

FINAL EXTERNAL PROJECT EVALUATION REPORT

**STOP VIOLENCE AGAINST WOMEN AND GIRLS IN SAMBURU, MARSABIT
AND ISIOLO COUNTIES IN NORTHERN KENYA**

Period of Project Covered by the Evaluation: January 2016 – December 2018

Period of Evaluation: December 2018

Evaluation Conducted by: ADREC Limited, Nairobi, Kenya

Report Presented to: International Institute of Rural Reconstruction – Kenya

**Final Evaluation Commissioned By: International Institute of Rural Reconstruction –
Kenya**

Final Report Submission: March 2019

Disclaimer:

“This Final Evaluation has been developed by an independent evaluator (ADREC Ltd). The analysis presented in this report reflects the views of the author and may not necessarily represent those of the commissioning organization (IIRR), its partners or the UN Trust Fund”.

Acknowledgement

The End of Project Evaluation for Stop Violence against Women and Girls in Samburu, Marsabit and Isiolo Counties in Northern Kenya was made possible through the joint effort of UNTF (the donor) and IIRR (implementing Partner). Many thanks go to IIRR Program Director, Mr. Chrispin Mwatate and the entire IIRR project management team for ensuring the evaluation was successful. The Consulting team takes this opportunity to also thank all staff of UNTF who contributed in one way or another in ensuring the evaluation was a success.

The contribution of other stakeholders, community members and beneficiaries are highly appreciated. The assignment was carried out by a Consulting firm ADREC Limited, based in Nairobi, Kenya, under the Team Leadership of Michael Kamotho.

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List of abbreviations and acronyms

AOC	Agents of Change
ACRWC	African Charter on the Rights and Welfare of the Child
ASALs	Arid And Semi-Arid Regions
BCC	Behavior Change Communication
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CIG	Common Interest Groups
CBO	Community Based Organizations
CCF	Community Conservation Facilitator
DNA	Deoxyribonucleic Acid
EVAW	End Violence against Women
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation or Cutting
GBV	Gender Based Violence
IASC	Inter-agency standing committee
IEC	Information Education Communication
IIRR	International Institute of Rural Reconstruction
IGA	Income Generating Activity
IP	Implementing Partner
KDHS	Kenya Demographic Household Survey
M&E	Monitoring And Evaluation
NGO	Non-Governmental Organization
ODK	Open Data Kit
PRA	Participatory Rural Appraisal
SGBV	Sexual And Gender-Based Violence
ToT	Trainer of Trainer
USD	United States Dollar
UNCRC	UN Convention on the Rights of the Child
UNTF	United Nations Trust Fund to End Violence against Women
WHO	World Health Organization

Executive summary

○ Introduction

The project entitled; “Stop Violence against Women and Girls in Samburu, Marsabit and Isiolo Counties in Northern Kenya” was funded by (United Nations Trust Fund to End Violence against Women) UNTF with a grant of US\$750,000 and implemented by International Institute For Rural Reconstruction (IIRR) in Marsabit, Samburu and Isiolo counties during the period January 2016 to December 2018. The 3 year project sought to create enabling environment for greater gender equality, translating commitments into action to reduce Sexual-Gender Based Violence (SGBV), specifically Female Genital Mutilation or Cutting (FGM/C), early forced marriages, beading for sexual exploitation and other forms of domestic violence. The project goal is for women and girls in Marsabit, Samburu and Isiolo counties to be better protected from SGBV and other harmful cultural practices and survivors have improved access to services and support (psycho-social, medical, and legal). The project was committed to provision of both prevention and response to SGBV interventions in the communities. The project was implemented in selected SGBV hotspot locations in Northern Kenya; Kargi and Korr in Marsabit County, Merti in Isiolo County and Wamba in Samburu County respectively.

○ Purpose and objectives of the evaluation

The purpose of the evaluation is to assess the effectiveness, relevance, efficiency, sustainability, impact, and knowledge generation of the project. The evaluation reviewed the strategies and activities utilised to address SGBV within the project area, gender equality and Human Rights. Relevant findings, lessons learnt, best practices and recommendations generated from this evaluation will be shared with key stakeholders of the project and will be used by IIRR (the implementing organization), UNTF (the donor) and other relevant stakeholders to guide and inform future similar projects.

○ Methodology

Evidence-based evaluation methodology was used to conduct this evaluation. This utilised both the qualitative and quantitative data collection methods. The end line evaluation was carried out in four systematic steps; evaluation preparation, data collection and fieldwork, data analysis and reporting. The evaluation study was conducted by ADREC Limited, with the team being led by Michael Kamotho, with support of four other consulting team members.

Rationale for choice of methodology: The evidence-based evaluation method allowed for substantial interaction with the various categories of target beneficiaries, partners and stakeholders with the aim of generating relevant findings, lessons learnt, knowledge sharing, best practices and recommendations.

Data sources used included; desk/literature review, household interviews, focus group discussions, key informant interviews and observations of gender desks at police stations and rescue centres/homes. A total of 377 households, 16 Focus Group Discussions (FGDs) (4 with adult women, 4 with adult men, 4 with adolescent girls and 4 with Trainer of Trainers (ToTs) /Community Conversation Facilitators (CCFs) and 21 key informant interviews.

Data collection methods: The data collection was carried out during the period 5th December 2018 to 15th December 2018. Data was collected through primary and secondary data collection

techniques/methods. Secondary data was collected through literature review of project documents and relevant past studies. The primary data was collected using household surveys, focus group discussions with adolescent girls, adult community (women and men), TOTs and CCFs. Key informant interviews were conducted with key project stakeholders including local administration (chiefs, assistant chiefs), police and health workers. Observations were done at the police stations and health facilities. Collection of household data was done through the use of smart phones mobile technology using the ODK platform.

Data Analysis: The evaluation's data analysis reflected some of the following approaches:

- Quantitative Data - The study used ODK collect android application for data collection. The filled data collection forms were then exported from ODK to MS Excel and then to SPSS V21 for further analysis.
- Qualitative Data - Qualitative data analysis begun with note-taking and entering the data into appropriate data entry templates. The data was then organized, grouped, coded and analyzed thematically into categories and themes with a focus on the issues most salient to the evaluation questions and evaluation criteria.

Limitations:

- The most effective approach to combating bias was to use multiple data sources, data collection and analysis methodologies to triangulate responses. By combining information found in documents or interviews from multiple sources, any one piece of biased data was thus not capable of skewing the data.
- Poor road network made the travelling movement very difficult and some areas inaccessible. However, alternative arrangements were made to ensure that some of the difficult to reach key informants were contacted through telephone.

○ **Evaluation findings**

The evaluation findings are on the effectiveness of the project as outlined below.

Effectiveness: The project monitoring data categorised into the project goal, outcomes and outputs are described in detail in annex 111 of this report. The project strategic interventions were measured using number of outputs achieved compared against targets which were established at the project design stage. All the planned outputs were achieved. The Key results of the project outlined on the basis of the three outcomes were:

Outcome 1: Communities have more awareness and better respond to violence against women and girls in the targeted area

The ToT's and CCF's, coordinated the sensitization/awareness creation sessions and were in charge of collecting the data, which was verified/consolidated by the Project Officer before being uploaded in the online Grant Management Information System-GMIS. According to the evaluation survey results, 92% (baseline 40% and compared to a target of 70%) of women interviewed (18-45 years) were aware of what constitutes a violation of the rights against women e.g. FGM and forced/arranged marriage in the target community. 50% (baseline value of 33% and compared to a target of 70%) are aware of the referral and support mechanisms available. 48% (baseline value of 32% and compared to a target of 60%) of the SGBV survivors had perceived/experienced access to adequate support services (medical, legal, psycho-social support) in the target communities. The project did not establish a baseline value or a target.

The project supported 165 (compared to a target of 150) community conversation facilitators (CCFs) to have appropriate knowledge and skills on gender-based violence including SGBV, law enforcement procedure, communication and STIs/HIV/AIDS in order to conduct dialogue sessions with community members. 25 (compared to a target 9) community dialogue groups were established to facilitate dialogue with communities against SGBV in the target communities. The project distributed 13,893 culturally sensitive Anti-SGBV behaviour change communication (BCC) material available to create awareness against SGBV in the target communities. 18 (compared to a target of 12) radio shows were done towards raising awareness on integrated SGBV and HIV/AIDS topical issues through appropriate content and radio-talk shows. Also, an estimated 3,850 beneficiaries have been influenced to change opinion and behaviour on the issues that directly affect the social wellbeing, economic and political spheres of every individual in the society through local FM radios. The project improved access for women and girls to essential, safe and adequate multi-sectoral services to end VAW/G. Community, youth and other groups mobilize people to change behaviour, attitudes and practices with regard to women and girls' legal/human rights and take action to prevent VAW/G.

Outcome2: Law enforcement structures and officers adequately implement laws and policies to protect the rights of women and girls and prevent violence in coordination with civil society, local government and local leaders in the target communities.

- 13% (3 out of the 23) of the court cases have had convictions where the perpetrators have gone to jail for a term ranging from fifteen years to lifetime. The data was obtained from the police records. The other 20 cases were concluded and dismissed.
- The project achieved 26% reduction of cases of gender-based violence reported within the target communities. However, it should be noted that a reduction in reported cases of violence against women and girls may not necessarily mean that the number of incidences of violence has decreased.
- 65% of women interviewed belief that there is adequate enforcement of laws and policies to prevent violence against women and girls within the target community compared to a baseline value of 11%.

The project supported 125 law enforcement officials to improve knowledge and skills to manage SGBV in the target communities. 180 local leaders/local government and CBO leaders and 197 (compared to a target of 120) teachers have adequate knowledge to implement laws and policies against SGBV in the target community. 80 paralegals were refreshed and have improved management of SGBV cases. The project implemented only the policy dialogue forums in each of the four counties in which policy gaps were identified. There was improved SGBV case reporting channels/structures to ensure accurate SGBV case reporting. The Community leaders and/or key decision makers and authorities advocate for changes in behaviours, attitudes or practices and take action to prevent and end VAW/G. The project annual report 2018 show that by end of the project, a total of 16,196 community members were sensitized and aware of negative effects of SGBV.

Outcome 3: Survivors of GBV (Women and girls) have improved access to multi-sectoral services and to safe havens

- 48% of GBV survivors interviewed reported accessing adequate multi-sectoral services compared to a baseline value of 13%.
- One (1) compared to a target 30 GBV survivor was successfully reunited with their families within the target area.

- 68% (compared to a baseline value 35%) of women and girls (18 – 45 years) interviewed in the end line evaluation felt safe (secure) against SGBV/FGM/Early Forced Marriage in the target communities.

76 (compared to a target of 45) health care providers (HCPs), 76 (compared to a target of 50) psycho social counsellors and 80 (compared to a target of 75) political activists have the capacity to provide quality SGBV services. 4 (compared to target of 3) functional Referral systems available for survivors of SGBV to access medico-psycho-social services and legal support. 4 Gender (SGBV) reporting offices or desks available at selected police stations or posts in hot spot areas for survivors to manage SGBV cases. 4 (compared to a target of 9) functional safe havens (“rescue centres”) strengthened to provide appropriate psychosocial support to survivors and ensure family re union. The service providers (health, social, legal, police) are better able to provide safe and adequate response and care for women/girls survivors of violence. The Institutions responsible for addressing VAW/G improve effectiveness to prevent and respond to VAW/G (e.g. through improving capacity, resources, efficiency or coordination etc.).

○ **Conclusions**

Relevance

The project strategies and interventions are relevant, and there is a great improvement in the services offered to SGBV survivors at the end of the project as compared with when the project started. The project implementation approaches involved the use of local implementing partners, community members and was supported by multi-sectoral institutions operating in the project area. The project involved the community through ToTs and CCFs who were involved in the implementation of the project activities. Use of IIRR’s approach called “Learning Our Way Out” by strengthening capacity of ToTs and CCF’s to lead in facilitating dialogues with communities against SGBV is the right way to go as it provides opportunity for communities to have their own local resource persons to address SGBV from within.

Effectiveness

More women and girls feel that they are safe (secure) against SGBV/FGM/Early Forced Marriages and more women have improved access to adequate support services (medical, legal, psycho-social support) in the target communities. The SGBV and harmful practices remain a prevalent issue and they may require long-term interventions beyond this project’s activities to eradicate them. More cases are reported to the police and a higher number of suspects arrested at the end of the project compared to when the project started. There was a demonstrated need and the value of multi-sectoral approaches adopted by the project. The target beneficiaries at outcome levels were reached to a great extent as observed that for the most part, the project surpassed original project targets. The project developed a training manual which was used effectively in building the capacity of community resource persons to lead in facilitating dialogue sessions with communities against SGBV. It would have been ideal to seek accreditation of the training manual from the relevant government authority so that the manual can be approved to be used as key reference material by other stakeholders in other future projects. Some of the challenges to achieving intended outputs include handling SGBV survivors especially when the survivors do not open up and when they opt not to proceed with cases due to fear of victimization. The survivors experienced several challenges to access psychosocial services which include having to travel long distances, availability of a few female security personnel, fear of stigmatization and victimization. Also, lack of understanding about rights and/or sexual and

gender-based violence presents a great challenge to preventing SGBV and how to deal with reporting and non-reporting of incidences by the survivors.

Efficiency

The evaluation found out that the project was implemented in a cost-effective manner and achieved its objectives despite the delays and the associated logistical challenges in the project area. The project baseline survey was conducted late after the project implementation activities had already started. The support of M&E functions was not clearly evident and the project did not engage a project M&E Officer. Also, there were delays in project implementation occasioned by the late release of funds for funding project activities. The project did not complete carrying out due diligence and capacity assessments for implementing partners before signing the contracts. The project complemented local CBOs/NGOs in their activities, especially mobilizing communities in support of campaigns, supported the project to implement the policy dialogue forum and marking calendar days, especially the 16 days of activism against SGBV in 2018.

Impact

Overall, significant impact has been made on the lives of women and girls in Marsabit, Samburu and Isiolo counties, especially around issues of reduced SGBV as it relates to FGM, beading and early forced marriages. The community members are more aware of the harmful effects of SGBV, and also became more and more willing to change their behavior and attitudes towards abandonment of FGM/C, beading and child marriages. Knowledge against SGBV was transferred to communities through the community based approach of ToT's/CCF's, which enabled faster outreach to communities in 43 villages in the target locations. All key segments of communities including community leaders, religious leaders, community elders, men, women and school girls were reached to support ending of SGBV in the target communities. The project impacted communities on causes, contributing factors and consequences of SGBV, human rights and existing national and international legal frameworks related to gender equality and SGBV and supported the survivors to have improved access to support services to be better protected from SGBV and other cultural harmful practises.

Sustainability

The potential prospect of sustainability is evident in the continued close working partnership between the stakeholders (who include police, health workers, paralegals, and teachers). Without financial support, ToTs/CCFs might not continue to offer outreach activities due to logistical and financial challenges. Strengthening capacity of the local institutions means that the projects' achievements will continue to benefit the community for a long time.

Knowledge Management

The project produced and documented SGBV materials, information and videos which can be used in the implementation of future projects. Working with safe homes, school girls' clubs and peer to peer educators can be replicated for effectiveness and timely implementation of projects.

Human Rights

The project design incorporated human rights based and gender responsive approaches including gender equality and culturally sensitive delivery of affordable and accessible services throughout its implementation.

○ **Key recommendations**

The summary of key recommendations for the project includes:

Relevance

Other projects with identical aims in future need to take into considerations how to respond to the questions of power and control, which has continued to make the communities in the target location very patriarchal. Proper gender analysis need to be considered in the design of the interventions to ensure the power and control issues are addressed adequately, which will also ensure that the preventive and response strategies of addressing SGBV with such communities are contextualized. It is recommended that the project should work closely with the Ministry of Public Service, Youth and Gender Affairs and also with women groups and girls in efforts to provide sensitive community-based response to survivors of SGBV. The scope of the project can be broadened in future to build capacity of many other duty bearers in other locations within the 3 counties leading to county wide common understanding of addressing SGBV cases and protecting survivors.

Effectiveness

Other projects with identical aims carried out by IIRR / IIRR future projects on SGBV should consider allocating resources for supporting establishment of rescue centres, safe homes and social welfare amenities which need to be availed for service delivery to the survivors. They should allocate more time as SGBV issues require long term interventions, and advocate for awareness of the existence of gender reporting desks. Other/future projects should invest in and strengthen women groups, youth groups, peer-to-peer advocacy promoters and conversation facilitators against SGBV. The project should also create more awareness on the need to report to law enforcers and follow up SGBV cases to the end. Other/future projects should establish hotlines to be accessed by survivors for accessing the police when they encounter problems and establish task forces composed of religious leaders as agents of change. Other/future projects should include advocacy for accreditation of the training manuals and modules with appropriate ministries for use by service providers, involve more female beneficiaries as a gender aspects in creating awareness on SGBV reduction. Other/future projects should target training health workers in both private and public health facilities and support establishment of networking forums for the service providers. They should also ensure that a number of female security personnel are featured among the police or other relevant law enforcement agencies posted in or near the project areas.

Efficiency

Other projects with identical aims carried out by IIRR / IIRR future projects on SGBV should plan to carry out baseline studies before the start of the project activities implementation. They should also carry out due diligence of the implementing partners before engaging them. They should plan to prepare the periodical and annual reports on timely basis to avoid delays of funds by the donors. They should establish M&E systems to support measuring and tracking the activities of the project during its lifetime. These activities can be supported by engaging an M&E officer to support this responsibility. They should also ensure that at project planning stage, joint action plans include long-term strategies. The project should ensure that they are aligned to national SGBV polices and laws and other international instruments. They should carry out mapping of the local CBOs/NGOs which can be involved in the project implementation.

Impact

Other projects with identical aims carried out by IIRR / IIRR future projects on SGBV should plan to establish school clubs for both boys and girls in all schools within the project area, establish peer to peer groups that will continue to sensitize and create awareness on SGBV and its negative effects to the students. They should support multi-sectoral interventions which should include safe and comprehensive services. They should include reformed perpetrators in carrying out anti- SGBV public campaigns, allocate additional resources to lobby and support building police posts (where they do not exist) and helped establish mobile court in the project area. They should advocate for SGBV cases to be handled within the mainstream judicial systems and not the traditional local leaders “kangaroo” courts.

Sustainability

Other projects with identical aims carried out by IIRR / IIRR future projects on SGBV should ensure that local leaders and religious leaders continue to create awareness on SGBV using the local meetings “baraza” and religious institutions. They should advocate for the awareness on the case reporting procedures and systems.

Knowledge management

Other projects with identical aims carried out by IIRR / IIRR future projects on SGBV should disseminate to the county governments and national government, institutions and individuals any policy briefs, training manuals, and publications generated by the projects.

Gender and Human Rights

Other projects with identical aims carried out by IIRR / IIRR future projects on SGBV should consider preparing periodical and annual reports showing details of beneficiaries disaggregated on gender basis.

1. Context of the Project

1.1 Background

Gender-based violence against women is a major problem in Kenya. SGBV in Kenya is a complex issue that is rooted in cultural and religious practices and gender-based power disparities. Women's subordinate status to men coupled with an acceptance of interpersonal violence as a means of resolving conflict makes women highly vulnerable to violence. Poverty and lack of economic opportunities make men more likely to engage in violence and substance abuse, increasing the risk of GBV (World Bank, 2000, http://www.worldbank.org/archive/website01213/WEB/0__CO-56.HTM).

Kenya Demographic Health Survey (KDHS) 2014 findings indicate that 5% of women and 6% of men believe that circumcision is required by their religion. However, it is evidenced that the religious leaders, groups and officials are currently very involved in the eradication of FGM. In general, there is some preliminary evidence that taking a religion-based approach in such communities may be a more successful technique than traditional strategies (Population Council 2009). In Kenya, the role of religion in the practice of FGM is complex and often intersects with ethnicity with some of those who are already circumcised more likely to believe it is required by their religion. FGM, early forced marriages, beading and sexual assaults continue to be present and are fuelled by deep-rooted social and cultural attitudes that are ingrained in a largely patriarchal society. The enactment of the Protection of Domestic Violence Act 2015 aims to provide protection of spouses, children and dependent persons in cases of domestic violence.

Women who are victims of SGBV often experience life-long emotional distress, mental and physical health problems and are at higher risk of acquiring HIV. Female Genital Mutilation (FGM/C) is widely practiced in many Kenyan communities and is almost universal in Northern Kenya. Harmful practices such as "beading" and early forced marriages for dowry are rampant practices in the region. Girls are especially vulnerable to related incidence of gender-based violence and becoming trapped in vicious cycles of poverty and violence. Based on past research, most GBV has been reported to occur in marriages.

1.2 Socio-economic Factors

The primary target group of the project was pastoralist women and girls living in Korr and Kargi in Laisamis sub county of Marsabit County, Wamba in Samburu East sub county of Samburu County and Merti in Merti sub County of Isiolo County. The project's beneficiary communities are mainly pastoralists whose main economic activities is livestock farming. The women and girls find themselves vulnerable and in disadvantaged position in pastoralist communities that are also traditionally patriarchal. Boys are culturally preferred to receive education than girls, who are targeted with cultural harmful practices of early marriage after going through FGM/C for the families to obtain dowry-mainly cattle.

The targeted counties are comparatively poor in terms of poverty levels and socio-economic setting. Isiolo poverty rate is 72.6%, Marsabit poverty rate is 83.2% while Samburu poverty rate is 73% (Source: Exploring Kenya Inequality: Pulling Apart or Together KNBS 2013). Poverty and the cultural issues and payment of dowry are some of the contributors to early marriages. It is widely acknowledged that there is no tool for development more effective than education and empowerment of women. Lack of gender equality and girl's education can suppress the voices of women. Studies have shown that education influences perceptions of GBV and in particular FGM and that educated

women are more aware of the health consequences¹. There is, therefore, a general correlation that the higher a woman's education level is, the less likely she is to be in favor of FGM (Population Reference Bureau, 2001). Often girls undergo female genital mutilation as a precursor to early marriage: in many communities, girls are seen as ready for marriage once they are mutilated. The girls eventually drop out of school soon after.

