Ministry for Foreign Affairs of Finland

and

Ministry of Public Service, Youth and Gender Affairs of Kenya

STRENGTHENING PREVENTION AND RESPONSE TO GENDER BASED VIOLENCE (GBV) IN KENYA

Programme Document

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Acronyms and Abbreviations

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women	**PWD**	Person(s) (or people) with disabilities (disability)
CHW/V	Community health worker/Volunteer	**RBMA**	Results Based Management Approach
CIDP	County Integrated Development Plan	**SB**	Supervisory Board
CoG	Council of County Governors	**SC**	Steering Committee
CPD	Continuous Professional Development	**SDGA**	State Department of Gender Affairs
CRC	UN Convention on the Rights of the Child	**SGBV**	Sexual and gender-based violence
CSO	Civil society organization	**SMS**	Short message service (text message)
CTA	Chief Technical Adviser	**SOA**	Sexual Offences Act
DFID	Department for International Cooperation		
FGM/C	Female genital mutilation / cutting	**SOP**	Standard Operating Procedures
GBV	Gender based violence	**STA**	Short Term technical Assistant
GoK	Government of Kenya	**STI**	Sexually Transmitted Infection
GTWG	Gender technical working group	**TA**	Technical Assistance
GVRC	Gender based Violence Recovery Centre	**TC**	Technical Committee
HDI	Human Development Index	**TOR**	Terms of Reference
HIV	Human Immunodeficiency Virus	**TOT**	Training of trainers
HRBA	Human Rights Based Approach	**TWG**	Technical Working Group
HOC	Home Office Coordination	**UN**	United Nations
ILO	International Labour Organization	**UNAIDS**	Joint United Nations Programme on HIV and AIDS
JPGBV	Joint Programme on Prevention and Response to Gender Based Violence	**UNDP**	United Nation's Development Programme
KNCHR	Kenya National Commission on Human Rights	**UNESCO**	United Nations Educational, Scientific and Cultural Organization
KPS	Kenya Police Service	**UNFPA**	United Nations Population Fund
M&E	Monitoring and Evaluation	**UNHABITAT**	United Nations Human Settlements Programme
MFA	Ministry for Foreign Affairs of Finland	**UNHCR**	United Nations Refugee Agency, United Nations High Commissioner for Refugees
MoH	Ministry of Health	**UNICEF**	United Nations International Children's Emergency Fund
MPSYG	Ministry of Public Service, Youth and Gender Affairs	**UNW**	UNWomen, the United Nations Entity for Gender Equality and the Empowerment of Women
NGEC	National Gender and Equality Commission	**VAW**	Violence against women
NGO	Non-governmental organization	**VAWE**	Violence against women in elections
NPS	National Police Service	**VAWG**	Violence against women and girls
ODPP	Office of the Director of Public Prosecutions	**WFP**	The World Food Programme, United Nations
P3	The Kenya Police Medical Examination form	**WHO**	World Health Organization
PADV	Protection against Domestic Violence Act		
PMT	Programme Management Team		

Programme fact sheet

Project	Governments of Finland and Kenya bilateral programme on STRENGTHENING PREVENTION AND RESPONSE TO GENDER BASED VIOLENCE (GBV) IN KENYA
Programme Impact	Gender-based violence and harmful practices reduced in Kenya
Programme Outcome	Adequate and sustainable quality services and systems (prevention and response) available in the targeted counties, supported by effective national and county strategies and structures.
Outputs	OUTPUT 1: Improved capacity of police, health care and other duty bearers to identify, address, monitor and prevent GVB in the targeted counties (Capacity Development). OUTPUT 2: Improved GBV governance and better coordination, policies, strategies, planning and budgets for GBV at national level and in three targeted counties. OUTPUT 3: Improved awareness among duty bearers on roles and responsibilities and mandates related to GBV prevention and response.
Budget	EUR 6 000 000, of which 5 000 000 MFA Finland and EUR 1 000 000 MPSYG Kenya
Stakeholders	Ministry of Public Service, Youth and Gender Affairs, State Dept. of Gender Affairs Ministry of Health Ministry of Education Ministry of Interior and Coordination of National Government in particular the Kenya Police Service Judiciary Ministry of Labour and Social Protection Council of Governors National Gender and Equality Commission County Government of Samburu County Government of Kilifi County Government of Bungoma Directorate of Public Prosecution NGOs working with GBV issues in the three counties
Duration	36 months, 2020 – 2022

