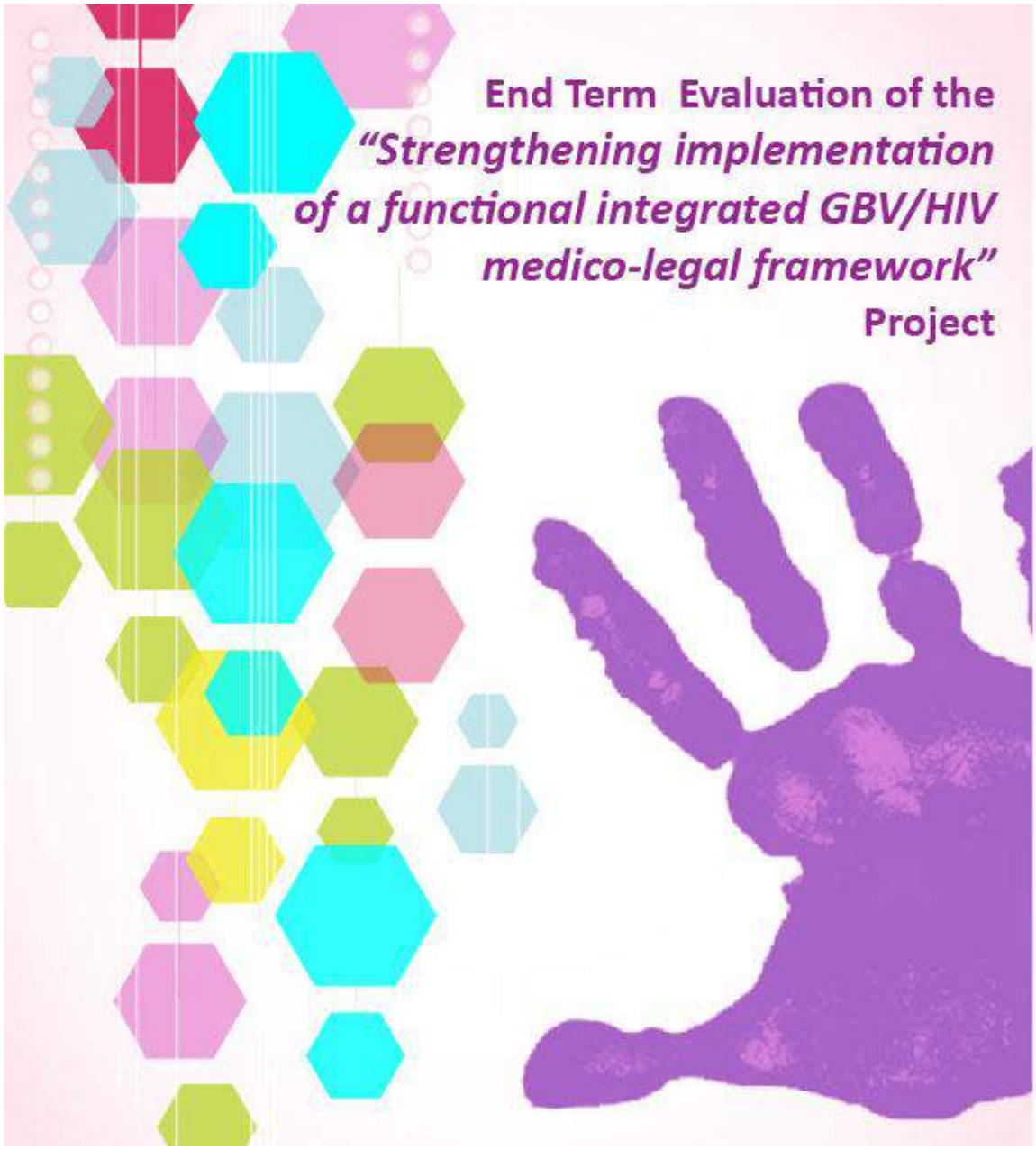

Country/Region of Project: Kenya, East Africa

Project Period Covered by Evaluation: September 2011- January 2015

Date of Final Evaluation: March 2015

Evaluators: Prof. Peter Memiah- PhD; Dr. Gabriel Mahasi – MD, MPH; Ms. Constance Shumba – GBV Expert; Mr. Samuel Kemboi – BSc, MPH

Evaluation commissioned by: Evaluation Task Force Committee for UNTF

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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BCC	Behavior Change Communication
CEC	County Executive Committee
DPP	Deputy Public Prosecutor
FGD	Focus Group Discussion
FIDA-K	Federation of Women Lawyers – Kenya
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
IDI	In-depth Interview
IPV	Intimate partner violence
KII	Key Informant Interview
M & E	Monitoring and Evaluation
NGEC	National Gender and Equality Commission
NGO	Non-Governmental Organization
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV/AIDS
SGBV	Sexual Gender Based Violence
TFSOA	Task Force for Implementation of the Sexual Offences Act
UNTF	United Nations Trust Fund
VAW	Violence Against Women
WHO	World Health Organization

Acknowledgements

The consultant team would like to thank all the stakeholders and individuals who contributed to the successful execution of the UNTF Funded "Strengthening implementation of a functional integrated GBV/HIV medico-legal framework" end of programme evaluation and the ultimate production of this report.

We are especially grateful to the program beneficiaries, community and opinion leaders and communities in Nakuru, Kitui. Kisumu, Kakamega and Nairobi Counties for sharing their experiences with the support they received from this project in the period under review. We appreciate the invaluable recommendations they suggested which should strengthen the future course of similar programs.

We sincerely extend our gratitude to those individuals who provided in-depth stories of change and gave permission for their photographs to be used in this report. Many thanks go to the Strategic partners at National and County level whose insightful opinions and lessons learned from their programing experience with this project positively contributed to further insights into the documentation of this evaluation. These are listed in the appendix.

We thank the members of the Evaluation Task Force who guided the evaluation team and contributed usefully to the entire exercise through communication and feedback. They included Dr. Lina Digolo, Carolyne Ajema, Magdalene Mwanzia, Mary Valai, Anthony Mwaniki (all of whom work for the project through LVCT Health), Fred Lumiti (NGEC), Shadrack Musyoka (Directorate of Gender - Kitui) and Fred Langat (FIDA-K). We also acknowledge the contribution of FIDA-K, UNTF and UN Women in providing a detailed account of this project under the implementation. We also want to thank our field team whose commitment and hard work is recognized and reflected throughout this report.

The evaluation team;

- Prof. Peter Memiah- PhD.; MSc -Lead Consultant
- Dr. Gabriel Mahasi – MD, MPH – Content Expert
- Ms. Constance Shumba – GBV Expert
- Mr. Samuel Kemboi – BSc, MPH – Quantitative and Qualitative Analysis

Executive Summary

Gender Based Violence (GBV) refers to '…any harmful act that is perpetrated against one person's will and that is based on socially ascribed (gender) differences between males and females' (IASC, 2005). GBV takes many forms including acts that inflict physical, mental or sexual harm/suffering; the threat of such acts; coercion and deprivations of liberty. The Sexual Gender Based Violence (SGBV) among women in Kenya is high (39%), driven by age; marital and socio-economic status. SGBV is recognized as both a cause and consequence of HIV/AIDS (KDHS, 2008). In spite of this strong evidence linking HIV and SGBV, these epidemics have for a long time not been addressed jointly. An effective response to SGBV requires a coordinated multi-sectoral action (comprising health and social services actors, legal, human rights, and security sectors and the community) (KDHS, 2008)

The Project (*Strengthening Implementation of a Functional Medico-Legal Framework to Scale Up GBV Services in Kenya*) with a total funding budget of USD. 1,086,000 from the UNTF, was implemented by LVCT Health in partnership with FIDA-K, relevant government agencies and CSOs, over three years (September 2011 - Oct 2014). Its main objectives included strengthening CSO coordination; providing technical support to the development of national standard operating procedures for cross-sectoral referral; and strengthening sector specific responses for GBV/HIV integration.

Purpose and Objectives

The overall purpose of the evaluation, therefore, was to measure the project outcome in line with the strategic objectives and highlight program achievements and gaps. The Objectives of this exercise included determining relevance, effectiveness, efficiency, and sustainability of the project, as well as evaluating the impact and documenting lessons learnt (knowledge generation), if any, that is attributable to the project. The results of this evaluation are intended for both primary and secondary beneficiaries who need to know available services for addressing GBV and where to access them; Civil Society Organizations, government agencies and implementers of GBV programs for lessons on improving the response, and funding organizations on areas of focus for successful programming.

Intended Audience

The primary beneficiaries of this project whose lives were expected to change were the male and female survivors of sexual violence (rape, defilement and sexual assault) who presented to health facilities and the criminal justice system. They were to benefit from improved SGBV/HIV service. The secondary beneficiaries included service providers in the medical, social services and criminal justice systems; custodians of institutional processes that would strengthen implementation of the SOA including legal officers, prosecutors, magistrates and judges. They were to benefit by having their capacity built through trainings, cross sectoral linkages, mentorship and supply of necessary tools to strengthen service delivery

Methods:

This was a post-test study with no comparison group conducted between March 9th and March 25th 2015). The evaluation included review of the existing project documents, policies and other national and international literature on SGBV and HIV. Qualitative and quantitative data collection approaches were utilized. By design , purposive convenience sampling was used to identify evaluation respondents. 6 FGDs and 22 KIIs (21 female and 15 males) were conducted in Nakuru; Kitui; Kakamega; Kisumu and Nairobi Counties. The respondents interviewed included staff from the implementing partners, policy makers,

Civil Society Organizations, paralegals, County GBV technical working groups and community leaders who were directly and indirectly involved in this project. Data collected through interviews from key informants and those collected through focus group discussions was analyzed through deduction, organizing and finally condensing them in order to draw conclusion. This was achieved through use of the evaluation matrix and writing a combined document that covers the emerging themes and research questions that underpin this evaluation. Qualitative data collected was placed in six categories (Relevance; Effectiveness; Efficiency; Sustainability; Impact and knowledge generation) Quantitative data was presented in simple tabulation and analyzed using descriptive statistics. Simple tabulation was used because it is easy to understand and manageable. Data analysis was done by interpreting the meaning of responses from the transcripts and comparing it with the quantitative data and/or field assessments. A comparison between the project documents and data analysis results was constantly done to identify any similarities and differences.

Results:

The project reached 8687 primary beneficiaries (survivors of GBV) and over 2000 secondary beneficiaries (service providers in different sectors). On CSO coordination, there was a mechanism established at both the National and County Levels that brought together the major CSOs (over 15 in number) to a common table to discuss issues affecting the SGBV/HIV response and formulate a common strategy; On the need for Technical Support, the project led to the production and adoption of a national curriculum for use in training service providers; similarly a monitoring and Evaluation framework was completed and adopted by NGEC;, there has been contribution to National Policies and legislative frameworks guiding response to GBV in Kenya. The evidence generated from earlier engagements has guided the project in the past three years ensuring that it is relevant to the needs of the beneficiaries. The project model was sustainable by employing efforts to work through Governmental and non- governmental structures, there was efficiency in carrying out its activities even though it was hurdled by the delays in disbursement of funds and lack of common planning and communication. Assessing impact requires time, although the project showed outstanding results in meeting its main objectives as described above.

Conclusion:

The Project has had a positive impact on the SGBV response in Kenya with designing and launching of the M & E Framework for national level reporting, the revision of national training curricula for service providers, development of the multi sectoral standard operating procedures on prevention of and response to SV, contribution to legislation and policy frameworks, CSO coordination through the National Gender and Equality Commission GBV working group and the Africa Unite Kenya initiatives, and building of capacity for service providers. Direct beneficiaries (GBV survivors) also have comparatively better access to services from various institutions supported under the project. Knowledge generation on GBV/HIV linkages was enhanced through the web portal developed under this project (www.gbvhivonline.com). Sustainability of the project results is foreseen through the funding leveraging obtained from UNWOMEN for the Africa Unite Initiatives. At regional level, the project has contributed to initiatives geared towards development of a multi sectoral GBV curricula for the East African Community.

Recommendations:

Regarding strengthening sector specific responses many useful lessons have been learnt in the course of this project. There is need for implementation of the referral and linkage strategy/guideline that survivors

of SGBV can follow for systematic access to services (with a clearly defined first point of call and services offered), standardization of evidence collection and chain of custody, clear definition of the roles of the various stakeholders in both service provision, data collection and reporting. Matching resources are similarly required to sustain probono legal and paralegal services all of which should be offered under FIDA-K rather than through private law firms. With regard to for technical support for inter-sectoral collaboration, resources from other other stakeholders such as county governments can be mobilized to complement the SGBV/HIV response such as providing Safe houses/spaces for survivors of domestic violence while they seek legal redress. Similarly, strengthening the hotline and other technological innovations should be used to enable survivors share experiences, seek support and be directed for services. There is also need to scale up the achievements of the project beyond the 5 counties where the project was originally implemented. Overall, continued advocacy is needed for government to prioritize SGBV issues, support implementation of policies and guidelines and provide resources for the same.

1.0. Context of the Project

The prevalence of women experiencing SGBV in Kenya is considerably high at 39%, driven by age: older women (40-49 years) more likely to report violence [43.5%] than younger women (26.9%); marital status: violence more common (60.3%) among divorced/widowed/separated. Women in rural areas and/or poor socio-economic groups are also worst affected by SGBV. The highest proportion (64.8%) of SGBV is intimate partner violence (IPV) perpetrated by current husband/partner or by some other familial source (KDHS, 2008-09). The Commission of Inquiry into Post Election Violence that followed the disputed presidential election of 2007/2008 reported that 80% of survivors of SGBV suffered from rape and defilement, 20% from domestic violence and physical violence (Republic of Kenya, 2008). Of concern, the Kenya Police Annual Crime report for 2013 showed a general decrease in all other reported crime except rape cases, which instead increased by a staggering 22% in the reporting period (The Standard Newspaper, 20th Dec 2013). Similarly, many cultural factors exist in the different communities in Kenya and the region that perpetuate GBV including such practices as wife inheritance, Female Genital Mutilation, poverty without access to matrimonial or family property, all of which culminate into an unempowered position for women and girls, hence vulnerability to GBV.