In the target ethnic communities, the impacts of FGM/C and child marriage as cultural practices have been documented, namely: poor educational outcomes, including low primary and secondary school enrolment rates, high dropout rates, poor primary to secondary transition rates and high illiteracy rates; and poor health outcomes. Further, the role of pastoralist communities with regard to perpetuating FGM/C and child marriage practices has also been documented. Negative cultural practices such as FGM, early and forced marriages have been identified as a barrier towards access to education.

The Truth, Justice and Reconciliation Commission (TJRC) 2013 report noted that sexual violence was the most common type of violence that women in Kenya experienced. According to COVAW (2017), the patriarchal nature of Kenyan society is the underlying reason for violence against women. Too often, men are believed to be superior to women. Also, many customs continue to oppress women's freedoms, especially in rural areas. Traditional norms often link a woman's sexuality to her honour and emphasize the need to ensure chastity, including through the use of FGM.

1.3 Contextual data

According to key findings from the Kenya Demographic Health Survey (KDHS) 2014, 21% of women between the ages of 15 to 49 have undergone FGM or the cut. There is some evidence of a trend over time to mutilate girls at a younger age. The report sheds light on the fact that 21% of women who have undergone FGM at the age of 20 to 24 were circumcised when they were between the age of 5 and 9 years as compared with 17 per cent of women circumcised at the age of 45 to 49 years. Forty-five percent of women and 44 percent of men age 15-49 have experienced physical violence since age 15. The main perpetrators of physical violence against women are husbands; whereas, the main perpetrators against men are parents, teachers, and others. Fourteen percent of women and 6 percent of men age 15-49 report having experienced sexual violence at least once in their lifetime. Overall, 39 percent of ever-married women and 9 percent of men age 15- 49 report having experienced spousal physical or sexual violence. Among women and men who have ever experienced spousal violence (physical or sexual), 39 percent and 24 percent, respectively, reported experiencing physical injuries. Forty-four percent of women and 27 percent of men have sought assistance from any source to stop the violence they have experienced. Marriage occurs relatively early in Kenya; among women age 25-49, 29 percent were married by age 18, and 48 percent were married by age 20. The median age at first marriage among women age 25-49 is 20.2 years. Child beading is a fundamental human rights violation and impacts all aspects of a girl's life. Child beading denies a girl of her childhood, disrupts her education, limits her opportunities, increases her risk to be a victim of violence and abuse, jeopardizes her health and therefore constitutes an obstacle to the achievement of nearly every Post -2015 (SDG) and the development of healthy communities. A total of 51% of Isiolo county residents have no formal education and a total of 68% of Samburu County residents have no formal education. A total of 68% of Marsabit County residents have no formal

¹ Health and Education's Contribution to FGM, Discussion Summary by Commonwealth Health Hub and the Commonwealth Education Hub, 2016

education. Nationally, 45.2 % of the population lives below the poverty line (2009 estimates) down from 46 % in 2005/06. (Source: *Exploring Kenya Inequality: Pulling Apart or Together KNBS 2013*).

1.4 Policy and regulatory framework

The Government of Kenya has acknowledged the seriousness of sexual gender-based violence and has committed itself to prevent and end SGBV by ratifying international conventions and declarations. Kenya is a signatory to the UN Convention on the Rights of the Child, (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC), a commitment towards response and prevention of all forms of violence against children, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and Beijing Declaration and Platform for Action, UN Security Council Resolutions on Women, Peace and Security. The Government of Kenya enacted the Constitution 2010 and several laws and policies/regulations to prevent and control various forms of violence against women and children. These include the Sexual Offences Act (2006), the Penal Code (2009), Constitution of Kenya (2010), the Children's Act (2001), the Prohibition of Female Genital Mutilation Act (2011), and the National Gender and Equality Commission Act (2011), and Protection Against Domestic Violence Act, 2015, National Guidelines on the Management of Sexual Violence 2009; and the National Framework toward Response and Prevention of Gender Based Violence 2009.

The Penal Code prohibits all acts of violence in its provisions. However it does not sufficiently address Sexual Gender Based Violence (SGBV). SGBV is only inferred by interpreting the vice as an assault under sections 250 and 251 – which exacerbates the challenges in addressing SGBV. The National Guidelines on the Management of Sexual Violence spells out the procedures and services for management of survivors of sexual violence and recognizes sexual violence as a human rights and health issue. The National Framework toward Response and Prevention of Gender Based Violence in Kenya is a framework with a specific strategy on how to coordinate the various state and non-state actors' responses to domestic violence. These policies have been developed yet the capacity of local actors and commitment of state actors to implement them remain weak especially at the county level. In addition to weak implementation of laws and policies, health services such as psychosocial support, medical treatment and rescue centres for victims are not sufficient in quality and/or quantity for meeting needs.

2. Description of the project

2.1 Project Duration

Since January 2016, IIRR was implementing the project entitled; *Stop Violence against Women and Girls in Samburu, Marsabit and Isiolo Counties in Northern Kenya*. The 3 year project (01/01/16 – 31/12/18) sought to create enabling environment for greater gender equality, translating commitments into action to reduce Sexual-Gender Based Violence (SGBV), specifically Female Genital Mutilation or Cutting (FGM/C), early forced marriages, beading for sexual exploitation and other forms of domestic violence.

2.2 Description of the Specific Forms of Violence Addressed by the Project

The project covered 3 counties of Isiolo, Marsabit and Samburu which are impoverished and where cases of gender based violence are quite pronounced. SGBV and especially Female Genital Mutilation and Cutting (FGM/C) is prevalent. Other forms of SGBV like beading and early forced marriage are also practiced in great magnitudes.

Rape is also rampant but rarely reported in all project sites due to fear of reprimand by husbands and stigma by the larger community which leads to suffering in silence by the survivors. This silence in turn encourages perpetrators to continue with their heinous acts against women and girls. Main proponents of FGM/C differ from one community to the other. Among the Samburu, men (fathers) are the main proponents of FGM/C in order to gain respect and recognition from peers; among the Rendille, young men (morans) who insist that they cannot marry “uncircumcised” girls; among the Borana, women (mothers) who cut the girls for fear that they will be promiscuous and sometimes circumcise their daughters without the knowledge of their husbands.

With the Samburu and Rendille, the cultural practice of beading allows young Moran men (community warriors) to provide girls with expensive beads which they wear around their necks as a sign that they are engaged, but only for sex with the moran and not for marriage. As a result of this cultural practice, girls are forced to drop out of school at a very young age when engaged by morans, whereas others get married soon after undergoing FGM/C to take up their duties as wives. Focus group discussion with adolescent girls during the evaluation revealed that, majority of the girls drop out of school to get married to the men (who have no formal education), for fear that they will not find suitors/husbands if they get educated. It is noted that the influence of the clan elders in making decision for them to be married off is still on-going hence impeding the developmental rights of girl child in the society.

2.3 Main Objectives of the Project

Building on IIRR’s deep experience in community-led development, the project aimed at raising awareness, change behaviour, build capacity of local actors and support survivors. IIRR planned to: -

- To increase awareness among the community members as pertains to SGBV so that they can prevent or better respond to cases.
- To enhance the capacity of law enforcement/stakeholders and ensure prevention, protection and provision of legal services with good coordination.
- To increase access to comprehensive services (Medico-legal and psychosocial support) to survivors of SGBV.

2.4 Location of the project

The project has been implemented in selected SGBV hotspot locations in Northern Kenya; Kargi and Korr in Marsabit County, Merti in Isiolo County and Wamba in Samburu County respectively. These are areas in the North Eastern region of Kenya, characterized by harsh weather conditions (dry and hot climate) with the larger population being of low income and education status. The communities in these areas are highly marginalized, i.e. socially, politically and economically, making these areas least developed in Kenya, especially in terms of infrastructure and provision of basic services like education, health and sanitation among others.

2.5 Strategy and Results Chain of the Project

The Key expected results of the project were:

- a) Improved access for women and girls to essential, safe and adequate multi-sectoral services to end VAW/G.
- b) Service providers (health, social, legal, police) are better able to provide safe and adequate response and care for women/girls survivors of violence.
- c) Community, youth and other groups mobilize people to change behaviour, attitudes and practices with regard to women and girls' legal/human rights and take action to prevent VAW/G.
- d) Community leaders and/or key decision makers and authorities advocate for changes in behaviours, attitudes or practices and take action to prevent and end VAW/G.
- e) Institutions responsible for addressing VAW/G improve effectiveness to prevent and respond to VAW/G (e.g. through improving capacity, resources, efficiency or coordination etc.).

The strategy and results chain of the Project is shown in table 1 below.

Table 1: Strategy and Results Chain of the Project

Project Goal: Women and girls in Marsabit, Samburu and Isiolo counties of northern Kenya are better protected from SGBV and harmful cultural practices and survivors have access to support services by December 2018		
Activities	Outputs	Outcomes
1.1.1: Conduct training of 30 community trainers (ToT's)	Output 1.1: 150 community conversation facilitators have appropriate knowledge and skills on gender-based violence including SGBV, law enforcement procedure, communication and STIs/HIV/AIDS in order to conduct dialogue sessions with community members	Outcome 1: Communities have more awareness and better respond to violence against women and girls in the targeted area
1.1.2: Train 150 Community Conversation Facilitators (CCF's) to facilitate community dialogues		
1.2.1: Form 9 Community Dialogue Groups	Output 1.2: 9 community dialogue groups established to facilitate dialogue with communities against SGBV in the target communities	
1.3.1: Develop and distribute Anti SGBV materials	Output 1.3: Culturally sensitive Anti SGBV BCC material available to create awareness against SGBV in the target communities	
1.3.2: Organize awareness creation events between communities through		

Project Goal: Women and girls in Marsabit, Samburu and Isiolo counties of northern Kenya are better protected from SGBV and harmful cultural practices and survivors have access to support services by December 2018

Activities	Outputs	Outcomes
music, drama, art and cultural competitions		
1.4.1: Conduct community awareness campaigns on integrated SGBV and HIV through radio	Output 1.4: Local FM radio stations are raising awareness on integrated SGBV and HIV/AIDS topical issues through appropriate content and radio-talk shows	
1.4.2: Conduct quarterly anti SGBV campaigns		
1.4.3: Awareness creation events through music and cultural competitions annually		
Activity 2.1.1: Training 30 paralegals on effective management of SGBV cases	Output 2.1: 30 law enforcement officials have improved knowledge and skills to manage SGBV in the target communities	Outcome2: Law enforcement structures and officers adequately implement laws and policies to protect the rights of women and girls and prevent violence in coordination with civil society, local government and local leaders in the target communities
Activity 2.1.2: Train 30 police officers on effective management of SGBV cases		
Activity 2.2.1: Train 180 community leaders on ending violence against women and girls	Output 2.2: 180 local leaders/local government and CBO leaders and 120 teachers have adequate knowledge to implement laws and policies against SGBV in the target community	
Activity 2.2.2: Sensitization of 120 teachers on SGBV and HIV/AIDS		
Activity 2.2.3: Conduct regulate reflection meetings with local leaders		
Activity 2.3.1: Conduct County Level policy platforms and forums with law enforcers to determine gaps and weaknesses in law enforcement	Output 2.3: Gaps in policy legislations and action plans identified and strategies are in place for lobbying and advocacy to bridge the gaps and implement them	
Activity 2.3.2: Form elders' forums and build their capacity to provide local leadership		
Activity 2.4.1: Conduct regular community conversion sessions on SGBV integrated with HIV/AIDS	Output 2.4: SGBV case reporting channels/structures are in place to ensure accurate SGBV case reporting	
Activity 2.4.2: Hold discussions at village level engaging all stakeholders		
Activity 2.4.3: Hold regular meetings with CCF to assess progress of implementation		
Activity 2.4.4: Streamline and strengthen SGBV response and reporting channels		

Project Goal: Women and girls in Marsabit, Samburu and Isiolo counties of northern Kenya are better protected from SGBV and harmful cultural practices and survivors have access to support services by December 2018

Activities	Outputs	Outcomes
Activity 3.1.1: Train 45 HCP to provide medical services to SGBV survivors	Output 3.1: 5 health care providers (HCPs), 50 psycho social counsellors and 75 political activists have the capacity to provide quality SGBV services	Outcome 3: Survivors of GBV (Women and girls) have improved access to multi-sectoral services and to safe havens
Activity 3.1.2: Train 50 psycho social counsellors to provide counselling to survivors		
Activity 3.1.3: Sensitization of 75 political activists		
Activity 3.2.1: Establish SGBV report office/desk at selected police stations at hotspots	Output 3.2: Referral systems available for survivors of SGBV to access medico-psycho-social services and legal support	
Activity 3.3.1: Establish/strengthen referral systems for survivors to access psycho-social, medical and legal support services	Output 3.3: Gender (SGBV) reporting offices or desks available at selected police stations or posts in hot spot areas for survivors to manage SGBV cases	
Activity 3.4.1: Strengthen safe havens/rescue centres	Output 3.4: Safe havens (“rescue centres”) strengthened to provide appropriate psychosocial support to survivors and ensure family re union	

2.6 Target groups to be covered

The evaluation covered both the primary and secondary beneficiaries, see table 2 and 3 shown below;

Table 2: Primary beneficiaries

Primary Beneficiaries		
Category	Number	Characteristics
Women and Girls in General	5,000	<ul style="list-style-type: none"> • Girls 0 – 9 years • Adolescents 10 – 19 years • Young Women 20 – 24 years • Adult Women • All are rural/nomadic of low socio economic levels
Female Political Activists	75	
Women and Girls Living with Aids	500	
Women and Girls Survivors of Violence	1,200	
Total	6,775	

Table 3: Secondary beneficiaries

Secondary	
Category	Number
Community based groups/members	10,000
Education professionals/teachers	120
Social welfare workers	50
Uniformed personnel (Police)	30
Total	10,200

2.7 Key Implementing Partners and Stakeholders

The following partners and stakeholders were instrumental in project implementation together with IIRR:

The following stakeholders were recipients of capacity building offered the project:

- Loyangalani police station
- Laisamis police station
- Wamba police station
- Merti police station
- Chiefs, Assistant Chiefs, Ward administrators in Wamba, Merti, Korr and Kargi
- Health sector officials in Wamba, Merti, Korr and Kargi
- Local community leaders
- Community cultural and religious leaders
- Local women's groups and other CBOs
- School girls
- Samburu Faith Unit - A task force formed to support community awareness creation through dialogues, especially with cultural elders.
- Reformed Women Circumcisers
- Safe homes
- Wamba Nomadic Children's Rescue Center
- Merti Integrated Development Programme (MIDP) - Merti Integrated Development programme (MIDP) was formed when Action Aid Kenya (AAK) phased out in 2000. It got registered as an umbrella CBO with ministry of culture and social services. Its mandate is to coordinate self-improvement actions by various community based groups in Merti.
- Pastoralist Community Initiative Development and Assistance (PACIDA)– It's an NGO located in Marsabit County. Its mission is to improve the well-being of vulnerable ASAL communities through sustainable development

Implementing Partners

The following implementing partners received funds from IIRR for the implementation of activities:

- Samburu Girls Foundation(SGF) - is a local non-governmental organization (NGO) that works in Northern Kenya fighting harmful retrogressive traditional practice such as Female Genital Mutilation (FGM/C), early child and forced marriages (ECFM) and beading. SGF works with nomadic pastoralist community to provide protection, education and counselling in Laikipia, Marsabit, Isiolo and Samburu Counties. IIRR signed a sub granting agreement with SGF as implementing partner for USD 3,608 (Ksh 3,608,334.00) both in cash and in-kind. IIRR did not disburse all the proposed amounts following termination of partnership agreement due to inadequate capacity issues.
- Centre for Advocacy and Gender Equity (CAGE) - is a non-profit, national NGO that works to secure social change and empowerment of indigenous communities. CAGE works with and through community segments to promote equitable access to resources, foster cohesion within family and strengthen communities. IIRR signed a sub granting agreement with CAGE as implementing partner for USD Ksh. 2,430 (Ksh. 2,430,000.00) both in cash and in-kind. IIRR did not disburse all the proposed amounts following termination of the partnership agreement due to inadequate capacity issues.

2.8 Budget and Expenditure of the Project

With a grant of US\$750,000.00 from the United Nations Trust Fund (UNTF) to End Violence against Women (EVAW), since January 2016, IIRR has been implementing the project entitled; Stop Violence against Women and Girls in Samburu, Marsabit and Isiolo Counties in Northern Kenya. IIRR prepared the expenditure report based on the total Budget of USD 750,000 and the project spent the entire UN Trust Fund grant. During the last quarter of 2018, IIRR requested the UN Trust Fund for budget re-allocations of activities amounting to USD 30,000 due to the need to scale up certain aspects which IIRR felt were crucial to contribute to sustainability of the activities implemented, as well as successfully complete the implementation as planned. The budget re-allocation was granted and spent as per the budget reallocations. The overall budget of the project did not change.

3. Purpose of the Evaluation

3.1 Purpose

The evaluation was undertaken so as to assess levels of accomplishments in relation to the goal, results (outcomes and outputs) and activities of the project. The evaluation was intended principally for shared learning purposes. It was expected to generate relevant findings, lessons learnt, best practices and recommendations which are to be shared with key stakeholders of the project and be used by IIRR (the implementing organization) and UNTF (the donor) and other relevant stakeholders to guide and inform future designs of similar projects. Outcomes of this evaluation will help IIRR and partners better design similar projects in future; knowing what works and what doesn't work. This information will also guide IIRR on how to replicate or scale up the best practices coming out of this project, as well as fundraising for the same. The donor will also be able to know whether there was value for money in the investment.

3.2 Context of the Evaluation

The projects focused on Sexual-Gender Based Violence (SGBV) on women and girls, specifically Female Genital Mutilation or Cutting (FGM/C), early forced marriage, beading for sexual exploitation and other forms of domestic violence, which are sensitive and emotive subjects that are prone to stigmatizing. In conducting this evaluation, significant amount of care was taken to ensure that all questions are asked in a supportive and non-judgmental manner. In addition, the identified sensitive questions were rephrased from direct questions to respondents to experiences of their peers.

The interview team was selected carefully to ensure they have experience conducting interviews of this nature and that they had good interpersonal skills. Interviewers were trained on how to make the respondents comfortable enough to participate in the study as respondents. Due to language and cultural barriers, the enumerators were selected from the target local communities. This enabled smooth data collection exercise. Due to the sensitivity of the project, study-specific Child Protection Policy and Procedures were adhered to. Interviewers were trained in specific techniques for working with children and were required to sign a Participant Privacy Agreement. Data entry staff were also carefully trained and required to sign a Confidentiality Agreement. Also, due to the poverty levels and lack of income generating activities in these project areas, respondents, especially FGD participants were expecting incentives at the end of the interview. It thus became necessary to state and clarify that no incentives were to be provided for participation in the survey at the introduction session. The regions covered by the project were transverse, very remote and with very poor road network and infrastructure.

3.3 Evaluation Objective and Scope

The main objectives of the evaluation were:

1. To assess the overall progress of the project towards achieving its goal, outcomes and outputs.
2. To evaluate the **entire** project against effectiveness, relevance, efficiency, sustainability and impact, as well as the cross cutting gender equality and human rights criteria (defined below).
3. To identify and document the relevant findings; key lessons learnt, promising or emerging best practices and challenges. This is in the field of ending violence against women and girls; for learning purposes (as defined under the knowledge generation criteria below).
4. To provide advice and practical recommendations based on the findings of the evaluation.

3.4 Limits of the Evaluation

The evaluation process encountered several limitations which include:

- **Sensitivity of FGM/C as an issue due to particular cultural context & traditions.** The secrecy surrounding SGBV results to under reporting as very few cases of the negative impacts of SGBV are reported to the local administration and health centers. The sensitive nature of SGBV (FGM and early marriages) means that the survivor may be unable to provide key details about the incidence and may not even be aware that a crime has been committed at all. Certain incidents that are supposed to be reported in an interview may seem irrelevant to respondents. Secrecy around the matter and unavailability of the circumcisers for interview they fear being known and arrested. Mitigation strategy: the evaluation team closely consulted with IIRR and other relevant stakeholders involved in field visits to ensure that the suggested consultation methods, issues, and locations were appropriate and provided a safe environment and confidentiality for all stakeholders.
- **Difficulties in accessing communities and engaging with them in the evaluation process:** Due to geographic inaccessibility, language barrier, and security issues, it was prudent to involve local researchers in the site visits thus helping to alleviate challenges of language and accessibility barriers.

3.5 Evaluation Team

The evaluation team comprised of four key members. The evaluation team was responsible for all quantitative and qualitative data collection supported by four research assistants, who supported the team throughout the evaluation.

Team Leader – Michael Kamotho (Evaluation Specialist):

The Team Leader (TL) was responsible for the overall management of the evaluation team, and delivery of the inception, data collection, analysis and preparation of the draft report and final reports. In addition, the TL coordinated the evaluation activities and ensured the production and completion of an evaluation reports in conformance with the scope of work and timelines. The TL also was responsible for the data integrity, quality assurance and timeliness of all deliverables. All team members reported to the Team Leader.

Gender Specialists:

The three gender specialists ((Ms Agnes Waithera, Ms Risper Pete and Ms Celestine Gambo) were responsible for reviewing literature provided by IIRR and from other sources, development of the questionnaires and guides and qualitative data collection. Also, they were involved in preparation of the data collection tools, inception and draft reports and final reports. The team member's roles and responsibilities, as well as their specific qualifications are outlined in annex IX of this report.