Definitions

Duty bearer	Duty bearer is an institution or an elected or appointed official in a country that ought to respect, protect and fulfil the human rights legal obligations, as well as international, national and local laws, policies, and strategies. (MFA 2016)
First-response services	First-response services include the immediate care and service given to a survivor of gender-based violence, upon first contact with duty-bearers or when GBV is first identified or reported. A first responder can be any representative of a responsible and legally bound duty-bearer from the health sector, police, or social services or other professionals who come into contact with the survivor.
Gender	The term 'gender' refers to the social attributes and opportunities associated with being male and female, the relationships between women and men and girls and boys, as well as the relations between women and those between men. (MFA 2016)
Gender-based Violence (GBV)	Gender based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females (IASC 2005). Examples include sexual violence, including sexual exploitation/abuse and forced prostitution; domestic violence; trafficking; forced/early marriage; harmful traditional practices such as female genital mutilation; honour killings; and widow inheritance.
Sexual Gender-based Violence (SGBV)	Sexual gender-based violence (SGBV) refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys. (UNHCR)
Survivor-centred approach	The survivor-centred approach aims to create a supportive environment in which the survivor's rights are respected and in which s/he is treated with dignity and respect. The approach helps to promote the survivor's recovery and her/his ability to identify and express needs and wishes, as well as to reinforce her capacity to make decisions about possible interventions (UNICEF, 2010).

1. Background

1.1. Country Context[1]

Kenya is a lower-middle-income country in East Africa. It is the economic and transport hub of the sub region, with a diverse young population. Kenya attained lower-middle-income status in 2014. The country's gross domestic product (GDP) has recently seen expansion, with particularly strong performance in the services sector, enhanced construction, and increased public investment in energy and transport, although agriculture still accounts for about one-third of GDP and three-quarters of the labor force. The population is estimated to be 49,7 million (2017), with 70 percent 30 years or younger. At the current population growth rate, the country is adding about 1 million to its population annually.

Kenya has made significant political, structural and economic reforms that have largely driven sustained economic growth, social development and political gains over the past decade. However, its key development challenges still include poverty, inequality, climate change and the vulnerability of the economy to internal and external shocks.

Kenya's recent political reform stemmed from the passage of a new constitution in 2010 that introduced a bicameral legislative house, devolved county government, a constitutionally tenured Judiciary and electoral body. The Consitution is relatively modern and based on human rights.

The Constitution created a decentralized system wherein two of the three arms of government; namely the Legislature and the Executive were devolved to the 47 Political and Administrative Counties. The 2013 elections brought into place the first devolved system of government with expectations for equitable resource allocation and accountable service delivery. Full and timely implementation of the Constitution, and especially the strengthening of accountable and effective county governance, is crucial to Kenya's development. Devolution aims at bringing services closer to the people and increasing accountability and transparency of public service delivery. Devolution handed the day to day running of the counties to 47 elected governors, each working alongside members of the county assemblies. The county governments were officially charged with overseeing several functions which include offering pre-primary education, agriculture and health care. The national government retained control over certain core functions, including security and education. Despite the good policy framework there are challenges related to different aspects of good governance: corruption, impunity, human rights violations, and inefficient public service delivery as well as funding gaps for gender affairs.

