions from the women and girls' survivors, the local administration and other key informants. However, this needs more actual data from the different referral points to be able to tell how many cases got reported

linked to the project and how many successfully went through all the referral points. This data was not part of the indicators that the project was following up. This means the referral system need more strengthening for this/similar projects in the future.

There was improvement in terms of the respondent's awareness on VAWG prevention and response strategies. This means they are able to utilize the available services at their disposal. However, more still needs to be done to ensure all the women refugees are aware of services available and where they can be accessed. The evaluation team recommends continued outreaches on women rights to reach out to more refugees and host communities.

Impact:

The project was able to strengthen the coping mechanisms of women and girls' survivors of VAWG through provision of knowledge and information on laws and practices related to VAWG, harmful practices related to VAWG, life skills and entrepreneurship skills. More women indicated of being aware of the safe spaces, knew where they could report incidences of abuse and are aware of where they can get support for their mental wellbeing. The project was also able to create and link the survivors to safe spaces. This means an assurance of continued benefits to the survivors even as the project comes to an end. However, increased formation of community based networks such as support groups to continue providing support to the survivors could be strengthened by engaging more stakeholders and host communities.

Male engagement was very strategic since involving men and boys is crucial in the fight to end SGBV. Men often have different opportunities to influence local and religious leaders. They can model gender equality and show that the empowerment of women is compatible with the community's values. The community forums were instrumental in engaging men who according to some respondents, have become very supportive to VAWG survivors. However, this component in the project was weak. There was also no indicator in the M&E framework that would have supported its implementation.

Overall, the women's perception on self-worth improved, an indication that the interventions linked to improving women and girls wellbeing and self-worth were able to have a positive impact on the lives of the respondents. Economic dependence can keep women affected by violence trapped in abusive situations. Through entrepreneurship training, the project supported SGBV survivors to become self-sufficient. Over three quarters of those trained on entrepreneurship are able to develop business ideas, business plans and know where to get money for their businesses. The acquired business skills have been instrumental in running the businesses. The assumption is that even after the project comes to an end, the skills will continue to assist the women enterprises.

Knowledge generation:

The project has generated knowledge, promising and emerging practices in the field of EVAW/G that can be shared with other practitioners as well as guide future projects implementation. These practices include co-designing of the projects with local implementing partners, the donor and beneficiaries to enhance ownership and sustainability; enhancement of collaborations with the partners and stakeholders; and provision for flexibility in programming for any eventualities including contingency plans. The knowledge products developed such as training curriculums, guiding manuals and success stories will continue to provide insights and guidelines for similar projects.

Sustainability:

The VAWG Project had a strong element of sustainability including involvement, collaboration and maintenance of relationships and partnerships with key stakeholders and hence potential for scaling up similar projects. In addition, the training curriculums and manuals for different stakeholders including IEC materials have the potential to be used after the project ends if the project is scaled up to other communities/areas, while the CBCs will continue to respond to SGBV. The tremendous organizational change at RCK will ensure the systems and structures that were strengthened are sustainable going into the future.

Gender Equality and Human Rights:

Crisis and pandemics such as Covid-19 disproportionately affects women and girls more than men and boys, making VAWG a silent pandemic, pushing gender inequality further. Advocacy efforts need to be continuous to ensure gains made are not watered down.

12. Recommendations

Evaluation Criteria	Recommendations	Relevant stakeholders	Suggested timeline
Relevance	<p>a) The study highlighted the success of the GBV awareness raising campaigns in the community, and recommends for intensification of such events, including those that focus on social norm change. Specifically targeting gender-power relations, as well as sharing information on what services are available for GBV survivors, would be a great way to reap more benefits to this end. Strategies at the community level may include individual and group activities with community members, influential individuals, and community groups.</p> <p>b) Refugees are faced with religious and cultural laws that encourage practices that are a violation of women and girls' rights such as early marriages, FGM and punishment by their spouses. In addition, clannism and Maslaha (alternative conflict resolution practices) interfere with justice of victim since the rights of a victim is never considered. More sensitization is required through religions and community leaders who are gate keepers of cultural practices and norms.</p> <p>c) Psychosocial support has really played a huge role in the success of this project. This need to continue through CBCs since the counselling has been identified as important for those affected by SGBV to navigate through the trauma of their experiences and rebuild their lives in safety and dignity. There is also need to intensify the support through frequent debriefs and counselling sessions for the CBCs since they get overwhelmed attending to the beneficiaries. It would also enhance their motivation if their terms of engagement were made longer.</p>	<ul style="list-style-type: none"> • RCK • Practitioners in the field 	Continuous

Effectiveness	<p>a) There is need to strengthen the economic empowerment programmes and interventions to help women to be self-reliant. More strategies can be included such as vocational training, literacy classes and opportunities to earn a livelihood. The strategy need to put mechanisms to mitigate the threats and backlash that come from men when they are excluded in the economic empowerment interventions that focus on the woman alone and leaving out their spouses. Men and women co-exist and are co-dependent most of the time. The approach need to be family focused looking at practical ways to integrate men and boys into training programs, and engaging them as agents of change to take action against negative stereotypes and behaviors. Involving men in the process of empowering women is necessary to fix the VAWG from the grassroots level. The boy child was totally left out and the respondents indicated that there is increased molestation of the refugee boys. Economic empowerment should also take into considerations any eventualities for example Covid-19 pandemic and other crisis which can affect the businesses negatively.</p> <p>b) There is need for regular refresher trainings for the police, health professionals and CUCs. This is because the officers working in the government institutions get transferred frequently. The ETE documented this reality where the persons trained were no longer working in the stations that were within the project implementation area. The training can also cover other officers (for example beyond gender desks) who are able to cascade the information to other officers.</p> <p>c) There is need to improve on engagement mechanisms with the VAWG survivors. The provided avenues such as telephone numbers need to be active and managed for 24hrs. This includes the hotline. There were reports from respondents that the phone numbers provided by the project were going unanswered and getting an appointment slot to talk to an officer in the RCK office took longer making some refugees give up on the journey of seeking justice. RCK to make due consideration to fundraise for more staff to manage the hot lines. The current staff are the same ones who are attending to court matters, attending stakeholder meetings, facilitating in workshops, and attending to client interviews which takes time.</p> <p>d) While designing similar projects, it would be important to also focus on social assistance. This is because the SGBV survivors are faced with other challenges besides SGBV including basic needs such as food, rent, transport etc. even as they seek justice.</p>	<ul style="list-style-type: none"> • RCK • Practitioners in the field • Donors 	Next project
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Efficiency	<p>a) Referral mechanism needs to be strengthened to integrate tracking and feedback avenues. It is vital to identify gaps in the current process, understand challenges and make significant improvements in the referral process. It is difficult in the current process to track a survivor since the indicator for number successfully referred for any of the services is missing. Standardizing the process will help to make it efficient, and adopting technological solutions will not only streamline the process but also will save time and seal leakage/make it watertight. Service providers need an end-to-end referral solution to meaningfully improve the handling of both incoming and outgoing referrals. RCK need to lead this process with all the stakeholders.</p> <p>b) The current M&E system can be revamped by integrating a Mobile App and Cloud based System so that data is available real time. This will enhance the quality of data as well as inform prompt decision making. The Performance Monitoring Plan (PMP) attempted through an output template can be enhanced through ensuring all aspects are covered. A complete Performance Monitoring Plan (PMP) is expected to have the following; Outcome Area, Indicators, Baseline figure, overall target, Quarterly/monthly target (depending on how regular the data is expected, achievements and reasons for poor achievements. RCK can enhance the template with the above aspects to ensure the process of monitoring and evaluation is informative</p>	<ul style="list-style-type: none"> • RCK • Practitioners in the field 	Immediate for continuing projects
Impact	<p>a) RCK need to continue advocating for more safe houses/rescue centers for victims of violence, especially among refugee women and girls and their families. The centers are very few/missing in the counties. This means working closely with the gender department at the county and national level so that budget is set aside for setting up of more centers.</p> <p>b) Projects addressing sensitive aspects such as SGBV ingrained in cultures and societal values need longer periods of implementation. This will provide more time to establish gains and positive outcomes from the implementation</p> <p>c) RCK need to continue advocating for alternative status for refugees and integration within the country. Most refugees spend years living within Kenya, in unsatisfactory and unsafe circumstances, with little means to support or educate themselves and their children, and few prospects. Their legal status in Kenya is still uncertain. It is important to target both the host community and the refugees to enhance social inclusion and integration of the refugees in the community. The host community should be actively engaged on how to integrate the refugees in the community and how they can offer support.</p>	<ul style="list-style-type: none"> • RCK • UN Trust Fund 	<ul style="list-style-type: none"> • Continuous • Next project

Sustainability	<p>a) While it is understood that RCK's strength is on legal support, the provision of economic empowerment support to refugee survivors of GBV could be further enhanced - especially in terms of assisting them with financial integration. The organization can venture into this aspect to diversify and as a result enhance its sustainability.</p> <p>b) Collaboration with partners is paramount. There is need to establish buy-in from all the stakeholders (the beneficiaries, community, law enforcers, judiciary, SGBV recovery centers, children's department etc.) from the design phase. This way, they are able to see their roles from inception and implementation becomes easier. Continued partnership with state governments (national and county) is important for sustainability.</p>	RCK	Next project
Knowledge Generation	<p>a) Project targets under different indicators need to be expertly designed putting into perspective the practicability of the interventions. There was an assumption that women who were provided with psychosocial counselling would end up seeking legal information and representation at courts of law and police stations and hence a similar target of 1350. ETE findings from key informants noted that this has not been the case.</p> <p>b) Given additional fundings, the project model is replicable, since it supplements other projects run by RCK and funded by other donors. RCK need to reflect on how they can expand to other areas in Kenya such as Mombasa where there is also a considerable refugee and asylum seekers.</p>	<ul style="list-style-type: none"> • RCK • UN Trust Fund • Donors 	Next project
Gender Equality and Human Rights	<p>a) There is need for advocating for continued service delivery for survivors of VAWG especially during crisis and pandemics such as Covid-19 to ensure that the gains made are not watered down when responses are heightened to address crisis. During the Covid-19 pandemic, VAWG increasingly became a silent pandemic further driving gender inequality and causing more harm to women and girls. In that light, advocacy efforts need to be continued to ensure that VAWG response is not abandoned and that gender issues are kept in mind during the designing of the pandemic prevention measures</p> <p>b) There is need for intensified stakeholder engagement from the community to formulate a steering committee to specifically attend to FGM within Garissa County. This will enable formulation of policies to curb FGM. The deeply rooted culture of practicing FGM has led to many cases going unreported. FGM is very rampant with a majority of respondents from Garissa (90%) indicating to know about FGM, yet during the period of implementation of the project, only two cases were reported which is clear testament that most cases go unreported.</p>	<ul style="list-style-type: none"> • Practitioners in the field 	Continuing projects