3.6 Work plan

The key deliverables and timelines are described in annex X of this report.

3.7 Evaluation Questions

The Evaluation Questions are outlined in annex IV of this report.

4. Evaluation Methodology

4.1 Description of evaluation

This evaluation was conducted using a pre-test and post-test without comparison group design.

4.2 Data sources

ADREC reviewed each evaluation question to determine if primary data or secondary data sources or combination thereof – would be used to answer each evaluation question. This process allows ADREC to collect appropriate data to provide an evidence-based answer for each question.

4.3 Description of data collection methods and analysis

4.3.1 Data Collection methods

Data was collected through

- a) Desk/Literature review
- b) Household surveys with project beneficiaries
- c) Focus group discussions with adolescent girls, adult community (women and men), TOTs and CCFs.
- d) Key informant interviews were conducted with key project stakeholders including chiefs, police and health workers. Observations of the gender desks and IEC materials and the submission of the P3 forms, occurrence registers were done at the police stations.

Collection of the household data was done through the use of smart phones mobile technology using the ODK android platform.

4.3.2 Data Analysis Methods

The evaluation's data analysis reflected some of the following approaches:

A) Quantitative Data

The study used ODK collect android application for data collection. The filled questionnaires were then exported from ODK to MS Excel and then to SPSS for further analyses.

B) Qualitative Data

Qualitative data analysis begun with note-taking and entering the data into appropriate data entry templates. The data was then organized, grouped, coded and analyzed thematically into categories and themes with a focus on the issues most salient to the evaluation questions.

4.4 Description of sampling

4.4.1 Area and population to be represented

The evaluation was undertaken in 4 project implementation locations. These included Kargi and Korr in Marsabit County, Merti in Isiolo County and Wamba in Samburu County. The project evaluation involved both direct and indirect project beneficiaries.

4.4.2 Category of respondents

The following are the categories of the respondents who participated in this evaluation study.

Table 4: Category of respondents

No.	Category	Merti	Wamba	Kargi	Korr	Total
1	Households	78	167	65	67	377
	Key informants					
2	Health Service Providers	1	1	1	1	4
3	Legal and Law Enforcers (Police Officers)	1	1	1	1	4
4	NGOs/CBOs (CAGE, MIDP)	1	1			2
5	Chiefs	1		1		4
6	Assistants chiefs		1			1
7	Ward administrator				1	1
8	Samburu faith Unit		1			1
9	Task force chair	1				1
10	Rescue centers/Samburu Safe homes		2	1	1	2
11	Radio station			1		1
	Total key informants	5	7	5	4	21
	FGDs			5		
12	Adults Community (Women)	1	1	1	1	4
13	Adults Community (Men)	1	1	1	1	4
14	Adolescent girls	1	1	1	1	4
15	Training of Trainers (TOTs), Community / Conversation Facilitators (CCFs)	1	1	1	1	4

A total of 377 respondents were interviewed, 16 FGDs conducted and 21 key informant interviews administered. The number of primary and secondary beneficiaries targeted by the project were 6,775 and 10,200 respectively. A sample size of 377 households was considered a representative sample size for this study at a 95% confidence level as described in the sampling size determination formula shown in section 4.6 below.

4.5 Rationale for Selection

A multi-stage random sampling design was employed in the household survey to identify a representative sample to collect the required data for the evaluation in the counties selected. This included

- Purposive sampling design to identify the project beneficiary Counties and Clusters.
- Second stage sampling to select households within the selected clusters using simple random sampling.

To determine the sample size used for the HH survey, the sample size was determined by employing the standard sample size equation below:

$$n = \frac{Z_{\alpha/2}^2 p(1-p)}{d^2} D$$

Where:

n = the sample size

Z = 1.96 = the corresponding standard score with a confidence level of 95 percent

p = is the occurrence level of the phenomenon under study (i.e. proportion of 39% (2008-09 Kenya Demographic and Health Survey (KDHS) reveals that about 39 per cent of women have experienced some form of SGBV since they were 15 years old

D = is the design effect, and the power calculations for the population size of the counties and is estimated at 1

d = required level of precision taken to be 5 percent

A sample size of 377 was selected which gave a confidence level of 95% with a margin of error of 5%.

4.6 Description of ethical considerations in the evaluation

The WHO Ethical and safety recommendations for intervention research on violence against women guided this evaluation. The following ethical and safety issues were considered:

- ✓ The safety of respondents and the research team was paramount and guided all project decisions.
- ✓ Protecting confidentiality was essential to ensure both women's safety and data quality.
- ✓ All research team members were carefully selected and receive specialized training and ongoing support.
- ✓ Fieldworkers were trained to refer women requesting assistance to available local services and sources of support.
- ✓ Researchers have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.
- ✓ Intervention studies need to be methodologically sound and build on the current evidence base of interventions and intervention research experience.
- ✓ Processes and criteria for participant recruitment were carefully considered to avoid excluding women who may not initially disclose experience of violence.
- ✓ Participant randomization was transparent and described in a way that can be easily understood by those involved in the research.
- ✓ Measuring and monitoring harm related to the research were incorporated into safety protocols.

Overall, the confidentiality, privacy, safety, and well-being of SGBV survivors was top priority in conducting this evaluation. The consulting team undertook a two days rigorous training of the data collectors (supervisors, and interviewers) who were involved in the data collection. The training was held in a centralized location in Wamba, Samburu County. The training focused on the objectives of the study, study tools, interviewing techniques, ethical considerations and cluster and household selection. Role-plays on how to administer the questionnaire and record responses were conducted. The training covered ethical issues, including confidentiality and guaranteeing anonymity to respondent's considerations. The training also covered how to electronically administer the questionnaire and how to transmit the filled questionnaires/data through the open data kit system (ODK). The selection and recruitment criteria and qualifications of the data enumerators and supervisors included previous experience with data collection procedures (interviews, tests); experience and knowledge of the project area, knowledge and experience with carrying out evaluation studies, experience with use of smart phones/tables for mobile data collection, ability to work accurately and independently. The data collectors carried out a pilot test of the tools which was done immediately after the training. A feedback session on the pilot test was done with the data collectors. Interviewers were trained on being aware of the potential reactions participants could have and agreed to terminate the interview if the respondent showed significant distress.

Data collection visits were organized at the appropriate time and place to minimize risk to enumerators; (between 10 a.m. and 4 p.m.). A list of referral facilities and resources available for survivors of SGBV in the study area was shared during the enumerators training. IIRR project team were available to assist in identifying the referral facilities and resources available. Data collection

team and ADREC staff adhered to a study-specific Child Protection Policy, which was provided to all the evaluation team members. In order to ensure respondents' informed consent and their awareness of the scope and limits of confidentiality, respondents were given an introduction explaining the evaluation process before any substantive discussion occurs. The specific consent form used for minors to participate, as well as an informed consent form for the participant are included as an annex VI in this draft report. The evaluation as much as possible adhered to the international best practices and was undertaken in consideration of UN Trust Fund Evaluation Guidelines and the UN Evaluation Groups guidelines. In line with the UNEG Code of Conduct, 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; and,

(c) Respected respondent's rights and welfare by ensuring informed consent and rights to confidentiality before interviews and discussions.

4.7 Limitations of the methodology used

The most effective approach to combating bias was to use multiple data sources, data collection and analysis methodologies to triangulate responses. By combining information found in documents or interviews from multiple sources, any one piece of biased data was thus not capable of skewing the data. Poor road network made the logistics very difficult and some areas inaccessible. One of the key project personnel, the first employed project officer left employment and the work done during his tenure was captured only through the project reports as he was not available for interviews.

4.8 Socio-demographic characteristics

The section below describes the socio-demographic characteristics of the respondents interviewed.

- **Socio-demographic characteristics**

The demographic data from the household survey was collected from 377 households randomly sampled during the end-term evaluation survey. Majority, 96% (361) of the respondents were female respondents while 4 % (16) of the respondents were male. The project's beneficiary communities are typically pastoralists with herding been their main livelihood activities, that are generally men's responsibilities.

- **Age of the respondents**

Majority, 61% (229) of the respondents interviewed belonged to the 18-35 age group, 26% (99) belonged to the 36-45 age groups while 13% (49) belonged to the 46-72 age group. The findings from this study represent the project target population of respondents between the ages of 18 to 35 years old which is the most reproductive age.

- **Education**

The study sought to establish the level of education of the respondents. The level of educational attainment shows the percentage of a population that has reached a certain level of education and held a qualification at that level. Only 1% (2) of the respondents had attained university level, 11% (42) had completed secondary level, 10% (39) had completed primary level while 48% (182) had undergone through non-formal education.

- **Marital Status of the Respondents**

75% (281) of the respondents are married, 15% (56) are single, 8% (30) are widowed, 2% (6) are divorced while the rest 1% (4) are separated.

- **Type of Households**

Overall, 69% (262) of the respondents live in a nuclear type of households, 18% (69) of the respondents live in an extended households, 6% (23) live in a female-headed (no husband) households, 4% (14) live in a polygamous households, 1% (2) live in female headed (husband absent) households while 2% (7) are not yet married. The majority, 62% of the households interviewed have 5 to 10 members, 31% of the households interviewed have less than 5 members, 5% have 11 to 15 members while the rest 1% have more than 15 members.

- **Household Composition**

The average household composition of the respondent households were one (1) male adult, one (1) female adult, two (2) boys and two (2) girls. The number of adolescent girls in a household across the three counties was an average of two.

- **Type of Religion**

Results of the evaluation show that the majority, 68% (256) of the respondents are predominantly Christians. 27% (103) are Muslims, while the other 3% (12) practice African traditional religions.

5. Findings and Analysis

5.1 Introduction

The evaluation findings are structured according to the evaluation questions outlined in the evaluation's terms of reference. This is organised along 7 benchmarks: Relevance and Project Design, Effectiveness, Efficiency, Impact, Knowledge Generation, Gender Equality and Human Rights and Accountability to the affected populations. The key findings and analysis per each evaluation question are outlined in the sections below.

5.2 Relevance & project Design

Evaluation Question 1: How relevant are the project strategies and activities in fulfilling the needs of Women/Girls to protect them from SGBV in Marsabit, Samburu and Isiolo Counties in Northern Kenya?

Project goal: The project implemented the activities as planned in the project design and in line with the goals of the project. The project strategies and interventions are relevant to the needs of the beneficiary communities, women and girls in Korr and Kargi (Marsabit County), Wamba (Samburu County) and Merti (Isiolo County) of Northern Kenya. The project developed a results framework which outlined the project goals, outcomes, strategies, activities and outputs. The results framework was reviewed during the second year of the project. The review allowed for acceleration of some of the activities which were lagging behind during the first year of project implementation. The project planned and implemented diverse activities that would enable stakeholders to take on new tasks in the protection and prevention of women and girls against gender-based violence. The Project goals were well specified and outcome statements are also aligned to the project goals. Acceptance of the community members to participate in project activities on a voluntary basis attests to the fact that activities were appreciated as relevant by those targeted.

The three project outcomes addressed by the project contributed towards the reduction and awareness of SGBV. Focus group discussions held with both women and girls revealed that the project created awareness on SGBV issues and they had confidence to share their SGBV experiences and occurrences at the community level and report the incidences to the law enforcements officers. At the start of the project, community members did not feel free to share issues on SGBV, especially domestic violence as it was considered a taboo and a private family affair, while other violations like rape were resolved at the community level by village elders through Alternative Dispute Resolution (ADR) mechanisms. However, the sensitization and awareness done by the project created the need for the survivors to report to the law enforcers and talk openly about SGBV, thus the shortfalls of termination of cases at community level by the elders many at times came to the spotlight because of denying survivors the much required justice as well as protecting perpetrators.

Outcome 1: Communities have more awareness and better respond to violence against women and girls in the targeted area.

The goal of the project is to have women and girls in Marsabit, Samburu and Isiolo counties better protected from SGBV and other harmful cultural practices and the survivors to have improved access to services and support (psycho-social, medical, and legal. This was effectively addressed by the project from the identification of activities initiated and the implementation approaches adopted. The project replicated and scaled up the IIRR approach of community engagement through an approach called "Learning Our Way Out-LOWO" in addition to adopting a multi-sectoral approach for

empowering the target communities combining several services like health care support, psychosocial support, law enforcement support, paralegal support, education stakeholders-teachers support, gender activist's support and access to safe havens. This approach worked well and resulted in improved participation of the beneficiary communities in the project activities as evidenced through FGD with men and women. Creating awareness on SGBV to the community member's and other stakeholders (teachers, police officers, community leaders and paralegals) continues to be relevant to the needs of women and girls in the project area.

The project approach is anchored and driven by communities, through the use of a pool of community-based resource persons (ToT's/CCF's) in all the project sites. Through the mobilization of men, women, boys and girls within the project area, women and girls have increased their awareness of violations against their rights due to SGBV. Village elders and other community leaders have been sensitized on SGBV and how they should handle SGBV cases identified or reported in the community.

Outcome 2: Law enforcement structures and officers adequately implement laws and policies

One of the project strategies was to involve the Law enforcement structures and officers in the project activities to adequately implement laws and policies. This project activity was relevant as it achieved positive shifts in the attitude and perception of the community towards law enforcement. The law enforcement officers increased their knowledge and are now able to adequately implement laws and policies to protect the rights of women and girls and prevent violence in coordination with civil society, local government and local leaders in the beneficiary communities. During baseline, 9% of the respondents reported SGBV cases to the Police compared to 24% during the end of the project.

Outcome 3: Survivors of GBV (Women and girls) having improved access to multi-sectoral services and to safe havens.

The project established a functional referral pathway for the communities SGBV survivors to access multi-sectoral services and to safe havens. The SGBV survivors in the project areas have now been able to increase their access to medical, legal and psychosocial and justice systems, as well as access to safe, havens/homes.

The project strengthened the already existing institutions and identified 2 safe homes, one operated by the Samburu Girls Foundation and another by a Women group-Wamba Nomadic children rescue centre, which provided safe havens for rescued girls. The project trained the service providers on case management of SGBV.

Conclusions

The project strategies and interventions are relevant, as they were able to reach the targeted marginalised women/girls survivors of SGBV in Marsabit, Samburu and Isiolo counties. The project interventions addressed the SGBV needs of the beneficiary communities in accordance with the local contexts within project implementation locations. The project strategies had clear realistic and timely outputs. The project outcomes are aligned to the goal and were addressed through project strategies and activities that focused on prevention and response to gender-based violence. The study findings indicate that there is a great improvement in the prevention of SGBV and services offered to SGBV survivors at the end of the project as compared to the start of the project.

Evaluation Question 2: To what extent was the project relevant to the context in which the target communities operate?

Project goal: The goal of the project is to have women and girls in Marsabit, Samburu and Isiolo counties better protected from SGBV and other harmful cultural practices and the survivors to have

improved access to services and support (psycho-social, medical, and legal). Evidence shows that SGBV is highly prevalent in the project locations. The project was implemented in selected SGBV hotspot locations in Northern Kenya; Kargi and Korr in Marsabit County, Merti in Isiolo County and Wamba in Samburu County respectively.

Outcome 1: Communities have more awareness and better respond to violence against women and girls in the targeted area.

The project also reached out to the community members with important information and messages. At a higher level, the project served to build trust between the community and the police, local leaders and health professionals in exchanging expertise and tightening cooperation in service delivery. Due to the project interventions, target communities increased their awareness and are able to better respond to violence against women and girls in the project area. The community members were empowered on their rights towards addressing SGBV. The project activities reached the targeted beneficiaries in the three project locations in Marsabit, Isiolo and Samburu Counties. The interviewed respondents and stakeholders reported that they were satisfied with the improved position of both prevention and response to SGBV cases. The involvement of community and religious leaders ensured that all key people in the community were aware of what the project was doing and willingly supported it, though they raised a concern that the project did not provide them with incentives for participation. The materials and documentary/drama/poems/songs used for awareness creation was acted using local examples that the community members could identify with. Focus group discussions held with men, women and adolescent girls reported that the use of local radio stations was the ideal mechanism to engage listeners and raise awareness. This implies that the approach and methodology used were socially, culturally and ethically relevant. Apart from conducting community awareness sessions in the village, meetings and debates were organized at school level to spread the message to more adolescent and young people. The school environment also provided an opportunity for school girls to become aware of their human rights and how they can participate in protecting such rights not to be violated through Sexual gender-based violence. The involvement of the teachers /police and health workers was found to be relevant as they voluntarily participated in the project activities.

Outcome 2: Law enforcement structures and officers adequately implement laws and policies.

The project counties being a highly prevalent SGBV zone, the involvement of law enforcement officers was beneficial to the overall achievement of the project goals. The project successfully implemented the prevention, reduction and response of SGBV in all the three regions. Through the response activities, the project managed to document cases received and among them; physical assault, rape, defilement, harmful traditional practices and denial of resources, opportunities and services.

Outcome 3: Survivors of GBV have improved access to services and safe havens.

The project adopted a multi-sectoral approach for empowering the communities combining several services like psychosocial support, paralegal support and access to multi-sectoral services and access to safe havens. This approach improved participation as well as the protection of women and girls and effective delivery of services to the target communities. This approach, therefore, worked well in serving the project purpose. The SGBV survivors in the project areas are able to access medical and psychosocial support services that were availed by the project. They are also able to access safe and secure shelters in the rescue centres/homes.

Conclusions

The project was implemented in selected SGBV hotspot locations in Northern Kenya where SGBV is highly prevalent. The project continues to be relevant to the results, particular to address sexual violence and effecting behaviour change in community members. The project achieved increased better protection from SGBV and harmful cultural practices by women and girls. The project interventions were carefully planned based on selection of priorities to address SGBV in the project areas. The strategic approach of the project was found to be relevant in achieving the project outcomes. Violence against women and girls was and is undoubtedly a huge problem in the project areas which demand an integrated and sustainable response engaging a number of actors in the society. As planned, it built capacities, expanded and improved mechanisms addressing violence against women and girls, demonstrated the need and the value of cooperation between multi-sectoral services and access to safe havens.

Evaluation Question 3: Is there a general feeling of ownership and local identity with the IIRR programme in the intervention areas? (Probe: project planning and implementation approach, management culture & involvement of local communities in project implementation, etc.)

Project planning and implementation approach

The project supported the implementation of national and local laws, policies, standard operating procedures and action plans that address violence against women and girls. The project implementation approaches included facilitating community dialogue on sensitive SGBV issues and training local community and religious leaders. The project engaged local implementing partners who supported the project to empower communities. The approach entailed training local Community-based facilitators to lead conversations with small groups, helping friends and neighbours recognize the link between issues and their socioeconomic conditions. The project used community-based strategies to strengthen gender equity and engage both women and men in creating awareness and changing behaviour that reduce SGBV and FGM. The involvement of several actors helped in the seamless smooth implementation of the project. The project proposal was not socially inclusive. The project plan did not incorporate person's living with disability and no concrete data was available to assess the specific activities that were undertaken to involve and promote these people with special needs.

Management culture

IIRR had a hands-on approach throughout the project implementation through a well-defined management team. IIRR has a well-structured management team led by a Programme Director who is supported by a Project Officer and field staff comprising of field representatives and community mobilizers. The project sourced the project field staff from the local communities.

Involvement of local communities in project implementation

The project builds upon IIRR's deep experience in community-led development. IIRR work with the communities to develop innovative yet practical solutions to addressing SGBV through a community-led development approach. The approach used in the current project emphasized on building community leadership for increased community participation in the project activities at the community level. The project teams worked with the local administration, community leaders, women groups, TOTs/CCFs, health practitioners, paralegals, police and school heads/principals and teachers. Partnering with local CBOs facilitated the implementation of the project. It also involved the ToTs/CCFs in training sessions as they understood the culture and local languages. The ToTs/CCFs

were responsible for scheduling the training and facilitating the training, therefore making the community own and feel part of the project.

Conclusions

The project implementation approaches involved use of local implementing partners, community members and was supported by multi-sectoral institutions operating in the project area. The project involved the community through ToTs and CCFs who were involved in the implementation of the project activities. IIRR had hands on management approach throughout the project implementation. The evaluation team established that there is ownership of the project by the community and other stakeholders. The project plan did not specifically include person's living with disability as beneficiaries of the project. It would be more socially inclusive to design specific project activities to support the person with special needs.

5.3 Effectiveness

Evaluation question 4: To what extent were the intended project goal, outcomes and outputs achieved and how?

a) To what extent were the intended project goal achieved and how?

Project goal: the project made noticeable contributions to the overall project goal. Project beneficiaries demonstrated improved awareness on SGBV, shift in attitude of the victims as they are now able to freely report cases on SGBV to the law enforcers and seek help from health workers. Findings from the evaluation indicate that the improved awareness, accessibility to medico-legal and psychological support services may be attributed to the project's activities. The project established a clear referral pathway between the police, health facilities, judiciary and safe havens/homes. Training on case management for the law enforcers and health officers ensures that the SGBV survivors got help when in need.

Indicator: *W/G feeling safe (secure) against SGBV/FGM/Early Forced Marriage: the evaluation results show that the project activities influenced a sense of safety/security by women and girls against SGBV/FGM and child marriages. The project sensitized and made the target communities aware of actions survivors can take to get recourse against the perpetrators. It made the communities aware of the laws/policies and repercussions that can be taken against SGBV/FGM and child marriage perpetrators. Comparison between the end-term and baseline studies indicate that more women and girls (68%) feel that they are safe (secure) against SGBV/FGM/Early Forced Marriage compared to 35% during the baseline study.*

Indicator: *W/G access to adequate support (medical, legal, psychosocial) services: end-term evaluation findings show that the level of access to medical, legal and psychosocial support services by women and girls in the target communities has improved immensely. The SGBV survivors were able to access medical, legal and psycho-social support services which can be attributed to the project's activities. 48% of the respondents perceive there is improved access to adequate support services (medical, legal, psycho-social support) in the target communities. The baseline value for this indicator was 32% of the survivors who were reported to receive treatment.*

Indicator: *W/G perceptions about level of safety from SGBV/FGM/Early Forced Marriages:* findings of the evaluation indicate that women and girls in the target communities feel safer from SGBV/FGM and child marriages. The project was able to sensitize and create awareness on the Human Rights the women and girls have, and also trained on how to take recourse and seek justice when their rights are violated.

Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above

Table 5 shown below describes the level of perception on safety and level of access to adequate support services.

Table 5: Level of awareness on safety and accessibility to services

	Baseline	End-term	Change
Indicator: <i>% W/G (9 – 45 years) interviewed who feel that they are safe (secure) against SGBV/FGM/Early Forced Marriage in the target communities (baseline and End line)</i>	35%	68%	↑ 33%
Indicator: <i>Proportion of survivors who perceive/experience access to adequate support services (medical, legal, psycho-social support) in the target communities (baseline and end line).</i>	32%	48%	↑ 16%

Conclusions

Though the project was able to make significant achievements towards achieving the project’s goal; the SGBV and harmful practices remain a prevalent issue and they may require long-term interventions beyond this project’s activities to eradicate them. The evaluation findings indicate more women and girls feel that they are safe (secure) against SGBV/FGM/Early Forced Marriages and more women have improved access to adequate support services (medical, legal, psycho-social support) in the target communities. Most of the project areas do not have ideal locations for encouraging survivors to come forward to seek assistance e.g. safe homes. Only four were involved in the project. Deliberate efforts must be made to provide support services at the community level. Services can be provided at “safe homes”, “rescue centres, or other suitable locations where survivors feel comfortable to come forward and report. The location of services is built on the guiding principle of maintaining the confidentiality, anonymity, and dignity of the survivor.

b) To what extent were the outcomes achieved and how?

Outcome 1: Communities have more awareness and better respond to violence against women and girls in the targeted area.

Indicator: *Assessment of awareness:* The project created awareness on the nature and types of what constitutes SGBV violations. The community members were able to identify the different types of SGBV violations. IIRR facilitated workshops, training, seminars, video shows, advocacy campaigns, calendar events, participated in political rallies and sharing life's success stories that have educated them on the rights they are entitled to in the community. With the support of the project, women and girls were sensitized and educated on the barriers they faced and they were empowered to address

harmful cultural practices and mobilize community leaders and elders, religious leaders and political or gender activists to help in addressing the harmful cultural practices.

Indicator: Response to violence against women and girls: The project provided response support mainly focusing on case management, psychosocial well-being of survivors and case referrals; prevention strategies focused on strengthening community-based approaches through capacity building training, sensitization sessions, distribution of IEC materials, engaging men into behaviour change and communication sessions, community dialogues and women and girls empowerment trainings on SGBV prevention and response in the community. The level of achievement of the outcomes and outputs which were reported largely met are described in the report.

Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above

A comparison of the knowledge on types of SGBV at baseline and at the end-term studies indicates an improvement in the community’s level of awareness of types of SGBV. Results of the end-term study indicate that more than three quarters, 89% (337) of the respondents reported that they are aware of types of SGBV while only 11% reported to not being aware of types of SGBV. Of those aware, 71% (323) reported domestic violence (wife beating), 81% (306) FGM/C, 45% (168) physical violence/assault, 86% (323) early planned marriages and 26% (98) reported child labour as a type of gender-based violence, 50% (187) sexual harassment, and 57% (213) rape/defilement. Figure 1 shown below describes the baseline and end-term awareness comparisons of types of SGBV.

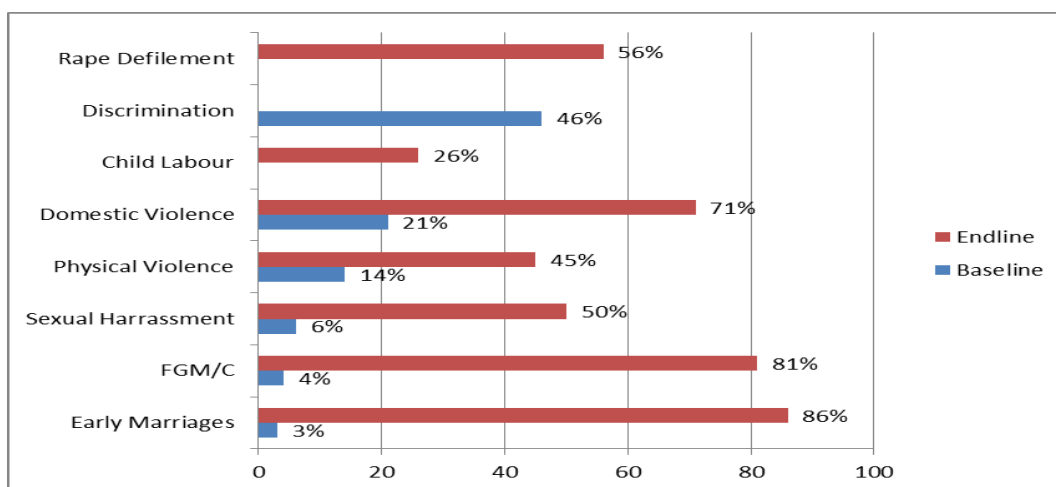




Figure 1: Comparisons on awareness of types of GBV

Increased awareness on GBV: the evaluation findings indicate that the project enabled increase in knowledge and awareness of the beneficiaries on types of SGBV and on how to seek support services (medical-legal and justice) for the survivors. The capacity building interventions using community training, road shows, radio and IEC materials actively promoted knowledge and awareness on SGBV and how it affects women and girls in the community. Table 6 shown below describes the level of awareness of negative effects of SGBV and response mechanisms.

Table 6: Awareness of negative effects of SGBV and response mechanisms

Indicator	Baseline	End-term	Change
Proportion of women and girls interviewed (9-45 years) who are aware of negative effects of SGBV and response mechanisms against girls and women	40%	92%	 52%
% of women and girls interviewed who are aware of response mechanisms to violence against women and girls in the target community	33%	50%	 17%

Majority of the women interviewed were aware of the negative effects of SGBV against women and girls in the community as well as what action to take in case a violation happens. Comparison between the end-term and baseline indicate that the level of awareness of the negative effects of SGBV against women and girls has increased from 40% at baseline to 92% at end-term. Further, the percentage of women and girls interviewed who are aware of response mechanisms to violence against women and girls in the target community had increased from 33% at baseline to 50% at end-term. Results of the study indicate that due to the campaigns and sensitization undertaken during the project implementation, majority, 89% (337) of the respondents reported that they are aware of gender-based violence, while the rest 11% (40) reported to not be aware of gender-based violence.

Outcome 2: Law enforcement structures and officers adequately implement laws and policies:

There is a strong indication that the project was able to improve the level of trust of the project beneficiaries to the conventional justice system and abandon the traditional type of seeking justice for survivors of SGBV. Proper handling of SGBV cases by Law enforcers trained on prevention and response at the Gender Reporting Desks led to survivors feeling confident to report perpetrators, who in turn refrained from committing SGBV. Through capacity building, law enforcers improved effectiveness in investigating incidents which leads to convictions. They also sensitize community members at the village level through "Barazas"-public gatherings organized by local leaders to support provisions of the law against SGBV, and the need to report violations. Campaigns and sensitization activities by the project were able to improve Women and Girls attitude towards reporting SGBV case violations to the local administration (chiefs) and the police.

Indicator: *% of cases reported that lead to successful conviction of perpetrators of GBV*

Court proceedings are on-going for 40 cases of SGBV across the project areas from records of SGBV case management process. 13% (3 out of the 23) of the court cases have had convictions where the perpetrators have gone to jail for a term ranging from fifteen years to lifetime. The rest 20 cases did not get convictions due to a number of reasons. The challenges include: a) lack of evidence, b) lack of witnesses by survivors, c) transportation challenges, d) lack of support from parents especially of FGM cases as they are the ones who mainly arrange for their children to be cut and f) lack of money to hire lawyers to pursue the cases and therefore some of these survivors do not attend court for the various reasons cited. The survivors may not be aware of how to keep and safeguard evidence especially rape where evidence is required for prosecution purposes. Further, survivors are no aware that evidence is required. For a criminal case to be successfully prosecuted, witnesses are required. Most cases of sexual violence may not have a witness present. The survivors either delay to visit a health facility for evidence to be collected or take a bath and wash their clothes, thus washing away the evidence. In addition, gaps exist between expectations on the part of the survivors, parents, as well as other stakeholders and the Police. Gaps include suspected corruption, lack of trust of Police by

community members, lack of faith in the legal process due to frequent delays, and distrust around bail. Within the Police service, there appears to be limited knowledge of Child Protection legislation, yet this knowledge is essential to providing legal remedies for protection and relocation orders for survivors and vulnerable children.

Indicator: *% overall reduction of SGBV incidences*

There was a 26% reduction of cases of gender-based violence reported by the law enforcement officers. This can partly be attributed to the awareness and sensitization interventions that changed the attitude of the communities towards the law enforcement officers, according to key informant interview with police and also FGD with men and women. The communities had a traditional system of punishing SGBV perpetrators before the project implementation. As a result of the trust and confidence created by the project, the communities were now reporting more cases to the police and abandoning the traditional unconventional way of seeking justice. SGBV brings many detrimental effects on education, gender equality and income generation. Attitudinal change and behaviour change is important as it is evident that SGBV still prevails in the community. The evaluation team gathered that perpetrators of violence attempt to bribe local authorities in order to escape justice. Also, some of the cases are not properly handled due to lack forensic evidence in court trials, and parents' use covert methods to carry out FGM and early marriages e.g. some parents who plan and carry out FGM on their children in secret to avoid the other community's members being aware of the harmful practices.

Indicator: *Proportion of women interviewed who believe there is adequate enforcement of laws and policies to prevent violence against W/G.*

The SGBV survivors trust and confidence in the conventional justice system had improved significantly due to the project's interventions. During endline evaluation, 61% of the respondents reported that suspects of SGBV are taken to police stations compared to 9% at the baseline. Also, during the endline evaluation, 55% of the respondents reported that suspects are arrested compared to 19% during baseline. There has a reduction of SGBV incidences in all the target project locations in the 3 counties.

Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above

84% (315) of the study respondents reported that they would source for help after forceful marriages from the police, 24% (90) reported health facilities and 20% (77) reported courts while 32% (121) reported that they would run to a rescue home. Focus group discussions with both the men and women seeking to establish where a woman or girl who was a survivor of violence, would feel safe and comfortable going to seek support. Men mentioned that nowadays when a woman or a girl suffers from SGBV, she is very comfortable to run to the police and local Chief/Assistant Chief for assistance. They further mentioned that women and girls are more enlightened than before and any moment they face the challenges of SGBV, they are confident that the local administration will help them out.

Conclusions

The community has gained more awareness of the types and forms of SGBV. The project has enabled better response to SGBV survivors with improved law enforcement resulting to having more cases reported to the police and a higher number of suspects arrested at the end of the project compared to when the project started. There is a positive improvement in the level of awareness on SGBV violations and those who are aware of response mechanisms to violence against women and girls.

c) To what extent were the outputs achieved and how?

Output 1.1: Community conversation facilitators have appropriate knowledge and skills on gender-based violence including SGBV, law enforcement procedure, communication and STIs/HIV/AIDS in order to conduct dialogue sessions with community members

Indicator: *Trainer of Trainees in community conversation*

The project involved ToTs as community conversation facilitators. The purpose of community conversation was to start dialogue on how to address SGBV. 34 ToTs {Merti (11), Wamba (8), Kargi (5) and Korr (10)} were trained and gained knowledge and skills on facilitation. The project selected one TOT in every village. The TOTs reported to the field assistants in their areas of operation. Empowering the TOTs on SGBV prevention and response has enabled them to be agents of change and speak on behalf of the vulnerable members of the community,

Indicator: *Community conversation facilitators trained and have improved knowledge and skills on facilitation*

The support from community conversation facilitators strengthened the community structures among all the project stakeholders. The CCFs held informative discussions with local communities and all stakeholders involved in ending violence against women. Lessons learnt and challenges faced are shared in these forums. They carried out sensitization activities in schools through the SGBV school clubs that were formed in August 2017 during the girl's holiday camps, supported by project. The CCFs utilized documentaries in their village outreaches which provide a clear picture and deeper understanding of the negative effects of FGM/C to the women and girls. The activity reached all leaders including chiefs, assistant chiefs, clan elders, women leaders, health care, security actors and stakeholders. Changing harmful beliefs, attitudes, practices and behaviours is a process that takes place over a long period of time. Working through the community, the project was able to organize outreach activities that gave communities new information. The CCF's made reports to IIRR on identified cases with the purpose of channelling them to the relevant authorities, especially the law enforcers. This formed a good basis for follow up on the mediation of the cases. A total of 165 CCF's {(Merti (54), Wamba (64), Kargi (25) and Korr (22))} were trained and gained knowledge and skills on facilitation.

Output 1.2: Community dialogue groups formed and strengthened at the village/community level

In total, 25 Community dialogue groups formed and strengthened. The dialogue groups were formed in each of the 4 project locations as follows: (Merti – 7 Dialogue Groups, Wamba – 8 Dialogue Groups, Kargi – 5 Dialogue Groups and Korr – 5 dialogue groups). These groups comprised of 118 female and 81 males members, mainly the ToT's, CCF's and the Anti-SGBV Task Forces. The community dialogue member groups were formed in all project locations. The activity on formation of dialogue groups was taken over by IIRR from the partner SGF. The dialogue groups were used as platforms to engage communities with dialogue to sensitize them against SGBV. Through training provided to Community Dialogue groups on basic psychosocial support, women's rights, and the importance of reducing stigma, social support mechanisms grew stronger and more effective.

Output 1.3: Anti-SGBV materials i.e. culturally sensitive IEC/BCC materials developed and distributed

Indicator: *Types and number of IEC/BCC materials developed and disseminated*

The project supported the production of Anti-SGBV materials (T-shirts/ Shawls/banners, posters, caps). The IEC/BCC materials produced and distributed had key messages on ending FGM, stopping early forced marriage, marking calendar events of Day of African child on the rights to opportunity, protection and equality among boys and girl and Zero tolerance days to FGM. The project successfully implemented communication and advocacy strategies for a variety of stakeholders and target groups. Among these groups, the school-going girls were actively engaged as peer-to-peer educators in preventing SGBV. In total, the project developed and disseminated culturally sensitive 13,893 IEC/BCC materials.

Output 1.4: Local FM radio stations are raising awareness on integrated SGBV and HIV/AIDs topical issues

18 radio talk sessions on ending violence against women and girls were aired out in the local languages of Samburu and Rendile. 8 sessions at Serian FM and 9 sessions at Radio Jangwani in Marsabit. The radio talk shows covered topics of human rights, FGM, child marriage and child protection. They played a significant role in spreading information and raising awareness on the gender issues and concerns that affect both men, women, boys and girls in the community. This enabled to influence and change public opinion and behavior on the issues that directly affect the social wellbeing, economic and political spheres of every individual in the society. In Merti of Isiolo County, radio coverage is very poor, and the project used a road show in project areas with the help of the Kenya Police, the Sub County Commissioner, the local politicians and the chiefs.

Indicator: Integrated SGBV and HIV/AIDS content readily available for use via local FM Radio

According to the project reports, SGBV and HIV/AIDS contents were aired through the local FM stations (Serian FM and Radio Jangwani) to sensitize the community people on HIV/AIDS and raise awareness on the negative effects of SGBV through radio programs. The community members are now more aware of SGBV and HIV/AIDS. The radio programs played a significant role in spreading information and raising awareness on the SGB issues and concerns that affect both men, women, boys and girls in the community. This led to influence and change public opinion and behaviour on the issues that directly affect the social wellbeing, economic and political spheres of every individual in the society. For the number of beneficiaries influenced through radio, IIRR obtained estimates derived by each of the radio programmers with the 2 local radio stations involved (Radio Serian in Samburu and Radio Jangwani in Marsabit respectively). A total of 3,850 beneficiaries against a target of 3,000 beneficiaries were reached through local FM radio.

Indicator: Number of community members sensitized and aware of negative health effects of SGBV

According to the project reports, a total of 16,196 members against a target of 14,000 members of the community were sensitized on negative health effects of SGBV. The ToT's and CCF's, coordinated the sensitization/awareness creation sessions and were in charge of collecting the data, which was verified/consolidated by the project officer before being uploaded in the online Grant Management Information System-GMIS.

Output 2.1: 30 law enforcement officials have improved knowledge and skills to manage SGBV in the target area

Indicator: Number of paralegals refreshed and have improved management of SGBV cases

The project played a key role in strengthening the legal system through involvement and training of paralegals to improve the system of prevention and response towards GBV beyond the project period.

80 (20 in each of the project sites) paralegals were trained and supported with refresher training. The project managed to provide training to paralegals, on how to identify, document, refer or report cases of SGBV. The trained paralegals were also linked with the police officers, health care workers, psychosocial workers, gender activists, health workers and rescue centers to ensure that at any time when they come across SGBV cases, they can contact them for any required support. The main responsibility of the paralegals included helping communities to interpret the laws and policies against SGBV, identify survivors of SGBV (FGM/C, beading and early marriages) and reporting them to the authorities, who then gather evidence for prosecution. Also, the paralegals help community members to ensure accurate reporting of SGBV cases and that they are reported according to legal requirements, for example if a rape case, should be reported before 72 hours to preserve evidence to be used for prosecution. The target was to have 30 paralegals; thus, the project surpassed the target.

Indicator: *Number of police officers refreshed on better management of SGBV cases and improve law enforcement*

A total of 125 (9 female, 116 male) police officers were trained and refreshed on better management of SGBV cases and improve law enforcement. Female police officers were included in the training because they are better placed to handle the SGBV cases, which mainly affect women/girls. According to the Annual Project Report 2018, the law enforcers are now equipped with knowledge on how to deal with cases at the gender reporting desks in a more professional way in accordance to ethical standards. In two of the project areas, Kargi and Korr where there are no existing police stations, the project trained police reservists and equipped them with knowledge about SGBV and how to detect, report or refer cases to the police posts as well as to the health care workers in the health facilities which worked closely with IIRR to implement the project. Cases of rape and defilement received were referred for medical attention and legal support. The police were trained using training resources obtained from the GBV Inter-agency standing committee (IASC) guidelines materials, or Kenya National SGBV Standard Operating Procedures. The law enforcers were trained on fast tracking of pending activities and follow up on strengthening of justice systems in project locations for survivors to be able to be accorded the justice they require to have redress of their cases and get perpetrators dealt with. The project ensured a number of police officer's per station attended training so that at any given time, at least a policeman/woman would be available to man the gender desk. One of the challenges identified was that the project did not have control over police officers availability occasioned by frequent transfers from the project areas. The Police officers provided their telephone numbers to be alerted in the event of any SGBV case that required their attention. The police are more supportive when communities provide evidence to prosecute perpetrators, as opposed to when cases are terminated by the elders at the villages, where survivors are denied justice.

Output 2.2: *local leaders/local government and CBO leaders and 120 teachers have adequate knowledge to implement laws and policies against SGBV in the target community*

Indicator: *Number of local leaders sensitized on harmful effects of cultural traditional practices and taking lead in effecting change*

The project sensitized the community elders and political leaders on the need to address the barriers in addressing harmful cultural practices. A total of 180 local leaders were sensitized through the support of the project.

Indicator: *Number of teachers sensitized on SGBV and harmful effects of FGM*

A total of 197 teachers were trained on SGBV prevention and response and child protection. Their capacity was strengthened through knowledge and skills on prevention and response to Sexual and

Gender Based Violence and offered leadership to community structures in continued prevention and response to Sexual and Gender Based Violence in the community. The teachers were patrons of the Agents of Change (AOC) clubs in the schools.

The capacity building activities to teachers and school administration contributed to the increase of the schools staff capacity to recognize, detect and prevent violence against girls in schools. The participating schools/teachers are now capacitated to deal with GBV in schools. The evaluation concluded that the strategic approach to work through schools in addressing gender norms, attitudes and behaviours with regard to SGBV was successful. However, among teachers, school staff and administration, there are still deeply rooted cultural beliefs that would need to be systematically and continuously tackled especially on matters of FGM. In addition, not all schools/teachers in the project areas were beneficiaries of this project. The training modules/materials on SGBV used to train the participating teachers and schools administration should have been accredited by the Ministry of Education and recommended for the teachers' professional development.

Output 2.3: Gaps in policy legislations and action plans identified and strategies are in place for lobbying and advocacy to bridge the gaps and implement them.

Indicator: Gaps identified on existing policies, laws and action plans

IIRR developed a policy brief: Enhancing the Fight against Sexual and Gender Based Violence in Northern Kenya. The policy identified policy gaps one of which was non-involvement of religious leaders in EAW. In order to prevent, reduce and eliminate gender-based violence, Kenya has ratified important laws and policies.

Indicator: Strategies in place for lobbying and advocacy to bridge the gaps and implement them

The strategies in place for lobbying and advocacy activity was to be accomplished by one of the implementing partners, CAGE. However, after termination of the partnership agreement, IIRR took over and implemented only the policy dialogue forums in each of the four counties in which policy gaps were identified. Strategies put in place to bridge the gaps in policy identified include involving community leaders and religious leaders in the war to end violence against women and girls. Religious leaders in Merti and Wamba were brought together to form a Task Forces to sensitize the community through dialogues and church congregations. They have been instrumental in awareness creation in their own communities, and have acted as change agents through their positions as religious leaders in the Christian and Muslim faiths. Individual religious leaders in Korr and Kargi have also taken the lead in campaigning against SGBV and harmful cultural practices. The activity on identification of strategies for lobbying and advocacy was not accomplished but the policy brief was compiled.