SGBV is a driving force of the global HIV/AIDS epidemic and is both a cause and consequence of HIV infection (Turan et al, n.d). Demographic health surveys suggest association between sexual violence, IPV and increased HIV risk among adult women. The violence against children (VACS) study suggested a strong association between childhood sexual violence and the likelihood (Odds of 3 – 4 times) of risky sexual behavior predisposing to infection of HIV and other sexually transmitted infections among both male and female adolescents (Republic of Kenya, 2012). Locally, the regions reporting highest prevalence of SGBV (Nyanza– 56.6% and Western Kenya- 44.5%) are also leading in the prevalence of HIV/AIDS (15.1% for Nyanza and 4.7% for Western provinces) (KAIS, 2012).

Many policies and legal frameworks exist in Kenya, aimed at preventing the occurrence of SGBV and/or mitigating consequences including: the National Gender and Development Policy of 2000; the Kenya Adolescent Reproductive Health Policy of 2003; Education Gender Policy of 2007; Framework for the Implementation of Post-Rape Care Services of 2005; Multi-Sectoral Standard Operating Procedures for Prevention of and Response to Sexual Violence in Kenya of 2013; the Sexual Offences Act of 2006; the Children Act of 2001, among others (Republic of Kenya, 2001).

The enactment of the Sexual Offences Act of 2006 was hailed as the turning point in the fight against SGBV. For the first time in Kenya, all legal provisions relating to SGBV had been brought together under the act clearly outlining what constituted a sexual offence as well as giving clarity in the investigation, prosecution and punishment for sexual offences. The operationalization of this act was so crucial that a special task force, The Task Force on Implementation of the Sexual Offences Act (TFSOA), was established by the Attorney General in 2007. It comprised representatives from both government and civil society. The terms of reference for TFSOA included developing and oversight of inter-sectoral implementation and administration of the SOA; ensuring consistency within the act and other existing laws, policies, regulations and customs; oversight of all research, public education and sensitization campaigns to fulfill its mandate and promote the objectives of the SOA (Republic of Kenya, 2011). The Project therefore sought to work closely with TFSOA right from the beginning to help them towards achieving their mandate.

The TFSOA was later replaced by the National Gender and Equality Commission created under the new Constitution. Devolution of health services also required engagement at the County Government level to

ensure harmonization of the response to SGBV at both the National and County Level. These facts informed the evaluation exercise ins election of regions and respondents for the evaluation.

2.0. Description of the Project

Project to Strengthen implementation of a functional medical – legal framework to scale up GBV services in Kenya

The project, with funding from UNTF, was implemented over a 3-year period (from September 2011 to October 2014), with a No-Cost Extension (NCE) to February 2015. The NCE period was requested in order for the project to complete majorly policy related activities that slowed down due transitions in government attributed to the implementation of the Constitution. Specifically, the project sought to address the linkages between GBV and HIV

The main Objectives of the project included:-

- Strengthening a CSO coordination body under the TFSOA with a support secretariat to facilitate joint planning and advocacy among health and legal sector CSOs
- Providing technical support for the development and implementation of national cross sectoral standard operating procedures that include: master reference document, multi-sectoral SOPs and multi-sectoral GBV/HIV indicators; and
- Strengthening sector specific responses for GBV implementation through development and implementation of standardized training curricula.

The project was implemented by LVCT Health in partnership with FIDA K and under the umbrella of TFSOA . As a result of the new constitutional body set up to oversee coordination on GBV initiatives in the County, the project engaged closely with the National Gender and Equality Commission (NGEC) for coordination of policy formulation nationally, Directorate of Gender (for coordination of implementation of the response at all levels) and specific County GBV Committees (to translate national policies to local action).

The project was considered important at its inception because of the nascent to address exiting gaps in GBV/HIV response in the country despite the existing legislative and policy frameworks geared towards mitigating and responding to GBV/HIV. This was in addition to weak coordination capacity, inadequate resources, and limited technical capacity. The project engaged with key stakeholders both at the National level and at the county levels to ensure a harmonized response to SGBV/HIV related issues.

Beneficiaries

The primary beneficiaries of this project whose lives were expected to change were the male and female survivors of sexual violence (rape, defilement and sexual assault) who presented to health facilities and the criminal justice system. They were to benefit from improved SGBV/HIV service delivery at both health facilities and legal/justice sector and improved medico-legal outcomes as a result of improved evidence collection and medico-legal linkages.

The secondary beneficiaries included service providers in the medical, social services and criminal justice systems; custodians of institutional processes that would strengthen implementation of the SOA including legal officers, prosecutors, magistrates and judges. They were to benefit by having their capacity built through trainings, cross sectoral linkages, mentorship and supply of necessary tools to strengthen service

delivery; and through networking, and information sharing as a result of improved coordination among health and legal CSOs and improved training curricula, SOPs, tools and policies that govern the delivery of medico-legal services to survivors of sexual violence.

Budget

The project total budget was USD 1,086,862 until the end of the NCE period out of which USD 86,966 was contribution from LVCT Health. However, the total amount budgeted for was available for Year 1 and year 2 of the project ($ 381,954 and $ 291,778 respectively), but only 72% of the budgeted amount was available in Year 3 ($ 211, 305 out of $293, 130). In total, an amount of $885,037 was disbursed for activities.

2.1. Results Framework

Objective	Key Activities	Expected Results
To strengthen a CSO coordination, secretariat to facilitate joint planning and advocacy among health and legal sector GBV CSOs	• Consultative workshops with the existing networks and GBV & HIV working groups. • A steering committee of the CSO coordination body including the TFSOA, LVCT, FIDA-K and other co-opted members will be developed to spearhead the Coordination processes. • A secretariat office to be set up, housed in LVCT to which both LVCT and FIDA will second staff: to Host an open forum of quarterly meetings by CSOs; Host sector specific meetings/forums; Facilitate consultative meetings; Development and institutionalization of a communication strategy; Quarterly dialogue of researchers, policy makers, UN family and practitioners	• A functional CSO coordination body under the TFSOA strengthened with co-secretariat support by LVCT (Health sector) and FIDA (legal/justice) to ensure; • Scale up of quality GBV and HIV implementation and multi-sectoral collaborations amongst organizations working in the field of GBV and HIV
To provide technical support for the development and implementation of national cross sectoral standard operating procedures that include: master reference document, multi-	• Baseline assessment of existing reference documents on chain of evidence and referral mechanisms. • Consensus building meetings of the CSOs and networks of survivors of sexual violence and vulnerable groups on establishment and adoption of multi-sectoral SOPs and indicators for GBV. • Identification and facilitation of champions among health sector, legal sector and survivors networks to lobby for review, adoption and implementation of the standards, indicators and tools	• The establishment of a master reference document to which all GBV and HIV CSOs can refer for guidance on chain of evidence and standard referral mechanisms including expectations at each service delivery point from health facility level to the police, legal/justice sector, social and rehabilitation support. • National standard operating procedures on GBV and HIV bringing together both health sector and legal sector SOPs in place.

Objective	Key Activities	Expected Results
sectoral SOPs and multi-sectoral GBV indicators.	• Trainings on data collection and reporting will be undertaken. • National M & E Framework • An assessment of preparedness of the sector to deal with crisis settings; preparedness and response plans developed and disseminated to all stakeholders	• Establishment of a National SGBV Monitoring and Evaluation Framework. • Sector emergency preparedness and response plans in place based on lessons learnt from post-election violence 2008
To strengthen sector specific responses for GBV implementation, including its intersections with HIV through development and implementation of standardized training curricula.	• Consensus building workshops • Review the curricula with the aim of harmonizing and including new findings • Lobbying and advocacy to recognize the curricula • The revised and standardized manuals and curricula will be disseminated through the CSO coordination body. • A strategy for scale up of pre and in service training. • A database of trained service providers will be maintained and shared with the relevant authorities	• Standardized national multi-sectoral training manuals on GBV and its interface with HIV for the health, law enforcement, social services, legal and justice sectors; resulting in strengthened inter sectoral linkages, survivor referral through a common pathway, and establishment of a chain of evidence with tracking mechanisms. • Standardized sector specific revised national training manuals and curricula on GBV and HIV incorporating the standardized multi-sectoral sections developed in collaboration with the relevant government bodies responsible for their delivery. • Training Providers on the revised national curricula.

3.0. Purpose of Evaluation

As stipulated in the TOR the overall purpose of the end of program evaluation was to measure the project outcome of the strategic objectives; determine the relevance, efficiency and effectiveness of the interventions; and highlight program achievements and gaps, as a mandatory contractual requirement on the part of LVCT Health in the Grant Agreement with the UNTF.

Use of Evaluation Results

The results of the evaluation will be used by

- State and non-state actors for influencing formulation of relevant policies and legislations and guidance on future programming.
- Civil Society Organizations for advocacy
- County governments to identify best approaches for establishing integrated GBV/HIV programmes.
- Academic research activities in the areas of integrated GBV/HIV programmes.
- Donors to determine ways of contributing towards GBV/HIV prevention and response initiatives in Kenya and beyond based on what has been found to work

Decisions after completion of the Evaluation

The immediate decision after the final evaluation report is presented will be identification of dissemination forums at the county, national and international levels. The purpose of the dissemination will be to create awareness on the evaluation findings (best practices and lessons learnt) and engage in targeted policy advocacy. Decisions on how to address gaps identified through this evaluation will also be taken.

Context of the Evaluation

This was an end term evaluation exercise and covered the entire duration of the project starting in September 2011 up to January 2015. While project was implemented in Kiambu, Nakuru, Kisumu, Narok, Mombasa, Embu, Meru, Kisii, Homabay, Machakos, Kitui, and Nyeri counties, and several sub-counties, the evaluation only focused on five counties due to time constraint. Namely Nairobi, Machakos, Kitui, Kisumu, Nakuru and Nyeri. This evaluation targeted primary and secondary beneficiaries as well as broader stakeholders listed in the appendix section.

4.0. Evaluation Objectives and Scope

4.1. Evaluation Scope: -

This was a post-test study without a comparison group with the overall goal of measuring the project outcome of the strategic objectives; determining the relevance, efficiency and effectiveness of the interventions; and highlighting program achievements, challenges encountered, lessons learnt and

gaps; as well as the degree of sustainability for the different program interventions. The sampling procedures ensured that a representative sample of the different stakeholders and beneficiary groups.

4.2. Evaluation Objectives

The Specific Objectives as outlined in the TOR were;

a) Relevance: whether the program interventions met needs of the beneficiaries; the appropriateness of results in relation to the needs of the communities, national policies and priorities.
b) Effectiveness: In particular assess the extent to which program interventions achieved the desired outcomes, factoring in issues of program management including decision making processes, risk management, institutional arrangements and partnerships and their effect on the program results.
c) Efficiency: the relationship between the quantity, quality, and timeliness of program inputs, including personnel, consultants, travel, training, office equipment and financial sub grants to FIDA-K. In addition, determine the quantity, quality, and timeliness of the outputs generated and whether the resources were spent as economically as possible.
d) Sustainability: assess the readiness of partner CSOs and other stakeholders to sustain program interventions, in particular assess the infrastructure and systems of partner CSOs, resources available to sustain the activities and services, collaborative links and referral networks with other service providers, and the level of community ownership.
e) Impact: how the project affected direct and indirect beneficiaries and how the policies generated are likely to impact on the country's GBV/HIV work. This also considered intended and unintended results of the project.
f) Knowledge generation: capture key successes, best practices lessons learnt, implementation challenges, constraints, strengths and weaknesses and provide recommendations for possible scale up or replication of the program in totality or in part.

4.3. Limitations of the evaluation exercise

The limitations of this evaluation exercise included the following:-

a) The time available for the evaluation exercise was limited, restricting the number of activities done and respondents reached during the process. Efforts were however made to reach as many as was possible.
b) Some of the documents were not readily available eg training numbers
c) The scope of the evaluation exercise did not permit collection of data from primary respondents (GBV survivors) whose views and opinions would have been important in gauging improvements in the services offered as a result of this project. This is line with the ethical considerations to be observed in interviewing survivors of SGBV

5.0. Evaluation team

The evaluation was conducted between 9th and 25th March 2015 by a team of 4 Consultants with extensive combined experience of more than 20 years in over 15 countries in program/project evaluations, reviews and studies in the social, education, health and human rights sector, including a practical understanding of SGBV. In addition the team had demonstrable experience of designing and conducting quality evaluations of large multi-country programs using both quantitative and qualitative approaches. With a broad international perspective and being firmly grounded in the grassroots the team had in depth knowledge and excellent appreciation/understanding of gender, gender- based violence, HIV and HIV Programming. The team also had a strong understanding of inter-organizational coordination mechanisms and relationships to effect change.