13.0 Annexes

13.1 Success Stories

13.1.1 Giving up was an option; I chose resilience

Eastleigh ward in Nairobi County is predominantly inhabited by Somali immigrants. It has been described as “Little Mogadishu”, as well as “a country within a country with its own economy” on account of its robust business sector. This is where I meet Ms Mariam Mohamed (not her real name), a 32 years old refugee from Ethiopia busy in her business. She’s a bit shy, and requests us not to show her image. Something we honor. This is a story of resilience. Ms Mohamed is refugee who came to Kenya in the year 2017 due to the continuous conflict in her country Ethiopia. She decided to leave when her only surviving member of her family, her mother, lost her life in the conflict. Ms Mohamed came to Kenya as refugee in search of safety and peace. When she arrived, she remembers painfully the violence she underwent and had to persevere as she tried to get her footing. ‘I got raped and physically assaulted. I had no place to sleep and no money. I was putting up with a friend who had come in the country earlier than me. We used to sleep in a shanty with no security and men would take advantage and sexually abuse us at night. My friend one day mentioned that there is this organization that works with refugees and fights for their rights and also offers counselling. That’s how I came to know about RCK. I was really feeling overwhelmed and stressed. I actually had thought of committing suicide. I decided to join RCK under the VAWG project in order get counselling. I was able to get counselling and referred for medical care as a result of rape. I felt appreciated for the first time. That someone was willing to listen to me and give me hope. I was also interested in starting a business, so that I would be able to cater for my basic needs. Through the project, I was selected to attend a training on entrepreneurship and I also got financial support (seed grant).



Ms Mohamed notes that as a refugee woman, among her greatest needs are peace of mind and financial independence. ‘Since my childhood I have never had peace due to constant conflict in my country of origin. People were taking advantage of me because I didn’t have any money to afford basic needs such as food, clothing and shelter’. In the year 2019 Ms Mohamed enrolled for the Economic Entrepreneurship program and got trained on business management skills and entrepreneurship. ‘After the training I wrote a business plan and presented it to RCK seeking to be funded to start a hotel business for selling tea and Ethiopia bread called “Injera¹²”. In my country, I had attained Grade 10 Ethiopian Education¹³, so I know how to write. My proposal was approved and I was funded with a capital of Ksh 30,000 in form of business assets (tea cups, thermos for storing tea, wheat flour, cooking oil, tea leaves, sugar and coffee). I started the business in the house where I was sleeping since I could not afford to rent out another house for business. At the beginning of the business, I was saving as little as Ksh 50 per day as profit. After a few months, the business picked up well and now I am able to save between Ksh 400- 500 per day as a profit. With the profit I got, I was able to move to a better house and employ two people who support me in the business. One woman helps me in cooking and one man helps me in hawking. My business is mobile; I hawk tea, coffee and Injera.

Through the business I have been able to achieve a lot in life. I can afford to pay my house rent, afford basic needs like food, clothing and medical care. Before I was sleeping in a shanty house with no beddings, lighting and security and I was paying rent of Ksh 300 per month. Currently, I am able to afford a decent self-contained house with furniture and a house rent of Ksh 6000. I have also rented some open space for operating my business which I pay a rent of Ksh 3000 per month. I have also bought an appliance for making Injera worth Ksh 15, 000 out of the profits. I also have a savings worth Ksh. 25,000 through the business in my M-Shwari¹⁴ lock account.

I am able to sustain this business because I acquired some entrepreneurship skills needed to operate the business which I am using and I am committed in ensuring the business grow into a five-star hotel. My biggest fear is lack of work permit that a refugee needs to operate a business in a foreign country. Without this, my business can collapse due to the harassment I am facing from the city council.

My recommendation is that RCK should continue empowering more women economically through the economic entrepreneurship program to help women financially independent to avoid over dependency on men which is a major cause for SGBV. RCK should also continue engaging the government to ensure that refugees who are operating businesses in Kenya have business permits to avoid a lot of harassment from the authorities.

13.1.2 My children gave me the energy boost to fight for my rights

Meet Ms Aisha, (not her real name) a 28 yrs single Somali refugee mother of three children, (two daughters and one son) aged eight, six and four years respectively who resides in Garissa. She is a survivor of gender-based violence which she suffered for more than five years in the hands of her ex-husband. ‘Life was miserable; I was constantly assaulted by my husband which led to divorce due to the trauma and depression I was undergoing. After the divorce, my children were taken from me by my husband and their family and I was denied any access to them. According to Somali culture, children belong to the husband.

¹² A sour fermented pancake-like flatbread with a slightly spongy texture, traditionally made of teff flour.

¹³ Ethiopian General Secondary Education Certificate Examination (EGSECE). The EGSECE is popularly known as grade 10 which comes under Secondary education

¹⁴ A revolutionary banking product created in partnership with M-Pesa and NCBA, which allows you to save and borrow money through your phone while earning you interest on money saved.

My children are everything. I was devastated. I really wanted my children back. It is during this time that I came to know about RCK. Having been told that they fight for the rights of vulnerable women and girls in the community, I decided to join VAWG project in order to get help in getting custody of my children.

I joined the VAWG project in 2020, and the first service I got was counselling since I was going through depression. I also got support from the RCK lawyers who helped me get back the custody of my children through the court. I was also in need of financial support to start a business. This is because I was living with my grandmother in deplorable conditions where we could hardly afford basic needs like housing, clothing, food and education for my children. I mainly depended on well-wishers for food, clothing and rent for the small shanty house we were living in. Through the project, I got enrolled in an economic empowerment program where I received training on business skills and business management for three weeks. After the training, through the economic empowerment consultant, I put together a business plan of a cosmetic shop. The plan was approved and in August 2020, I got stock worth Ksh 45,000 and also received Ksh 5000 to transport the goods to the place where I would run the business from. Since I did not have any money to rent a house to conduct the business, I operated the shop from an open makeshift (*kibanda*). I was focused and through hard work, I got enough profit to rent a bigger shop which is in a safe and secure place. Through this business, I have managed to sustain a profit of Ksh 50,000 per month. I have also diversified in other products such as clothes, soft drinks, gas cooking cylinders and water plastic containers. I am also able to secure wedding preparation contracts where I do bride makeups through henna application.

I have achieved a lot in this business. I can afford my children education, basic needs and rent for a three-bedroom self-contained house which I pay Ksh 15,000 per month. My business is now worth Ksh 200,000 and continues to grow. My biggest challenge is getting a business permit from the county government since I experience constant harassment from the county officers. I would wish to seek more support from RCK to assist me in registering my business to get a business permit. My appreciation goes to the VAWG project team who stood by me, helped me fight for my rights to get custody of my children as well as supported me to start a business.

13.1.3 Business boost brought me back to my feet again

Kawangware is a low income residential area in Nairobi, Kenya, about 15 km west of the city centre, between Lavington and Dagoretti. It comprises of slums, low-class residential area, with constant lack of basic amenities such as clean water, poor road infrastructure and insecurity. This is where I meet Ms Daima (not her real name), a GBV survivor. 'I was in a very abusive relationship. My then husband used to physically assault me in front of the children. They became so much affected, that they dropped out of school. We couldn't afford any basic need, from the rent, food, clothes to school fees. I was so stressed, traumatized and faced sleepless nights. I used to clean people's houses, to get money for our needs. Even the fellow women I would turn to, would physically abuse me, so I felt hopeless. One day, I got an interaction with a CBC who referred me to RCK offices. For the first time, I got someone I could pour my heart to. Someone to listen to me and give me hope'.

I got support to attend the economic empowerment program where we were trained on business skills. I put down my business plan which was to put up a tailoring shop. I got a seed grant in form of capital goods such as a sewing machine, scissors, a table, thread, iron box and later they gave me cash of Ksh 3000 to buy other things which I got a receipt and submitted to the office. This really helped me to start the business which was able to pay for my rent and food for the family.

When Covid-19 pandemic struck, although I was able to get food, I could not manage to pay rent. During the same period, fire from a nearby garage razed down all that was in my shop and I was taken back to zero. The project reached out to me and asked if I needed any support. My interest was to sell eggs. They bought me 70 crates of eggs in February 2022. From the profits I got from the business, I saved and was able to buy second hand shoes and some Kitenge materials, to continue the tailoring shop. I am now able to pay school fees for my two children, one in form 3 and the other in PP1.

I really appreciate what this project has done to me. I am now able to fight for my rights and not be abused like I used to since I am able to take care of myself financially. I would also request RCK to help me with National registration so that I can have a Kenyan status and be able to enjoy the financial privileges like accessing loans from banks or any other financial institutions. This would also help me to apply for a business trading license.

13.1.4 Despite the many challenges, I am a warrior

It is scorching hot when I wade through the narrow pathways in Kayole. I am determined to get to this woman, Ms Eshal (not her real name), whose life has been transformed. I get her in high spirits. 'My life was a mess when I arrived in Kenya as a refugee from Congo'. She begins the narration, and drifts to the painful past. 'I left Congo due to the ethnic war which claimed many of my family members and relatives. I had to leave with my children; a son and daughter. My son has dementia, a disease which has no cure according to the doctor. It is very painful to watch my son live with a condition which has no cure.

I was stressed and without financial support'.