Kenya has experienced a considerable decline in poverty in the past decade, but progress has been uneven and inequality remains high. Between 2006 and 2016, poverty measured against the official national poverty line is estimated to have dropped from 46 percent to 36 percent. However, economic gains have not spread evenly across the country, with severe incidence and depth of poverty in many of the Northern and North Eastern counties. Many of these disadvantaged counties have arid and semiarid climate, and some of those adjacent to international borders are also subject to cross-border insecurity linked to terrorist groups, violence, and internal conflicts arising from competition for resources and land issues (World Bank 2017)[2].

[1] https://www.worldbank.org/en/country/kenya/overview

[2] http://documents.worldbank.org/curated/en/801651505700060126/pdf/Kenya-PAD-08282017.pdf

While economic activity faltered following the 2008 global economic recession, growth resumed during the last years reaching 5.7% in 2018 placing Kenya as one of the fastest growing economies in Sub-Saharan Africa. The economic expansion has been boosted by a stable macroeconomic environment, low oil prices, rebound in tourism, strong remittance inflows and a government led infrastructure development initiative. Looking ahead, near-term gross domestic product growth (GDP) is expected to rise to 5.8% in 2019 underpinned by recovery in agriculture, better business sentiment, and easing of political uncertainty.

In addition to aligning fostering economic development through the country's development agenda to the long-term development plan; Vision 2030, the President in December outlined the "Big Four" development priority areas for his final term as President. The Big Four prioritize manufacturing, universal healthcare, affordable housing and food security.

Kenya has met some Millennium Development Goals (MDGs) targets, including reduced child mortality, near universal primary school enrolment, and narrowed gender gaps in education. Interventions and increased spending on health and education are paying dividends. While the healthcare system has faced challenges recently, devolved health care and free maternal health care at all public health facilities will improve health care outcomes and develop a more equitable health care system. Due to the unequal distribution of the Human Development Index (HDI) dimensions Kenya's development has only reached the average level of Sub-Saharan countries.

Kenya has the potential to be one of Africa's success stories from its growing youthful population, a dynamic private sector, highly skilled workforce, improved infrastructure, a new constitution, and its pivotal role in East Africa. Addressing the challenges of poverty, inequality, governance, the skills gap between market requirements and the education curriculum, climate change, low investment and low firm productivity will be major goals for Kenya.

Despite the favourable growth of Kenya's economy and the positive outlook for 2019, poverty and regional differences within the country persist. The proportion of Kenyans living on less than the international poverty line (US$1.90 per day in 2011 PPP) has declined from 46.8% in 2005/06 to 36.1% in 2015/16, according to the 17th edition of the Kenya Economic Update. Kenya is a country of many contrasts, from its landscape to demographics, and more so its social and economic inequalities. Kenya is one of the most unequal countries in the sub-region. Forty two percent of its population, live below the poverty line. Access to basic quality services such as health care, education, clean water and sanitation, is often a luxury for many people. [3] The Global Gender Gap Report 2017[4] ranks Kenya 73 out 149 with significant inequalities between males and females in education attainment, health outcomes, representation in parliament and participation in the labor market

In the human rights baseline survey report of 2016, the Kenya National Human Rights Commission (KNHRC) reported a significant improvement in the security sector. However, human rights violations, such as enforced disappearances, extrajudicial killings, and degrading treatment, are still prevalent. The Report further notes that service delivery by public institutions is also deemed dissatisfactory. Service delivery remains poor and is performed without regard for the sovereignty of the people. At the county level, health was reported as one of the services facing a crisis, while security and education services were the most compromised services at the

[3] https://www.unicef.org/kenya/overview_4616.html

[4] The Global Gender Gap Report (2018) World Economic Forum.

national level. Corruption has remained rampant both at the national and county levels. The survey further notes that "most of the duty-bearers at the county level do not have a clear understanding of the human rights based approach (HRBA) to development, while close to half of the key duty-bearers in key public offices have not interacted with this concept that would be important to enable them deliver human rights friendly services." (Kenya National Commission on Human Rights, Monitoring and Evaluation Department, Human Rights Baseline Survey Report, 2016)

1.2. Gender-based violence in Kenya

Gender-based violence is a serious public health and human rights concern in Kenya. It affects men and women, boys and girls and has adverse physical and psycho-social consequences on the survivor. Sexual violence and its attendant consequences threaten the attainment of global development goals and national goals contained in Vision 2030 as well as the National Health Sector Strategic Plan II, as it affects the health and wellbeing of the survivor. Of concern is the emerging evidence worldwide that sexual violence is an important risk factor contributing towards vulnerability to HIV infection. (Ministry of Health 2014). Despite government interventions in terms of national policies, GBV still remains a serious challenge to society. It has a profound social and economic impact on families, communities, and the entire nation, as well as serious ramifications on national security.