5.1. Roles and responsibilities of evaluation team

Role	Conceptualization of the methodology and tools	Data collection	Analysis	Report Writing
Lead Consultant	X	X	X	X
Content Specialist	X	X		X
Content Specialist	X	X	X	X
Data Analyst	X	X	X	X

5.2 Evaluation Team Work plan

Key Activities	Days	Key Dates By	Deliverables
Contract Signing with LVCT Health	1	9 March 2015	
Production of Inception report detailing methodology and plan of action	2	11 March 2015	Inception report
Review of relevant documents provided	2	14 March 2015	
Refinement of tools/ instruments for assignment	-	14 March 2015	Data collection tools
Data collection	6	16 March 2015	Sampling frame
Data analysis and report writing	5	21 March 2015	Evaluation Matrix
Preparation and submission of draft evaluation report:	2	26 March 2015	Draft evaluation report
Final report submission	3	30 March 2015	Final evaluation report
Total No. of Days	**21**		

6.0. Evaluation Questions

Evaluation Criteria	Mandatory Evaluation Questions
Effectiveness	1. To what extent were the intended project goal, outcomes and outputs achieved and how? 2. To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached? 3. To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes. 4. What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How? ***Alternative questions in case of project focusing at the policy level*** 5. To what extent was the project successful in advocating for legal or policy change? If it was not successful, explain why. 6. In case the project was successful in setting up new policies and/or laws, is the legal or policy change likely to be institutionalized and sustained?
Relevance	1. To what extent was the project strategy and activities implemented relevant

Evaluation Criteria	Mandatory Evaluation Questions
	in responding to the needs of women and girls? 2. To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
Efficiency	1. How efficiently and timely has this project been implemented and managed in accordance with the Project Document?
Sustainability	1. How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?
Impact	1. What are the unintended consequences (positive and negative) resulted from the project?
Knowledge Generation	1. What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls? 2. Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?

7.0 Evaluation Design and Methodology

Subsection	Input by the evaluator
Description of evaluation design	This was a posttest evaluation study with no comparison group

Subsection	Input by the evaluator	
Data Sources	**Method/Tool**	**Sample Covered**
	Document Review (desktop review)	Baseline data of the project; Funding proposal; annual work plans; country program documents; minutes of meetings; monitoring report visits; quarterly progress reports; Curricular; Training reports; workshop reports Policy and National Strategy documents; KDHS. KAIS. Sexual Offence Act. SOA workshop report. Multi-sectoral SOPs, Health Sector SOPs, Medical Regulations and Guidelines, PRC register, M & E framework and Conference reports Available audio- Visual Records
	Key Informant interview	Respondents were drawn from Government Ministries; Government Department/ body semi-autonomous/agency commission; County Governments; UN agencies; International and local NGOs; National GBV and HIV networks; Academic Institutions
	Focus Group Discussions	Project Beneficiaries; Health Care Workers; Paralegals; probono lawyers; dialogue forums; police officers; magistrates; community health workers;
	Field Observation	The evaluation team assessed activities implemented by stakeholders through this project and carried out as per the OECD/DAC criteria including relevance, effectiveness, efficiency, impact, sustainability, and Knowledge Generation

Subsection	Input by the evaluator
Description of data collection methods and analysis	**Data Collection** 1. <u>Document Review:</u> The evaluation team reviewed and analyzed National policy documents; project documents and information related to the projects and overall scope of GBV. 2. <u>Key informant interviews:</u> The evaluation team adapted a participatory approach in which interviewees were encouraged to discuss (among other things) their own experiences of the project, what impact it had made on their own organization, community or society, what they felt had been its successes and failures, and what needed to be changed to strengthen the

Subsection	Input by the evaluator
	delivery of the project objectives and outcomes. The semi-structured interview guides included the key evaluation questions and utilized a combination of open-ended and probing questions. Where appropriate, responses were documented and verified and wherever possible the evaluation team sought to triangulate data using range of data sources. These interviews assessed the contribution of stakeholders towards program inputs and desired results. 3. Focus group discussion (FGDs): Focus Group Discussions were conducted in order to capture the perspectives of the beneficiaries and communities on GBV guided by the Project Team. 4. Field observation: The evaluation team assessed service provision, quality of care and other processes related to GBV and HIV **Data Analysis:** A total of 6 Focus Groups and 22 Key Informant Interviews were conducted. The evaluation team worked with the advisory board consisting of LVCT, FIDA, , NGEC and other stakeholders to collect data that informed this evaluation. The study applied purposive convenience sampling for the qualitative interviews however for quantitative interviews all available documents project report and data were reviewed The evaluation team reviewed the concepts, designs, strategies, implementation and results of the project with attention to GBV/HIV, cross-cutting issues and other changes that came as a result of the intervention. Logical and explicit linkages between the different data sources, data collection and analysis were conducted. Data collected from interviews and discussions were transcribed from audio format to form synthesizable themes, patterns and categories. Evaluation findings, conclusions and recommendations were derived from this analysis. This project evaluation employed largely qualitative methods. However routine data and quantitative data collected from project sites, annual reports, national documents/ statistics and field visit reports were complemented to the findings. The evaluation utilized a range of complementary methodologies, drawing on a range of data sources and analytical approaches. The data analysis was categorized into specific findings by each result area (OECD Criteria) benchmarking the objective of the evaluation as outlined in the TOR. These were cross- checked with each other in order to obtain conclusions. While triangulating, the findings derived from the FGDs, interviews and document reviews were classified under the evaluation criteria: design and relevance, effectiveness, efficiency, impact, sustainability, and coordination mechanisms. Triangulation was achieved through three major evaluation approaches: Perceptions, Validation and Documentation. Perceptions were elicited though interviews with

Subsection	Input by the evaluator
	internal and external stakeholders and key informants. Validation was achieved through meetings with project staff and service providers; through direct observation and during field visits. Documentation included a review of program-related documentation, relevant policies, strategies and action plans, national statistics, and others

Subsection	Input by the evaluator
Description of sampling	Purposive convenience sampling was used. This was by design as stipulated by the Evaluation Task force Committee. Program statistics were collected whenever available in order to triangulate the data eg in police records, number of people trained

Subsection	Input by the evaluator
Description of ethical considerations in the evaluation	The evaluation made all attempts to adhere to international best practices and conduct in full compliance with CITI (Collaborative Institutional Training Initiative) which is widely considered the gold standard in online human subject research training with guidance as provided by the Office of Human Research Protections (OHRP) for strengthening human research protections programs. The evaluation team: a) Ensured that respondents understood the evaluation's purpose, objectives, and the intended use of findings; b) Were sensitive to cultural norms and gender roles during interactions with all respondents; c) Respected respondent's rights and welfare by ensuring informed consent and rights to confidentiality before interviews and discussions. Key informants and stakeholders identified for the evaluation were informed of the evaluation purpose, rights and obligations of participating in the evaluation and required to participate voluntarily. Key informants and other stakeholders including program beneficiaries had the right to refuse interview or the discussion sessions. In order to ensure respondents' informed consent and their awareness of the scope and limits of confidentiality, respondents were explained about the evaluation process before any substantive discussion occurred. The verbal statement included informed consent, anonymity, and confidentiality to ensure that sensitive information could not be traced to its source (without the respondent's approval). In addition, respondents were given the time and information to decide whether they agreed to be interviewed and to make this decision independently without any pressure. To the extent possible, the evaluators attempted to ensure privacy during all interviews with beneficiaries and members of the public. To ensure confidentiality of data, the evaluators coded all data sources, and did not directly quote data sources without their expressed permission. None of the evaluation team members has any known or potential conflicts of interest or any present connection to LVCT Health, FIDA and

Subsection	Input by the evaluator
	TFSOA that would affect their judgment or ability to provide a credible and independent evaluation.

Subsection	Input by the evaluator
Limitations of the evaluation methodology used	Given the magnitude of the project as well as the breadth of the GBV/HIV activities, it was necessary to visit a wide range of stakeholders and programs. Direct beneficiaries were not included in the sample size due to ethical issues albeit; the OECD criteria targeted the beneficiaries' standpoint. However, the time limitations of conducting this evaluation within 14 days constrained the ability of the evaluation team to be as exhaustive as would have been ideal. Therefore, this report highlights only a sample of the beneficiaries and stakeholders, but is by no means exhaustive. Nevertheless the evaluation team attempted to collect sufficient data and have access to all documents involved in the evaluation.

8.0. Findings

8.1 Findings on Effectiveness

EVALUATION CRITERIA	EFFECTIVENESS
Evaluation Question 1	To what extent were the intended project goal, outcomes and outputs achieved and how?
Response to the evaluation question with analysis of key findings by the evaluation team	• The project, through LVCT Health and FIDA-K, worked to strengthen CSO coordination at two levels – nationally through a secretariat at NGEC and regionally through various County specific Technical Working Groups/County GBV Committees. Inter-sectoral collaboration actualized through Technical Working groups at the National and the County level in regions where project was implemented. • Structured trainings and mentorship based on National training curricula were conducted for service providers (police, judiciary and health sectors) to enhance their capacity for service to SGBV survivors and strengthen sector specific responses. • Policy frameworks addressing GBV/HIV were developed or revised with contribution from LVCT Health and FIDA-K. they included: A Monitoring and Evaluation Framework for collating data on GBV across the country finalized and launched officially in December 2014.;nationa SOPs on prevention of and response to SV,medical treatment regulations for implementation of the sexual offences Act, national guidelines on the management of SV, training package on clinical management of survivors (add here infor received from FIDA K) •
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	*"…when we came in{into office}…no handover was done, no trainings was undertaken. So apart from just having the title Gender Directors, there was nothing else that was done to ensure that the work continued…that was when we started seeking for partners especially in capacity building, then the GBV Technical Working Committee came up, so I tried working with the existing system that is mainly anchored at the LVCT to identify who is doing what"* ***Director of Gender – Kitui*** *"…On the legal aspect FIDA advises me …but whenever I have a problem and feel like now I need an advocate to come in, I call FIDA so we can look at how we are going to address legal matters"* ***Paralegal, Kisumu*** *"I know FIDA has been supporting strengthening of the provincial administration staffs and assisting in empowering the court for example what she has mentioned, sitting at the court user committees to see how best both the advocate the magistrate can really understand the need to speed up justice for the survivors"* ***County Technical Working Group FGD*** *"…like for training the health care workers it's really LVCT Health which has done it very well and they are the ones who mentored us to start this programs because for a long time we used to manage them like any other client."* ***Health Care Worker, Kisumu***

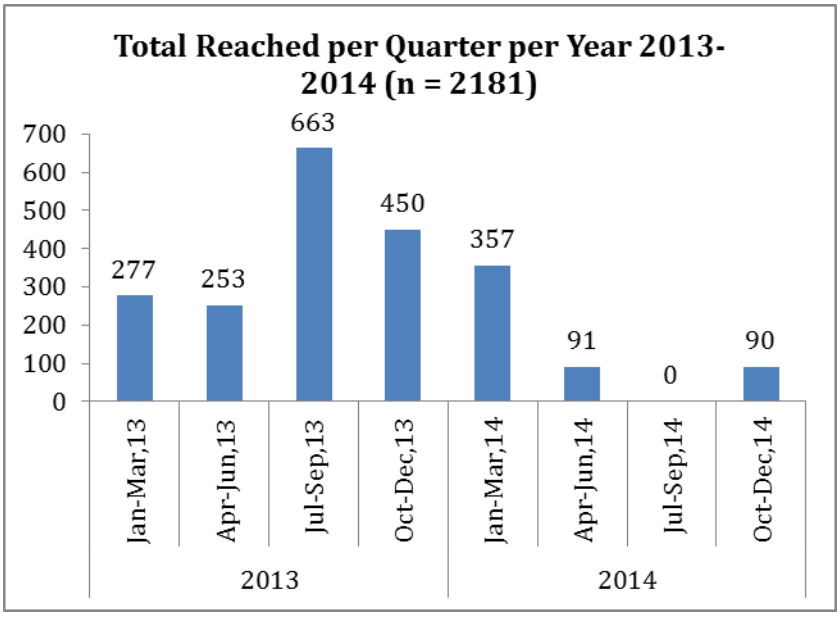
EVALUATION CRITERIA	EFFECTIVENESS
	"…we are able to learn from one another like now the police have also made me learn that there is preservation of evidence….The police also come to our hospital at any time with a complainant whenever there is a case of GBV for us to fill the post rape care form which we have been taught how to fill. There is this partnership that we have at the County and sub county that brings us together to learn from each other" ***Inter-sectoral Collaboration FGD - Nyeri***
Conclusions	The project achieved its goals to strengthen CSO coordination, and sector specific responses in the regions where the project was implemented. Inter-sectoral collaboration was however limited to the Technical Working Groups and had not become as operationally effective as expected for delivery of services to the survivor. However the approach envisioned at the start of the project was not adhered to with the introduction of a devolved system of government that necessitated development of county multi sectoral GBV coordination structures

EVALUATION CRITERIA	EFFECTIVENESS
Evaluation Question 2	To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?
Response to the evaluation question with analysis of key findings by the evaluation team	• The primary beneficiaries of this project whose lives changed were the survivors of SGBV (rape, defilement and sexual assault) who presented to health facilities and the criminal justice system. They benefitted from improved SGBV/HIV service delivery at both health facilities and legal/justice sector and improved medico-legal outcomes as a result of improved evidence collection and medico-legal linkages. • They also benefitted from increased awareness creation and sensitization of the community on Combatting GBV • The secondary beneficiaries included service providers in the medical, social services and criminal justice systems; custodians of institutional processes that strengthened implementation of the SOA including legal officers, prosecutors, magistrates and judges. ▪ Health workers trained to run GBV clinics at regional hospitals in Kitui, Nakuru, Nyeri and Kisumu; ▪ Gender desks for SGBV crimes set up at police stations in the same regions; ▪ Paralegals trained paralegals and deployed to facilitate referral of cases between the health services and the gender desk at the police station. ▪ Probono lawyers engaged and trained to represent survivors in litigation • Public Prosecutors been trained in effective prosecution of GBV related crimes to expedite justice for survivors
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	*"The training I received from FIDA-K on GBV made me more sensitive to them [survivors] and the need to give them special attention and not to take them like any other case."* ***Resident Magistrate, Kakamega*** *"…nowadays it has been made easier for survivors of GBV access treatment which allows to prepare quickly and take the case to court"* ***Inter-sectoral collaboration FGD – Nyeri*** *"We worked with LVCT in producing the documentary which was a tool for training clinicians, nurses, doctors, the judiciary on the whole reporting process as you present yourself to the police, how the process moves from the health facility to the police and how the case now moves to the court system or to the judiciary. We also created awareness* ***In-depth Interview with a CSO*** *"Through my involvement with FIDA, I have been enlightened and there has been a lot of awareness creation. With regards to [building capacity of] probono advocates, they have really trained us on what this[SGBV] is really all about"* ***Probono Lawyer, Nairobi***
Conclusions	The project achieved its goal to serve the beneficiaries (both primary and secondary).