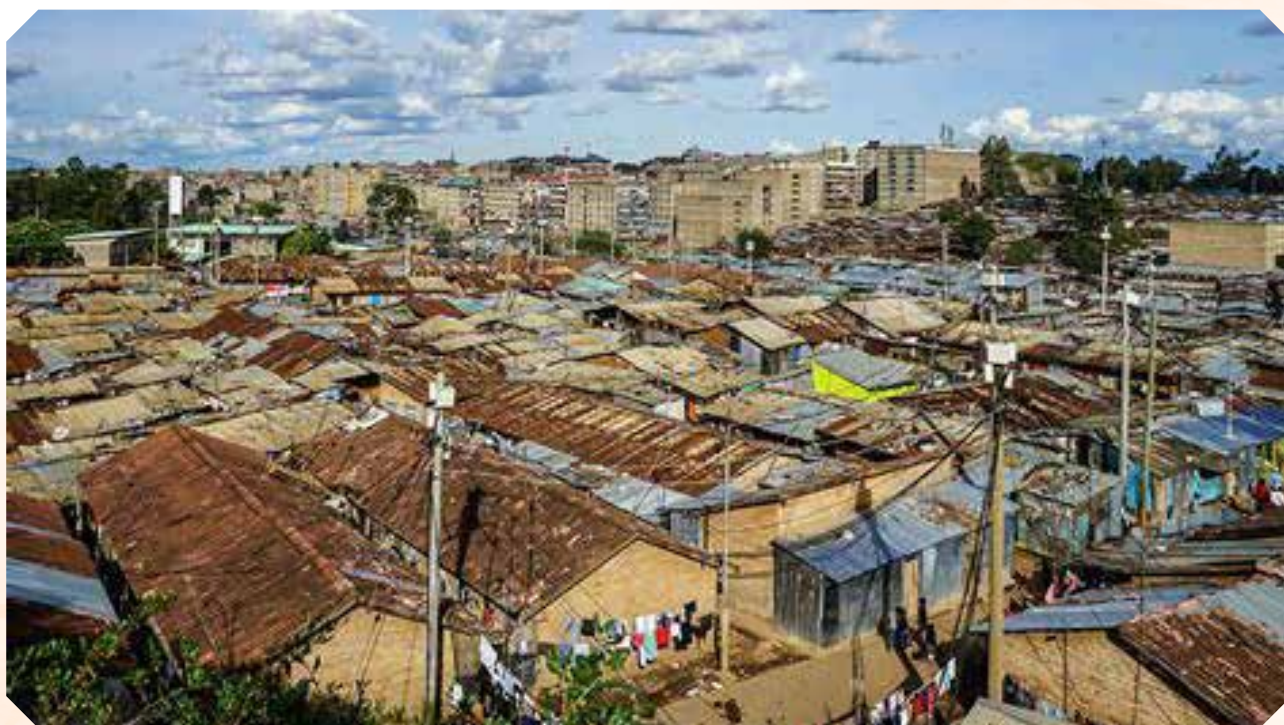
I was running a business of selling peanuts (Njugu), Kashata, Mabuyu and ice cream. But this business was not sustainable. Since I did not have a fridge, the kashata and ice cream could get spoilt very fast resulting in a loss. I was also selling from an open makeshift (*kibanda*) and children could come and steal my products. I needed to take care of my basic needs including food, rent, medical care and security. My sick son needed my attention throughout because with

dementia he can get lost. I really wanted to talk to someone. That's when I got referred to RCK by a neighbor. She indicated, RCK supports refugees.

The first thing I got when I joined the VAWG project was counselling. I had so much going on and I was glad someone was there to listen. I then got selected to join economic entrepreneurship program where we got trained on business skills. After this, I came up with a business plan which was approved for funding by the project. I got my seed grant in May 2021. RCK did not give me cash instead they bought for me the things I needed for the business. This included, sewing machine, Vitenge materials, working table, scissors, iron box, and sewing needles. They only gave me cash for transporting the items to my shop. I had identified the location for the business, which the project paid for me rent of Ksh 4000. This helped my business idea to begin and I did not have to struggle with the capital.

I am now able to pay rent, I have increased the stock, and also save some profits. I can say I have not gotten all that I need but I thank God for what I have been getting, it is not equal to nothing as before. Some of the challenges I am facing are that people are not buying Vitenges as compared to before Covid-19 pandemic, so the business has gone down. The cost of living is so high, so a majority are not buying clothes since the priority is now food. Even after reducing the price of the clothes I make, people still want lower prices which I am not able to give because I will incur a loss.

There is also lot of insecurity here. My daughter was raped in March 2022. I constantly live in fear and I have to take her to school and pick her as well. I also have to monitor my son for safety reasons. I have developed blood pressure and diabetes so I am constantly on treatment which I have to manage. I have accumulated rent arrears which am struggling to pay despite the state of the business at the moment. I try to encourage myself and pray to God to help me with strength as I work. It is not easy. Somehow the business is sustainable, but were it not for the health challenges I face with my children, I would be in a better place. I have to skip days without working when I go for medical care. I am determined because the business skills I attained from the training, I have put them into practice. I am also planning to buy a manual sewing machine so that even when there is power outage, I am still able to continue with my business.



13.2 Final version of the Terms of Reference

Terms of Reference (TOR) for a Consultancy to Undertake an End Evaluation Towards improved prevention of violence against women and girls among urban refugees in Nairobi and Garissa Counties

1.0 Background and Context

The Refugee Consortium of Kenya (RCK) is a national non-governmental organisation established in 1998. RCK's mission is to promote and protect the rights and dignity of refugees, asylum seekers, IDPs, other forced migrants, and host community members in Kenya and the wider East African region. It was established as a response to an increasingly complex and deteriorating refugee situation in Kenya and the region. RCK's core mandate is to: provide legal aid services and psycho-social counselling; engage in advocacy for policy change by providing technical support towards development of relevant legislations in line with the international instruments regulating the management of refugees and other forced migrants; and to raise awareness regarding the plight and rights of the vulnerable groups through research and information dissemination.

The UN Trust Fund to End Violence against Women (UN Trust Fund) is a global champion for gender equality, working to develop and uphold standards and create an environment in which every woman and girl can exercise her human rights, and live up to her full potential. It awards grants to initiatives that demonstrate that violence against women and girls can be systematically addressed, reduced and, with persistence, eliminated.

RCK together with its partner the UN Trust Fund are looking for an evaluator to conduct an evaluation of the Violence Against Women and Girls (VAWG) project in Garissa (Garissa Township) and Nairobi (Eastleigh, Kawangware, Kitengela, Kayole, and Kasarani) counties. Contextually, the evaluation will be a critical step to help in documenting the impact of the project while generating new knowledge realised during the project's implementation to promote learning. The evaluation will also purpose to assess the impact of unforeseen challenge(s) and change(s) of environment (positive and negative) during project implementation i.e. Covid-19 pandemic and the enactment of the Refugees Act, 2021, among others. In addition to this, the evaluator will assess how RCK with support from the UN Trust Fund responded to the unforeseen challenges and environmental changes (positive and negative) to ensure consistency in service delivery to the beneficiaries. The evaluation will help in assessing the effectiveness and efficiency of the project's interventions; inform practical basis for inferences and decisions necessary for the programming of future measures and/or recommendations; and also build a case for resource mobilization for RCK and UN Trust Fund.

1.1 Description of the project that is being evaluated

i. Name of the project and the organization

- a. **Name of the project:** Towards improved prevention of VAWG among urban refugees in Nairobi and Garissa Counties.
- b. **Name of Implementing organization:** Refugee Consortium of Kenya (RCK).

ii. Project duration, project start date and end date

- a. **Project duration:** 44 months;
- b. **Project start date:** October 1st, 2018;
- c. **Project end date:** May 31st, 2022.

iii. Current project implementation status with the timeframe to complete the project

The current project is in its last semi-annual reporting period of the implementation and is expected to end on 31st May, 2022.

iv. Description of the specific forms of violence addressed by the project

The project aims to mitigate against the following forms of violence - intimate partner, sexual, psychological and emotional, economic, sexual by non-partners (rape/sexual assault) in the community, and sexual and gender-based amongst refugees/internally displaced persons (IDPs) in Kenya.

v. Main objectives of the project

The project aims to address VAWG in the Counties of Garissa and Nairobi. Specifically, it seeks to:

- a. Enhance community-based support for VAWG survivors;
- b. Improve reporting and conviction rates of VAWG cases;
- c. Strengthen the coping mechanism of women and girls' survivors of VAWG.

vi. Description of targeted primary and secondary beneficiaries

a. Primary beneficiaries

The project targeted female refugees/internally displaced/asylum seekers, women/girls survivors of violence and women/girls victims of sexual exploitation in Eastleigh, Kawangware, Kitengela, Kayole, Kasarani in Nairobi County and Garissa Township in Garissa County. The aforementioned areas have diverse ethnic communities with diverse cultures. Community differences translate to diversity in beliefs, relations, politics, and economic activities, which have in the recent past contributed to intensification of VAWG cases among the communities. The targeted group of this project was further segregated into the following age cohorts; adolescents (10-19), young women (20-24), adult women (>24 years).

b. Secondary beneficiary.

During the implementation of this project, RCK has constantly engaged stakeholders in order to ensure that success of this project is realised. The stakeholders include; community based counsellors (CBCs), translators, members of community-based organizations, government officers (decision makers, policy implementers), health service providers, and men and/or boys. The aforementioned stakeholders acted as changed agents and enabled the project to achieve its project outcomes.

1.2 Strategy and theory of change (or results chain) of the project with the brief description of project goal, outcomes, outputs and key project activities.

a. Strategy and theory of change

RCK used diverse strategies to ensure maximum benefits to women and girls in the project implementation areas. Key among them being capacity building of men and boys in accountable practices, training law enforcement and health officials to build their capacity on identification of VAWG cases, effective response to VAWG and creating awareness among the general public through community dialogue forums. Women and girls were trained to identify and report VAWG.

RCK also used information, education and communication materials to improve awareness on VAWG.

b. Theory of Change

The project's theory of change envisioned that:

If women and girls are empowered, they will have the confidence to stand up for their rights and will know how to prevent, respond and report cases of violence; If men and boys are actively engaged as agents of change, they will fully understand and appreciate the impact of VAWG and take up active roles in prevention and response to VAWG; and If practices and response to VAWG become supportive to survivors, more women and girls will be comfortable in reporting cases of violence and gradually SGBV cases within the community will decrease significantly.

c. Project Goal

The goal of this project is to increase protection of women and girls against violence in Kenya by May, 2022.

d. Outcomes, Outputs, and Activities.