GBV entails widespread human rights violations, and is often linked to unequal gender relations within communities and abuses of power.[5] It can take the form of sexual violence or persecution by the authorities, or can be the result of discrimination embedded in legislation or prevailing societal norms and practices. The individuals who have survived such violence often experience life-long emotional distress, mental health problems and poor reproductive health, as well as being at higher risk of acquiring HIV and intensive long-term users of health services. In addition, the cost to women, their children, families and communities is a significant obstacle to reducing poverty, and achieving gender equality. Effective protection can be established only by preventing GBV, identifying risks and responding to survivors, and using a coordinated, multi-sectoral approach[6].

The Kenya Demographic and Health Survey (KDHS) of 2014[7], reports that

- 45 percent of women and 44 percent of men age 15-49 have experienced physical violence since age 15, and 20 percent and 12 percent, respectively, experienced physical violence within the 12 months prior to the survey. The main perpetrators of physical violence against women are husbands; whereas, the main perpetrators against men are parents, teachers, and others.
- 14 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.
- 44 percent of women and 27 percent of men have sought assistance from any source to stop the violence they have experienced.

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[5] See Beijing Declaration and Platform for Action, 15 September 1995, Paragraphs 113 & 114.

6 Aura Ruth (no date) Situational Analysis and the Legal Framework on Sexual and Gender-Based Violence in Kenya: Challenges and Opportunities. http://kenyalaw.org/kl/index.php?id=4512

[7] https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf

The National Crime Research Centre reports that among the over 21,341 survivors of SGBV supported in 2014, 56% were women, 36% girls, 3% men and 5% boys[8]. A study conducted by Dim Ovitz, Kirsten on GBV management in Nairobi[9] in 2015 revealed that among the persons reported to the Nairobi Women's and Children's Hospital GVRC centre seeking services, most were women residing in informal urban settlements or slums areas of Nairobi. The study further revealed that medical facilities are not accessible to victims and in most instances are at least 40-90 minutes from near bus stations and they lack services such as laboratory, psychosocial support and specialist care. Police were also indicated to be a puzzle in the long line of bureaucratic processes and which is compounded by outside of legal services which have their own barriers in seeking services and help. These factors are said to create high attrition rates in access to justice, because survivors do not have the time, resources, or willpower to navigate the system.

A survey conducted jointly by the Institute of Economic Affairs and the Daily Nation reported that, although women are more vulnerable to GBV, men also suffer from it. The study revealed that 40 percent of women and 10 percent of men had suffered physical and sexual GBV at one time in their lives, and 26 percent of women and 7 percent of men had experienced physical and sexual GBV in the last 12 months. The study also revealed that more than 38 percent of women and 9 percent of men had suffered physical violence, 23 percent of women and 5 percent of men in the last 12 months. The above findings compare closely to the results of the Kenya Demographic and Health Survey 2014.

There is also growing evidence that orphans and vulnerable children, persons with disabilities are vulnerable to SGBV[10] and that persons with intellectual disabilities are subject of sexual abuse particularly within rural settings.[11] The County Government Policy on Sexual and Gender Based Violence (NGEC 2017) also refers to county level studies revealing that young girls experience early cases of marriages, pregnancy, and forced marriages and that GBV is compounded by the fact that most perpetrators go unpunished due to lack of evidence as most residents are not aware of how to preserve evidence. The majority of child sexual abuse cases go unreported because of fear of stigmatization.