Output 2.4: SGBV case reporting channels/structures are in place to ensure accurate SGBV case reporting

Indicator: SGBV case reporting channels streamlined and strengthened to enable timely and accurate reporting

The project worked closely with the law enforcers making them fully aware of necessary reporting procedures for the SGBV cases and linking with referral systems IIRR provided capacity building to the police officers, distribution of the Kenya Constitution to the police stations and helped establish the gender reporting desks. These activities ensured that all the women and girls who are survivors of SGBV were attended to in accordance with the guiding principles and good practices shared during the refresher trainings. The police officers use the gender reporting desks to interview the survivors in

confidence and avoid asking unnecessary and embarrassing questions. Follow up of reported cases and the need to find justice for survivors have also been a success even though there has been challenges in under reporting of cases. Handling SGBV victims can be a big challenge and at times, the victims do not open up and talk about their experiences. There are situations where victims opt not to proceed with their cases out of fear of being victimized. Evidence, “is crucial” in SGBV cases, but in some cases such evidence is not handled with care. Even when the evidence has been presented to the necessary authorities, it may take a very long time to get a report, again compromising the case. However, survivors have so far been placed in a better position of knowing their rights and how they can be able to file cases to seek justice through the justice systems. This is as a result of the empowerment the community members have received since the project was initiated.

Output 3.1: Health care providers (HCPs), psycho-social counsellors and political activists have the capacity to provide quality SGBV services

Indicator: *Number of staff in health care providers trained to provide effective (comprehensive) SGBV services:*

76 (female 34 male 42) health care providers underwent training and further refresher training to refresh their knowledge, skills and attitudes in SGBV management, both at the community and health facility level. These included medical personnel from the Ministry of Health, Community Health Workers and Volunteers Public Health Officers from Merti, Wamba, Korr and Kargi. The participants showed better understanding on proper handling of SGBV cases at the medical facility, documentation on the PRC² and P3 forms³ as well as preservation of evidence of the incident. They however, expressed challenges in their work including absence of the PRC forms⁴ and inadequate numbers of personnel, as some health facilities have nurses and no Clinical and medical officers.

Indicator: *Number of psychosocial counsellors trained to provide psychosocial support to SGBV survivors:*

A total of 79 psychosocial counsellors (female 25 and male 54) psychosocial counsellors underwent training and refresher training to enable them provide quality service to survivors and facilitate their recovery and resilience. They gained an understanding of the SGBV case management and referral process. The study indicates that 52% of the survivors sought guidance and counselling services from psychosocial counsellors compared to 18% at the start of the project. The high proportion of male counsellors trained do not have any negative impact on the uptake of counselling services by sought by women and girls.

Indicator: *Number of political activists whose capacity is improved to support quality SGBV services*

85 (female 41 male 44) Political activists were taken through a refresher training to equip them with knowledge and skills to enable them articulate rights and advocate for better services for survivors. 3 female politicians and 2 female activists from the local county governments were involved in creating awareness to support girls’ education, rescue and refer girls at high risk of GBV and survivors to local administration, health services, police or safe homes. The political activists follow up with the police

² This is an examination documentation form for survivors of rape/sexual assault (to be used as clinical notes to guide filling in of the P3 form).

³ A P3 form is a Kenya Police Medical Report Form, used by the Police. Simply put, the P3 form acts as evidence that a violent act occurred and is therefore referred to as an “Exhibit” in court. The P3 form must be handled as evidence at all times.

to ensure that the survivors are attended to with dignity and confidentiality. As a result of this capacity building, all the cases that were reported to the police were responded to in accordance with the new good practices and protocols.

Output 3.2: Referral systems available for survivors of SGBV to access medico-psycho-social services and legal support

Indicator: Presence of a functional referral system for SGBV cases

The project brought together all the trained service providers in the project areas; the health care providers and psychosocial workers, the law enforcers and paralegals) to create linkages and establish an SGBV reporting and referral system in their area of operation. The project was also able to support the existing referral pathways that offered support services to survivors of SGBV. The evaluation findings indicate that 48% of the respondents reported that they had access to adequate multi-sectoral services. The services included case documentation, psychosocial support, medical examination and treatment, and support by the police for legal action.

Output 3.3: Gender (SGBV) reporting offices or desk available at selected police stations or posts in hot spot areas for survivors to manage SGBV cases

Indicator: *Presence of functional reporting office/desks within police stations/posts in hotspot areas*

The project established functional referral systems and improved facilities like gender reporting desks and safe havens/homes for service delivery to SGBV survivors. There are four functional Gender Reporting Desks in the project areas. The gender reporting desk in Wamba (Samburu East Sub-County) and Merti (Merti Sub-County, Isiolo County) were given material support by the project to improve their functioning. The ones established at Loiyangalani and Laisamis Police Stations are functional, but did not receive material support apart from being recipient of the capacity building of the officers. All the four desks are well manned by trained law enforcers who attend to cases of SGBV within the guiding principles and standard operating procedures. Desks are strategically located to have the survivors report their cases in a much confidential manner. The trained law enforcers effectively use the desks to document and refer cases of violence at the multi sectoral level. Results of the evaluation indicate that almost half 48% of the respondents reported to have access to adequate multi-sectoral services that included case documentation, psychosocial support, medical examination and treatment, and support by the police for legal action.

Output 3.4: Safe havens (“rescue centres”) strengthened to provide appropriate psychosocial support to survivors

Indicator: *Presence of functional rescue centres in each of the 3 counties*

IIRR introduced the new approach on the activity on strengthening rescue centers from supporting privately owned rescue centers to community- based rescue centers operated by women groups at the project locations. The project considered it better to have the children hosted locally in the safe homes rather than the privately operated rescue centers located far away. This approach offered the best opportunity of re-uniting the children with their parents as soon as the parents were convinced that it was their obligation to protect their children. Under privately operated rescue homes approach, re-uniting back of affected children with their parents/communities would take much longer time because the approach lacks the connection with families/communities. Two rescue centers, one in Maralal run by Samburu Girls Foundation and another one in Wamba named Wamba nomadic Girls Rescue Center have been supported with capacity building and material items to take care of the girls

taking refuge there, by giving them counselling, mentorship, and material assistance. 3 support groups were strengthened in the 3 locations of Merti, Korr, and Kargi to enhance protection. The rescue centres offer temporary shelter to survivors and victims of SGBV in the community. Material support given to them include tables/chairs, cooking equipment's, food rations, hygiene kits, beds, mattresses and beddings and construction of a latrine to support in the service provision whenever a survivor is hosted while their cases are ongoing before an exit strategy is confirmed.

Conclusions

Undoubtedly, within a rather short timeframe, the project achieved considerable results and changes. As planned, it built capacities, expanded and improved mechanisms addressing violence against women and girls, demonstrated the need and the value of multi-sectoral approaches adopted by the project. The project implementers anchored and involved the community members (ToT's/CCF's) and various stakeholders and service sectors. The numerous public awareness raising activities, included media campaigns, mobilization of youth and peer educator activities supported by the project. This has resulted to having a higher visibility of the SGBV issue and better-informed community members about SGBV and available protection mechanisms. Some of the challenges to achieving intended outputs include handling SGBV survivors especially when the survivors do not open up and when they opt not to proceed with cases due to fear of victimisation. Some of the survivors are not able to safeguard evidence and sometimes, it takes long to get a report, compromising the cases. Some of the locations do not have police stations and the survivors have to travel long distances to acquire the referral services. The schools/teachers, safe homes and rescue centres provide opportunities for addressing the SGBV issues. The task force provides an opportunity to use the religious institutions as agents of change. The target beneficiaries at outcome levels were reached to a great extent as observed that for the most part, the project surpassed original project targets. The activity on identification of strategies for lobbying and advocacy was not accomplished but the policy brief was compiled. The participating schools/teachers/police officers/local leaders/paralegals and psychosocial counsellors are now capacitated to deal with SGBV in the project area. However, not all service providers in the project areas were beneficiaries of this project. The project did not accredit the trainings and training materials which would have been used in future trainings and as reference materials by other implementers.

Evaluation Question 5: Are survivors of SGBV now better accessing support services (medical, psychosocial, legal)?

The project supported the provision of improved support (medical, legal and psychosocial services to the target communities. The evaluation findings established that the support services are available and accessible for adult women, child, and adolescent girls. However, though the services may be available, many survivors may not be accessing these services for a variety of reasons which include but not limited to: fear of stigma and victimization, long travel distance to acquire services, and unawareness on service availability.

Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above

A comparison made between the services offered to victims of SGBV revealed there was a change at the endline when compared to the baseline. At the endline, 55% of the respondents reported that the suspects are arrested compared to 19 % during baseline, 52% of the survivors are offered guidance and counselling compared to 18% during baseline, 47% of the survivors are taken to rescue centers compared to 9% during baseline while 61% of the suspects are taken to police stations compared to 9% as at the start of the project. The key informant interviews held with police reported that they always respond when an issue is raised. If the perpetrators of SGBV are arrested, they are taken to

police and prosecuted if proven guilty. The existence of referral pathways and offering referral services proved very relevant.

Conclusions

The project established entry points for marginalized women and girls survivors to seek help and offered the presence of referral pathways and systems. The project involved the health workers and law enforcers in helping survivors with case management of SGBV cases, referrals to services and access to safe havens. The project carried out extensive campaigns to sensitize the community on the mechanisms available where survivors could access and receive assistance. The project also carried out capacity building of services delivery personnel including health workers, policemen, paralegals etc. on proper handling of SGBV survivors. Also, the project supported the establishment of psychosocial services and guidance and counselling for survivors. However, the survivors experienced several challenges accessing psychosocial services which include having to travel long distances, availability of a few female security personnel, fear of stigmatization and victimization. Also, a lack of understanding about rights and/or sexual and gender-based violence presents a great challenge to preventing sexual and gender-based violence and how to deal with reporting and non-reporting of incidences by the survivors.

Evaluation Question 6: To what extent are women and Girls in Marsabit, Samburu and Isiolo counties in Northern Kenya feeling they are protected against SGBV and cultural harmful practices?

The project aimed to ensure women and girls in Marsabit, Samburu and Isiolo counties are better protected from SGBV and other harmful cultural practices. This was to be achieved through extensive education programs, coordination, sensitization and awareness creation on the harmful effects of FGM and early marriages. Majority, 73% (274) of the female respondents feel that their sister or daughter is safe from early marriages, 67% (254) feel that their sister or daughter is safe from FGM while 73% (275) feel that their sister or daughter is safe from sexual gender-based violence. Figure 2 shown below describes the perceived safety of women and girls from early marriages, FGM/C and SGBV.

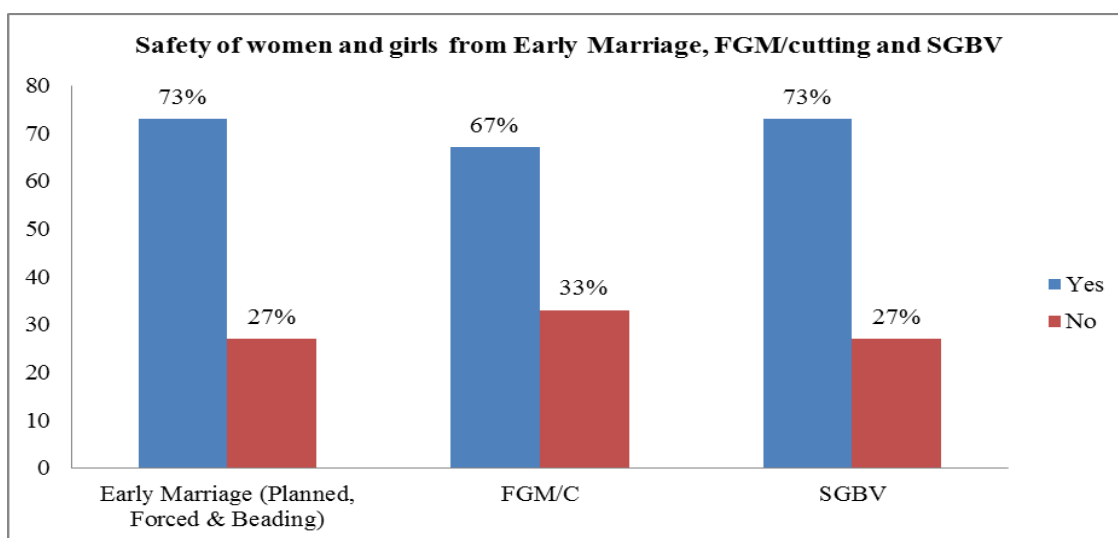


Figure 2: Perceived level of safety of women and girls

The evaluation findings show that 68% (257) of the respondents feel safe (secure) against sexual gender-based violence, Female Genital Mutilation and Early Forced Marriage in their community compared to 35% of the respondents who felt safe at the start of the project. This can partially be attributed to extensive education programs, sensitization and awareness creation on the harmful effects of FGM and early marriages advocated by the project.

Conclusions

Majority of the community members feel there is an increase in security against early marriages. FGM/C and sexual gender-based violence can be partly attributed to the project interventions.

5.4 Efficiency

Evaluation Question 7: Have the activities been implemented in a timely and cost-effective manner? (Probe efficient use of project resources i.e. financial, technical & time)

Cost effectiveness

Personnel and resources management: The project was cost efficient and was able to implement most of the activities as planned by the end of the project. For most of the project outputs, the project surpassed the original project targets indicating the outcome levels were attained to a great extent. The project implementation approaches and ensures efficiency. The project worked with existing structures and institutions which included the health facilities, police stations, schools, churches and mosques. Using different approaches including the use of community dialogue groups, school clubs, Anti-SGBV task forces enabled the project to reach a higher number of beneficiaries than targeted. The project also employed the use of printed IEC/BCC materials in its campaigns to create awareness which is a cost-effective method of communication. The project used channels of communication which include local radio stations, anti-FGM/C roadshow campaign which can have a wider audience, therefore, making them cost-effective. The project encountered several constraints and issues affecting financial management which include:

- a) Personnel costs. It was a challenge to match the personnel costs, thus the amount provided by the project (10% of the project budget) was hardly adequate. There was staff turnover and recruitment of staff is a costly exercise. The project management recruited local field staff who are residents in the project areas, therefore, minimizing personnel costs. Employee leaving work. The project was affected by staff turnover at the beginning of the project. Mitigation strategy: the evaluation team worked closely with IIRR teams to identify key stakeholders and request their participation before undertaking the field visits and also reviewed the project documents for the entire period of the project.
- b) The implementing partners (Centre for Advocacy and Gender Equity and Samburu Girls Foundation) did not have adequate programme and financial management capacity which delayed the project implementation and both narrative/financial reporting and therefore their contracts were terminated by IIRR. IIRR initiated the process of capacity assessment of the partners but could not complete it because the partners could not provide all the required evidence to complete the process. That resulted to IIRR arriving at the decision about the weak capacity, which they thereafter tried to address by having their staff support them very closely to address some of the identified gaps/issues, especially financial and programme management. Despite the attempt, IIRR was convinced that it was risk continuing to fund them thus terminated the funding

contracts. However, for one partner-SGF where the project had invested significantly in providing supplies to support hosted girls, though, IIRR stopped direct funding but continued with support in which any agreed procurements were done directly and delivered to them by IIRR.

- c) Expenditure of line items by partners whose contracts were terminated moved slowly because of the partner's capacities. However, IIRR took over the activities in the second year and implemented them in full through the support of the ToT's/CCF's before the end of the project.
- d) The delays which can partly be attributed to the late start of implementation and also the late release of funding due to late reporting by IIRR and its implementing partners.

Financial management: The project has utilized prudent financial management and reporting on the project. The project ensured that all spending decisions were guided by the budget and the resources were allocated to the project activities along the budget lines. The project budget provided clarity on how much interventions cost and from which budget line. The budget ensured that good monitoring, reporting and accountability of expenditure were done.

Timeliness

Late baseline survey: There were delays in conducting the baseline survey which was conducted after the project had already commenced. The baseline survey was conducted by IIRR project staff and this may have affected the objectivity of the study. External persons/consultants would have been in a better position to handle this type of activity. Also, the baseline survey should have been carried out before the start of implementation of the project activities.

Late Submission of the first progress Report The project experienced late submission of the first progress report at the beginning of the project and also received its approval late, just before submitting the first-year annual report. The implementation of the project started late, due to several factors including challenges with finding qualified staff that was willing to work in remote areas. This appeared to be a major impediment to project implementation.

Delayed disbursement: The implementing partners did not have the financial management capacity to handle the activities assigned to them. Lack of assessing implementing partner's capacities prior to the signing of contracts with them resulted in delays in project activities implementation. This delayed the submission of progress and annual reports in the first year of operation. The implementing partner's activities were reallocated to IIRR thereafter and the implementing partners were only left with their core activity of offering services as rescue centers. Due to the late submission of project reports to UNTF, there occurred delayed disbursement of funds to IIRR. The project implementation delivery rate during the first year was at 53%. The project, however, managed to accelerate the implementation of activities in the final third year (during the months of July-December 2018).

No cost extension: Though IIRR fast tracked implementation to complete most of the planned activities, IIRR had requested for a No Cost extension to enable them complete some of the project activities which were lagging behind due to some challenges on implementation of activities. IIRR request for a No-Cost extension was not granted as the UNTF does not grant non cost extensions except in the case of a force majeure.

Conclusions

The evaluation found out that the project was implemented in a cost-effective manner and utilized resources accruing to the original and revised plan and achieved its objectives despite the delays and the associated logistical challenges in the project area. The project has utilized prudent financial management and reporting on the project expenditure. The project baseline survey was conducted late after the project implementation activities had already started. The baseline survey was conducted by an internal IIRR staff of which could have raised the lack of objectivity of the baseline study. Also, there were delays in project implementation occasioned by the late release of funds for funding project activities. Late reporting by IIRR and its implementing partners resulted in a delay in disbursements of funds from the donor. There was flexibility in the re-allocation of the budget which helped in realigning the project activities. The project did not complete carrying out due diligence and capacity assessments for implementing partners before signing the contracts. The project experienced challenges in recruiting and retaining project staff to work in remote locations. There were some project expenses which were disallowed by the auditor.

Evaluation Question 8: Was the level of involvement of the community/ government / implementation partners sufficient? Is there a need for deeper collaboration in future projects or phases?

To ensure the ownership of the project, the project worked directly with local level institutional and non-institutional partners. The project worked closely with partners and government as described below;

- a) Isiolo County – The project worked closely with the county government’s beyond zero team, under the leadership of the 1st lady to support anti-FGM campaigns. Key among the activities conducted successfully was an anti-FGM campaign roadshow which enabled mass public sensitization and awareness creation along the Isiolo – Merti-Basa route and its main towns and neighbourhoods.
- b) The project conducted policy dialogue forums with each of the county government in Marsabit, Samburu and Isiolo counties, in which anti-SGBV policy/laws were reviewed and gaps identified. The dialogue forums enabled the project to draft a policy brief.

The project involved both the National and County Government to support SGBV interventions in each project site. These included the Deputy County Commissioners, the MPs, the MCAs, the Ward Administrators, the chiefs and their assistants. Chiefs, health works, police and teachers were involved in the project implementation. It is important to note that during the year 2017, the project did not advance any funding to implementing partners (SGF and CAGE) due to their lack of capacity in financial management and activities implementation, particularly SGF. On expiry of their agreements signed with them on December 2016, IIRR did not renew them but instead took over the implementation of all activities through the support of established structures like the CCF'S and ToT's. The level of involvement with the community and government was high. The implementing partners were involved and concentrated on their key areas of strength which included offering rescue centre.

IIRR aimed at establishing the main partnership in the field of combating violence against women at the community level. However, the project failed to create partnerships with the Ministry of Education and Health. The project addressed the wide public interest on the issue of GBV at the local levels and built new capacities and skills of general service providers (social workers, police officers,

judges and prosecutors, healthcare workers) which were crucial and needed to start addressing SGBV in a systematic and more comprehensive way.

Conclusions

The involvement of the implementing partners did not proceed as planned due to their lack of capacity. The community involvement was good as they involved ToTs/CCFs, teachers, health workers and paralegals who were drawn from the local communities in implementing the project activities. Involvement in the project implementation by the County and National Government was adequate in all project activities, especially through the local duty bearers who will carry on even after project closes. Engaging national actors is critical for successful humanitarian work, especially in SGBV as this project may challenge prevailing cultural norms.

Evaluation Question 9: To what extent has the project complemented other interventions, including of the government, other development programs or schemes?

There are other development partners who collaborated with IIRR and the project which included; (1) Merti Integrated Development Programme-MIDP in Isiolo – a local NGO who participated in mobilizing communities in support of campaigns to end SGBV. MIDP also was part of an Anti-SGBV taskforce formed to support project implementation, particularly the sensitization and awareness creation events and forums for Isiolo County; (2) PACIDA, a local NGO in Marsbit county supported the project to implement the policy dialogue forum for Marsabit County jointly with IIRR; (3) in Samburu and Marsabit counties, the project collaborated with AMREF and Food for the Hungry in marking calendar days, especially the 16 days of activism against SGBV.

Conclusions

The project complemented local CBOs/NGOs in their activities, especially mobilizing communities in support of campaigns, supported the project to implement the policy dialogue forum, and marking calendar days, especially the 16 days of activism against SGBV in 2018. The project partnered with local CBOs to implement some of the project activities including the introduction of the safe homes to serve as rescue places for survivors.

Evaluation Question 10: Is there value for money (VFM) identifiable with project implementation?

Project expenditure audits: The UNTF reviewed financial progress reports of the grantees on a periodical basis. Audit was undertaken by independent, external auditors. A mid-course audit that was conducted raised some financial issues, particularly those relating to implementing partners. Due to their inadequate capacities in preparation of financial reports, the implementing partners did not quickly provide the clarification on the audit findings. IIRR therefore had to travel to the field several times to guide the partner how to manage the financial reporting. An amount of US\$8,006 was yet to be cleared by the time the evaluation was carried out. At the time of the evaluation, the final project audit had not been conducted but project reports indicate that the project received a qualified opinion which had some financial implications.