Outcome / Output Number	Activities	Partnership Arrangement
<p>Outcome 1: Community members’ stigmatization of VAWG survivors in Nairobi and Garissa Counties reduces by May, 2022.</p>		
<p>Output 1.1: Male champions and other community members who participated in awareness sessions have greater knowledge of ending VAWG and better understanding on their role to support the survivors.</p>	<p>Activity 1.1.1: Conduct 40 community dialogue forums targeting 1000 members.</p> <p>Activity 1.1.2: Conduct 12 radio shows on VAWG prevention and response targeting the general public.</p> <p>Activity 1.1.3: 36 Psychoeducation forums targeting 620 community members.</p> <p>Activity 1.1.4: Produce and distribute 4350 IEC materials on VAWG prevention and response and refugee protection booklets, 2 banners, and 350 Self-representation pamphlets/booklets.</p>	<p>RCK</p> <p>UNTF</p> <p>Garissa County Government</p> <p>Nairobi County Government</p>
<p>Outcome 2: Police, health professionals and court officers’ response to cases of violence against women and girls in Nairobi and Garissa Counties improves by May, 2022.</p>		
<p>Output 2.1: Police, health professionals and court officers that participate in training sessions have greater knowledge of prosecution and evidence gathering of VAWG cases.</p>	<p>Activity 2.1.1: Conduct 6 training sessions for 180 court users’ committees, law enforcement and health professionals.</p> <p>Activity 2.1.2: 1 training for 10 translators conducted to facilitate communication with women and girls at the legal aid clinics, courts of law and the police station.</p>	<p>RCK</p> <p>UNTF</p> <p>Garissa County Government</p> <p>Nairobi County Government</p>

Outcome 3: Coping mechanisms for women and girls' survivors of violence in Nairobi and Garissa improves by May, 2022.

<p>Output 3.1: Survivors of VAWG who have attended psychosocial sessions have greater capacity to cope with their trauma.</p>	<p>Activity 3.1.1: Provision of psychosocial counselling to 1614 primary beneficiaries.</p> <p>Activity 3.1.2: Training/ refresher sessions for community based counsellors on psychological first aid.</p> <p>Activity 3.1.3: Conduct reflection/ information sharing/ debriefing sessions for staff to address secondary trauma.</p> <p>Activity 3.1.4: Conduct virtual debriefing and information sharing sessions for community based counselors to address secondary trauma.</p> <p>Activity 3.1.5: Provide social assistance in form of cash to beneficiaries.</p>	<p>RCK</p> <p>UNTF</p> <p>Garissa County Government</p> <p>Nairobi County Government</p>
<p>Output 3.2: Refugee and vulnerable host community women VAWG survivors in Garissa and Nairobi have better access to economic empowerment programmes at the end of the project.</p>	<p>Activity 3.2.1: Training on entrepreneurship skills for women.</p> <p>Activity 3.2.2: Grant disbursement and mentorship to women on entrepreneurship skills for 6 months.</p>	<p>RCK</p> <p>UNTF</p> <p>Garissa County Government</p> <p>Nairobi County Government</p>
<p>Output 3.3: Refugee and vulnerable host community women VAWG survivors in Garissa and Nairobi have more access to appropriate legal protection at the end of the project.</p>	<p>Activity 3.3.1: Provide legal information and representation to 1727 primary beneficiaries at courts of law and police stations.</p> <p>Activity 3.3.2: Provide child protection legal representation for 90 children in Nairobi.</p>	<p>RCK</p> <p>UNTF</p> <p>Garissa County Government</p> <p>Nairobi County Government</p>

Outcome 4: RCK is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EAWW/G with a focus on the most vulnerable women and girls by May, 2022.

<p>Output 4.1: RCK has put in place mechanisms to improve institutional resilience to crises including COVID-19, that ensures the stability of projects and sustainability of the organization[s] in the longer term.</p>	<p>Activity 4.1.1: Support communication between staff and clients during and post-COVID19.</p> <p>Activity 4.1.2: Support partner police station to respond to COVID19-.</p> <p>Activity 4.1.3: Contribute towards RCK’s internal capacity strengthening and long term sustainability of the organization.</p> <p>Activity 4.1.4: Ensure RCK is able to provide safe, reliable and continued services during and post COVID pandemic.</p> <p>Activity 4.1.5: Upgrade internal reporting and management systems to enable staff and board to adapt to remote working in order to continue supporting survivors effectively.</p>	<p>RCK</p> <p>UNTF</p> <p>Garissa County Government</p> <p>Nairobi County Government</p>
<p>Output 4.2: RCK has improved knowledge, skills and capacities to maintain or adapt EAWW/G interventions and reach the most vulnerable women and girls while responding to the impact of the COVID-19 pandemic or other crises.</p>	<p>Activity 4.2.1: Staff capacity and development/ debriefing activities.</p> <p>Activity 4.2.2: Review of organization’s policies and manuals.</p> <p>Activity 4.2.3: Support the RCK Board by holding workshops to better lead and guide the organization through COVID19- and other crises situations.</p> <p>Activity 4.2.4: Financial Support to RCK administrative costs.</p> <p>Activity 4.2.5: Senior Management Team Workshop to review and plan post COVID 19 period.</p>	<p>RCK</p> <p>UNTF</p> <p>Garissa County Government</p> <p>Nairobi County Government</p>

1.3 The geographic context, such as the region, country and landscape, and the geographical coverage of this project.

The project is being implemented in the counties of Nairobi (Eastleigh, Kawangware, Kitengela, Kayole, Kasarani) and Garissa (Garissa Township).

1.4 Total resources allocated for the intervention, including human resources and budgets (budget need to be disaggregated by the amount funded by the UN Trust Fund and by other sources/donors).

The project is fully funded by UNTF with a total cost of \$1,866,649. The project supported a number of implementing staff and consultants to aid in realization of its success. They include consultants, monitoring and evaluation associate, ICT officer, grants officer, finance officers, programme managers, senior programme officer, and the executive director.

1.5 Key partners involved in the project, including the implementing partners and other key stakeholders.

During the project's life span, RCK partnered with the following stakeholders to ensure the project is sustainable and the impact is upscaled.

- a. **Medical providers in the camps and in Nairobi:** Kenya Red Cross Society in Garissa; and Gender Based Violence Recovery Centre together with National Council of Churches of Kenya (NCCCK) in Nairobi. This was done with an objective to ensure that survivors who receive medical attention are duly informed of their rights and referred to RCK for legal assistance and psychosocial support.
- b. **Male champions:** The project partnered with male champions to ensure VAWG issues are addressed by using the male champions to promote positive narrative of women and encourage practices that promote respect for women and girls.
- c. **Women and Girls:** Women and girls being the primary focus of this project, RCK partnered with them to ensure the project interventions work throughout the life span of the project. This was done through: focused group discussions, and legal and psycho-social assistance etc.
- d. **Law enforcement and justice system:** Through this project, RCK partnered with police officers and the judicial system through the Court Users' Committee to enhance service delivery and access to justice for survivors. RCK trained Court Users' Committee (judges, magistrates, police, immigration officers, prosecutors, children officers, and the Muslim Kadhis) on refugee protection and response to VAWG cases. This platform proved to be more useful in dissemination of knowledge and information on VAWG in order to improve on protection of women and girls against VAWG.
- e. **Children organizations:** RCK partnered with Danish Refugee Council, HIAS Refugee Trust of Kenya, and the Children's department in the protection of children survivors in matters to deal with child custody. The partners were used as referral points where RCK would get the beneficiaries from and institute protection measures.
- f. **Local and community radio:** RCK also partnered with local and community radio stations to conduct mass media communication that reinforces community awareness on VAWG.

2.0 Purpose of the evaluation

2.1 Why the evaluation needs to be done

The evaluation will provide UNTF and RCK with evidence of the project's impact as per the theory of change, on the target beneficiaries. It will document lessons learnt and provide vital information for sustenance of the project as well as inform future programming.

2.2 How the evaluation results will be used, by whom and when?

The evaluation will serve programming and management purposes for prevention and response to VAWG among refugees and host communities. The independent evaluation will generate important findings, lessons and recommendations that will be of use to a variety of stakeholders. The main users of the evaluation shall include community leaders, women community, county governments, Garissa Gender Based Violence Recovery Centre (GGBVRC), Nairobi Women hospital, Law enforcement officers, Judicial system, UNTF, UN WOMEN, RCK, and civil society organizations at community level who support prevention and response to VAWG among refugees and host communities.

2.3 What decisions will be taken after the evaluation is completed

Upon successful completion of the evaluation, the findings and recommendations will inform the stakeholders, i.e. community leaders, women community, county governments, Garissa Gender Based Violence Recovery Centre (GGBVRC), Nairobi Women hospital, Law enforcement officers, Judicial system, UN Women, UNTF, RCK, like minded CSOs, and state officers on the best practices in prevention and response to VAWG cases. Some of the actions to be taken include but not limited to, building a case for potentially scaling up and disseminating knowledge being implemented by RCK in our organizational strategies and build on other studies that the project has carried out during its implementation period. The evaluation may further inform the design of future projects to address any gaps identified.

3.0 Evaluation objectives and scope

3.1 Scope of Evaluation:

The evaluation shall cover the 44-months period of the project implementation in Galbet, Iftin Township, and Wabera Wards in Garissa County; Eastleigh, Kawangware, Kitengela, Kayole, and Kasarani areas in the greater Nairobi Metropolitan region.

The evaluation will target both primary and secondary beneficiaries during the data collection. The primary beneficiaries include: female refugees/internally displaced/asylum seekers, women/girls survivors of violence and women/girls victims of sexual exploitation while secondary beneficiaries include, members of community-based groups/members, government officials (i.e. decision makers and policy implementers), health professionals, and men and/or boys. The evaluator shall sample at least 50 % of the stakeholders and 15% of the beneficiaries (primary and secondary) from each of the aforementioned sites for interviews. Further, this will be subject to the agreement between the evaluator and the evaluation team. The evaluator is highly encouraged to consider this when submitting the technical and financial proposal

3.2 Evaluation Objectives.

- a. To evaluate the entire project against the effectiveness, relevance, efficiency, sustainability and impact criteria, as well as the cross-cutting gender equality and human rights criteria;
- b. To identify key lessons and promising or emerging good practices in the field of ending VAWG, for learning purposes;
- c. To assess the progress and achievements at project end by comparing actual and expected results, including unintended results; and
- d. To assess strengths and weaknesses of the theory of change in the implementation of the project.