Prevalence Data on Different Forms of Violence against Women:

- Lifetime Physical and/or Sexual Intimate Partner Violence :**39 %** (1)
- Physical and/or Sexual Intimate Partner Violence in the last 12 months : **26 %** (2)
- Lifetime Non-Partner Sexual Violence: **Official National Statistics Not Available**
- Child Marriage :**23 %** (3)
- Female Genital Mutilation/Cutting :**21 %** (4)

http://evaw-global-database.unwomen.org/fr/countries/africa/kenya

[8] The National Crime Research Centre, Gender Based Violence in Kenya, 2014

[9] Dimovitz, Kirsten, "Exploring Gender-Based Violence Management in Nairobi" (2015). Independent Study Project (ISP) Collection; quoted in NCEG (2017) Country Government Policy on Sexual and Gender Based Violence. National Gender and Equality Commission. Paper 2151. http://digitalcollections.sit.edu/isp_collection/2151

[10] Government documents use SGBV, in this document SGBV and GVB are used interchangeably.

https://www.ngeckenya.org/Downloads/NGEC%20Model%20Policy%20on%20GBV%20for%20County%20Govts.pdf

[11] Tusemezane, (A monthly magazine by Peace Initiative Kenya); Promoting a Society free of Gender Violence. Suffering in silence - Persons living with disability bear the brunt of Sexual Gender Based Violence, 2014

Rape is an acknowledged widespread crime. Proper statistics are not available due to societal stigma and underreporting. Women do not have the education or economic capacity to negotiate the legal system while dealing with the societal stigma that includes being blamed for the rape, abandoned, divorced, and declared unmarriageable. Therefore, statistics are not certain due to societal pressures which impress the importance of chastity and honour.[12]

Harmful traditional practices, such as Female Genital Mutilation (FGM), though forbidden by law, are still practiced. The prevalence of FGM varies among regions[13], with high prevalence in the North Eastern Region and some counties in the Nyanza region in the West. Girls and women in rural areas are more likely to be cut than those in urban areas. According to UNICEF[14] the reasons for practising FGM are tied to four key factors: 1. Marriageability entailing readiness for marriage and prevention of premarital sex; 2. Social acceptance; 3. Personal hygiene including enhanced attractiveness if cut; 4. Religious identity. There is a notable generational change in the prevalence of FGM in Kenya as women aged 45-49 are almost four times more likely to have been cut than girls aged 15-19. Even so, there is a trend to circumcise girls at younger ages, 0 to 8 years, to avoid resistance by the girl. FGM is associated with child and forced marriages, early pregnancies, and a multitude of negative consequences to the health and development of girls and their offspring. There is a relationship between education and occurrence of circumcision; A higher number of those circumcised are those with no or low education. (KHDS 2014). The Focus group discussions conducted during programme formulation phase indicated that even when families oppose FGM, they still have their daughters circumcised because they perceive that other community members view it as a social norm, or they believe their daughter's chances of marrying will be reduced by foregoing FGM.

The National Plan for Mainstreaming Gender into the HIV/AIDS strategic plan for Kenya has identified sexual violence as an issue of concern in HIV transmission, particularly among adolescents. This calls for comprehensive measures to address issues of Sexual Violence and more importantly meet the diverse and often complex needs of the survivors and their families. Comprehensive care for Sexual Violence ranges from medical treatment which includes management of physical injuries, provision of emergency medication to reduce chances of contracting sexually transmitted infections including HIV and provision of emergency contraception to reduce chances of unwanted pregnancies. It also entails provision of psychosocial support through counselling to help survivors deal with trauma and legal assistance to assist the survivor access justice, as well as includes provision of evidentiary requirements for the criminal justice system. These National Guidelines have been designed to give general information about management of sexual violence in Kenya and focus on the necessity to avail quality services that address all the medical, psychosocial, legal needs of a survivor of sexual violence in both stable and humanitarian contexts.