EVALUATION CRITERIA	EFFECTIVENESS
	The full impact of the project and its contribution to positive life changes and improvement in service delivery will be visible with time

Overall, the project trained a total of 2181 (1123 Health care service providers, 663 Community members, 157 CSO members, and 238 Community leaders) people in its course as shown below, majority of them between July 2013 and March 2014. The model of trainings used included deductive sessions and on-job mentorships especially for health care providers. Materials used in the training featured handling of GBV/HIV survivors, screening Sexually Transmitted infections, Post exposure prophylaxis, psychological and trauma counseling, evidence collection and preservation and referral for other services. The community was similarly sensitized on the burden of GBV and re-integration of survivors and perpetrators into the society.

Figure 1: Total number of beneficiaries reached per quarter

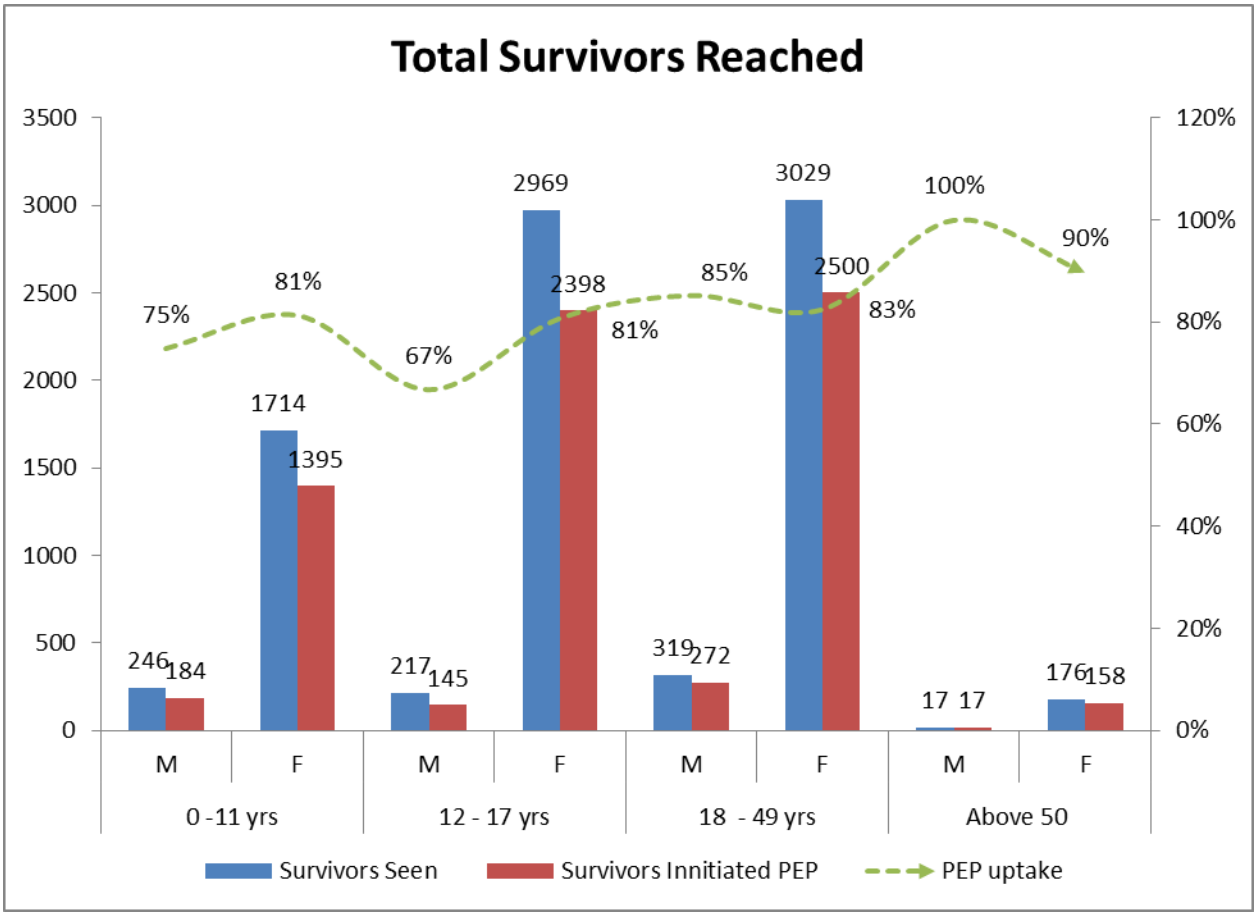


EVALUATION CRITERIA	EFFECTIVENESS
Evaluation Question 3	To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.
Response to the evaluation question with analysis of key findings by the evaluation team	• Increased sensitization at the community level has generated greater awareness of GBV related issues and mobilized support for its prevention. • Many survivors have been guided through the referral processes by the para-legal practitioners and through the judicial process by pro-bono lawyers to improve the outcomes of litigations for GBV cases. • At policy level, the gazetment of the medical treatment regulation for the sexual offences Act resulted in elimination of charges incurred in accessing SGBV health related services from hospitals and in turn enhanced access to services. • The project has similarly increased the visibility of GBV issues through advocacy to authorities – with clear legislative and policy frameworks passed to guide the response
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	*"…on stuff like getting raped, I know where I can go. I know that the first thing I need to do is go the hospital and save my life first"* ***Sex worker, Kisumu (Stories from the field, 2015)*** *"…after examination she{health provider} recommended that I report the case to the police which I did and was given a P3 form. I went back to the hospital and was given medicine which I continued taking…She{the health provider} also counseled me…I was encouraged"* ***Sexual Violence Survivor (Stories from the field, 2015)*** *"…when I get a survivor, we normally don't let them go to the hospital alone. We follow up and things are done at the hospital, I always support the survivor to go to the police, record a statement ..at the police station. After that, if the survivor has been put on PEP, some have reactions to the drug, at the community level I have to follow up and see whether she is adhering to the drugs that she was given. We also make sure that they go back to the clinic to pick the drugs to complete their doses."* ***Paralegal – Kisumu*** *"…when a perpetrator has not been arrested, I work with a team of youth in the community where sometimes we do citizen's arrest when the police are not really helping and these are people that we know in the society we decide to do it by ourselves"* ***Paralegal – Kisumu*** *. "I think we have done a lot in helping the community to know that some of these things are not to be taken lightly just the way they are and that something can be done"* ***Healthcare Workers, Kitui***

Conclusions	The project generated positive changes in the lives of women and girls targeted during the project's implementation. Of note was the ease with which they were able to access services at the various facilities, and the support they were accorded in the recovery period.

A total of 8687 survivors were seen and served in the different health facilities supported under this project where 93% of survivors were tested for HIV, and given appropriate intervention (Post-Exposure Prophylaxis for those exposed to the disease and Combination Anti-retroviral Therapy for those infected).

Figure 2: Total Survivors Reached



EVALUATION CRITERIA	EFFECTIVENESS
Evaluation Question 4	What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How? .
Response to the evaluation question with analysis of key findings by the evaluation team	**Internal facilitating Factors** • Robust capacity and experience by all stakeholders (LVCT Health & FIDA-K) to implement the project and offer Technical support to key National agencies and partners for GBV programming. Dedicated staffing (9 from LVCT Health and 1 from FIDA-K) to operationalize the project • A functional secretariat (initially at LVCT Health and later at NGEC) that brought together all the CSO's and other partners for a harmonized response. This was later transitioned to the NGEC led working group with LVCT Health as the Co-Chair **External Facilitating Factors** • Effective partnerships with the relevant government agencies involved in GBV response such as the TFSOA, National Gender and Equality Commission and the Directorate of Gender, among County Governments. • Quick buy-in by stakeholders at all government levels (National and County) created ownership and infrastructure for quick implementation • Effective partnerships established with CSOs engaged in GBV response. For example Africa Unite Kenya,International Rescue Committee(with focus on mapping of organizations engaged on response and prevention and linking the www.gbvhivonline.com (knowledge hub with the IRC website) • Environment created by legislative and policy frameworks **Failure factors/hindrances** • Devolution of governance created new structures/institutions not originally envisaged by the project slowed down progress for objectives • Varying roles for different National level actors in the SGBV response hindered quick decision making and formulation of a common plan. • Lack of a strong central body with a mandate to operationalize the referral and linkage strategies across different sectors (judiciary, health and police) affected service delivery to survivors • Lack of joint planning between the implementing partners (FIDA-K, and LVCT Health) failed to create synergy for action
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and	**Achievement Factors** *"…a lot of effort made to get the right framework and environment [to facilitate the GBV response]"* **Respondent, UN Women** *"…they (CSOs) focus on different things. Some do community mobilization and engagement, some do rescue, some do the hotline, and LVCT to some point does reporting and being available to offer support to people who report, GVRC does*

EVALUATION CRITERIA	EFFECTIVENESS
analysis above	*medical social psycho support and linkage to legal support, people like FIDA include legal aid and many others"* **Respondent, UN Women** *"…it was one of the most successful projects because it speaks widely to our first strategic objective which was about tackling GBV to reduce its incidence ad prevalence in the country and most importantly is to have comprehensive response towards GBV."* **Commission Secretary, NGEC** **Hindering factors** *"…it's one of the most difficult projects I have done because it was not dependent on the organization for us to achieve results , it was so dependent on the government because everything we committed to in this project was to work through the government and came a time when the government had other priorities like the county government had just been formed… it was really tough to go back and negotiating*" **Project Staff, LVCT Health** *"…newly formed counties had bigger issues according to them to deal with at that moment and GBV was not one of them. This meant that little resources were allocated to issues of GBV*" **Project Staff, LVCT Health** *"…and if the referral system had been defined and is hosted, run and managed by the government and if the reporting system was working and everyone knew that if I am abused I will call1195 or 116 and I will get support*" **Respondent, UN WOMEN**
Conclusion	The project operated within a dynamic internal and external environment that bore on its implementation. Even then considerable progress was made towards achieving the objectives.

EVALUATION CRITERIA	EFFECTIVENESS
Evaluation Question 5	To what extent was the project successful in advocating for legal or policy change? If it was not successful, explain why. .
Response to the evaluation question with analysis of key findings by the	• Through this engagement, LVCT Health has actively lobbied for and contributed to several legislations and policy frameworks guiding SGBV work in Kenya including, but not limited to the following:-

EVALUATION CRITERIA	EFFECTIVENESS
evaluation team	a) Amendments to the sexual offences act (Section 38) b) Gazettment of the Sexual Offences (Medical Treatment) regulations 2012 (Legal notice No. 133) c) Review and Amendments to the Marriage Act 2013 d) Advocacy for enactment of the Protection Against Domestic Violence Bill Specific Policies contributed to include:- a) National Training Curriculum on the Management of Sexual Violence, 2010 b) National Guidelines on the Management of Sexual Violence in Kenya, 2012 c) Post Rape Care Register, 2014 d) Post Rape Care Form, 2014 e) Multi-Sectoral Standard Operating procedures for Prevention and Response to Sexual Violence in Kenya, 2013 f) Health Sector SOPs, 2014 g) Gender Mainstreaming Strategic Plan for Kisumu County, 2014 h) National Monitoring and Evaluation Framework Towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya i) Kenya AIDS strategic framework 2014/2015 - 2018/2019
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	*"We negotiated for task force to be formed with different sectors and through this task force to develop cross-sectoral standards"* ***Project Staff, LVCT Health*** *"…when the rapid guidelines on ART guidelines were being revised we made sure that sexual violence also got a section. So if you open guidelines today you will see management of ART in someone who has been sexually violated … so another gain for us"* ***Project Staff, LVCT Health*** *"…so now we have a Strategic Plan for the County. The main players were LVCT Health…and they would assist us in fine tuning the document"* ***Kisumu-KII***
Conclusions	The project has participated actively in advocacy for legal and policy reforms to create an enabling environment for an effective and comprehensive SGBV/HIV response

EVALUATION CRITERIA	EFFECTIVENESS
Evaluation Question 6	In case the project was successful in setting up new policies and/or laws, is the legal or policy change likely to be institutionalized and sustained?
Response to the evaluation question with analysis of key findings	• The design and launch of the National Monitoring ad Evaluation Framework with ongoing trainings for its operationalization will remarkably improve the capacity of NGEC to provide oversight for the

EVALUATION CRITERIA	EFFECTIVENESS
by the evaluation team	SGBV response, in addition to providing evidence required to inform subsequent programming. • The partnership with government agencies (NGEC and Directorate of Gender) together with CSOs has ensured that the systems are strengthened to enable them carry on with the work beyond the project's cycle. • The many policies and legislative frameworks contributed to through this project have already been adopted by government as official guiding documents for response to SGBV, ensuring institutionalization and sustainability. • LVCT has supported the establishment of County GBV committees in 5 counties (Kisumu, Naivasha, Nyeri, Kitui and Machakos), which are actively involved in policy formulation and operationalization at the sub-County level. One county, Kisumu, already has in place a Gender Mainstreaming strategic Plan 2014 – 2018 expected to streamline GBV response in the county
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	*"…We've worked very closely with LVCT Health to ensure that PRC forms and the P3 forms speak to each other and that they are acceptable in institutions and that they are also available….the partnership with LVCT has also ensured that there is routine educational Programme for both the survivors and the general public"* ***NGEC*** *"…SGBV M and E framework is building on national AIDS strategic framework. So we are building on it also to make sure we get a more coordinated response and based on this we are getting more response, more data, and improved response based on this coordination. The commission is not going to populate the data, the stakeholders will."* ***NGEC*** *"…the Technical working Group at the National Level is overseeing the development of this M & E framework, its piloting and population with data on select indicators, collect review and feedback from users and give recommendations on its operationalization."* ***NGEC*** *"…as LVCT withdraws its financial support to the committee, the County Government has undertaken the role…members of this committee are also committed to contributing to the wellbeing of the forum in any way possible"* ***Chair, Machakos County GBV Committee***

EVALUATION CRITERIA	EFFECTIVENESS
Conclusions	The achievements of the project in legal and policy change are sustainable due to partnership with key government institutions mandated with spearheading the GBV/HIV response. The same reforms have been institutionalized by the agencies and continue to guide the GBV/HIV response.