4.0 Evaluation Questions

The questions will be used to define the information that the evaluation needs to generate. The responses to the questions are intended to give RCK and UNTF the information they seek to make decisions, act, or add knowledge. The questions below are to be part of the evaluation and used by the evaluator. The responses to each of the questions below must be provided by the evaluator in the final evaluation reports.

- a. To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?
- b. To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
- c. To what extent was the project efficiently and cost-effectively implemented with regards to RCK's approach?
- d. To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?
- e. To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?
- f. To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?
- g. Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent.
- h. To what extent has the community/beneficiaries owned the project?
- i. To what extent did Covid-19 affect the results/implementation of the project?
- j. To what extent did the additional support provided by UNTF in response to emerging issues i.e. Covid-19 sustain the project and enhanced efficacy of the organisation?
- k. What are some of unintended results from the project?

5.0 Evaluation Methodology

The evaluator(s) applying for the particular role shall propose evaluation designs and methodologies in their submissions which shall then be deliberated and agreed upon by RCK and UNTF for use. However, the designs shall be inclusive of the aforementioned questions for evaluation and documented in the final report. RCK shall provide a summary of the likely data sources and information to the successful evaluator to aid in the data collection and analysis. The absolute decision arrived at on specific design and methodologies shall be merged at the inception phase. This shall be done in consultation with the project staff, consultant(s), and key stakeholders and agree on the suitable and realistic way to meet evaluation purposes and objectives. The consultant(s) should note the key tenets as outlined below:

- a. Proposed evaluation design;
- b. Data sources;
- c. Proposed data collection methods and analysis;
- d. Proposed sampling methods;
- e. Field visits; and
- f. Level of stakeholder engagement.

6.0 Evaluation Ethics

The consultant must commit to ensure that detailed safeguards and procedures are in place to ensure the physical and psychological safety of the respondents and those collecting the data. The consultant shall be bound by RCK policies that provides a framework for respondent engagement. These policies include but are not limited to anti-fraud policy, code of conduct, anti-sexual harassment policy, among others. This evaluation must guarantee that the rights of the respondents are protected and participation in the assessment does not lead to exacerbated violation of their rights. The consultant(s) shall have an evaluation/assessment that has a blue print in place to:

- a. Protect the rights of respondents, including privacy and confidentiality;
- b. Elaborate on how informed consent will be obtained and to ensure that the names of individuals consulted during data collection will not be made public;
- c. If the project involves children (under 18 years old*) the evaluator/s must consider additional risks and need for parental consent;
- d. The evaluator/s must be trained in collecting sensitive information and specifically data relating to violence against women and select any members of the evaluation team on these issues;
- e. Data collection tools must be designed in a way that is culturally appropriate and does not create distress for respondents;
- f. Data collection visits should be organized at the appropriate time and place to minimize risk to respondents;
- g. The interviewer or data collector must be able to provide information on how individuals in situations of risk can seek support (referrals to organizations that can provide counseling support, for example).

7.0 Key deliverables of evaluators and timeframe

This section describes the key products the evaluation team will be accountable for producing and submitting to the grantee organization. At the minimum, these products should be included with a specific timeframe and language. Timeframes must allot a minimum of two (2) to ten (5) working days for quality assurance and submission of comments from stakeholders after each evaluation milestone. Consultants must address comments within the next iteration of work or task managers must make note of any concerns which have not been addressed. The consultant(s) shall be expected to provide the mentioned below deliverables as per the agreement. The deliverable timelines **MUST** be submitted 1 to 10 working days for quality assurance and submission of comments from stakeholders after each break through. The consultants are expected to make timely submission in English. Consultants must address comments within the next iteration of work. The deliverables are as in the table below:

No.	Deliverable	Deadlines of Submission to UN Trust Fund M&E Team	Deadline
1	Evaluation Inception Report	This report should be submitted by the consultant within 2-4 weeks of starting the assessment . The inception report needs to meet the minimum requirements and structure specified in this guideline for UN Trust Fund's review and approval.	By 17 th June 2022
2	Draft Evaluation Report	In accordance with the timeline agreed with the hired consultant by the grantee organisation. The Draft Report needs to meet the minimum requirements and structure specified in this guideline for UN Trust Fund's review and approval.	By 15 th July 2022.
3	Final Evaluation Report	The Final Report needs to meet the minimum requirements and structure specified in this guideline for UN Trust Fund's review and approval.	By 29 th July 2022

8.0 Evaluation team composition and required competencies

The Evaluators **MUST** be independent from any other organisation(s) that have been involved in designing, executing, managing, or advising any aspect of the project that is the subject of the evaluation and any other UN Trust Fund-funded projects.

8.1 Evaluation Team Composition and Roles and Responsibilities

The Evaluation team will consist of a lead consultant who will work with data enumerators to execute the evaluation. The lead consultant will be responsible for undertaking the evaluation from start to finish and managing data enumerators. The engagement will be between the Task manager from RCK and

the lead consultant in managing the evaluation. In addition to this, the lead consultant will supervise the enumerators to ensure accuracy in data collection, analysis, and reporting as per the ToRs.

8.2 Required Competencies

Consultant(s)

- At least a Master's degree in Gender Studies, Law, Economics, Political Science, Research Methodology, Community Development, or any other relevant field. A Ph.D. degree in any of the aforementioned disciplines will be an added advantage;
- At least 3 years in conducting external evaluations, with mixed-methods evaluation skills and having flexibility in using non-traditional and innovative evaluation methods;
- Expertise in gender and human-rights based approaches to evaluation and issues of violence against women and girls;
- Experience in program design and theory of change, gender-responsive evaluation, participatory approaches and stakeholder engagement;
- Specific evaluation experiences in the areas of ending violence against women and girls;
- Experience in collecting and analysing quantitative and qualitative data as well as data visualization;
- In-depth knowledge of gender equality and women's empowerment;
- A strong commitment to delivering timely and high-quality results, i.e. credible evaluation and its report that can be used;
- A strong team leadership and management track record, as well as interpersonal and communication skills to help ensure that the evaluation is understood and used;
- Good communication skills and ability to communicate with various stakeholders, and to express concise and clear ideas and concepts;
- Regional/Country experience and knowledge: in-depth knowledge of Kenya is required;
- Language proficiency: fluency in English and Kiswahili is mandatory; good command of local language Somali/Oromo/Amharic is desirable;
- Experience in similar evaluations is an added advantage.

9.0 Management Arrangement of the evaluation

RCK shall manage the evaluation through appointed focal person “task manager” who shall be supported by the evaluation management group and evaluation stakeholder reference in managing the evaluation.

9.1. Refugee Consortium of Kenya

RCK shall appoint an Evaluation Task Manager (ETM) to lead the evaluation process who should not be part of the managers of this project or at decision making level. The ETM shall provide overall supervision of the data collection process and reporting templates while the consultant will be in the field. In addition to this, RCK will support the consultant by getting consent from the relevant authorities in order to access the respondents i.e. survivors of VAWG and validating data collection tools and reports.

Further to this, the organization will also provide the logistical and administrative support.

9.2 Consultant(s)

The consultant(s) will be responsible for undertaking the evaluation from start to finish, and for managing the evaluation team/co-evaluators under the supervision of evaluation task manager from RCK for data collection and analysis, as well as report drafting and finalisation in English. This will also compound the two validation workshops in Garissa and Nairobi.

9.3 Evaluation Management

RCK shall form an internal temporary evaluation management group within the organisation to oversee the process. The selected staff will ensure the evaluation meets the needs of the organisation and help with logistics. The main goal of this group would be to ensure oversight of the process, to support the ETM with logistics, HR, and procurement and to provide a sounding board to avoid any conflicts of interest or possible biases if people involved in the project also manage the evaluation.

9.4 Stakeholder Reference Group.

The Evaluation Task Manager shall set up an external Stakeholder Reference Group to include a small group of active and engaged stakeholders (donors, partners, beneficiaries). The stakeholder reference group could help enhance the design of the evaluation or provide contextual and technical expertise on the subject matter.¹⁵ In addition to this, stakeholder reference group will be part of the team in scrutinizing and managing the evaluator/s work i.e. reports reviews. RCK shall ensure there are clear roles to aid in efficiency and effectiveness of the process. Further to this, these stakeholders will also be included in the data collection process, for example likely to be interviewed by the Evaluator.

¹⁵ United Nations Trust Fund, [Supplementary Guidance - Grantee Handbook Section 7 - External Evaluation Guidance](#), September 2018

10. Timeline for the entire evaluation process

Stage of Evaluation	Key Task	Responsible	Number of working days required	Timeframe Example – please edit
Inception stage	Briefings of evaluators to orient the evaluators	Evaluation Task Manager	6 working days	First week
	Desk review of key documents	Evaluator/s		Second week
	Finalizing the evaluation design and methods	Evaluator/s		
	Submit draft Inception report	Evaluator/s		
	Review Inception Report and provide feedback	Evaluation Task Manager, Stakeholder Group and UNTF	2 working days	By 14 th June 2022.
	Incorporating comments and revising the inception report	Evaluator/s	1 working day	By 15 th June 2022.
	Submitting final version of inception report	Evaluator/s		
	Review final Inception Report and approve	Evaluation Task Manager, Stakeholder Group and UNTF	2 working days	By 17 th June 2022.
Data collection and analysis stage	Desk research	Evaluator/s	10 working days	By 1 st July 2022
	In-country technical mission for data collection (visits to the field, interviews, questionnaires, etc.)	Evaluator/s		
July	Analysis and interpretation of findings	Evaluator/s	5 working days	By 8 th July 2022
	Preparing a first draft report	Evaluator/s		
	Review of the draft report with key stakeholders for quality assurance	Evaluation Task Manager, Stakeholder Group and UNTF	5 working days	By 15 th July 2022.
	Consolidate comments from all the groups and submit the consolidated comments to evaluation team	Evaluation Task Manager		
	Incorporating comments and preparing second draft evaluation report	Evaluation Team	5 working days	By 22 nd July 2022
	Final review and approval of report	Evaluation Task Manager, Stakeholder Group and UNTF	3 working days	By 28 th July 2022.
	Final edits and submission of the final report	Evaluator/s	1 working day	By 29 th July 2022

11. Budget

The budget shall be discussed with the selected evaluator who may need an indication of the budget proposal for feasible evaluation design.