Causes and Impact of GBV in Kenya

The causes of gender-based violence are many, complex and varied depending on the types of violence. Traditional attitudes towards women help perpetuate the violence. Stereotypical roles in which women are seen as subordinate to men constrain a woman's ability to exercise choices that would enable her end the abuse. Similarly, GBV is as a result of many socio-economic variables such as the social position, employment, status,

12 Kameri-Mbote (2002). Violence Against Women in Kenya: An Analysis of Law, Policy and Institutions. http://www.ielrc.org/content/w001.pdf.

13 https://amref.org/cause/end-fgm/

14 https://www.unicef.org/kenya/JP_on_FGM_-_BRIEF.pdf

financial circumstances and self-concept and personal as well as community values as contributing factors to violence. GBV is therefore occasioned by and persists due to a number of factors and no single or major cause can be attributed to the prevalence of GBV against women.[15]

According to UNICEF (2000), causes of SGBV can be categorised into four broad categories as being: socio-cultural causes; economic causes; legal causes; and political causes.[16]

- ***Socio-cultural causes*** include gender-specific socialization; cultural definitions of appropriate sex roles; expectations of roles within relationships; belief in the inherent superiority of males; values that give men proprietary rights over women and girls; notion of the family as the private sphere and under male control; customs of marriage (bride price/dowry); and acceptability of violence as a means to resolve conflict.
- ***Economic causes*** include women's economic dependence on men; limited access to cash and credit; discriminatory laws regarding inheritance, property rights, use of communal lands, and maintenance after divorce or widowhood; limited access to employment in formal and informal sectors; and limited access to education and training for women.
- ***Legal causes*** include lesser legal status of women either by written law and/or by practice; laws regarding divorce, child custody, maintenance and inheritance; legal definitions of rape and domestic abuse; low levels of legal literacy among women; as well as insensitive treatment of women and girls by police and judiciary.
- ***Political causes*** include underrepresentation of women in power, politics, the media and in the legal and medical professions; SGBV not taken seriously; notions of family being private and beyond control of the state; risk of challenge to status quo/religious laws; limited organization of women as a political force; and limited participation of women in organized political system.

A significant number of GBV cases are settled outside the judicial system. Many community members voice a preference to resort to traditional systems, such as so-called *'kangaroo courts'*, to resolve incidences of GBV (NB: kangaroo court is the term used by stakeholders in both Bungoma and Kilifi Counties). There appear to be no data on the extent to which such channels represent survivors' own wishes and how much they are a reflection of social norms and practises, gender inequality and an absence of support to survivors' human rights. The traditional 'kangaroo court' (or Islamic 'maslaha') judgements are often unfair to women and girls, biased in favor of men, and leave the survivors without any redress and legal remedy. The handling of cases by these systems do not encourage survivors' access to medical and psychosocial services. Use of traditional justice structures means that such cases do not follow the proper formal legal referral mechanisms, which are necessary if cases are to proceed to court. There is need to advocate for GBV cases to go through the criminal justice system and not traditional dispute resolution.

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[15] Female Genital Mutilation for instance has been construed as rite of passage, ensuring marriageability, family honour, controlling sexuality, religious requirement as well as a cultural and ethnic identity. *See* Government of Kenya (2010), The 7th Periodic Report of the Government of the Republic of Kenya on Implementation of the International Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), available at http://www.gender.go.ke/index.php/Download-document/20-CEDAW-7th-Country-Report-Kenya.html

[16] United Nations Children's Fund (UNICEF) (2000), *Domestic Violence Against Women and Girls*, Innocenti Research Center: Florence, Italy.

Violations are generally first reported to the local administration: elders, sub-chief and chief who are expected to forward the cases to the police. However, police, local administration, and elders have also been mentioned as potential barriers to justice for GBV survivors. Fewer cases than are reported make it to the court and even fewer lead to convictions of perpetrators, due to many reasons. Another major challenge and barrier are the distance that survivors and their families have to travel to report GBV cases (to police stations and judicial offices); the expenses must very often act as a deterrent to seeking justice. The length of time it takes to resolve cases through the judicial system, linked to lack of correct knowledge/ misunderstandings around the rights of perpetrators to be released on bond can lead to preference for the traditional systems, that are apparently seen by many [no apparent disaggregated data] to be time-efficient in serving penalties.