8.2 Findings on Relevance

Linking GBV and HIV efforts is both a necessary and a potentially powerful strategy for eliminating the structural drivers of each and achieving lasting results in the fight against HIV. Both require a comprehensive response: one that simultaneously addresses the biomedical, behavioral, and social risk factors and implications for affected populations. GBV and HIV must be addressed on a continuous basis throughout the lifecycle to ensure lasting results. This project ensured good coordination of multi-sectoral efforts that address the multiple dimensions in which violence and HIV infection affect peoples' lives, including their health, education, social interactions, safety, legal protections, and human rights and all these remain relevant as stipulated in the constitution.

EVALUATION CRITERIA	**RELEVANCE**
Evaluation Question 1	To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls?
Response to the evaluation question with analysis of key findings by the evaluation team	• The objectives, activities and strategy of the project were based on solid evidence aimed at objectively assessing the health needs of the survivors and inform practical solutions to the same problems. This therefore ensured that the services offered were sensitive and relevant to the needs of the survivors reached. • Similarly, the project was informed by the National and International standards for SGBV responses, which ensured adherence to the National standards guiding the services. • The contribution to the training curriculum and standard Operating procedures for inter-sectoral response ensured that capacity gaps established among providers with focus on evidence collection and documentation were utilized to inform review of the curricula •
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	*"…the SOP that we have in terms of GBV it's there from the ministry and it has rolled down to the facilities. That is a tool that service providers use to know how to deal with a GBV survivor. We also have guidelines which we use to guide our services"* ***Nyeri-Respondent*** *"I also want to appreciate the existence of paralegals in the community. We call them community advocates and community policemen. They are doing a great job in the community in terms of referrals and following up cases".* ***Kisumu-FGD Respondent***
Conclusions	Evidence generated from earlier engagements has guided the project in the past three years ensuring that it is relevant to the needs of the beneficiaries. Both qualitative and quantitative findings suggest that an institution building approach to interventions was deployed in addressing HIV/AIDS and GBV issues such an institutional perspective addresses individual and household (understanding services available), community (networks, norms, relationships and responses) and organizational (resources, coordination) levels.

EVALUATION CRITERIA	RELEVANCE

EVALUATION CRITERIA	RELEVANCE
Evaluation Question 2	To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
Response to the evaluation question with analysis of key findings by the evaluation team	• All respondents indicated that they have benefitted immensely from the project by building their capacity to offer better services to GBV survivors that they took care of. • The combination of medical – legal training across different sectors is beneficial in addressing the needs and expectations of GBV Survivors. This is the model now being used by many stakeholders to train providers o This featured the whole continuum of care for survivors where skills were built at each level specific for the services offered: CSOs have been equipped with effective advocacy skills for sensitization of the community against SGBV, as well as identification and referral of survivors to health facilities. Health care providers were trained on medical treatment of survivors, collection and preservation of evidence and management of complications. The Police officers were imparted with skills for handling SGBV survivors, investigation of crimes committed, processing of evidence before presentation in a court of law for legal redress. The Legal practitioners, prosecutors and paralegals have been trained on skills key to successful litigation of the referred cases. These activities, with effective coordination of stakeholders are important for a sustained response to SGBV. • Proper documentation of information relating to SGBV cases has also been instituted through design and utilization of tools specific to SGBV. This will eventually inform the national M & E framework from which evidence will be gathered to guide the response.
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	*"…they also trained us on several occasions so we got to know each other, then we got to know about the departments and then we talked about sharing experiences. We also formed a working group and are discussing on how to take this to the sub county level. We have had several meetings that expose us to this. They also advise us on the several things that we would like to know"* ***FGD Respondent*** *"...the kind of coordination that is going on right now, it is evident that after some time the gaps that have existed in terms of information sharing are addressed…it's going to translate to higher successes when it comes to mitigation and even reporting. People now start coming out and we are also looking at not just coming out but preventing it is better"* ***NGEC Respondent*** *"…It's made us understand the environment beyond medical because we had this institution for some time and we just think medical and we don't think that anything else has to do with us but again for you to be all round. It has made GVRC a virtual one stop shop in that apart from medical we know we can refer our clients for services beyond medical and psycho-socials"*

EVALUATION CRITERIA	RELEVANCE
	GVRC *"…documentation tools help us to have reports that are very correct"* ***NGEC***
Conclusions	The Project was timely and successful in its contribution to a coordinated and strengthened response to SGBV in Kenya, with achievements/outputs that were relevant to the survivors of SGBV.

8.3 Efficiency

Whereas the project achieved a lot within the three years one critical challenge was that LVCT Health and FIDA did not always collaborate with each other in their work with other stakeholders, instead competing for limited existing resources and implementing fragmented campaigns. The qualitative surveys also reported a lack of cohesion amongst the two organizations with the project having been implemented without a national network or umbrella organization.

" documentation was never shared……communication was an impediment"

FIDA

"Not a lot of mechanisms have been put in place to support scaling up or replication of successes of this project – maybe in the future"

UN Women

EVALUATION CRITERIA	EFFECIENCY
Evaluation Question 1	How efficiently and timely has this project been implemented and managed in accordance with the Project Document?
Response to the evaluation question with analysis of key findings by the evaluation team	• The project was implemented with funding being channeled through LVCT Health as the principal recipient and FIDA-K as a sub-grantee for the assigned scope of work. Whereas this arrangement was important to leverage each organization's experiences and vast capacity, the implementation of activities was not coordinated or synchronized for synergy. This resulted in each organization selecting their own regions (counties) for targeted activities thereby failing to build on each other's achievements for an even greater effect. • There was a delay in the disbursement of funding from the donor to the recipient and from the recipient to the sub-recipient as was noted from both the quantitative and the qualitative interviews- this impeded the program

EVALUATION CRITERIA	EFFECIENCY
	deliverables. • The collaboration with government agencies was also a hindrance in the early stages of the project with considerable slowing down of activities. However, relations later improved thereby enabling significant achievements, but only in the later phases of the project. • The project was planned based on a unitary state kind of governance where all health services were centralized in the Ministry of Health. However, the establishment of a devolved system of governance as provided for in the new constitution presented significant challenges as a new strategy was needed to quickly engage with the semi-autonomous county governments responsible for the devolved function of health.
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	*" money came in late and that affected our operations"* ***FIDA*** *"Delay in disbursement of year 3 funds lead to delay in implementation of activities hence the no cost extension."* ***LVCTHealth***
Conclusions	Every effort was made to optimally utilize the resources available within the project. However, the operations of the project were susceptible to many external factors such as partner relations that hampered the progress on achievement and completion of activities.

8.4. Sustainability

The project made efforts to ensure sustainability of the program in two broad ways: Establishing collaborations with other stakeholders and ensuring active involvement and participation of NGEC in the orchestration of the program. The project worked within the existing government structures, which was crucial for continued engagement with the government to roll out GBV/HIV policies and curriculum beyond the project period.

EVALUATION CRITERIA	SUSTAINABILITY
Evaluation Question 1	How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?
Response to the evaluation	The work done by LVCT Health and FIDA-K is sustainable for a variety of reasons:- a) Evidence based practices– the project was informed by a series of

EVALUATION CRITERIA	SUSTAINABILITY
question with analysis of key findings by the evaluation team	operational researches that generated evidence to guide selection and implementation of the most practical solution possible. This was anchored in the Hatua (Research – Policy – Practice) model engendered at the institution. This can therefore be implemented in similar set-ups b) Partnerships– from the start, appropriate partnerships were sought/established bringing together a diversity of experiences to enrich the SGBV response. This was mainly through the National bodies mandated with the SGBV response (NGEC and Directorate of Gender) and through Africa Unite. This ensured extensive mobilization of resources from different sources (government and private donors) for comprehensive response. c) Enabling Environment:- ongoing advocacy and lobbying has seen LVCT Health and FIDA-K contribute actively to enactment of legislations and policy frameworks that serve to guide the response to SGBV and ensure justice for the survivors. This facilitates the activities of all those involved by anchoring the response to SGBV in law. d) Building of Capacity at all levels (sub-county and National Level) has ensured that actors at all these levels can contribute effectively to the SGBV response and can also continue to train others beyond the life of the project hence sustainability e) The knowledge portal developed under this project will continue being used to share new knowledge on GBV/HIV integration f) Lessons learnt through the project have been shared in different forums and the multi sectoral training approach is being used by the Population Council in development of an East African Community police training manual
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	*"…of course the project did well to build our capacity and we will continue to offer these same services even after the project has come to an end".* ***Magistrate from Kakamega*** *"…the good thing is we did not depend entirely on LVCT health for our operations. They built our capacity to offer services and we will be able to carry on with it. I have been doing this work as a volunteer for 20 years and will continue to do so."* ***Kisumu Para Legal*** *We also work with our NGOs in terms of collaboration because sometimes we would also like to benchmark to other areas so that we don't do our things in our own way. We do them in standards and even those who are in the sub counties we like them to be trained so we are going solicit funds so that we can see that those who were not empowered in the training will be empowered in this other training, which is needed. The a standard reporting tool should be there which will be distributed to all our county areas of reporting so that we capture all the data and we like all the awareness to be done all over the county because these cases are there we have seen them. Long time there even no awareness. Then the county does not end up with those people who are technical like the chiefs, the head teachers, the teachers they are all trained so that they can give the information wherever they are. So that after here everybody goes to implement*

EVALUATION CRITERIA	SUSTAINABILITY
	what we have said in our meeting. We are really meeting every month or whenever a need arises. We all would like a mutual prosperity in what we want. ***Kitui FGD*** *"…Is it sustainable? Not until we can ensure that every police officer and every health care provider knows what to do for a survivor. This can only happen if they are taught about these things in their professional training."* ***Kisumu Respondent***
Conclusions	The activities carried out by the project in its areas of implementation are modeled on sustainability as indicated above. However they were only implemented in five counties in Kenya and reached a relatively small number of service providers involved in this response. To ensure this is self-sustaining at the National level, there is need to institutionalize the information in training curriculums for different cadres of professionals involved in the SGBV response.

8.5. Impact

It will be too early to assess the impact of this project, however, this section presents changes (positive and negative) generated by the program and the degree to which they can be attributed to its implementation.

"One achievement we have seen we{who is we—did they mean county} work as a team. This committee has made us know one another." ***Kitui FGD***

EVALUATION CRITERIA	IMPACT
Evaluation Question 1	What are the unintended consequences (positive and negative) resulted from the project?
Response to the evaluation question with analysis of key findings by the evaluation team	With regard the original objectives of the project:- a) CSO Coordination – the project succeeded in bringing together all the actors in GBV/HIV response with establishment of a functional secretariat that currently operates from NGEC. This has enabled leveraging the resources and experiences of the different partners for a harmonized response. Similar coordination was effected through Africa Unite that also aimed to bring together all players for this response b) Inter-Sectoral Collaboration: - There was evidence of efforts to collaborate across

EVALUATION CRITERIA	IMPACT
	sectors for service delivery. This was seen through the use of paralegals to ensure successful referral and linkage between health services and law enforcement; and similarly through the Technical Working Groups active at the different levels. However, confusion still exists on the operationalization of referral strategy and exchange of information between the sectors e.g. police and health service providers. c) Capacity Building: - this has been most effectively for all service providers from the different sectors based on the training curriculum for management of SGBV in Kenya. This is however limited to the 5 counties where the project was implemented and it is affected by frequent staff turnover. d) The SOPs- have been absorbed by the health care providers; judicial and police officer this has Procedures have been developed to facilitate joint action by all actors to respond to GBV and HIV concerns and describes clear procedures, roles, and responsibilities for all actors, furthermore they help standardize, guiding principles and working together for the best interest of women, men, boys and girls. **Unintended Consequences** a) Beneficial Partnerships- from the qualitative interviews LVCT Health and FIDA K have raised stakeholders' awareness of linkages between GBV and HIV beyond the project scope. Eg Magistrates now refer cases to FIDA- K
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	**Positive** *"I believe we've come from far, Susan will attest to that. We've really come from far especially because we formed this gender technical working group. Most of them times, you know all the actors anybody who deals with gender are in the team. So, like nowadays it's easy, it's just a phone call. If I have a problem I can call … and …. would assist. So that linkage is much better and everybody is able to help up to wherever they can."* ***Kisumu FGD*** *"Sensitization of community health workers done by LVCT seem to help healthcare workers. And after those trainings we have seen targeted mentorship through CMEs and also follow up to see how are they reporting."* ***Kisumu FGD*** *"…The partnership was rich, we have been able to network with other partners because of LVCT and I am sure LVCT have also benefitted from the partners we*

EVALUATION CRITERIA	IMPACT
	brought on board" ***FIDA*** *"… At the institutional level we have FIDA on board, we have representative from the court, we have representative from the police department, health department and other CSOs coming on board to form technical working group at the county level. This structure is there to oversee how implementation of gender mainstreaming activities is going on within the county. "* ***Kisumu - FGD*** **<u>Negative</u>** *"Impact at beneficiary level has been achieved, those who have received training have been impacted, and impact at the National Level has been compromised. The design of the program was weak on long term impact and how this impact would have been achieved"* ***UNTF*** *"…There is all this work going on about SGBV. So you get a child who has been abused from her family to protect her as you await the outcomes of prosecution. Where do you take such a child? There no safe homes/spaces that can keep these survivors long enough to allow them to heal. They often find themselves going back to the same houses to live with the perpetrators yet the case is in court."* ***Kisumu CSO Respondent*** *"…after trainings most of the officers are reshuffled which makes it difficult since you sometimes deal with officers who are not trained"* ***Kakamega*** "*You go to different sectors and find the sector using its own information and saying there is no information about GBV response I mean how many have been treated or there is no information about GBV and HIV, there is no data"*
Conclusions	This project has been able to strengthen the capacity of host-country stakeholders, including civil society organizations and local and national government bodies, to incorporate GBV and gender strategies into their HIV programs

8.6 Knowledge Generation

The project employed an innovative and integrated approach to reach their objectives, the interagency coordination and collaboration added synergy to the project. The discussion with stakeholders also indicated that initially the involvement with multiple agencies was a hindrance but after the

implementation this turned out to be a major strength of the project of which generated the key lessons outlined below.