12. Application Process

Interested applicants who meet the required profile are invited to submit an expression of interest by submitting both technical and financial proposals (separately) in PDF format with the subject clearly marked “ RCK End Evaluation Consultancy: UN Trust Fund Project” on or before **Friday 8th April, 2022**, via email procurement@rckkenya.org. **For further information, see www.rck.org.**

All applications must have the following:

- 1. Cover letter;**
- 2. Technical proposal:** Summarizing the understanding of the TOR (written submission); method and tools to be used; suitability statement of the individual or company, including CVs of lead consultants and other participating consultants/enumerators with details of qualifications and experience in this and or similar assignments; work-plan clearly indicating the activity schedule and a risk analysis and mitigation strategy;
- 3. Financial proposal:** providing cost estimates (costs per activity line, staff and any logistics etc.) and technical consultancy fees;
- 4. Testimonials and contacts** of three organisations that have recently contracted you to carry out similar assignment.

I3.3 Evaluation Matrix

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data Collection Methods
Effectiveness	To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?	<ul style="list-style-type: none"> - To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? - What are some of the unintended results from the project? 	<ol style="list-style-type: none"> 1. Project staff KII. 2. Logical framework. 3. Program outline. 4. Project participants Survey. 5. Baseline & MTE findings.
Relevance	To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?	<ul style="list-style-type: none"> - To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls? - Were approaches and interventions appropriate, realistic and adequate to lead to the realization of defined outcomes? Would there have been alternative, better ways of achieving similar results? 	<ol style="list-style-type: none"> 1. Key project stakeholders/ partners/ beneficiaries KII & FGDs. 2. Project implementation team. 3. Project documents review i.e. baseline survey, and Mid-term review.
Efficiency	To what extent was the project efficiently and cost-effectively implemented?	<ul style="list-style-type: none"> - To what extent was the project efficiently and cost-effectively implemented with regards to RCK`s approach? - To what extent did Covid-19 affect the results/ implementation of the project? - To what extent did the additional support provided by UNTF in response to emerging issues i.e. Covid-19 sustain the project and enhanced efficacy of the organisation? 	<ol style="list-style-type: none"> 1. Project reports review (budgets, narrative reports, and baseline & MTE findings). 2. Project staff KII. 3. Implementation plan. 4. Project participants survey and FGDs.

Sustainability	To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?	<ul style="list-style-type: none"> - To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends? - To what extent has the community/beneficiaries owned the project? 	<ol style="list-style-type: none"> 1. Project stakeholders/ beneficiaries/ partners FGDs and KIIs. 2. Project team KIIs. 3. Project reports review 4. Assessment of Baseline and MTE findings. 5. Relevant county documents such as Sexual Reproductive Health Rights (SRHR) policies, Policy on immigrants and human rights etc.
Impact	To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?	<ul style="list-style-type: none"> - To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)? - To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners? 	<ol style="list-style-type: none"> 1. Comparative Analysis of baseline, MTE and ETE findings. 2. Success stories/case studies 3. Key project stakeholders/ beneficiaries/ partners FGDs, survey.
Knowledge generation	To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?	<ul style="list-style-type: none"> - Promising of success stories and emerging practices 	<ol style="list-style-type: none"> 1. Comparative Analysis of baseline, MTE and ETE findings. 2. Success stories/case studies 3. Key project stakeholders/ beneficiaries/ partners KIIs and FGDs.

Gender Equality and Human Rights	<p>Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent.</p>	<ul style="list-style-type: none"> - The extent to which human rights based and gender responsive approaches have been incorporated through-out the project. 	<ol style="list-style-type: none"> 1. Key project stakeholders/ beneficiaries/ partners KIIs and FGDs.
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I3.4 Beneficiary Data Sheet

TOTAL BENEFICIARIES REACHED BY THE PROJECT	
Type of Primary Beneficiary	Total number
Female domestic workers	
Female migrant workers	
Female political activists/ human rights defenders	
Female sex workers	
Female refugees/ internally displaced asylum seekers	1674
Indigenous women/ from ethnic groups	
Lesbian, bisexual, transgender	
Women/ girls with disabilities	
Women/ girls living with HIV/AIDS	
Women/ girls survivors of violence	
Women prisoners	
Women and girls in general	
Other (Specify here:)	
TOTAL PRIMARY BENEFICIARIES REACHED	1674
Type of Secondary Beneficiary	Total number
Members of Civil Society Organizations	
Members of Community Based Organizations	
Members of Faith Based Organizations	
Education Professionals (i.e. teachers, educators)	
Government Officials (i.e. decision makers, policy implementers)	
Health Professionals (doctors, nurses, medical practitioner)	
Journalists / Media	
Legal Officers (i.e. Lawyers, prosecutors, judges)	
Men and/ or boys	747
Parliamentarians	
Private sector employers	
Social/ welfare workers	
Uniformed personnel (i.e. Police, military, peace keeping)	
Other (Specify here:)	
TOTAL SECONDARY BENEFICIARIES	747
Indirect beneficiaries reached	Total numbers
Other (total only)	
GRAND TOTAL	2421

13.5 Data collection instruments and protocols

13.5.1 Consent form

INFORMED CONSENT

- Thank you for taking the time to meet with me and to participate in this interview/discussion – I am grateful for your time.
- On behalf of Refugee Consortium of Kenya (RCK), MERDA Kenya is undertaking an evaluation study for the Violence Against Women and Girls (VAWG) Project among urban refugees in Nairobi and Garissa Counties. This exercise is for learning purposes focusing on assessing what worked well and why; what didn't work so well and why; and whether the project met its set objectives.
- If you agree to participate, I will ask you some questions about your experience as a beneficiary of this project.
- Any information you share will be kept strictly confidential, unless we have reasons to believe that you are at risk of harm. In which case you are allowed to freely withdraw from the study and this will not result to any punitive measures. If you choose to participate, you do not have to answer any questions that you are not comfortable with and are free to end the interview at any time. The interview will take approximately 1 hour to complete and your participation is purely voluntary. I hope you will participate since your views and experiences are very important to understanding the outcomes of this project.

Agree

1. Yes
2. No

If No, thank the participant and end the interview

13.5.2 Survey Questionnaire

Enumerators Name: _____

Date: _____

Welcome script and Informed Consent

- Thank you for taking the time to meet with me and to participate in this interview/discussion – I am grateful for your time.
- On behalf of Refugee Consortium of Kenya (RCK), MERDA Kenya is undertaking an evaluation study for the Violence Against Women and Girls (VAWG) Project among urban refugees in Nairobi and Garissa Counties. This exercise is for learning purposes focusing on assessing what worked well and why; what didn't work so well and why; and whether the project met its set objectives.
- If you agree to participate, I will ask you some questions about your experience as a beneficiary of this project.
- **Informed consent:** Any information you share will be kept strictly confidential, unless we have reasons to believe that you are at risk of harm. In which case you are allowed to freely withdraw from the study and this will not result to any punitive measures. If you choose to participate, you do not have to answer any questions that you are not comfortable with and are free to end the interview at any time. The interview will take approximately 1 hour to complete and your participation is purely voluntary. I hope you will participate since your views and experiences are very important to understanding the outcomes of this project.

Demographic information	
1. Age of respondents	_____ If below 18yrs, confirm a signed consent from a guardian <input type="checkbox"/> Yes <input type="checkbox"/> No If No, End the interview
2. County of residence	a) Nairobi b) Garissa
3. Area/ ward	a) Eastleigh, b) Kawangware, c) Kitengela, d) Kayole, and e) Kasarani f) Garissa Township
4. What is the highest school grade that you have completed?	a) None b) Koranic school c) Primary school d) Secondary school e) University/College/technical college
5. Marital Status	a) Single b) Married c) Widowed d) Divorced
6. Which religion are you affiliated to?	a) Christian b) Muslim c) Others (specify).....
7. Are you currently engaged in Income Generating Activity	a) Yes (specify)..... b) No

8. How long have you resided on this neighbourhood? Record in months			
9. Age of Respondent's Partner/Spouse, If married or living with a partner,			
10. Education Level of Respondent's Partner	a) None b) Koranic school c) Primary school d) Secondary school e) University/College/technical college			
11. Is your partner engaged in an income generating activity	a) Yes (specify)..... b) No			
12. If Yes to question above, is your partner the sole bread winner?	a) Yes b) No			
13.				
14. In the last 12 months, did you participate in any OTHER project, activity, or education session [OTHER THAN VAWG] related to: a) Violence against women or women's rights? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Savings, loans, banks, doing business, making money? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Perception on statements relating to likelihood of occurrences of different forms of physical violence in the last 12 months within their neighborhoods.				
Statement	Not likely	Somewhat likely	Very likely	Can't tell/ don't know
15. What is the likelihood of being slapped or thrown something at that could hurt.				
16. What is the likelihood of being pushed or shoved or hair pulled				
17. What is the likelihood of being hit with fist or anything that could hurt.				
18. What is the likelihood of being kicked, dragged or beaten				
19. What is the likelihood of being choked or burned intentionally				
20. What is the likelihood of being threatened with or actual use of a knife, gun or other weapon				

Perceptions on norms on physical violence against women and girls.