Procurement: Procurement was as per the budget lines and was handled at the central office in Nairobi using the procurement controls used by IIRR and in line with the UNTF requirements. The procurement of items was initiated at least three days before the events day. Audits were carried out on the project expenditures before more funds were disbursed to IIRR.

IEC Material: The public was sensitized to SGBV through the use of age-appropriate Information Education Communication (IEC) materials. The project supported the production of Anti-SGBV materials i.e. culturally sensitive BCC material developed and distributed to the communities. The IEC/BCC materials produced and distributed had key messages on ending FGM, stopping early forced marriage, marking calendar events of Day of African child on the rights to opportunity, protection, and equality among boys and girl and Zero tolerance days to FGM. The project's approach to the production and dissemination of IEC was cost-effective.

Radio programs: The public was sensitized to SGBV through mass media interventions, especially community radio, combined with community dialogue and engagement. The project engaged Local FM radio stations in raising awareness on integrated SGBV and HIV/AIDS topical issues through appropriate content and radio-talk shows. The project supported radio programs in the project areas which are covered by the local FM stations (Radio Jangwani in Marsabit and Serian FM stations in Wamba). The main objective of the radio talk show was to create awareness to a larger population and help to influence leaders and the public to take up action on ending violence against women and girls. This strategy is cost-effective as it was able to reach a wide audience at a low cost. There was no coverage in one project site-Merti (Isiolo) while Wamba-Samburu the signal is not all that strong. For the project area – Merti with no radio reach, the project organized a major roadshow covered all project villages to strengthen the awareness creation against SGBV.

Functional M&E system:

Whilst the project established a range of project management systems and financial monitoring which was generally effective, the main weakness was its failure to establish a functional M&E system to allow for the measurement of outcomes. The support of M&E function was observed to be weak. IIRR reports indicated that the M&E officer resigned in March 2018, then replaced by an intern, who also left the organization in July 2018 and was never replaced.

Conclusions

The project expenditure was audited by an external auditor. Procurement was carried out using the IIRR procurement controls. Use of radio programs as communication channels was a cost-effective method which reaches a wide audience. The use of IEC materials, road shows and radio programs were cost-effective. Procurement was made on the basis of the budget activity cost lines and was handled at the central office in Nairobi using the procurement controls used by IIRR. There was value for money (VFM) identifiable with project implementation. The support of M&E functions was not clearly evident and the project did not engage a full time project M&E officer, but an intern who resigned before project end. A robust M&E system is needed to allow a realistic set of outcome indicators to be measured in a systematic way.

5.5 Impact

Evaluation Question 11: To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?

The project contributed to ending violence against women, and to gender equality and/or women's empowerment (both intended and unintended impact as outline in the section below:

a) Positive Unintended Consequences

The project contributed to positive unintended impact as follows:

School clubs – The project did not plan to establish school clubs at the project design stage. However, during the implementation of the project activities, the project realized the importance of not leaving out adolescent school girls, and therefore was able to reach schools and establish school clubs which were used as avenues to reach and implement girls mentoring sessions on SGBV. 40 clubs (Merti - 5 schools, Wamba – 8 Schools, Kargi – 4 schools, Korr – 7 School) for school girls were introduced in schools in Wamba, Kargi, Korr and Merti. The clubs provided avenues and safe spaces where girls come together to discuss issues affecting them like early forced marriage, FGM/C and how to prevent them, child right education and response to school-related SGBV. The girls were taken through mentorship sessions by the CCFs and TOTs with support from the club’s patrons who are teachers in the schools. The sessions have empowered girls to speak out for their rights, identify harmful cultural practices and reach out to their fellow peers both in school and in the community. Teachers are now able to respond to cases and sensitize others on the harmful effects of SGBV and also serve as effective patrons in the AOC clubs in the schools. Schoolgirls were reached and mentored from the schools above through girls camp and SGBV clubs established (Each school had a ToT/CCF and a teacher responsible in establishing the clubs).

Task forces: Working to change behaviours through community-based task forces.

The project was able to engage the cultural, community and religious opinion leaders in the project sites especially in Merti (Isiolo) and Wamba (Samburu) where aggressively anti-SGBV task force groups comprised of representatives of religious and traditional leaders (mostly male) has been formed to spearhead the fight against FGM, early marriages and beading within the communities. Through interviews with task force members, they revealed that they were convinced that through dialogue, they can influence the community to change their attitude towards such retrogressive cultural practices as FGM, early marriages and beading. The project supported and facilitated the work of these task forces even though it was an idea conceived by the community members. The change of a community practice requires a longer period of time in order to bring about change because such interventions deal with the change in people's attitudes, beliefs, and practices. Behavior change is a long-term process, so long-term interventions in communities are required.

b) Unintended Negative Consequences

The project contributed to negative unintended impact as follows: Girls especially survivors of FGM are at risk of disownment by their parents if they reported the cases of FGM to the authorities. The girls are afraid of curses from their parents and village elders if they attempt to rebel against the community’s cultural beliefs.

Conclusions

The project used school clubs as avenues to create awareness on SGBV to girls in schools and also established two task forces which comprised of religious leaders. These two activities were not in the initial project plan. The girls face stigmatization and victimization due to disownment by their parents.

Evaluation Question 12: What were the intended and unintended, positive and negative, lasting and transitory outcomes of the interventions?

Intended outcomes - Level of awareness among the community members, law enforcement and access to multi-sectoral services. There was an improvement on the level of awareness among the community members as pertains to SGBV so that they can prevent or better respond to cases,

improved capacity of law enforcement/stakeholders and ensure prevention, protection and provision of legal services with good coordination and increased access to comprehensive services (Medico-legal and psychosocial support) to survivors of SGBV. The community members are getting support from law enforcers. They can easily access the law enforcers using the gender reporting desks. The Women/girls survivors of violence were supported to have access to medical care, psychosocial support and protection including legal representation. The project accommodated the survivors at the safe havens and comprehensive care ensured i.e. medical, psychosocial support and legal representation to ensure justice for the survivors.

Conclusions

The project interventions on the creation of awareness among the community members, law enforcement and access to multi-sectoral services made an impact in addressing the SGBV issues in the project areas. The survivors are faced with challenges of having to travel long distances to get support services, they face challenges due to insecurity due to the tribal and cattle rustling conflicts, they face discrimination and stigmatization. Some of the girls face the challenge of parents who arrange secretly for them to undergo FGM).

Evaluation Question 13: What are key contributing factors affecting the achievement or non-achievement of the intended outcomes?

Factors affecting non- achievement of the intended outcomes

Political campaign 2017 - The 2017 electioneering campaigns in Kenya impeded most of the mobilization activities. The campaigns affected the process of mobilization and therefore on many occasions, the activity had to be postponed or had a very low turnout without the key stakeholders on board. Consultations were held with the local leaders and decisions were made to have the activities involving the leaders postponed until the end of the election period.

Focus group discussions with women and girls in the project areas revealed the following challenges/barriers to accessing support services for SGBV survivors:

- Despite the availability of hospital centers which offer psychosocial and support services to SGBV survivors in Marsabit, accessibility to these health facilities is poor due to lack of transport, and the survivors have to travel long distances.
- Some of the project areas are very remote and this is where the majority of SGBV cases occur. This causes inaccessibility to the police stations and other law enforcement agencies e.g. courts. The project established gender desks at police posts in Korr and Kargi to bring the support services closer to the communities.
- High levels of insecurity in the project areas. There have been cases of cattle rustling between rival clans.
- Fear of discrimination and stigmatization make the women and girls uncomfortable in seeking help from service providers (health workers and police). The project awareness creation addresses the challenge.
- Further, the people in authority who are in positions to offer help to the survivors of SGBV such as teachers, hospital staffs etc. are members of the local community who believe in the cultural practices. So basically, they feel they have no one to turn to.

The survivors are faced with challenges of having to travel long distances to get support services, they face challenges of insecurity due to the tribal and cattle rustling conflicts, they face discrimination and

stigmatization. Some of the girl's survivors face the challenge of parents who arrange secretly for them to undergo FGM. Some of the project beneficiaries may be perpetrators of SGBV. Some parent accepts token payments for settlement of cases for girl survivors. Cases are withdrawn or not followed through to the conclusion. Some of the issues raised e.g. insecurity and long distance to reach facilities are beyond the scope of the project. In places where there are no existing police posts, some mitigation strategies were put in place e.g. training police reservist where there were no police stations. Some SGBV issues can be difficult to address when they are strongly supported by culture. Examples of this include domestic violence, female genital mutilation and the forced marriage of minors. This is why it is important to have groups or committees of community members who come together to discuss all aspects of SGBV. Delays and inadequacies of the legal system can lead to perpetrators being released into the community without mechanisms to ensure survivor and community safety. The perpetrator can then harass survivors without consequence. The community can be supported to establish community policing groups which will support the reporting of SGBV cases to the legal authorities. Assistance for Perpetrators: Most communities view perpetrators as being in need of punishment and not assistance. This makes it difficult to assist perpetrators of domestic violence who are often repeat offenders. Cases of domestic violence represent a significant proportion of SGBV programme caseloads. Survivors of domestic violence will most often choose to remain with the perpetrator for economic reasons. If the perpetrator is not helped, he is likely to continue the abuse. Successful investigation and prosecution of SGBV cases depend on the availability of law enforcement institutions within close proximity to the victim/survivor and the scene of the crime. The evaluation findings indicate that police stations and courts are established long distances away from the survivors' communities.

Conclusions

Through continuous awareness of the effects which arise due to SGBV, the community was likely to have experienced a positive change on their perception towards the vice. The survivors face several challenges of having to travel long distances to get support services, they face challenges of insecurity due to the tribal and cattle rustling conflicts, they face discrimination and stigmatization. Some of the girl's survivors face the challenge of parents who arrange secretly for them to undergo FGM. Cases are withdrawn or not followed through to the conclusion. Some SGBV issues can be difficult to address when they are strongly supported by culture.

5.6 Sustainability

Evaluation Question 14: Which aspects/components of the interventions implemented have potential for impact and sustainability beyond the project period?

Sustainable program design: The project was designed to create enabling environment for greater gender equality, translating commitments into action to reduce Sexual-Gender Based Violence (SGBV), specifically Female Genital Mutilation or Cutting (FGM/C), early forced marriage, beading for sexual exploitation and other forms of domestic violence. The project utilized participatory approaches and this greatly empowers the communities and enhances the sustainability of the project. The capacity building interventions developed the management and organizational skills in the community which provides great opportunities for sustainability.

The prospects for the social sustainability of the Project's achievements appear very good. The TOTs/CCFs took the lead from very early on in planning and facilitating the capacity building initiatives. The fact that they were able to reach the target numbers as per the project design reflects

their ability to, self-manage and function under little to no supervision. However, sustainability is limited in so far as the different committees and stakeholders were highly reliant on IIRR for resources, especially transport. The psychosocial counsellors have had a positive impact on the project, and their benefits are likely to continue once the project ends, thus promoting sustainability.

The Ministry of Education administrative regional units, however, should have been trained to provide support in mainstreaming gender and GBV in the violence prevention and intervention programs in the education system and sustainability. As for the project's support to the introduction of psychosocial support to the survivors, its lack of obtaining accreditation from the Ministry of Health makes its future sustainability weak, but because they were networked with healthcare service providers for supervision, that arrangement should address the current gaps in social counselling service provision. Training materials which were developed on SGBV, as well as the results achieved through the established capacities and regular application of the specialized knowledge provided through the project, should ensure sustainability and replication of similar initiatives. This would have ensured a definite manner on how to deal with this issue in a more systematic way. Further, not all health professionals were capacity build on how to offer psychosocial support. Health professionals are in most cases the first level of interaction with the survivors therefore, more efforts are needed to fully integrate this service into the regular work of the health workers.

Sustainability of partnerships: The project established working relations with partners with local reach. The partners were engaged in a participatory manner in all the activities of the project. Public institutions (police stations, health facilities) relevant for providing prevention and protection to women and girls/children from violence participated in the project thus building of the necessary trust and partnerships. A potential prospect of sustainability is evident in the continued close working partnership between the stakeholders (which include police, paralegals, and teachers). These have proved to be effective mechanisms to ensure and sustain the coordinated institutional response towards SGBV. All the stakeholders are highly supportive which guarantees long term sustainability of the project. The ToTs/CCFs, teachers, peer educators and school administrators supported by the project will remain an institutional capacity for protection of children from violence in their communities. Manuals and training materials produced for teachers, pupils and schools have also remained a significant resource for further implementation of the GBV prevention program in schools.

Strengthening capabilities of local actors for sustainability: The project strengthened the police, teachers, paralegals, rescue centres to improve the system of prevention and response towards GBV. The project provided an opportunity to tailor an integrated policy-based response that includes the women and girls in the pastoralist community in Isiolo, Marsabit and Samburu counties. Through school clubs, girls have become Agents of Change, enhancing peer to peer education which has reached more girls in the target areas. Cultural elders and religious leaders supported the end of FGM/C, child abuse and negative effects of early forced marriages and are now encouraging the community to identify alternative rites of passage for girls instead of FGM/C which has adverse effects. Collective responsibility at the multi-sectoral level is evident in case management, referral and rescue of those at most risk. The project made awareness which makes the community and stakeholders become agents of behavior change.

The project utilized participatory approaches and this greatly enhances its sustainability. The project played a key role in strengthening the capacity of duty bearers, i.e. the police, health care workers and teachers, and also local CBOs, gender activists, social counsellors and paralegals to improve the

system of prevention and response towards GBV beyond the project period. After the project phases out, all the different groups capacity built by the project will still be equipped with the necessary skills to continue to transfer their knowledge onto others. The same applies to the task force who were facilitated to establish themselves. The task force will be able to continue overseeing the smooth functioning campaign against early marriages, FGM and beading of adolescent girls while also continuing to train new ones. This is further validated by the fact that they do not require monetary support, and church/mosque structures are present to support the taskforce members.

Learning & adaptation to promote sustainability: The project provided an opportunity to tailor an integrated policy-based response that includes the pastoralist community in Isiolo, Marsabit and Samburu counties. The project supported the schools to develop school clubs. The use of local community and stakeholder structures and capacity building for the head teachers, principals and teachers will promote the sustainability of the project interventions.

Value for Money & financial sustainability: The broader value for money questions can be addressed by many of the points highlighted in the sections on relevance, impact and sustainability. Beneficiaries were involved in the project from the outset, as part of the project design and were also involved in community-level stakeholder committees and meetings. With the successful capacity building interventions accomplished with duty bearers and other partners, establishment of school based anti-SGBV clubs, organization of community leadership structures from ToT's/CCF's and formation of Anti-SGBV task forces, value for money has been achieved. Communities and their support partners will therefore continue supporting ending of SGBV in target locations.

Conclusions

The project utilized participatory approaches and this greatly enhances the sustainability of the project. The potential prospect of sustainability is evident in the continued close working partnership between the stakeholders (who include police, health workers, paralegals, and teachers). The project strengthened the capacity of police, local CBOs, teachers and school girls, social counsellors, gender activists, community leaders, health workers and paralegals to improve the system of prevention and response against SGBV. However, without financial support, ToTs/CCFs might not continue to offer outreach activities due to logistical and financial challenges. The Ministries of Education and Health devolved units should have been involved in providing support in the project activities and interventions. This would have supported the personal development of the staff and thus enhanced the sustainability aspects. All the training manuals should have been accredited with the respective ministries for adoption and use in their curriculum.

Evaluation Question 15: To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?

The project raised awareness on the Sexual-Gender Based Violence (SGBV). The evaluation assessed the level of awareness of available services for the SGBV survivors in the project areas. The project's major achievement was the creation of awareness of the women and girls on their rights and on how to access justice if these rights are violated. Results of the survey indicate that the majority, 89% of the respondents are aware of the types of SGBV. Increased awareness of SGBV compounded with the availability of various multi-sectoral services (most of which are offered by the government) means that the project sustainability will continue. As already concluded, the local level success of the project has been significant.

Conclusions

The increased awareness of SGBV and the response mechanisms available will promote sustainability. The women and girls will continue to access the benefits brought by the project. Most stakeholders interviewed reported satisfaction with the change brought about by the project outputs, most notable training and follow-up activities. Engagement of expertise present in local CBOs (rescue homes) and their technical support to the activities was seen very positively with regard to the sustainability of the project achievements in the local community.

Evaluation Question 16: To what extent has project activities and outputs been institutionalized within existing structures (community structures and their partners)?

Findings of the study show that IIRR partnered with the local institutions (police, local government leaders, health centres, rescue centres, schools etc.). The project involved institutions which included schools, police stations and religious institutions. For health facilities, they trained health workers on how to provide psychosocial support of SGBV survivors and created a clear pathway for referrals. For schools, the project established school clubs for girls of which the teachers were the patrons. The police stations established gender desks where the SGBV survivors could report the SGBV cases and where the cases are recorded in the register and fill the P3 forms that are used to seek justice. This allowed for linkages of the project's activities and outputs to the institutions in the areas of project implementation. This synergy not only builds capacity for the local institutions but also ensured that the project's interventions will continue to benefit women and girls in these communities.

Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above

40 schools were reached and supported to establish 40 school clubs which were used for mentoring sessions on SGBV. Through the mentoring sessions and through girl's camps, a total of 1,050 girls were sensitized. 7 health centres in three project sites were involved for treatment and psychosocial counselling and medical treatment for the survivors. Two rescue centres and two safe homes support groups were supported and strengthened provide appropriate psychosocial support to survivors and ensure family reunion.

Conclusions

The project activities and output were aligned to local institutions and driven by community members. There is perpetuity in most of these institutions as they are Government funded e.g., health facilities, police stations and schools. Strengthening capacity of these institutions means that the projects' achievements will continue to benefit the community for a long time. Based on the evaluation findings, the evaluation team was able to conclude that significant progress towards the full implementation of relevant procedures for reporting and provision of services in the health and law enforcement institutions had been achieved. Heightened awareness and understanding of SGBV can also improve the timeliness of SGBV incident reports.

5.7 Knowledge generation

Evaluation Question 17: To what extent has the project generated knowledge, promising or emerging practices in the field of VAW/G that should be documented and shared with other practitioners?

The project developed the following publications which can be shared with other practitioners:

1. IIRR developed a policy brief: Enhancing the Fight against Sexual and Gender Based Violence in Northern Kenya
2. Reporting and Referring A Sexual Gender Based Violence Case Guide 2018
3. Breaking the chains: Ending sexual gender-based violence in the pastoralist communities of northern Kenya
4. How to help FGM survivors
5. The inclusion of sexual and reproductive health modules in educational curriculum to focus on the prevention of teen pregnancy, HIV/AIDS and sexually transmitted diseases.
6. Training manuals and materials for training teachers, health workers, law enforcement officers, paralegals, ToTs and CCFs.
7. Information was relayed through digital media by use of storage devices such as optical disks to train the community on the harmful cultural practices e.g. FGM.

Conclusions

The project produced and documented GBV materials, information and videos which can be used in the implementation of future projects.

Evaluation Question 18: What best practices and lessons are identifiable with this project to be shared with others?

The best practices and lessons identifiable with this project to be shared with others include:

- **Community leadership:** strengthening Communities leadership is very crucial in ending SGBV. The effects of SGBV must be understood fully and its impact on community socio-economic development. The campaigns against SGBV therefore must be led from within communities and not from outside. Engaging the local institutions and community members in the project implementation helped capacity building initiatives.
- Multi-sectoral approach in the project planning and implementation is key to the achievement of project goals.
- **Working with Safe homes:** Safe homes within communities are more sustainable than privately operated rescue homes.
- School girls' clubs and seminars were a good approach to sensitize and empower girls on their rights to say no to SGBV and speak out on the challenges they faced. Peer to peer educators: peer educators proved to be effective channels of creating awareness on SGBV.
- Organizing anti-SGBV task forces with members drawn from communities, development partners and religious leaders enabled dialogues be conducted with cultural elders who are custodians of culture to influence them to change behavior in support of ending SGBV; whereas with Muslim leaders-Sheikh's/Imams, they interpreted their scripture better to lead their faithful's in de-linking FGM/C from religion.
- Engaging cultural elders is the way to go in ending SGBV. If cultural elders change their attitude and behavior to abandon the cultural harmful practice and declare FGM/C, beading and child marriage as being illegal, the rest of the community will also change their behavior much more easily.

Conclusions

Community's leadership strengthening and engaging the local institutions and community members in the project implementation helped capacity building initiatives. Multi-sectoral approach in the project

planning and implementation is key to the achievement of project goals. Working with safe homes, School girls' clubs and peer to peer educators can be replicated for effectiveness and timely implementation of projects.

5.8 Gender Equality and Human Rights

Evaluation Question 19: To what extent have human rights based and gender responsive approaches been incorporated through-out the project?

The project undertook extensive awareness and sensitization capacity building sessions/training in an attempt to make the beneficiaries aware of their rights and overall, make rights a reality for women and girls. Though the project's main focus was on women and girls, it was able to build the capacity of men and boys, taking into account their important role in the community and their unmistakable influence in cultural practices especially matters to do with FGM, early marriages and beading. Men are the main decision-makers in the beneficiary communities, where the prevailing cultural norms marginalize women from participation in any level of political activity or decision-making.

Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above

Gender relations within the pastoralist communities are complex, being very patriarchal. Women and the girls have responsibilities for farming or looking after livestock, collecting water and firewood, cooking, cleaning and childcare. Men and boys have the responsibilities as decision makers for the communities and their families, cattle rearing, hunting, and charcoal making. Prevailing cultural norms marginalize women from participation in any level of political activity or decision-making and the culture. Using rights based approach, the project mobilized all communities and their partners to sensitize them about human rights as enshrined in the Constitution of Kenya 2010 and other legal instruments, policies and laws.