EVALUATION CRITERIA	KNOWLEDGE GENERATION
Evaluation Question 1	What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?
Response to the evaluation question with analysis of key findings by the evaluation team	• A GBV/HIV online platform was developed under this project (www.gbvhivonline.com) • GBV is a multifaceted and complex issue, and efforts to prevent and respond to it require a comprehensive approach- this project employed a multi-sectoral approach that accelerated the response to GBV/HIV needs in the country. • The partners were able to leverage on the project for addressing the needs of GBV survivors, where clinical services are trained with police and legal thereby having an integrated service approach to training. • The project was able to respond to the changing policies and government structures and was able to engage leadership at multiple levels to ensure the objectives of the project were met • Though this project supportive policy and legal documents were developed and implemented through multiple agencies this increases ownership and chances for scalability • The best practice sharing and learning forums continue to happen across counties and this helps in peer to peer learning and standardization of activities. • Conferences were organized under this project and reports developed to highlight gaps in GBV/HIV response in the regions(including the Kenyatta University conference - August 2012 and the GBV/HIV workshop- July 2012)
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	*"Another thing that we have also seen as a success, we have a lot structures laid down even form the ministry of health currently we are talking about level one which is community level and we have community health volunteers who have been trained. It is a structure that is currently really assisting us. They are a phone call away. We have given them even the hotline numbers so, a phone call away, once they realize any GBV cases happening they just do referrals through the hotline"* ***Kisumu FGD*** *We meet with the stakeholders and sometimes with those who have sponsored these committees. For example we are dealing with 5 counties which are Machakos, Kitui, Nyeri, Busia and Nakuru which you will see that when we meet together we share a lot about what others are doing and they benefit a lot like us from hearing what they are doing. So that if we see we are behind, we hurry up. So that we are in the same level and we are giving the same service everywhere.* ***Kitui-FGD***
Conclusions	Addressing this GBV/HIV link by practitioners will in fact open a new space to strengthen dynamics facilitating the formation of new norms and confronting gender inequality

EVALUATION CRITERIA	KNOWLEDGE GENERATION
Evaluation Question 2	Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?
Response to the evaluation question with analysis of key findings by the evaluation team	• Improved coordination routine reporting and establishment of a framework that improves the response mechanism. • Documentation of processes through a standard tool that can be used as evidence. • The use a multisectoral approach in capacity building is one of the advantages of this project- this approach is currently being replicated in Rwanda • The management of clients has greatly improved as evidenced from the audio visual documentary • The GBV/HIV knowledge hub- which is an online learning and sharing platform (http://www.gbvhivonline.com) • Through this project communities have been able to share knowledge at multiple levels in advancing women's access to GBV/HIV services and advancing gender equality. • The project was able to move away from hotel based training to point of care training for the different professions that were trained •
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	*"Actually like for training the health care workers its really LVCT which has done it very well and they are actually the ones who mentored us to start this programs from the word go because long time we used to manage them like any other client but with the LVCT coming in, we've really had people being trained and being able to manage the clients. Then they have also assisted in this forum bringing us together, the lawyers, the police, we've really had forums its only that sometimes maybe people leave and we are not able to continue maybe that is what should be strengthened but we've had forums that we come all of us together to discuss the challenges that we have."* ***Kisumu FGD*** *"….. the GBV policy is now gaining a lot of publicity, a lot of support from the government and it now also a requirement in all government agencies. So as I implement it, am also fulfilling a government policy which is a requirement of my duties. ….".* ***Nyeri- FGD*** *"So, in documentation we've seen improvement even reporting is done well we even give our reports on DHIS which is referred to Kisumu East district hospital, it's the best in reports in DHIS."* ***Kisumu-FGD***

EVALUATION CRITERIA	KNOWLEDGE GENERATION
Conclusion	The project activities were well described and well articulated by the project team. Experiences from this project can be easily scaled up to other countries.

9.0. Conclusion

It is unfortunate that the project is coming to an end, it is a short stint in my own view because the objective is quite broad and no country in the world I think the only country that has eliminated SGBV is Portugal.

NGEC

So in my own view it is completely immature that this program is coming to an end but perhaps it is going to amount itself into a new intervention, to a broader intervention that is going to look into wider issues. It is going to ensure that women get justice and enjoy the fundamental principles of human rights.

NGEC

Evaluation Criteria	Conclusion
Overall	The project, funded by UNTF, through LVCT Health and FIDA-K, sought to strengthen implementation of a functional medico-legal framework to scale up GBV services in Kenya. This was through strengthening civil society coordination, strengthen sector specific responses, and provide technical support to the development of national standard operating procedures for cross-sectoral referral of survivors of GBV/HIV for services. The change in the context of the project (elections with devolution of government) early in its implementation slowed it down, but picked up soon after with much of its achievements made in the final year of implementation. Achievement on the objectives was considerable and much of the work done during the project was the first of its kind for the SGBV response in Kenya. This has henceforth created an even bigger need for similar services at a larger scale than done during the project. *"…I can say this project was somewhat effective…mainly because there is an even bigger need for these services across the country, much of the burden which should be taken up by the government"* ***UN Women Respondent***

Evaluation Criteria	Conclusion
Effectiveness	The project set a basis for inter-sectoral collaboration through the CSO coordination secretariat and collaboration under the Africa Unite Umbrella. Bringing together all stakeholders enabled leveraging the experience and resources each one brought on board for a more comprehensive response. There is sufficient collaboration between partners in an enabling environment of institutionalized legislation and policy frameworks directly attributable to the project. The beneficiaries targeted during this project were reached. This included those health workers, police officers, paralegals, pro-bono lawyers, prosecutors who were trained and their capacity enhanced in the course of this project to offer better services to survivors. The ultimate beneficiary of the project was the GBV survivor who accessed improved services through the various service points where trained providers were to be found. However, gaps still exist in cross-sectoral referral affecting implementation. Handling of evidence across sectors is also still outstanding. The M & E framework is similarly yet to be operationalized after it was designed and launched in Dec. 2014
Relevance	The project was informed by evidence of the essential needs of the GBV survivors thereby offering practical solutions to the survivors. It was similarly implemented in keeping with the guiding National documents hence relevant to the beneficiaries. This occurred in a timely manner, at a time when the structures created by the new constitution (NGEC and Directorate of Gender) needed all the support possible to operationalize their plans and lead the response to SGBV.
Efficiency	Resources within the project were fairly well utilized in achieving its objectives. Some few areas, however, still exist for increased efficiency including better coordination between partners (LVCT Health & FIDA-K) for synergy. The difficulty of coming together under TFSOA and NGEC earlier in the project was responsible for the slow start to the project's activities.
Sustainability	The operation of the project ensured sustainability through use of evidence to inform high impact activities, strategic partnerships for implementation of the project, existence of requisite legislation and policy frameworks to guide the response, and building the capacity of at different levels to enable improvement in service delivery.
Impact	The project has had a lasting impact on the SGBV response in Kenya with designing and launching of the M & E Framework for national level reporting, the production of training curriculums for service providers, contribution to legislation and policy frameworks, CSO coordination through the secretariat, and building of capacity for service providers. These are lasting changes and anyone else who gets into this sector will have to build on the achievements made in the course of this project. Direct beneficiaries (GBV survivors) have access to better service. There is increased awareness of GBV issues at the community level with improved reporting.

Evaluation Criteria	Conclusion
Knowledge generation	The opportunities and challenges of this project were summarized by one policy maker *"There is a lot of interest in GBV, people are watching for results to be demonstrated"* ***Policy Maker*** Data from the project has not been systematically collected and therefore making any trends based on the data is quite premature. The project released a public video documentary that seemed to be only known by the project beneficiaries and not by the public as a tool for GBV/HIV awareness. The project has made great strides in addressing GBV and HIV- with lots of lessons learnt that can be scaled up to other countries. Important questions remain about whether this project will be able to show impact beyond the life of the funding and whether the Government is ready to take this work forward, making the initiative a vehicle for a more sustainable response.

10.0 Key Recommendations

"I would prefer a scenario whereby all players are brought on board even if they are not part of the implementing agencies but just bring them on board to be able to understand and support the program better to be able to be a key player. Because when you are dealing with issues like GBV which cut across the society, you at times go to a community and tell them this."

UN Women

"…And most importantly what this program provoked the commission to do would be very crucial for evaluation purposes and I would mention about just a few, my interest would be so what? This project has drawn the attention of everyone to start doing the cost benefit analysis for SGBV interventions in this country."

NGEC

Based on the team's evaluation of the current situation, key gaps and relative level of effort to date in each area the team recommends the following;

Evaluation Criteria	Recommendation	Relevant Stakeholders	Suggested Timeline
Overall	There is need to streamline the response to SGBV (and indeed all other forms of GBV) from the National Level by bringing the different services under one central coordinating body with sufficient resources and capacity to coordinate all the stakeholders. This is as opposed to the current arrangement where the response is spread across different sectors (Directorate of Gender and NGEC) with clear guidelines on responsibility for GBV response. Continuous advocacy is required to secure increased prioritization of SGBV/HIV issues and response by all stakeholders and sectors of government	Government GBV/HIV agencies NGOs	Progressively
Effectiveness	There is lacking clear guidance on the sequence of response to survivors of SGBV by all stakeholders. This has similarly affected the quality and custody of evidence required for successful litigation. There is therefore need for a post-Rape Kit at every service point (health facility and police station) containing guidance on which specimens to collect from every	Donor Agencies Government CSOs Health and	Immediately

Evaluation Criteria	Recommendation	Relevant Stakeholders	Suggested Timeline
	survivor, complete with the containers for collection and storage of such specimen before being passed on to the next point of service in a clearly defined referral strategy. The response should be holistic and not only focus on responding to incidences of SGBV but also addressing the determinants of all other forms of GBV including physical violence. Resources should similarly be placed into safe houses/places for temporary accommodation of victims of GBV until it is safe enough to be re-integrated back in society. A sector emergency preparedness and response plans do not exist as yet to guide response to emergencies similar to the crisis of the last post-election violence. Institutionalization of gains made during this project is required – such as incorporation of materials for training on GBV/SGB in core curriculums for all service providers	Medical Institutions	
Relevance	Identify successes in GBV/HIV prevention and response programs and incorporate lessons learned into other public health programs. This includes moving beyond simply counting numbers of people reached in clinics and communities to evaluating outcomes and impacts of activities and programs	Donor Agencies Government NGO GBV/HIV agencies and institutions	Immediately
Efficiency	There should be clarity on the roles of every partner to avoid duplication of activities and synergize each other's effort. Partners should similarly be held accountable for their outputs to ensure good use of resources. Efforts should be made to leverage technological avenues for control of SGBV e.g. use of hotlines and other forms of media (traditional and digital) for direction to services, sharing experiences and provide emergency counseling to survivors. Use of	Donor Agencies Government NGO GBV/HIV agencies and institutions	Immediately

Evaluation Criteria	Recommendation	Relevant Stakeholders	Suggested Timeline
	Such hotlines should not attract charges and should be aggressively marketed to enable increased access		
Sustainability	Resources should be invested at the grassroots level to continually advocate for changes in cultural practices and traditions that sustain GBV. There is increased need to continually build the capacity of Government institutions (NGEC) to offer the required leadership for effective response to and prevention of SGBV. Operationalization of the M & E framework with clear roles and responsibilities for data flow will facilitate collection of evidence for programing, besides sharing of data across sectors to facilitate decision making The focus of similar programs should extend beyond the current 5 counties to other areas with similarly high prevalence of GBV, coordinated by a strong central government body (NGEC).	Government SGBV/HIV agencies NGOs ITECH - Kenya	Immediately
Impact	Continue successful models involving working with men and boys. Add support interventions that provide psychosocial counseling to boys and men and help them manage anger, pain, frustration in ways other than through perpetrating GBV or Sexual Assault Continually involve communities in the design of similar programs to ensure that the strategies used are culturally sensitive and responsive to the unique cultural settings. Increase focus on children and youth. Much remains to be done through schools for inculcating improved attitudes in the next generation for healthier gender relations. The life skills curriculum provides a key opportunity to ensure that the program is comprehensive, harmonized, and evidence based,	Donor Agencies Government NGO GBV/HIV agencies and institutions	Immediately

Evaluation Criteria	Recommendation	Relevant Stakeholders	Suggested Timeline
	targets harmful gender norms and builds awareness of GBV/HIV services.		
Knowledge generation	Continue with media advocacy with regular informercial campaigns and documentaries for teaching and advocacy strategies. Continually update the training curriculums/materials to reflect reality in societies served Efforts needed to cascade legislative and policy changes to the community level for deterrence of would be offenders and reduction in the prevalence of GBV/SGBV	Relevant Ministries Donor Agencies NGOs	Progressively