I am going to read some statements here for you and tell me whether you agree or disagree with them

Statement	Disagree	Agree	Neutral
21. There are times when a woman deserves to be beaten			
22. A woman should tolerate violence to keep her family together			
23. It is alright for a man to beat his wife if she is unfaithful.			
24. A man is allowed to hit his wife if she won't have sex with him.			
25. If someone insults a man, he should defend his reputation with force if he has to.			
26. A man using violence against his wife is a private matter that shouldn't be discussed outside the couple			
27. When couples disagree, the man should get his way most of the time			
28. A woman should obey her husband in all things			

Perceptions on Safety from Sexual Violence

I am going to read some statements relating to likelihood of occurrences of different forms of sexual violence in the last 12 months within their neighborhoods

Statement	Not likely	Somewhat likely	Very likely	Don't know
29. What is the likelihood to experience rape by threat or put in inescapable situation to say no				
30. What is the likelihood to experience attempted rape by threat or put in inescapable situation to say no				
31. What is the likelihood to be forced to do other sexual acts other than intercourse that they find degrading or humiliating				

Perceptions on Norms on Sexual Rights for Women and Girls

I am going to read some statements here for you and tell me whether you agree or disagree with them

Statement	Disagree	Agree	Neutral
32. Women should not talk about sex, they should just do it			
33. A woman should not initiate sex			
34. Men often force women in indirect ways to have sex with them, even if they do not want to			

35. Most male partners take into account their female partners opinion regarding their sexual desires

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Perceptions on Safety from Female Genital Mutilation (FGM)

36. Have you ever heard of female genital mutilation? Yes No

37. If you have ever heard about FGM, what are the Benefits of FGM to Women and Girls?

- a) None
- b) Fulfil Cultural practice
- c) Control premarital sexual desires
- d) Fulfil religious obligation (Sunnah Act)
- e) Accords dignity respect and value
- f) Rite of passage to womanhood
- g) Instils self-discipline
- h) Preserves virginity among girls
- i) Promotes sexual hygiene
- j) Controls promiscuity
- k) Don't Know

38. Do you think female genital mutilation is a requirement from your religion? Yes No

39. Do you personally approve the FGM practices? Yes No

Perceptions on the stakeholders in VAWG Prevention and Response

40. How would you rate the knowledge of the following stakeholders in VAWG Prevention and Response?

Stakeholder	Low	Moderate	High	Can't tell/ don't know	Provide reasons
Police					
Health professionals					
Court Officials					
CBO/NGOs					

Perceptions on Ease of Access to VAWG Prevention and Response Services from the stakeholders

Stakeholder	Not easy at all	Somewhat easy	Easy	Very easy	Don't know
41. How easy is it for women & girls to lodge a complaint with the police and get a complaint acknowledgement receipt?					
42. How easy is it for women & girls to access a health professional and get the required medical services?					
43. How easy is it for women & girls to access a court official for legal assistance?					

44. How easy is it for women & girls to access assistance from CBOs/NGOs?					
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Perceptions on Efficiency of stakeholders in VAWG Prevention and Response Service Provision

	Low	Moderate	High	Don't know
45. How would you rate the efficiency of the police on service provision to women & girls?				
46. How would you rate the efficiency of health professionals on service provision to women & girls?				
47. How would you rate the efficiency of court officials on service provision to women & girls?				
48. How would you rate the efficiency of alternative dispute resolution mechanisms/Maslaha on service provision to women & girls?				

Awareness on VAWG Prevention and Response Strategies

I am going to read some statements here for you and tell me whether you agree or disagree with them

Statement	Disagree	Agree	Neutral
49. Economic empowerment is sufficient to prevent first-time occurrence of violence against women & girls			
50. Arrest and protection orders are the most important immediate interventions to deal with short-term solutions for survivors and perpetrators			
51. Addressing mental health challenges is another short-term intervention that can prevent reoccurrence of violent situations and behaviours that cause them			
52. Survivors of sexual assault ought to take a bath and clean their cloth BEFORE reporting the assault to the police			
53. As a woman I have the right to say no to cultural practices that I do not feel are beneficial to me or other women in the community			

Awareness on Legal Rights of the VAWG Survivors

I am going to read some statements here for you and tell me whether you agree or disagree with them

Statement	Disagree	Agree	Neutral
54. Survivors of VAWG have rights under the law for redress if assaulted by someone they know or live with			
55. Survivors of VAWG can apply for civil court order to restrain their abuser to stop harassing or hurting or keep out of or away from their homes			

56. Survivors of VAWG can get help with emergency or temporary accommodation			
57. The law can also help to protect children for survivors of VAWG			
58. In traditional/ alternative dispute resolution mechanisms, the VAWG survivor is NOT meant to be consulted			

Perceptions on Self-Worth for Resilience

I am going to read some statements here for you and tell me whether you agree or disagree with them

Statement	Disagree	Agree	Neutral
59. People are responsible for their own success at work			
60. People will get out of work what they put into it			
61. Whether or not people succeed at work depends on their talents and motivation.			
62. Even if a situation is challenging, I maintain hope.			
63. I am optimistic while staying aware of potential problems.			
64. Considering my circumstances, I am an optimistic person.			
65. My personal values provide me with comfort.			
66. I believe everything happens for a reason			
67. I believe I have the qualities I need to be successful			
68. I can successfully meet demands.			
69. I can successfully overcome obstacles.			
70. Others would describe me as someone who productively manages stress.			
71. Others would say I am a calm person.			
72. No one knows it when I am under pressure			

Safety and Social Support Network

How would you evaluate your knowledge on the following?

Statement	Disagree	Agree	Neutral
73. I know of a place in my community where I feel safe.			
74. I know of a place or person in my community where I can go to report violence or abuse of a girl or woman.			
75. I know a place or person in my community where I can find support for my mental wellbeing.			

76. I feel supported and respected by male partners/male supporters (fathers, guardians, significant others)			
77. I have increased access to a network of trusted people who I can rely-on for support.			

Coping mechanisms for women and girls’ survivors of violence – Entrepreneurship

78. During the project period, did you receive training on entrepreneurship skills? Yes No

79. Have you ever done any of the following activities in the last 6 months?

Activity	Yes	No	Month
Visited a bank or microfinance institution			
Put money in a savings account (in the bank or by phone -Mpesa)			
Written or used a budget			

Entrepreneurship Skills

80. Do you currently run a business?

Yes No

81. If yes, when did you start?

Before the Project After joining the project

82. How would you identify with the following statement on entrepreneurship skills after being in the project?

Statement	Disagree	Agree
I am able to develop new business ideas		
I can write a business plan		
I know where to get money to start a new business		
If agree, please give some examples a)		
83. When setting a price for a product, I know what I should consider		
Give examples of what should be considered when setting a price for a product (<i>Tick all that is mentioned, don't read from the list</i>) a) The price of the competition b) How much your customers can afford to pay c) How much you need to earn to make a profit d) How you are feeling on the day		

84. During the project, which of the following livelihood opportunities did you have access to:

- Seed grants Yes No
 Booster grant Yes No

85. What did you like about the VAWG) Project?
86. What did you <u>not</u> like about the VAWG) Project

End

Thank you for your time

13.5.3 Focus Group Discussion (FGD) Guides

Welcome script and consent

Thank you for taking the time to meet with me and to participate in this interview/discussion – I am grateful for your time. On behalf of RCK, MERDA Kenya is undertaking an evaluation study for the Violence Against Women and Girls (VAWG) Project. This exercise is for learning purposes focusing on assessing what worked well and why; what didn't work so well and why; and whether the project met its set objectives. If you agree to participate, I will ask you some questions about your experience as a beneficiary of this project.

Informed consent: Any information you share will be kept strictly confidential, unless we have reasons to believe that you are at risk of harm. In which case, you are allowed to freely withdraw from the study. If you choose to participate, you do not have to answer any questions that you are not comfortable with and are free to end the interview at any time and this will not result to any punitive measures. The interview will take approximately 1 hour to complete and your participation is purely voluntary. I hope you will participate since your views and experiences are very important to understanding the outcomes of this project.

Name of the Moderator: _____

Name of the Note Taker: _____

Date: _____

A. FGD Guide for Women and Girls	
General Questions	
1. Why did you get involved in the VAWG Project?	
2. What are your greatest needs as a woman/girl refugee/asylum seeker?	
3. Do you think the VAWG Project addressed those needs? Please explain	
4. Safety: What aspects of safety and security did the project address when they implemented the program activities? Please give some examples. Did you feel safe when attending project activities? If not, Why?	
5. Male engagement: What did you understand about the role of males (significant others, fathers and guardians) in this project? Do you think that role was achieved? Why do you think so? Do you currently feel supported and respected by the males in your life? Please give examples that support this.	
6. Referrals and Support: Were you referred to or supported for any services (counselling, health, legal, training, entrepreneurship, child custody legal representation, social assistance) during the project period? Did you use any of the services? If so, please share your experience. Was the referral successful? What can be done different? If you did not access the services, why not?	

7. Do you feel confident, prepared and well equipped for preventing, identifying and reporting of VAWG cases and effective response to VAWG? Please explain why you feel that way.	
8. What elements of project implementation did you like most?	
a. Why did you like them most?	
b. What elements of the project did not work well?	
c. Why did the elements mentioned not work well?	
9. What are some of the positive changes you have seen in the individuals and community (intended / unintended)?	
10. What are some of the negative changes in the individuals and community have you seen (intended / unintended)?	
11. What are your perceptions of the following stakeholders in VAWG Prevention and Response in terms of knowledge and efficiency in relation to service provision? Please elaborate your answers a) The police/law enforcers b) Health professionals c) Court Officials d) CBOs/NGOs that support women and girls	
12. What do you think are the best practices coming from the VAWG Project? Please give examples.	
13. What areas of the project implementation need improvements ? Please give examples	
14. Which are the key recommendations that you would make to improve the VAWG Project and similar future projects?	
15. Sustainability: What are some of the activities that can be sustained after the close of the project? Do you think the VAWG Project has the potential for scale up? If yes, how?	

B. FGD Guide for Male Champions	
1. Why did you get involved in the VAWG Project?	
2. How were you involved in the project? What are some of the activities have you been able to undertake?	
3. What elements of project implementation did you like most and why?	
4. What elements of the project did not work well and why?	
5. How supportive are you towards the refugee girls and women, now that you have been engaged in the VAWG Project? How has your attitude changed towards the girls and women?	
6. Were the approaches and interventions (male engagement) appropriate, realistic and adequate to lead to the realization of defined project outcomes? Were there any challenges experienced?	