The project enhanced the awareness of human rights and gender equality in a number of ways. These include (a) Promoted dialogue with opinion leaders who have a voice in the targeted communities including traditional, religious and local leaders to help start dialogue on the fight against GBV (b) The project had interventions that attempted to empower women/girls as well as promoted gender equality, (c) The project identified the cultural factors that exacerbated gender inequalities (e.g. FGM), (d) The project took into account the international legal frameworks relevant to the fight against SGBV and assessing the extent to which national laws and institutional frameworks support or hinder the realization of these human rights, and (e) The project increased the understanding of women, girls and the communities about women's rights and the processes to negotiate and claim them.

The project improved the responsiveness of law enforcement in the areas of project implementation through training of the legal and protection officers (policemen, paralegals etc.) on how to handle SGBV cases. Findings from the evaluation study indicated that a significant number of SGBV survivors do not report violation cases. In addition, traditional justice practiced in these communities by the local leaders does not guarantee justice for the survivors. In addition to poverty levels, bad infrastructure and facilities in the project implementation (Isiolo, Samburu and Marsabit) areas, access to women to their rights is especially challenging because of financial and logistical constraints.

Conclusions

The project design incorporated human rights based and gender responsive approaches including gender equality and culturally sensitive delivery of affordable and accessible services throughout its implementation. The strategic project interventions were uniformly gender- based and thus fully consistent with the approach of the women's rights organizations and human rights organizations active in providing services to women survivors of violence.

6. Conclusions

The key conclusions of the project are outlined in the section below categorised along criteria basis.

Relevance

1. The project strategies and interventions are relevant, as they were able to reach the targeted marginalized women/girls survivors of SGBV in Marsabit, Samburu and Isiolo counties. The project interventions were carefully planned based on the selection of priorities to address SGBV in the project areas. Further to this, the project identified SGBV hot spots, where many of the development partners have shied away from because of the difficulties in contexts of such locations.
2. There is a great improvement in the services offered to SGBV survivors at the end of the project compared to the start of the project.
3. The project was implemented in selected SGBV hotspot locations in Northern Kenya where SGBV is highly prevalent. Violence against women and girls was and is undoubtedly a huge problem in the project areas which demand an integrated and sustainable response engaging a number of actors in the society.
4. The project implementation approaches involved the use of local implementing partners, community members and was supported by multi-sectoral institutions operating in the project area. The project plan did not incorporate person's living with disability as beneficiaries of the project.

Effectiveness

1. More women and girls feel that they are safe (secure) against SGBV/FGM/Early Forced Marriages and more women have improved access to adequate support services (medical, legal, psycho-social support) in the target communities.
2. Though the project was able to attain significant achievements towards achieving the project's goal; the SGBV and harmful practices remain a prevalent issue and they may require long-term interventions beyond this project's activities.
3. The project has enabled better response to SGBV survivors with improved law enforcement resulting to having more cases reported to the police and a higher number of suspects arrested at the end of the project compared to when the project started.
4. There is a positive improvement in the level of awareness on SGBV violations and those who are aware of response mechanisms to violence against women and girls.
5. As planned, it built capacities, expanded and improved mechanisms addressing violence against women and girls, demonstrated the need and the value of multi-sectoral approaches adopted by the project. The participating schools/teachers/police officers/local leaders/paralegals and psychosocial counselors are now capacitated to deal with SGBV in the project area.
6. The project implementers anchored and involved the community members (ToT's/CCF's) and various stakeholders and service sectors.
7. The numerous public awareness-raising activities, included media campaigns, mobilization of youth and peer educator activities supported by the project.
8. The target beneficiaries at outcome levels were reached to a great extent as observed that for the most part, the project surpassed original project targets.
9. The project did not accredit the training manuals and training materials which would have been used in future training and as reference materials by other implementers.

10. Some of the challenges to achieving intended outputs include handling SGBV survivors especially when the survivors do not open up and when they opt not to proceed with cases due to fear of victimization. The survivors experienced several challenges to access psychosocial services which include having to travel long distances, availability of a few female security personnel, fear of stigmatization and victimization.
11. The increment on availability of the support systems for the adolescent girls and adult women in the targeted communities can be attributed to the extensive campaigns carried out to sensitize the community on the mechanisms available where survivors could access and receive assistance and more importantly, capacity building of services delivery personnel including health workers, policemen, paralegals etc.
12. Lack of understanding about rights and/or sexual and gender-based violence presents a great challenge to preventing SGBV and how to deal with reporting and non-reporting of incidences by the survivors.

Efficiency

1. The evaluation found out that the project was implemented in a cost-effective manner and achieved its objectives despite the delays and the associated logistical challenges in the project area.
2. The project baseline survey was conducted late after the project implementation activities had already started. The support of M&E functions was not clearly evident and the project did not engage a project M&E Officer to assist in M&E functions.
3. Also, there were delays in project implementation occasioned by the late release of funds for funding project activities.
4. The project did not complete carrying out due diligence and capacity assessments for implementing partners before signing the contracts.
5. The project complemented local CBOs/NGOs in their activities, especially mobilizing communities in support of campaigns, supported the project to implement the policy dialogue forum and marking calendar days, especially the 16 days of activism against SGBV in 2018.
6. Procurement was carried out using the IIRR procurement controls and was made on the basis of the budget activity cost lines and handled at the IIRR central office in Nairobi using the procurement controls used by IIRR.

Impact

1. The project used school clubs as avenues to create awareness on SGBV to girls in schools and also established two task forces which comprised of religious leaders.
2. Some of the SGBV cases are withdrawn or not followed through to the conclusion. This can lead to perpetrators being released into the community without mechanisms to ensure survivor and community safety.
3. Successful investigation and prosecution of SGBV cases depend on the availability of law enforcement institutions within close proximity to the victim/survivor and the scene of the crime..
4. Some SGBV issues can be difficult to address when they are strongly supported by culture. Examples of this include domestic violence, female genital mutilation and the forced marriage of minors.

Sustainability

1. The potential prospect of sustainability is evident in the continued close working partnership between the stakeholders (who include police, health workers, paralegals, and teachers).

2. The project strengthened the capacity of police, local CBOs, teachers and school girls, social counselors, gender activists, community leaders, health workers and paralegals to improve the system of prevention and response against SGBV. However, without financial support, ToTs/CCFs might not continue to offer outreach activities due to logistical and financial challenges.
3. Engagement of expertise present in local CBOs (rescue homes) and their technical support to the activities was seen very positively with regard to the sustainability of the project achievements in the local community.
4. Most stakeholders interviewed reported satisfaction with the change brought about by the project outputs, most notable training and follow-up activities. The project activities and output were aligned to local institutions and driven by community members. Strengthening capacity of these institutions means that the projects' achievements will continue to benefit the community for a long time.
5. Based on the evaluation findings, the evaluation team was able to conclude that significant progress towards the full implementation of relevant procedures for reporting and provision of services in the health and law enforcement institutions had been achieved.

Knowledge Management

1. The project produced and documented SGBV materials, information and videos which can be used in the implementation of future projects.
2. Community's leadership strengthening and engaging the local institutions and community members in the project implementation helped capacity building initiatives. Multi-sectoral approach in the project planning and implementation is key to the achievement of project goals. Working with safe homes, School girls' clubs and peer to peer educators can be replicated for effectiveness and timely implementation of projects.

Human Rights

1. The strategic project interventions were uniformly gender-based and thus fully consistent with the approach of the women's rights organizations and human rights organizations active in providing services to women survivors of violence.
2. The project design incorporated human rights based and gender responsive approaches including gender equality and culturally sensitive delivery of affordable and accessible services throughout its implementation.

7. Key Recommendations

The key recommendations of the project are outlined in table 10 below.

Table 7: Recommendations

Other projects with identical aims carried out by IIRR, or IIRR/partners future projects should:

No	Criteria	Responsibility
	Relevance	
1.	Involve both men and women in the project interventions to respond to questions of power and control, identifying and responding to negative impacts of SGBV.	Project implementers
2.	Work closely with the Ministry of Public Service, Youth and Gender Affairs and work with women/youth groups in efforts to provide sensitive community-based response to survivors of SGBV.	Ministry of Public Service, Youth and Gender Affairs / Project implementers
3.	May need to frequently offer refresher training to the nurses, counselors at the health facilities to enhance their skills and service delivery.	Ministry of Health, Project implementers
4.	Consider how to identify, interact with and assist persons with disabilities on SGBV issues.	Project implementers
	Effectiveness	
1.	Consider allocating resources for supporting funding establishment of rescue centers, safe homes and social welfare amenities which need to be availed for service delivery to the survivors.	Ministry of Public Service, Youth and Gender Affairs / Project implementers and development partners/funders
2.	Allocate more time and resources as SGBV issues require long term interventions.	Ministry of Public Service, Youth and Gender Affairs / Project implementers and development partners/funders
3.	Advocate for awareness of the existence of gender reporting desks.	Ministry of Public Service, Youth and Gender Affairs / Project implementers
4.	Invest in and strengthen women groups, youth groups, peer-to-peer advocacy promoters and conversation facilitators against SGBV.	Project implementers
5.	Consider creating more awareness to reduce stigmatization. The project should also create more awareness on the need to report to law enforcers and follow up cases to the end.	Project implementers
6.	Establish hotlines to be accessed by survivors who require help from the law enforcers in case they encounter problems.	Ministry of Public Service, Youth and Gender Affairs /Ministry of Interior & National

		Coordination/Project implementers
7.	Establish task forces at all project locations composed of community leaders, religious leaders and their development partners as agents of change.	Project implementers
8.	Include support for accreditation of the training manual and modules with appropriate ministries for use by service providers. Accreditation would support future project to maintain standards of competence, conduct and ethical practice for SGBV issues.	Ministry of Health, Public Service, Youth and Gender Affairs / Project implementers
9.	Include a higher number of females as project beneficiaries during project design.	Project implementers
10.	Target training health workers in both private and public health facilities on the clinical and psychological methods of handling SGBV survivors.	Ministry of Health / Project implementers
11.	Support establishment of networking forums for the service providers. They should also ensure that a number of female security personnel are featured among the police or other relevant law enforcement agencies posted in or near the project areas.	Ministry of Public Service, Youth and Gender Affairs / Ministry of Interior & National Coordination / Project implementers
12.	Involve reformed perpetrators in the project activity implementation. However, it should be noted that specific expertise is required to work with perpetrators, which requires a carefully considered approach and risk assessment.	Project implementers/Teachers/Principals
Efficiency		
1.	Baseline studies should always be conducted way in advance before the start of the project activities implementation.	Project implementers
2.	Carry out due diligence for the implementing partners before engaging them.	Project implementers
3.	Prepare the periodical and annual reports on timely basis as way of ensuring that the project funds are released on time as per the funding agreements.	Project implementers
4.	Establish M&E systems to support measuring and tracking the activities of the project during its lifetime. These activities can be supported by engaging an M&E officer to support this responsibility	Project implementers
5.	Ensure that at project planning stage, joint action plans include long-term strategies. Be aligned to national SGBV polices and laws and other international instruments.	Ministry of Public Service, Youth and Gender Affairs / Project implementers
6.	Carry out mapping of the local CBOs/NGOs which can be involved in the project implementation.	Project implementers

Impact		
1.	Plan to establish school clubs in all schools within the project area, establish peer to peer groups that will continue to sensitize and create awareness on SGBV and its negative effects to the students.	Project implementers
2.	Need to include schools clubs for boys educating them on SGBV issues.	Project implementers
3.	Support multi-sectoral interventions which should include safe and comprehensive services.	Project implementers
4.	Allocate additional resources to lobby and support building police posts and helped establish mobile court in the project area. (Where they do not exist).	Ministry of Interior & National Coordination / Project implementers
5.	Advocate with the community members for SGBV cases to be handled within the mainstream judicial systems and not the traditional kangaroo courts.	Ministry of Public Service, Youth and Gender Affairs / Judiciary/ Project implementers
Sustainability		
1.	Ensure that the local leaders and religious leaders continue to create awareness on the SGBV using the local baraza and religious institutions where no additional funding is required.	Project implementers
2.	Advocate for the awareness on the case reporting procedures and systems.	Project implementers
3.	Carry out due diligence in vetting of the local institutions and partners which they can work with in sensitizing the community on SGBV.	Project implementers
4	Mobilize communities to organize community based and managed safe homes as opposed to privately managed rescue homes	Project implementers
Knowledge management		
1.	Engage a M&E officer who will be held responsible for measuring and tracking project activities and results, documenting, storing the project data, materials, photos and videos for future referencing and information sharing.	Project implementers
2.	Disseminate to the county governments and national government, institutions and individuals the policy brief, training manuals, and books generated through the write shop held in December 2018 under the sponsorship of the IIRR project.	Project implementers
Gender and Human Rights		
1.	Consider preparing periodical and annual reports which beneficiaries are disaggregated on gender basis. E.g. number of people trained should be reported disaggregated into female and male.	Project implementers

8. Annexes

Annex I: Terms of reference (TOR) of the evaluation



ToR-Advert[1].pdf

Annex II: Evaluation matrix

	DESCRIPTION	DATA COLLECTION METHOD	DATA SOURCE
A	<i>Relevance and project design</i>		
1.	How relevant are the project strategies and activities in fulfilling the needs of Women/Girls to protect them from SGBV in Marsabit, Samburu and Isiolo Counties in Northern Kenya?	Desk review, Key Informant Interviews, FGDs, Meetings, HH survey	Project documents, project monitoring reports, IIRR project staff, key stakeholders (local communities and project beneficiaries, community resource persons, etc.)
2.	To what extent was the project relevant to the context in which the target communities operate?	Desk review, key informant interviews, meetings, survey	Project documents, project monitoring reports, baseline report (if any), IIRR project staff, key stakeholders (local communities and beneficiaries, etc.)
3.	Is there a general feeling of ownership and local identity with the IIRR programme in the intervention areas? (Probe: project planning and implementation approach, management culture & involvement of local communities in project implementation, etc.)	Key informant interviews, FGDs and meetings with key actors	Project implementing partner documents and monitoring reports, meeting minutes, project beneficiaries, IIRR project staff, key stakeholders (local community officials, etc.)
B	<i>Effectiveness</i>		
4.	To what extent was the intended project goal, outcomes and outputs (project results) achieved and how?	Key informant interviews, telephone interviews, meetings	Project documents, project reports and other documents, meeting minutes
5.	Are survivors of SGBV now better accessing support services (medical, psychosocial, legal)?	Key informant interviews, meetings, desk review	Project Monitoring reports, Project implementing partner's reports and other relevant documents, beneficiaries, SGBV actors, IIRR project staff & management
6.	To what extent are women and Girls in Marsabit, Samburu and Isiolo counties in Northern Kenya feeling they are protected against SGBV and cultural harmful practices?	Desk review, key informant interviews, survey	Project M&E officers, IIRR staff, management, Community officials, Project documents, Project Monitoring reports

C	Efficiency		
7.	Have the activities been implemented in a timely and cost-effective manner? (Probe efficient use of project resources i.e. financial, technical & time)	Key informant interviews, meetings, desk review, survey	Project financial & monitoring reports, budget reports, Project documents, IIRR Project staff (M&E, finance) and management
8.	Was the level of involvement of the community/government/implementation partners sufficient? Is there a need for deeper collaboration in future projects or phases?	Key informant interviews, meetings, desk review	Baseline report (if any), budget report, annual project reports, IIRR Project staff, key stakeholders (SGBV actors, beneficiaries etc.)
9.	To what extent has the project complemented other interventions, including of the government, other development programs or schemes?	Desk review, key informant interviews	IIRR Project management, staff, and other key stakeholders
10.	Is there value for money (VFM) identifiable with project implementation?	Desk review, key informant interviews	IIRR project staff, (M&E officers, project managers), project monitoring and financial reports
D	Impact		
11.	To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?	Desk review, key informant interviews, meetings	Project monitoring reports Internal (IIRR) and External (key implementing partners), meeting minutes
12.	What were the intended and unintended, positive and negative, lasting and transitory outcomes of the interventions?	Desk review, key informant interviews, meetings, survey	Internal (IIRR) and external (Implementing partners), project quarterly & annual reports, IIRR Project management and staff, other key stakeholders (project beneficiaries, community officials, etc.)
13.	What are key contributing factors affecting the achievement or non- achievement of the intended outcomes?	Desk review, key informant interviews, meetings, survey	Internal (IIRR) and external (Implementing partners), project quarterly & annual reports, IIRR Project management and staff, other key stakeholders (project beneficiaries, paralegals, community officials, etc.)

E Sustainability			
14.	Which aspects/components of the interventions implemented have potential for impact and sustainability beyond the project period?	Desk review, key informant interviews, FGDs and meetings, survey	Internal (IIRR) and external (Implementing partners), project quarterly & annual reports, IIRR Project management and staff, other key stakeholders (project beneficiaries, community officials, etc.)
15.	To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?	Desk review, key informant interviews, FGDs and meetings, survey	Internal (IIRR), external (Implementing partners), project quarterly & annual reports, IIRR Project management and staff, other key stakeholders (project beneficiaries, community officials, etc.)
16.	To what extent has project activities and outputs been institutionalized within existing structures (community structures and their partners)?	Key informant interviews, FGDs, desk reviews	Internal (IIRR) and external (Implementing partners), project quarterly & annual reports, IIRR Project management and staff, other key stakeholders (project beneficiaries, community officials, etc.)
F Knowledge generation			
17.	To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?	Key informant interviews, FGDs, desk reviews	IIRR Project management and staff, other key stakeholders (project beneficiaries, community officials, etc.)
18.	What best practices and lessons are identifiable with this project to be shared with others?	Key informant interviews, FGDs, desk reviews	IIRR Project management and staff, other key stakeholders (project beneficiaries, community officials, etc.)
G Gender Equality and Human Rights			
19.	To what extent have human rights based and gender responsive approaches been incorporated through-out the project?	Key informant interviews, FGDs, desk reviews	Internal (IIRR) and external (Implementing partners), project quarterly & annual reports, IIRR Project management and staff, other key stakeholders (project beneficiaries, community officials, etc.)

20.	Was girl's or women's participation fostered and adequate?	Key informant interviews, FGDs, desk reviews	Project implementing partner documents and monitoring reports, meeting minutes, project beneficiaries, IIRR project staff, key stakeholders (local communities, community officials, etc.)
21.	Are there any outputs or other aspects of the project that are likely to have adverse effects on the human rights? If so, how can are this mitigated?	Key informant interviews, FGDs, desk reviews	Internal (IIRR) and external (Implementing partners), project quarterly & annual reports, IIRR Project management and staff, other key stakeholders (project beneficiaries, community officials, etc.)
H	<i>Accountability to affected populations</i>		
22.	To what extent did the project adhere to IIRR accountability framework, specifically in information sharing, participation of beneficiaries throughout the project cycle (design, implementation, monitoring), gathering and providing feedback to beneficiaries?	KIIs and FGDs	IIRR Project management and staff, other key stakeholders (project beneficiaries, community officials, etc.), progress reports

Annex III: Results monitoring plan

The results monitoring plan below describes the end-term output data has been collected within the framework of the regular project monitoring activities, and the outcome data collected within the framework of the evaluation study.