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ANNEXES

Annex 1: Terms of Reference of the evaluation

Annex 2: Evaluation Matrix

Criteria/ Sub Criteria	Questions addressed by evaluator	What we looked for	Indicators	Data Sources	Data Collection methods
Effectiveness	1) To what extent were the intended proje goal, outcomes and outputs achieved and 2) To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached? 3) To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes. 4) What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How? ***Alternative questions in case of project focusing at the policy level*** 5) To what extent was the project successful in advocating for legal or policy change? If it was not successful, explain why. 6) In case the project was successful in setting up new policies and/or laws, is the legal or policy change likely to be institutionalized and sustained?	• Quantity and quality of beneficiaries reached? • Data showing quality of life • Map out project log frame • What tools did the project implementers succeed in creating to support project outcomes (strategies, protocols, data collection) • Were the projects outputs institutionalized and integrated into the procedures and practices of relevant different agencies (ministries, schools) • Did the project contribute to the National objectives on GBV and HIV?	• Number of people reached through the project • Number of policy documents (workshop documents etc) • Presence of SOPs	• Progress reports • Interviews with stakeholder and beneficiaries	• Desk Review • Interviews • FGD • Audio and Visual records
Relevance	1) To what extent was the project strategy and activities implemented	• Real project objectives • Relevance of planned activities	• Number of objectives met	• Annual Reports,	• Desk Review

Criteria/ Sub Criteria	Questions addressed by evaluator	What we looked for	Indicators	Data Sources	Data Collection methods
	relevant in responding to the needs of women and girls? 2) To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?	to the raised objectives • Estimated project outcomes and outputs • Were Project outputs institutionalized and integrated into the procedures and practices of Ministries and their responsible areas? • What is the added value of the project (did it involve voluntarily other reports, more activities under the same resources • Limits of project process and outputs (conferences as formats for the exchange of ideas and knowledge, operational shortcomings, clear role distribution in the consultation process on the drafting of national documents) • Are the objectives still relevant to other stakeholders?		progress reports • Project team • Stakeholders and beneficiaries opinions	• Interviews • Field Observation
Efficiency	How efficiently and timely has this project been implemented and managed in accordance with the Project Document? How did the project staff of the project team change during the project?	• Are there frequent drop outs or staff changes • What challenges did the project implementer face to maintain this complex and huge number of activities? How did they arrive at a solution? What processes in driving outputs were poorly performed? What operational	• No of meetings • No of activities met • Disbursement procedures	• Baseline data of the project; • Funding proposal; annual • Work plans; • Country program documents;	• Desk review • Interviews

Criteria/ Sub Criteria	Questions addressed by evaluator	What we looked for	Indicators	Data Sources	Data Collection methods
		obstacles between project implementers and beneficiaries occurred? How did the team respond to solve operational obstacles with the beneficiaries of the project? • Was there a better way of achieving the same goals?		• Minutes of meetings; • Monitoring report visits; • Quarterly progress reports; • Curricular; Training • Reports; • Workshop reports	
Sustainability	How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?	• How was the mapping process conducted • How are other institutions and network empowered? • What new targets and ways of institutional coordination were set? • Were public attitudes towards institutional capacities transformed so that work can continue beyond the project • To what extent has it informed effected and monitored policy implementation to improve action on prevention of and response to GBV	• Number of institutions partnered with • Presence of coordination meetings – GBV/HIV working committees	• Stakeholder • Beneficiaries • Project Team • Project Reports	• Desk review • Interviews • Focus Group Discussion
Impact	What are the unintended consequences (positive and negative) resulted from the project?	• What are the stakeholders opinions and perspectives on the entire project • Visibility in the public this project brought (institutional visibility, political commitments and general	• No of expected outcomes achieved	• Beneficiaries • Other stakeholders • Project Documents	• Desk Review • Interviews • Focus Group Discussions

Criteria/ Sub Criteria	Questions addressed by evaluator	What we looked for	Indicators	Data Sources	Data Collection methods
		perception change towards the issue of gender based violence) • Mapping of the log frame • How are the structural issues of GBV and HIV addressed in this project			
Knowledge Generation	1) What are the key lessons learned that could be shared with other practitioners on Ending Violence against Women and Girls? 2) Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?	• What innovations on gender inequality were addressed? • Were there any best practices sessions or learning forums? Is there documentation on the project on national and other media documents? • Are the lessons easily adaptable and utilized in the country?	• Best practices	• Project Team • Project Documents • Other stakeholders	• Desk Review • Interviews • Audio visual records

Annex 3: Beneficiary data sheet

Beneficiary Group	Number of Beneficiaries reached
Young Women and Girls	8,930 women and girls in general; 500 women and girls living with HIV; and 5,500 women and girls who are survivors of violence
Civil Society Organization	Exact number could not be extracted from records reviewed
Number of People Trained	2181 (1123 Health care service providers, 663 Community members, 157 CSO members, and 238 Community leaders
Government officials reached	Exact number could not be extracted from records reviewed

Annex 4: Additional Methodology-Related documentation

a) Interview & focus group guides

IN-DEPTH INTERVIEW GUIDE

Date of the interview: _____
Name of the interviewer: _____
Name of Institution (s): _____
Name of respondent (s): _____
Position in the institution:_____
Introduction

Good morning/afternoon. My name is..... I am involved in an assessment of the project that aimed to **STRENGTHEN IMPLEMENTATION OF A FUNCTIONAL MEDICAL – LEGAL FRAMEWORK TO SCALE UP GBV SERVICES IN KENYA** implemented by LVCT Health, FIDA with the support of other stakeholders. The assessment is being conducted in Nairobi and other counties in Kenya. You/your institution has been selected to participate in this assessment because of the work you do on…….. I, therefore, kindly request you to share your honest views on the issues we will be discussing.

Your participation in this interview is voluntary and you are free not to respond to any issues you feel uncomfortable with and this will not affect you in any way. I would like, however, to assure you that the information you provide shall be kept confidential and will only be used for the purposes of this study. This interview will last approximately 45 to 60 minutes.
Do you have any question or comment before we proceed?

Interviewer: *(If any question/comment, please first address them before proceeding with the interview).*
I also wish to kindly request you to allow me to tape-record this interview so that I can capture everything we discuss.

Interviewer: *(In case, the respondent refuses tape –recording, do not use the tape but proceed with the interview and write down as much as you can).*

Interview Guide: Project Staff:

A. **LVCT Health**

i. At what stage(s) have you been involved in during the design and implementation of the project? Can you please describe your roles and responsibilities during your involvement in the project?
ii. Describe your experience regarding project implementation (Was the project in line with priorities of targeted actors- *(probe for partnerships; working with government; project beneficiaries)*:
iii. How has this project evolved since its inception (*Probe for networks; changes in the project: Strengthen CSO coordination; developing national SOPs; Strengthening sector Specific Responses; integrating approach to HIV and GBV; Policy and advocacy*)
iv. What partners (CBOs, NGOs, etc) has the project worked with? (*probe: name of partner agencies)* What activities have each of the partner agencies/organizations been involved in since the inception of the project (*Probe for networks; changes in the project: Strengthen CSO coordination; developing national SOPs; Strengthening sector Specific Responses; integrating approach to HIV and GBV; Policy and advocacy)?*
v. How do you assess the relevance of this GBV/HIV project to the community *(probe for different levels National; County; Judicial; Health Care; what knowledge products)*?
vi. How well has the project worked or been beneficial in terms of strengthening networks and coordination? (*Probe for referrals & linkages; CSO Coordination; sector specific responses, policy formulation)* Has working with other partners helped or hindered the provision of services? *(Probe impact; sustainability)*
vii. What are some of the initiatives your organization put in place to strengthen the HIV sectors response to GBV? HIV? And GBV/HIV during the life of this project (*Probe: trainings, curricula development)*
viii. What do you consider to be the main project achievements in relation to the set objectives? In your opinion, how have the beneficiaries benefited from the project?
ix. What are some of the GBV/HIV policy frameworks that have been formulated and/or reviewed as informed by this project (*Probe: sector specific policies, multi sectoral standards*) what has been the role of LVCT Health in this?
x. How will the project activities continue at the different levels (National/County/Community) when the project comes to an end? (*Probe: coordination; GBV/HIV Response; systems, community structures, partners' roles, etc*) What are some of the arrangements put in place to sustain the SGBV/HIV response after the end of this project?
xi. Given the way the project was designed, what lessons and best practices can be derived for future similar or related projects? What are your recommendations in designing and implementing similar projects in the future *(probe for improving integration of GBV/HIV in Kenya; Improving medico-legal linkages)*?
xii. What challenges did you experience in the course of implementing the project? *(probe for effectiveness and efficiency eg turnaround times; level of commitment)* How were these challenges addressed?
xiii. Is there anything else you'd like to tell us before we close?

B. FIDA Kenya

i. What legislation exists in the country addressing GBV/HIV?
ii. What has been your specific role and that of your organization in engaging with the project? (*Probe:- engagement with LVCT Health, engagement with the judiciary, police, paralegals, training protocols on GBV/HIV for the police & prosecutors)*
iii. What are some of the policy and legal frameworks that Kenya has put in place to guide the response to SGBV (*probe for National & Gender Development Policy, Sexual Offences Act, The Children's Act)*. What are some of the gaps that may still exist with regard to this? What has been FIDA- K contribution to these processes?
iv. What improvement in prosecution of GBV/HIV related cases can be attributed to the project? (*probe: cross-sectoral referrals, chain of custody of the necessary evidence, skills training, capacity building)*
v. What are some of the initiatives your organization put in place to strengthen the legal sectors response to GBV? HIV? And GBV/HIV during the life of this project *(Probe: trainings, curricula development)*
vi. What partners (CBOs, NGOs, etc) have you worked with on the project? (*probe: name of partner agencies)* What activities have each of the partner agencies/organizations been involved in since the inception of the project (*Probe for networks; changes in the project: Strengthen CSO coordination; developing national SOPs; Strengthening sector Specific Responses; integrating approach to HIV and GBV; Policy and advocacy)?*
vii. How well has the project worked or been beneficial in terms of strengthening networks and coordination? (*Probe for referrals & linkages; CSO Coordination; sector specific responses, policy formulation)* Has working with other partners helped or hindered the provision of services? *(Probe impact; sustainability)*
viii. Given the way the project was designed, what lessons and best practices can be derived for future similar or related projects? What are your recommendations in designing and implementing similar projects in the future *(probe for improving integration of GBV/HIV in Kenya; In strengthening medico-legal linkages)*?
ix. What challenges did you experience in the course of implementing the project? *(probe for effectiveness and efficiency eg turn around times; level of commitment)* How were these challenges addressed?
x. Is there anything else you'd like to tell us before we close?

Interview guide for policy makers

A. Directorate of Public Prosecution

i. What has been your specific role in engaging with the FIDA/LVCT Health project? (*probe: engagement with LVCT Health, engagement with the judiciary, police, paralegals, training protocols on GBV/HIV for the police & prosecutors)*
ii. What legislation exists in this country for addressing GBV/HIV?

iii. What are some of the gaps that may still exist with regard to legislation? What has been the DPPs contribution to these processes?
iv. What improvement in prosecution of GBV/HIV related cases can be attributed to the project? (*probe: cross-sectoral referrals, chain of custody of the necessary evidence, skills training, capacity building)*
v. What is the impact of your engagement FIDA/LVCT Health on the functioning of the office?
vi. Is there anything else you'd like to tell us before we close?

B. NGEC

i. What role does your organization (NGEC or County body) play in the response to SGBV (*Probe for National roles/regional roles)*. Did you play any specific role? (*probe for a direct involvement)*. Is there any direct/indirect contribution by any other member of your organization?
ii. How has the response to SGBV/HIV in Kenya evolved in the last three years? (*probe for CSO coordination mechanism, inter-sectoral collaboration, referrals and linkage)*
iii. Who are your partners in the activities you undertake towards addressing SGBV/HIV? (*Probe for number of partners CSO working together; key roles of some of the partners)*. How effectively have all the partners been coordinated towards a harmonized SGBV response?*(probe for CSO coordination mechanism, resource mobilization, challenges for coordination)*
iv. Are you aware of the work done by LVCT health/ FIDA-K to strengthen GBV/HIV response in Kenya? How did you engage with them?
v. To what extent has your work been influenced directly or indirectly in your engagement with either LVCT Health or FIDA-K? *(Probe functioning of the working groups; policy formulation; access to services; improving referrals; a) completely b) partially c) not at all- explain)*
vi. What is your experience working/cooperating/communicating with the LVCT Health or FIDA-K on GBV response *(probe for efficiency)*? What were the advantages and to what extent did this GBV/HIV project contribute to your commission/technical ; working groups in leveraging resources from partners engaged on GBV response at the national/county level; working relationship in the counties; referral and linkages and uptake of services?
vii. In the course of implementing GBV activities with support from LVCT Health or FIDA-K , what went well which could be taken on in future projects? (*Probe on the activities undertaken; impact including unintended consequences*)
viii. What challenges/constraints still exist towards a comprehensive SGBV response in Kenya?(*probe for Capacity, collaboration across sectors, resources, networks)*

C. Directorate of Gender (County)

i. Briefly describe the role of your office in GBV/HIV policy response in Kenya*. (What are some of the key milestones that have been achieved over the last 3 years)*
ii. How have you been particularly involved in the development of these policies? *(Probe: consultative meetings with stakeholders during key national activities, convening meetings, etc)*
iii. What are the policies on GBV/HIV that have been developed or revised in the last 2-3 years *(probe for SOPs; Referral and linkage- Knowledge products)*
iv. What measures do you think are urgently required to address GBV and HIV/AIDS in Kenya *(probe for relevance)*

v. In what ways has your office worked with LVCT Health and FIDA-K in informing the GBV/HIV policy and response? (*Probe: what other partners have you worked with)* What joint actions are necessary between policy and makers and the implementers of GBV and HIV/AIDS interventions to comprehensively address the two issues? *(Probe for effectiveness; impact and sustainability)*

vi. Were there any challenges or barriers in the GBV/HIV response in the last 3 years? If so, were there any steps taken to resolve them and move forward successfully? (*probe communication; efficiency)*

vii. What are some of the best practices in GBV/HIV response in other countries? *(Get specific examples; Probe on what Kenya can learn from the best practice)*

viii. What else would your recommendations be in strengthening the directorate and the National Level engagement in GBV/HIV policy formulation and implementation in the future