7. Have you been able to share the information you have learnt in the VAWG Project with other men? How did you share this information (approach used)? What was their response?	
8. Would there have been alternative, better ways of male engagement that would have led to achieving similar results?	
9. What do you think are the best practices coming from the VAWG Project? Please give examples.	
10. What are some of the positive changes in the community you have observed as a result of male engagement (intended / unintended)?	
11. What are some of the negative changes in the community you have observed as a result of male engagement (intended / unintended)?	
12. What are your perceptions of the following stakeholders in VAWG Prevention and Response in terms of knowledge and efficiency in relation to service provision? Please elaborate your answers a) The police/law enforcers b) Health professionals c) Court Officials d) CBOs/NGOs that support women and girls	
13. What lessons have you learnt as a project beneficiary?	
14. What are some of the areas of the project that need improvements ?	
15. What key recommendations would make to improve the VAWG Project and similar future projects?	
16. What are some of the activities that can be sustained after the close of the project? Do you think the VAWG Project has the potential for scale up? Please give examples. As an individual are you willing to be engaged in similar future projects?	

13.5.4 KII guide for Community Leaders and Partnering Organizations

On behalf of Refugee Consortium of Kenya (RCK), MERDA Kenya is undertaking an evaluation study for the Violence Against Women and Girls (VAWG) Project. The purpose of the Evaluation is for learning purposes focusing on assessing what worked well and why; what didn't work so well and why; and whether the project met its set objectives. We will be focusing on quality of project design, relevance, delivery, and efficiency; achieved results, planned and unintended, positive and negative; sustainability of implemented project activities, key lessons learnt and best practices and recommendations. The information collected will be treated with confidentiality and will only be used for this purpose only with no reference to individuals. Your participation is purely voluntary. This is therefore a formal request to answer questions concerning your participation in the project activities. Thank you.

Section A: Background Information

	Date	
	Name	
	Education background	
	Partner Name	
	Period since you started partnering with the VAWG Project	
	Outline your organization roles in the implementation of VAWG Project	

Section B: VAWG Project Strategy and Implementation Process

	Question	Response
	How did you as a partner organization/department complement the other RCK and other partner efforts in implementing the project?	
	What were the benefits experienced from this complementarity?	
	What factors positively influenced implementation of VAWG Project	
	What factors negatively influenced implementation of VAWG Project?	
	What did VAWG Project or you as a partner do to counter the difficulties above?	
	What strategies /activities have been very relevant	
	Which strategies /activities have been least effective and should be re-thought? Please give reasons	
	What sustainability measures do you think were taken into account during the implementation of project	
	What activities did you participate in as a stakeholder/ partner organised by VAWG Project? Were the activities beneficial to you? Kindly explain	
	What would you recommend for sustainability of VAWG Project and implementation of similar future projects	

13.5.5 KII guide for VAWG Project Manager and Staff

On behalf of Refugee Consortium of Kenya (RCK), MERDA Kenya is undertaking an evaluation study for the Violence Against Women and Girls (VAWG) Project. The purpose of the Evaluation is for learning purposes focusing on assessing what worked well and why; what didn't work so well and why; and whether the project met its set objectives. We will be focusing on quality of project design, relevance, delivery, and efficiency; achieved results, planned and unintended, positive and negative; sustainability of implemented project activities, key lessons learnt and best practices and recommendations. The information collected will be treated with confidentiality and will only be used for this purpose only with no reference to individuals. Your participation is purely voluntary. This is therefore a formal request to answer questions concerning your participation in the project activities. Thank you.

Section A: Background information

Date	
Name	
Education background	
Period of work under VAWG project	
Outline your roles in implementation of VAWG project	

Section B: VAWG project strategy and implementation process

Question	Response
Did VAWG project encounter difficulties that may have hindered delivery of the project's outputs on time and within budget? If yes, what were the difficulties	
What did RCK do to counter the difficulties above?	
What are the factors that positively influenced implementation of VAWG project?	
What are the factors that negatively influence implementation of VAWG project?	
Has there been any necessary changes made during implementation to accommodate the changes in the operating environment to make it relevant to the needs and priorities of the target beneficiaries	
What strategies /activities have been very relevant?	
Which strategies /activities were least effective and should be re-thought? Please give reasons	
Indicate the key project assumptions and the extent to which these influenced project implementation	
What are the lessons learnt as you implemented VAWG project?	
How did you use the lessons learnt to improve the implementation of the project?	

	Question	Response
	What were the sustainability measures taken into account during implementation of VAWG project?	
	<p>What organizational change/ growth areas did RCK achieve that has enabled the successful delivery of this project? What remains to be done to ensure the outcomes from this project are sustained?</p> <p><i>Probe for support provided to the resource mobilization officer, internal reporting and management systems, Review of organization's policies and manuals, support to RCK Board to better lead and guide the organization through COVID and other crisis situations, finance department support etc.</i></p>	
	Who has been key stakeholders and local partners of VAWG project?	
	<p>What activities have been done to enhance interaction between stakeholders, local partners and VAWG project? What were the key lessons learnt in stakeholder engagement?</p>	
	What would you recommend for sustainability of VAWG project activities and implementation of similar future projects	
	<p style="text-align: center;">Questions specific to M&E</p> <p>Is there an M&E system for the project? How was it designed? How effective has it been for the project in terms of monitoring and evaluation of activities? How has the M&E system been beneficial internally and can this be replicated to other projects?</p>	
	How is support supervision conducted? How often? Any tool guiding the process? <i>Ask to see a sample of the tool and of reports of support supervision visits</i>	
	<p>Quality management – How does the project ensure quality assurance? Are there any mechanisms of routine data quality assessments/audits? Are there tools? <i>Ask to see sample of tools and reports of assessments conducted</i></p>	
	<p>Training: How did the project ensure quality trainings are provided for the targeted beneficiaries/stakeholders? Are there training curriculum/modules that guided the training of the Court User Committees, Law Enforcers and Health professionals? <i>Ask to see a sample of the training curriculum/modules</i></p>	
	<p>How were success stories/lessons learnt captured for VAWG project? Did the M&E department provide any guidance/format? Elaborate</p> <p><i>Ask for a sample template or guide</i></p>	

	Question	Response
	What has been some of the challenges you have faced as the M&E department in monitoring the VAWG project? <i>Probe in terms of staff, expertise, training opportunities, management support etc.</i>	
	Additional question for VAWG project manager	
	Kindly provide organization and management structure for the VAWG project	<i>Get the organizational structure/drawing</i>
	Kindly provide updated project achievement matrix versus the target for each indicator	<i>Get updated framework</i>
	Additional question for Finance Officer / VAWG project manager	
	Kindly provide the finances spend as per End-Term versus program activities and total allocation	

13.5.6 KII with County Government Officials and Local Administration

On behalf of Refugee Consortium of Kenya (RCK), MERDA Kenya is undertaking an evaluation study for the Violence Against Women and Girls (VAWG) Project. The purpose of the Evaluation is for learning purposes focusing on assessing what worked well and why; what didn't work so well and why; and whether the project met its set objectives. We will be focusing on quality of project design, relevance, delivery, and efficiency; achieved results, planned and unintended, positive and negative; sustainability of implemented project activities, key lessons learnt and best practices and recommendations. The information collected will be treated with confidentiality and will only be used for this purpose only with no reference to individuals. Your participation is purely voluntary. This is therefore a formal request to answer questions concerning your participation in the project activities. Thank you.

Date on interview: _____/_____/_____	
Name of interviewer	
Respondent name (in full)	Phone number (Optional)
Department	Profession
Sex of respondent	<ol style="list-style-type: none"> 1. Male 2. Female

Question	Answer
<p>1. What do you think about VAWG Project as an instrument for increasing safe spaces, psychosocial support, livelihoods and entrepreneurship opportunities for refugee women and girls who are survivors of violence?</p> <p>a) Increasing safe spaces</p> <p>b) Increasing social support</p> <p>c) Increasing livelihood and entrepreneurship opportunities</p>	
<p>2. Is the implementation of this project part of the national/county strategy on women/girls empowerment especially among refugees/asylum seekers? Explain</p>	
<p>3. What has your office done to support this initiative?</p> <p>(Probe for incentives, linkages and partnerships etc.)</p> <p>Why has your office provided/not provided the support of the initiative?</p>	
<p>4. In your opinion, what have been the strengths, weaknesses, opportunities and threats of the VAWG Project?</p> <p>a) Strengths</p> <p>b) Weaknesses</p> <p>c) Opportunities</p> <p>d) Threats</p>	
<p>5. What has been some of the lessons learnt from the implementation of the project?</p>	
<p>6. What are some of the suggestions/ recommendations for similar future projects?</p>	

I3.6 List of key stakeholders/partners consulted

Key Informants Interviewed in Nairobi/Virtual

1. CBC at Kayole
2. CBC at Kasarani
3. Interpreter/translator and Protection monitor at Eastleigh
4. CBC at Kawangware
5. CBC at Kitengela
6. Protection Monitor at Kitengela
7. RCK M&E Officer
8. RCK Executive Director
9. Former implementing consultant in Nairobi
10. RCK Senior Programme Officer
11. RCK Assistant Programme Officer Nairobi
12. Program Manager HIAS
13. Portfolio Manager UNTF

Key Informants Interviewed in Garissa

1. Garissa Community Leader
2. KULMIYE FM media personnel
3. Garissa Deputy County Director of Gender
4. Garissa Court Admin
5. Prosecution Counsel Garissa DPP'S Office and Principal Prosecution Counsel
6. Officer In-Charge Garissa Probation
7. Children Department Sub- County Officer
8. Galbet Chief
9. Head of GBV Department in Garissa hospital
10. Deputy OCS Garissa
11. Children Network Self Help Group (CBO)
12. Border Monitor for refugees
13. Medic at Medina Hospital
14. Psychologist at Garissa General Hospital
15. Garissa Youth Champion
16. A representative from SIMAHO Organization

I3.7 List of documents reviewed

- a) Project proposal
- b) Baseline report
- c) Training curriculums (Economic Empowerment training, Court Users Committee training, Translators Training, UNTF Community Based Counsellors training)
- d) Annual Reports (year 1-3)
- e) Project concept note
- f) UNTF end of project report
- g) IOM Institutional Framework for addressing GBV in Crises
- h) UNHCR's protection mandate of preventing and responding to SGBV
- i) Kenya National Migration Vision 2030 draft Policy
- j) Refugees Act 2021
- k) Women Economic Empowerment Strategy 2020-2025

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