Project Goal: Women and girls in Marsabit, Samburu and Isiolo counties of northern Kenya are better protected from SGBV and harmful cultural practices and survivors have access to support services by December 2018.				
Indicators	Target	Baseline	End term	Data collection methods
Indicator1: % W/G (9 – 45 years) interviewed who feel that they are safe (secure) against SGBV/FGM/Early Forced Marriage in the target communities (baseline and End line)	70%	35%	68%	<ul style="list-style-type: none"> • Face to face interviews
Indicator2: Proportion of survivors who perceive/experience access to adequate support services (medical, legal, psycho-social support) in the target communities (baseline and end line)	60%	32%	48%	<ul style="list-style-type: none"> • Face to face interviews
Indicator3: Perspectives/Perceptions of W/G about level of safety from SGBV/FGM/Early Forced Marriage in the target community	Evidenced and improved safety from SGBV/FGM/Early Forced Marriage	Low levels of safety from SGBV/FGM/Early Forced Marriage	Evident levels of safety from SGBV/FGM/Early Forced Marriage	<ul style="list-style-type: none"> • In depth interviews
Outcome1: Communities have more awareness and better respond to violence against women and girls in the targeted area.				
Indicators	Target	Baseline	End term	Data collection methods
Indicator 1: Proportion of women and girls interviewed (9-45 years) who are aware of violations against girls and women e.g. FGM and forced/arranged marriage in the target	75%	40%	92%	<ul style="list-style-type: none"> • Face to face interviews

community (baseline and end line)				
Indicator 2: % of women and girls interviewed who are aware of response mechanisms to violence against women and girls in the target community (baseline and end line)	70%	33%	50%	<ul style="list-style-type: none"> • Face to face interviews
<i>Outcome2: Law enforcement structures and officers adequately implement laws and policies to protect the rights of women and girls and prevent violence in coordination with civil society, local government and local leaders in the target communities</i>				
Indicators	Target	Baseline	End term	Data collection methods
Indicator 1: % of cases reported that lead to successful conviction of perpetrators of gender-based violence in the target area (baseline and end line)	45%	0%	13%	<ul style="list-style-type: none"> • Review of records
Indicator 2: % Reduction of cases of gender-based violence reported within the target communities (baseline and end line)	30%	Not collected	26%	<ul style="list-style-type: none"> • Face to face interviews
Indicator 3: Proportion of women interviewed who believe that there is adequate enforcement of laws and policies to prevent violence against women and girls within the target community (baseline and end line)	60%	11%	65%	<ul style="list-style-type: none"> • Face to face interviews
<i>Outcome3: Survivors of GBV (Women and girls) having improved access to multi-sectoral services and to safe havens</i>				
Indicators	Target	Baseline	End term	Data collection methods
Indicator 1: Proportion of GBV survivors interviewed who report accessing adequate multi-sectoral services (baseline and end line)	50%	13%	48%	<ul style="list-style-type: none"> • Face to face interviews
Indicator 2: % GBV survivors who accessed safe havens within the target community (baseline and end line)	30%	0%	48%	<ul style="list-style-type: none"> • Review of records
Indicator 3: Proportion of GBV survivors successfully reunited with their families within the target area (baseline and end line)	30	0	1	<ul style="list-style-type: none"> • Review of records
Strategic area of intervention for Outcome 1				
<i>Output 1.1: 150 Community conversation facilitators have appropriate knowledge and skills on gender-based violence including SGBV, law enforcement procedure, communication and STIs/HIV/AIDS in order to conduct dialogue sessions with community members</i>				

Indicators	Target	Baseline	End term	Data collection method
Indicator 1: Number of community conversation facilitators trained and have improved knowledge and skills on facilitation	150	0	165	<ul style="list-style-type: none"> • Baseline report • Training reports • Project progress reports
Indicator 2: Number of trainers of trainees in community conversation	30	0	34	<ul style="list-style-type: none"> • Baseline report • Training reports • Project progress reports
<i>Output 1.2: 9 Community dialogue groups formed and strengthened at the village/community level</i>				
Indicators	Target	Baseline	End term	Data collection methods
Indicator 1: Number of community dialogue groups established and engaging in dialogue on GBV issues	9	0	25	<ul style="list-style-type: none"> • Baseline report • Project progress reports
Indicator 2: CCFs organized into groups, trained on IGAs and linked to microfinance institutions	9	0	25 dialogue groups used as platforms for community sensitization and dialogues for awareness creation.	<ul style="list-style-type: none"> • Baseline report • Project progress reports
<i>Output 1.3: Anti-SGBV materials i.e. culturally sensitive BCC material developed and distributed</i>				
Indicator	Target	Baseline	End term	Data collection method
Indicator 1: Types and number of IEC/BCC materials developed and disseminated	7500	0	13, 893	<ul style="list-style-type: none"> • Baseline report • Project progress reports
<i>Output 1.4: Local FM radio stations are raising awareness on integrated SGBV and HIV/AIDS topical issues through appropriate content and radio-talk shows</i>				
Indicators	Target	Baseline	End term	Data collection methods
Indicator 1: Integrated SGBV and HIV/AIDS content readily available for use via local FM radio	12 radio shows	0	18 radio shows	<ul style="list-style-type: none"> • Baseline report • Project progress reports

Indicator 2: Number of community members sensitized and aware of negative health effects of SGBV	14,000	0	16,196	<ul style="list-style-type: none"> • Baseline report • Project progress reports
Indicator 3: Number of beneficiaries influenced through SGBV content through local FM radio	3,000	0	3,850	<ul style="list-style-type: none"> • Baseline report • Project progress reports
Strategic area of intervention for Outcome 2				
<i>Output 2.1: 30 law enforcement officials have improved knowledge and skills to manage SGBV in the target communities</i>				
Indicators	Target	Baseline	End term	Data collection methods
Indicator 1: Number of paralegals refreshed and have improved management of SGBV cases	0	0	80	<ul style="list-style-type: none"> • Baseline report • Training reports • Project progress reports
Indicator 2: Number of police officers refreshed on better management of SGBV cases and improve law enforcement	0	0	125	<ul style="list-style-type: none"> • Baseline report • Training reports • Project progress reports
Indicator 3: Number of local leaders sensitized on harmful effects of cultural traditional practices and Taking lead in effecting change	0	0	180	<ul style="list-style-type: none"> • Baseline report • Sensitization reports • Project progress reports
<i>Output 2.2: 180 local leaders/local government and CBO leaders and 120 teachers have adequate knowledge to implement laws and policies against SGBV in the target community</i>				
Indicators	Target	Baseline	End term	Data collection methods
Indicator 2: Number of teachers sensitized on SGBV and harmful effects of FGM	120	0	197	<ul style="list-style-type: none"> • Sensitization reports • Project progress reports
<i>Output 2.3: Gaps in policy legislations and action plans identified and strategies are in place for lobbying and advocacy to bridge the gaps and implement them</i>				
Indicators	Target	Baseline	End term	Data collection methods
Indicator 1: Gaps identified on existing policies, laws and action plans	Good Working policies and laws	Existing weak policies, laws and action plans	Gaps and challenges identified, Policies developed for	<ul style="list-style-type: none"> • Project progress reports

			action plan through policy briefs	
Indicator 2: Strategies in place for lobbying and advocacy to bridge the gaps and implement them	3	0	3	<ul style="list-style-type: none"> • Project progress reports
Output 2.4: SGBV case reporting channels/structures are in place to ensure accurate SGBV case reporting				
Indicators	Target	Baseline	End term	Data collection methods
Indicator 1: SGBV case reporting channels streamlined and strengthened to enable timely and accurate reporting	SGBV case reporting channels streamlined and strengthened to enable timely and accurate reporting	SGBV case reporting channels weak, untimely and there is poor reporting	Improving SGBV case reporting channels and strengthening to enable timely and accurate reporting	<ul style="list-style-type: none"> • Baseline report • Project progress reports
Strategic area of intervention for Outcome 3				
Output 3.1: 45 health care providers (HCPs), 50 psycho social counsellors and 75 political activists have the capacity to provide quality SGBV services				
Indicators	Target	Baseline	End term	Data collection methods
Indicator 1: Number of staff in health care providers trained to provide effective (comprehensive) SGBV services	45	0	76	<ul style="list-style-type: none"> • Baseline report • Training reports • Project progress reports
Indicator 2: Number of psychosocial counsellors trained to provide psychosocial support to SGBV survivors	50	0	76	<ul style="list-style-type: none"> • Baseline report • Training reports • Project progress reports
	Target	Baseline	End term	
Indicator 3: Number of political activists whose capacity is improved to	75	0	80	<ul style="list-style-type: none"> • Training reports • Project progress reports

support quality SGBV services				
Output 3.2: Referral systems available for survivors of SGBV to access medico-psycho-social services and legal support				
Indicators	Target	Baseline	End term	Data collection methods
Indicator 1: Presence of a functional referral system for SGBV cases	3	0	4	<ul style="list-style-type: none"> • Baseline report • Project progress reports
Output 3.3: Gender (SGBV) reporting offices or desks available at selected police stations or posts in hot spot areas for survivors to manage SGBV cases				
Indicators				Data collection methods
Indicator 1: Presence of functional reporting office/desks within police stations/posts in hotspot areas	9	0	4	<ul style="list-style-type: none"> • Baseline report • Project progress reports
Output 3.4: Safe havens (“rescue centres”) strengthened to provide appropriate psychosocial support to survivors and ensure family re union				
Indicators	Target	Baseline	End term	Data collection methods
Indicator 1: Presence of functional rescue centres in each of the 3 counties	3	0	4	<ul style="list-style-type: none"> • Baseline report • Project progress reports

Annex IV: Evaluation questions

Evaluation Criteria	Mandatory Evaluation Question	Data Collection Methodology
<p>Effectiveness</p> <p>A measure of the extent to which the project has attained its goal, outcomes and outputs/ results (as set out in the project document and results framework) in accordance with the theory of change.</p>	<p>1. To what extent was the intended project goal, outcomes and outputs (project results) achieved and how?</p> <p>Goal questions:</p> <ul style="list-style-type: none"> • To what extent are women and Girls in Marsabit, Samburu and Isiolo counties in Northern Kenya feeling they are protected against SGBV and cultural harmful practices? • Are survivors of SGBV now better accessing support services (medical, psychosocial, legal)? <p>Outcome questions:</p> <ul style="list-style-type: none"> • Are communities now more aware about SGBV and are better responding to violence against women and girls in the targeted area? • Are law enforcement structures and officers in the target areas adequately implementing laws and policies to protect the rights of women and girls to prevent violence in coordination with civil society, local government and local leaders in the target communities? • Have survivors of GBV (Women and girls) improved access to multi-sectoral services and to safe havens? 	<p>Literature Review – project documents</p> <p>Key Informant Interviews – Medical, Psychosocial and legal staff, Institutions addressing VAW/G</p> <p>Focus Group Discussions – Women and Girls SGBV survivors</p> <p>Household Questionnaires</p>
<p>Relevance</p> <p>The extent to which the project is suited to the priorities and policies of the target group and the context.</p>	<p>2. To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls in Northern Kenya?</p> <p>Some of the key questions:</p> <ul style="list-style-type: none"> • How relevant are the project strategies and activities in fulfilling the needs of Women/Girls to protect them from SGBV in Marsabit, Samburu and Isiolo Counties in Northern Kenya? • To what extent was the project relevant to the context in which the target communities operate? 	<p>Literature Review – project documents</p> <p>Key Informant Interviews – IIRR SGBV Staff, UN Women, Community opinion leaders, Institutions addressing VAW/G</p>
<p>Efficiency</p>	<p>3. To what extent was the project efficiently and cost-effectively implemented?</p>	<p>Key Informant Interviews – IIRR</p>

<p>Measures the project outputs - qualitative and quantitative - in relation to the inputs, whether the project was delivered in a cost effective way.</p>	<p>Some key questions</p> <ul style="list-style-type: none"> • Were project activities delivered on time and according to the proposed budgets? • Was the project managed well to make best use of resources, both financial and human? • Is there value for money (VfM) identifiable with project implementation? 	<p>SGBV Staff, UN Women, Evaluation task manager</p>
<p>Sustainability is concerned with measuring whether the benefits of the project are likely to continue after the project/funding ends.</p>	<p>4. To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?</p> <p>Some key questions</p> <ul style="list-style-type: none"> • To what extent has project prepared to secure gains, benefits and rights of women and girls to sustain their protection against SGBV? • To what extent has project activities and outputs been institutionalized within existing structures (community structures and their partners)? 	<p>Key Informant Interviews – Medical, police, Psychosocial and legal staff, – IIRR SGBV Staff, UN Women, Evaluation task manager</p> <p>Focus Group Discussions – Women and Girls SGBV survivors</p> <p>Household one-on-one interviews</p>
<p>Impact Assesses the changes that can be attributed to the project relating specifically to higher-level impact (both intended and unintended).</p>	<p>5. To what extent has the project contributed to ending violence against women, gender equality and/or women’s empowerment (both intended and unintended impact)?</p> <p>Some key questions</p> <ul style="list-style-type: none"> • To what extent are women and girls feeling that they are protected against SGBV in the target areas • To what extent have communities changed their behavior and attitudes towards SGBV to protect women and girls against SGBV in the target communities? • What general changes (desired and undesired) are emanating from this project implementation? 	<p>Key Informant Interviews – Medical. Psychosocial and legal staff, – IIRR SGBV Staff, UN Women, Evaluation task manager</p> <p>Focus Group Discussions – Women and Girls SGBV survivors</p> <p>Household one-on-one interviews</p>
<p>Assesses whether there are any promising practices that can be shared with other practitioners.</p>	<p>6. To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?</p>	<p>– project documents</p> <p>Key Informant Interviews –</p>

	<p>Some key questions</p> <ul style="list-style-type: none"> • What new knowledge has the project generated which has potential for replication or scaling up? • What best practices and lessons are identifiable with this project to be shared with others? 	<p>Medical, Psychosocial and legal staff, – IIRR SGBV Staff, UN Women, Evaluation task manager</p>
<p>Gender Equality and Human Rights</p>	<p>7. Cross-cutting criteria: the evaluator should assess the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent.</p> <p>Some key questions</p> <ul style="list-style-type: none"> • How responsive has the project implementation been to human rights issues and gender? <p>Note: Evaluator must incorporate an assessment of human rights and gender responsiveness throughout the evaluation questions above, ensuring the evaluation approach and methods of data collection are gender responsive (e.g. women and girls must feel safe to share information) and that the data collected must be disaggregated by sex and other social criteria of importance to the project's subject.</p>	<p>Literature Review</p> <p>Key Informant Interviews – Medical, police, Psychosocial and legal staff, – IIRR SGBV Staff, UN Women, Evaluation task manager</p> <p>Focus Group Discussions – Women and Girls SGBV survivors</p> <p>Household one-on-one interviews</p>

Annex V: Beneficiary data sheet

Beneficiary group	The number of beneficiaries reached			
	Female	Male	At the project goal level	At the outcome level
Project Goal: Women and girls in Marsabit, Samburu and Isiolo counties of northern Kenya are better protected from SGBV and harmful cultural practices and survivors have access to support services by December 2018.				
Outcome 1: <i>Communities have more awareness and better respond to violence against women and girls in the targeted area.</i>				
Output 1.1: <i>150 Community conversation facilitators have appropriate knowledge and skills on gender-based violence including SGBV, law enforcement procedure, communication and STIs/HIV/AIDS in order to conduct dialogue sessions with community members</i>				
Indicator 1: Number of community conversation facilitators trained and have improved knowledge and skills on facilitation	99	66	165	165
Indicator 2: Number of trainers of trainees in community conversation	19	15	34	34
Output 1.2: <i>9 Community dialogue groups formed and strengthened at the village/community level</i>				
Indicator 1: Number of community dialogue groups established and engaging in dialogue on GBV issues	118	81	199	
Indicator 2: CCFs organized into groups, trained on IGAs and linked to microfinance institutions	99	66	165	165
Output 1.4: <i>Local FM radio stations are raising awareness on integrated SGBV and HIV/AIDS topical issues through appropriate content and radio-talk shows</i>				
Indicator 2: Number of community members sensitized and aware of negative health effects of SGBV	10,800	5,396	16,196	16,196
Indicator 3: Number of beneficiaries influenced through SGBV content through local FM radio	2,350	1,500	3,850	3,850
Outcome 2: <i>Law enforcement structures and officers adequately implement laws and policies to protect the rights of women and girls and prevent violence in coordination with civil society, local government and local leaders in the target communities</i>				
Output 2.1: <i>30 law enforcement officials have improved knowledge and skills to manage SGBV in the target communities</i>				
Indicator 1: Number of paralegals refreshed and have improved management of SGBV cases	28	52	80	80
Indicator 2: Number of police officers refreshed on better management of SGBV cases and improve law enforcement	9	116	125	125
Indicator 3: Number of local leaders sensitized on harmful effects of cultural traditional practices and Taking lead in effecting change	60	120	180	180
Output 2.2: <i>180 local leaders/local government and CBO leaders and 120 teachers have adequate knowledge to implement laws and policies against SGBV in the target community</i>				
Indicator 2: Number of teachers sensitized on SGBV and harmful effects of FGM			120	120

Outcome 3: *Survivors of GBV (Women and girls) having improved access to multi-sectoral services and to safe havens*

Output 3.1: *45 health care providers (HCPs), 50 psycho social counsellors and 75 political activists have the capacity to provide quality SGBV services*

Indicator 1: Number of staff in health care providers trained to provide effective (comprehensive)SGBV services	34	42	76	76
Indicator 2: Number of psychosocial counsellors trained to provide psychosocial support to SGBV survivors	25	54	79	79
Indicator 3: Number of political activists whose capacity is improved to support quality SGBV services	41	44	85	85

Annex VI: Additional methodology-related documentation

(Data collection instruments)



Tools.zip



Final consent
form-Parental Permiss

Annex VII: Lists of persons and institutions interviewed

	Position
1.	Kenya Police - Wamba police station - (Officer in charge of crime and gender)
2.	Kenya Police Merti police station
3.	Kenya Police - Korr police station
4.	Kenya Police- Laisamis police station
5.	Chiefs, Assistant Chiefs, Ward administrators in Wamba, Merti, Korr and Kargi
6.	Ward Administrator- Korr
7.	Assistant Chief - Wamba Sub-location
8.	Chiefs - Merti
9.	Chief - Kargi
10.	Catholic Mission Hospital- Community Health Officer Wamba
11.	Health sector officials in Merti
12.	Health sector officials in Korr
13.	Health Center- Kargi Clinical Officer
14.	Merti Integrated Development Project – MIDP
15.	Samburu Faith Unit (A task force for leading end to SGBV in Wamba)
16.	Merti Task Force (A leadership group formed by project to lead ending of SGBV in Merti)
17.	Safe homes mothers in Kargi and Korr
18.	Samburu Girls Foundation Rescue Center
19.	Centre for Advocacy and Gender Equity (CAGE)
20.	Wamba Nomadic Children’s Rescue Center
21.	Radio Jangwani FM Station in Marsabit

Annex VIII: List of supporting documents reviewed

1. IIRR - SGBV Project Baseline Survey Report-Final Draft
2. IIRR ProgressReport_Jan-June2018
3. IIRR SGBV Project Mid Term Review Report 2017_Final Draft
4. IIRR Annual Report (01Jan-31Dec 2017)
5. IIRR Annual Report (01Jan-31Dec2016)
6. IIRR Progress Report (01Jan-31June 2016)
7. IIRR Progress Report (01Jan-31June 2017)
8. IIRR Revised RRF_3_1
9. IIRR UNTF SGBV Full Proposal 2016
10. KEN IIRR Grant Agreement (Signed)
11. Nov - Dec 2017_ Revised Work plan SGBV project – IIRR
12. IIRR ProgressReport_Jan-June2018
13. IIRR Response to the feedback from the UN Trust Fund; Jan-June2016 progress
14. Response required to the feedback from the UN Trust Fund - IIRR annual progress report 2016
15. Response to feedback from UNTF for progress report_Jan-June2017
16. UN Trust Fund Feedback to IIRR Report (Jan-Jun2018)
17. UNTF Feedback to IIRR Annual Report 2017_Consolidated Review
18. SGBV Annual Work plan 2018 Final
19. Updated Annual Work Plan (SGBV Activities implementation) 2018
20. WHO, “Ethical and safety recommendations for intervention research on violence against women” (2016)
21. WHO, “Ethical and safely recommendations for researching, documenting and monitoring sexual violence in emergencies” (2007)
22. WHO/PATH, “Researching violence against women: a practical guide for researchers and activists”, (2005)
23. UNICEF’s “Child and youth participation guide” (various resources)
24. UNEG guidance document, “Integrating human rights and gender equality in evaluations”, (2011) Chapter 3
25. The Sexual Offences Act (Cap. 62A)
26. Marriage Act (No. 4 of 2014)
27. Matrimonial Property Act (No. 49 of 2013)
28. Ministry of Health, Kenya- National Guidelines on Management of Sexual Violence in Kenya
29. UNICEF’s “Child and youth participation guide” (various resources)
30. UNEG guidance document, “Integrating human rights and gender equality in evaluations”, (2011) Chapter 3

Annex IX: Evaluation team members and roles

Name of staff	Position	Qualifications	Gender	Role
Michael Kamotho	Lead Consultant	Master of Science in Economics Policy and Analysis, MBA	Male	Team Leader: overall responsibility of the evaluation
Risper Pete	Gender Expert	Master of Science in International Development (Conflict Resolution & Sociology)- Marquette University, Wisconsin USA	Female	Preparation of the tools, inception report, and the draft report
Celestine Gambo	Gender/SRH Expert	Master of Science in Public Health	Female	Preparation of the tools, inception report and the draft report
Agnes Waithera	Gender/ Economist	Master of Science in Economics	Female	Preparation of the tools and , inception report, data collection, supervision of the research assistants and the preparation of the draft report

Annex X: Key deliverables and timelines

Work plan and deliverables

No.	Deliverable	Guideline	Deadline
1	Signing of Contract	Contract drafting by IIRR, shared with consultant for review and feedback before signing.	Contract to be signed by Wednesday, November 21 st 2018
2	Provision of project documents	IIRR to provide relevant project documents to consultant.	by Wednesday, November 21 st 2018
3	Desktop review	Consultant to undertake desktop review by perusing through provided project documents to be able to prepare the evaluation inception report.	Inception report submission to IIRR by Monday, November 26 th 2018
4	Evaluation Inception Report	The inception report meeting the minimum requirements and structure as per the format agreed in line with UN Trust Fund's Guideline.	
5	Review of inception report	IIRR and UNTF to review evaluation inception report and provide feedback.	By Sunday, December 2 nd , 2018
6	Finalization of evaluation Inception Report	Consultant to incorporate comments by IIRR/UNTF and finalize evaluation inception report.	By Wednesday, December 5 th , 2018
7	Debriefings	Consultant to present evaluation methodology and debriefing with IIRR.	By Friday, December 7 th 2018
8	Data collection	Field visits in Northern Kenya to carry out quantitative/qualitative data collections as per approved inception report in which the methodology and data collection tools are also approved by IIRR/UNTF.	Data collection to be completed by Friday, December 21 st 2018
9	Data management and reporting	Data analysis and compilation of draft evaluation report. Consultant to submit draft evaluation report to IIRR within 2 weeks after completion of data collection. The Draft Report must meet the minimum requirements and structure as approved in the inception report and in line with UNTF guidelines.	Draft evaluation report to be submitted by 15 th of January 2019
10	Evaluation findings debriefing	Consultant to present finding to IIRR and stakeholders for comments.	
11	Review of draft evaluation report	IIRR, stakeholders and UNTF to review draft evaluation report and provide comments to consultant.	By 31 st January 2019
12	Final Evaluation Report	Consultant to incorporate comments and finalize/submit final evaluation report meeting minimum requirements and as per approved inception report by IIRR/UNTF.	By 15 th of February 2019 Feedback by IIRR/UNTF to consultant by Friday,

			February 8 th 2019
Itinerary- Field Work Activity		Date	
Travel from Nairobi – Isiolo		8/12/2018	
Centralized Training of Enumerators and pretesting		9-10/12/2018	
Travel to sites- Kargi and Korr in Marsabit County, Merti in Isiolo County and Wamba in Samburu County respectively.		11/12/2018	
Team 1 Data collection - Marsabit		12-15/12/2018	
Travel back to Nairobi		16/11/2018	