D. County Representatives

i. What role does the county (County body) play in the response to SGBV (*Probe forCountyl roles/regional roles)*. Did you play any specific role? (*probe for a direct involvement)*. Is there any direct/indirect contribution by any other member of your county?

ii. How has the response to SGBV/HIV in Kenya evolved in the last three years? (*probe for CSO coordination mechanism, inter-sectoral collaboration, referrals and linkage)*

iii. Briefly describe the role of your office in GBV/HIV policy response in Kenya*. (What are some of the key milestones that have been achieved over the last 3 years)*

iv. How have you been particularly involved in the development of these policies? *(Probe: consultative meetings with stakeholders during key national activities, convening meetings, etc)*

v. What are the policies on GBV/HIV that have been developed or revised in the last 2-3 years *(probe for SOPs; Referral and linkage- Knowledge products)*

vi. What measures do you think are urgently required to address GBV and HIV/AIDS in Kenya *(probe for relevance)*

vii. Who are your partners in the activities you undertake towards addressing SGBV/HIV? (*Probe for number of partners CSO working together; key roles of some of the partners)*. How effectively have all the partners been coordinated towards a harmonized SGBV response?*(probe for CSO coordination mechanism, resource mobilization, challenges for coordination)*

viii. Are you aware of the work done by LVCT health/ FIDA-K to strengthen GBV/HIV response in Kenya? How did you engage with them?

ix. To what extent has your work been influenced directly or indirectly in your engagement with either LVCT Health or FIDA-K? *(Probe functioning of the working groups; policy formulation; access to services; improving referrals; a) completely b) partially c) not at all- explain)*

x. What is your experience working/cooperating/communicating with the LVCT Health or FIDA-K on GBV response *(probe for efficiency)*? What were the advantages and to what extent did this GBV/HIV project contribute to your commission/technical ; working groups in leveraging resources from partners engaged on GBV response at the national/county level; working relationship in the counties; referral and linkages and uptake of services?

In-depth Interview Guide & Focus Group Discussion- Beneficiaries

i. What are the main factors that increase HIV and GBV vulnerability in this community?

ii. What is your role in GBV/HIV response in this facility? *(Probe: for how long have you played this role)*? What are some of the successes you have experienced in the past in discharging your role, who

else is involved in this facility/community)

iii. What GBV/HIV related services are available in this community *(Probe for; health Care services; Police Posts and other Legal Agencies,)*? What are some of the main challenges women and girls face in accessing these services? Who provides these services? How has your institution benefitted from support given by LVCT Health or FIDA-K towards the services you offer? (*Probe for capacity building/training sessions for members; IEC materials,)*

iv. What are some of the s that have been implemented in the *(community/ facility/ police station etc)* by LVCT Health or FIDA-K over the last 3 years? (*Probe for: how have you been involved in these activities?)*

v. In what ways have you worked with persons drawn from other sectors involved in GBV/HIV response in this county?? *(Probe for: over that last 3 years has there been any change in referral of survivors and linkage to other services- legal, medical and psychosocial support services? How can any of these changes be attributed to support received from LVCT Health or FIDA-K)*.

vi. How has LVCT Health or FIDA-K been involved in supporting your institutions mechanisms in addressing GBV/HIV? *(Probe for seeking care; timely reporting; inter sectoral coordination; reporting of cases to police, etc)*

vii. In your opinion what challenges have hindered the implementation the GBV/HIV project? *(probe for use of the tools; reporting of cases in court; training; referral and linkages etc)* And how can they be addressed?

viii. In your opinion, how will your institution take forward some of the achievements/successes you have got from engaging with LVCT Health or FIDA-K in strengthening GBV/HIV response

In-depth Interview Guide: Development Partners

i. How has your organization been involved in supporting GBV/HIV response in Kenya? *(probe funding; policy; legislation; partnerships; advocacy)*

ii. How effective has the GBV/HIV response in Kenya been? What are some of the lessons? What are some of the challenges experienced?

iii. What lessons on GBV/HIV beyond Kenya can local actors/partners learn from?

iv. In what ways has your office worked with LVCT Health or FIDA-K in addressing the GBV/HIV needs in Kenya? (*Probe: what other partners have you worked with)* What joint actions are necessary between partners and the implementers of GBV and HIV/AIDS interventions to comprehensively address the two issues? *(Probe for effectiveness; impact and sustainability)*

In-depth Interview Guide: UNTF

i. How has your organization been involved in supporting GBV/HIV response in Kenya? *(probe funding; policy; legislation; partnerships; advocacy)*

ii. In your opinion, how effective has the GBV/HIV response in Kenya been? What are some of the lessons? What are some of the challenges experienced?

iii. In what ways has your office worked with LVCT Health or FIDA-K in implementing the 3 year UNTF funded project? (*Probe:* Describe the extent to which the project achieved the goals set? Level of UNTF involvement in some of the key project tasks? Lessons learnt from this project?

iv. What would you say of the partnership between these two organizations in implementing this project *Probe for effectiveness; impact and sustainability)*

v. In what ways has this project contributed to the UNTF goals on addressing violence against women and girls (Probe: highlight on contributions; ways in which UNTF has used lessons learnt from this project to inform its mechanisms geared towards the response and prevention of VAW/G

vi. What lessons on GBV/HIV beyond Kenya can local actors/partners learn from this project?

In –Depth Interview:-Beneficiaries (Community and Spiritual Leaders)

i. What are the main factors that increase HIV and GBV vulnerability in your community? Who is most affected by GBV? (*Probe for women, girls, boys, and vulnerable persons).* Who are the most common perpetrators of GBV in this community?

ii. What services are available for survivors of GBV in your community?

iii. Are there cases of GBV in your community that you are aware of as a leader? How did you handle the case/cases? Did you refer them for other services after you'd attended to them? (*Probe for referral to either police, hospital, court).* How long did it take to get services at the subsequent points of service after the referral?

iv. Are GBV cases prosecuted in a court of law or are they commonly settled out of court? How long does it take for the case to be settled once reported? Are there any costs involved?

v. In your experience, how do you rate the services provided by the various sectors (*police, health workers, legal sector, psycho-social counseling).* Has it become better or worse?

vi. Are there are any barriers to survivors of GBV seeking appropriate response after the incident of GBV? What are some of those?

vii. Have you been involved in any advocacy campaigns to help survivors of GBV and to educate the community on the dangers of GBV? Which CSOs and/or partners have you worked with (*probe for LVCT Health/FIDA-K*)? What is the impact of these engagements?

viii. In your opinion, is there anything else that needs to be done to eliminate the threat of GBV to people most at risk?

ix. Is there anything else you'd like to tell us before we close?

In-depth Interview Guide & Focus Group Discussion- Beneficiaries

i. What are the main factors that increase HIV and GBV vulnerability in this community?

ii. What is your role in GBV/HIV response in this community/facility? *(Probe: for how long have you played this role)*? What are some of the successes you have experienced in the past in discharging your role, who else is involved in this facility/community)

iii. What GBV/HIV related services are available in this community *(Probe for; health Care services; Police Posts and other Legal Agencies,)*? What are some of the main challenges women and girls face in accessing these services? Who provides these services? How has your institution benefitted from support given by LVCT Health or FIDA-K towards the services you offer? (*Probe for capacity building/training sessions for members; IEC materials,)*

iv. What are some of the activities that have been implemented in the *(community/ facility/ police station etc)* by LVCT Health or FIDA-K over the last 3 years? (*Probe for: how have you been involved in these activities?)*

v. In what ways have you worked with persons drawn from other sectors involved in GBV/HIV response in this county?? *(Probe for: over that last 3 years has there been any change in referral of survivors and linkage to other services- legal, medical and psychosocial support services? How can any of these changes be attributed to support received from LVCT Health or FIDA-K)*.

vi. How has LVCT Health or FIDA-K been involved in supporting your institutions mechanisms in addressing GBV/HIV? *(Probe for seeking care; timely reporting; inter sectoral coordination; reporting of cases to police, etc)*

vii. In your opinion what challenges have hindered the implementation the GBV/HIV project? *(probe for use of the tools; reporting of cases in court; training; referral and linkages etc)* And how can they be addressed?

viii. In your opinion, how will your institution take forward some of the achievements/successes you have got from engaging with LVCT Health or FIDA-K in strengthening GBV/HIV response

For Health Facility In-Charge (Medical Superintendent)

i. How have the trainings offered by the project improved your capacity to handle GBV/HIV cases *(probe for trainings attended, number of staff trained, skill and competency gaps; relevance)*

b) Observation checklist

Observer:_____ Date:_____

KII :_____ FGD :_____

Check off the description that best applies to your subject's involvement in the process.

i. Presence of documents as mentioned in the interview?

- ☐ Yes
- ☐ No

ii. What documents are available?

- ☐ Funding Proposal
- ☐ Annual Workplan
- ☐ Country Program documents
- ☐ Minutes of meeting
- ☐ Trip Reports
- ☐ Quartely progress reports
- ☐ Budgets
- ☐ Training Curricuar
- ☐ Training Reports
- ☐ Workshop reports
- ☐ Kenya Demographic Health Survey
- ☐ Kenya AIDS Indicator Survey
- ☐ Sexual Offence Act
- ☐ Standard Operating Procedures : Specify_____
- ☐ Medical Guideibes
- ☐ PRC register
- ☐ Occurrence Book – on Sexual Offences
- ☐ M & E Framework
- ☐ Conference Reports
- ☐ Others_____

iii. How would you describe the depth of the availability of evidence?

- ☐ Deep
- ☐ Solid
- ☐ Weak

iv. COMMENTS (Please be specific and take pictures once you receive consent)_____

Annex 5: List of Persons Interviewed

Designation /Place of Work	Type of Interview	Location
Kitui Respondents –County level		
Devolution and Planning	FGD	Kitui
National Council for Kitui County		Kitui
PWDs Coordinator		Kitui
KDH Health National Officer		Kitui
National P. Services		Kitui
County Division Director		Kitui
Education Officer		Kitui
Director CYSSS-Gender		Kitui
Kitui Respondents'– Health facility		
MDH Nursing Officer	FGD	Kitui
KDH Pharma Tech		Kitui
KDH Lab Tech		Kitui
KDH Senior Medical Officer		Kitui
KDH N/Officer		Kitui
Kitui –County level		
Director - CYSSS-Gender	KII	Kitui
Kisumu County		
MODP Youth and Gender Officer	KII	Kisumu
Paralegal	KII	Kisumu
FGD –Intersectional Collaboration		
JOOTRH - Senior Clerical Officer	FGD	Kisumu
KGDH - Nursing Officer, Trauma Counsellor		Kisumu
AphiaPlus - Prevention Officer		Kisumu
KCH - Nursing Officer		Kisumu
Counselor CHEW		Kisumu
LSK-FIDA Advocate		Kisumu
Kakamega County level		
Kenya Police Service - Constable	FGD	Kakamega
National Police Service - IP		Kakamega
Kenya Police - CPL		Kakamega
Kakamega Probono Officers		
FIDA Kenya - Advocate	FGD	Kakamega
FIDA Kenya - Advocate		Kakamega
Kakamega		
Judiciary Magistrate	KII	Kakamega
Nyeri- County		

Designation /Place of Work	Type of Interview	Location
Security Police	FGD	Nyeri
PGH Nyeri - Nurse		Nyeri
Probation Officer		Nyeri
Nairobi County		
NGEC CEO	KII	Nairobi
Wangu Kanja Foundation - Director	KII	Nairobi
Executive Director GRVC	KII	Nairobi
National Gender & Equality Commission	KII	Nairobi
Monitoring & Evaluation Officer NGEC	KII	Nairobi
Senior Prosecutor DPPs Office	KII	Nairobi
Probonal Lawyer with FIDA	KII	Nairobi
UN Women	KII	Nairobi
UN Women	KII	Nairobi
UN Women	KII	Nairobi
FIDA Kenya	KII	Nairobi
FIDA Kenya	KII	Nairobi
FIDA Kenya	KII	Nairobi
Nakuru County		
Nakuru County Director Youth & Gender	KII	Nakuru
Nakuru County Youth & GBV Coordinator	KII	Nakuru
Head of Gender at DPPs Office	KII	Nairobi
Assistant Chief Kabati Sub Location Naivasha	KII	Naivasha
Imam Naivasha	KII	Naivasha

Annex 6: List of supporting documents reviewed

Method	Documents Reviewed
Document Review (desktop review)	• Baseline data of the project; • Funding proposal; • Annual work plans; • Country program documents; • Minutes of meetings; • Monitoring report visits; • Quarterly progress reports; • Curricular; Training reports; • Workshop reports • Policy and National Strategy documents; • Kenya Demographic Health Survey. • Kenya AIDS Indicator Survey • Sexual Offence Act workshop report. • Multi-sectoral SOPs, • Health Sector SOPs, • Medical Regulations and Guidelines, • PRC register, • M & E framework and Conference reports **Policy documents** • The National Gender and Development Policy of 2000 Education Gender Policy of 2007 • Framework for the Implementation of Post-Rape Care Services of 2005 • Multi-Sectoral Standard Operating Procedures for Prevention of and Response to Sexual Violence in Kenya of 2013 • The Sexual Offences Act of • The Children Act of 2001

Annex 7: CVs of evaluators

Attached separately