Strong traditional and cultural beliefs in the counties promote a culture of silence that affects reporting of physical violence. There are social norms that perpetuate the idea that physical violence is the prerogative and duty of male intimate partners. Most of these cases are not reported for fear of retaliation and the social stigma attached when a woman is considered an embarrassment to her husband or family. Due to the culture of silence, women are not able to seek help within their community. They are not economically empowered to adequately meet their own basic needs and those of their children. Nor are they able to decide on their bodies and their sexuality. Women and girls lack involvement, consultation, and participation in general, and in GBV issues in particular.

A Study on Gender-based Violence against Women and Girls with Disabilities in Kenya (2014) [17] revealed various forms of violence and abuses against women and girls with disabilities are common in the communities where they live. In almost all the 55 focus group discussions conducted, more than one-third of the participants in those FGDs knew of at least a woman or girl with disability that had been abused or violated – whether sexually, physically or emotionally. Reasons given for this vulnerability are several and included: the nature of disability itself which tend to predispose them to being defenceless; inability to see/recognize the violator; inability to communicate/report; lack of protection. What came out clearly in all the discussions and interviews was that women and girls with mental disability are the most vulnerable and often faced the highest risk of being sexually abused. Certain misconceptions in the society also tend to put women and girls with disabilities at risk of sexual abuse. One such misconception is the belief among many community members that they are virgins and therefore 'clean' (with no diseases such as HIV and/or STIs).

The fact-finding mission by the Embassy of Finland (2017) found that sexual violence especially against children in the counties visited was prevalent, leading to early marriages, child pregnancies, girls leaving school and losing the opportunity for education. Sexual abuse of children is prevalent. According to a 2014 study by Kesho Kenya, Kilifi County Children's Department found that the most common types of GBV affecting children included child sexual abuse (defilement), physical abuse, child/teenage pregnancies and child prostitution. The county made news in 2018 when it was reported that there were 13,634 teenage pregnancies involving girls between 15 – 19 years of age, with many dropping out of school. Other forms of GBV in the county include rape, physical violence, elder killings and early marriages (Gichohi and Michuki 2017).

Girls face risk of violation within the school system; over the last decade the government has taken stern action against teachers found to have violated female pupils. In 2010, more than 1,000 Kenyan teachers were deregistered for sexually abusing girls, with most of those cases occurring in rural primary schools

[17] STUDY ON GENDER BASED VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES IN KENYA June 2014; Report Prepared by: Colette Ajwang' Aloo Population and Reproductive Health Consultant https://namati.org/wp-content/uploads/2015/06/WCC-GBV-Study-Report.pdf

(https://www.bbc.com/news/world-africa-33080109). Since then, every year, the Teachers' Service Commission has continued to deregister teachers found to have sexually abused children under their care, with 29 teachers banned from the profession as recently as February 2019. In 2015, in an effort to shame perpetrators and curb sexual abuse of children by teachers, the government started posting an on-line 'list of shame' of teachers found guilty of sexual abuse of children.

With regards to financing, examining the financial framework related to GBV is not a straightforward matter as it is a multi-sectoral concern and is not budgeted for as a stand-alone item in government sector budgets. The direct costs incurred from medical and health care, psychosocial, legal and security services provided for the GBV survivors are not properly recorded.

KDHS 2014 & NGEC 2016 Study highlight that violence against women has detrimental impact on the economy through increased disability, health costs and loss of labour hours. The NGEC survey on Economic Burden of Gender based violence on Survivors (2016)[18] provides statistics on the economic burden of gender-based violence to survivors and to the country. The average cost of medical-related expenses per survivor and family amounted to KES 16,464 (on average 150 EUR) ; reporting the incident to a chief and community structures cost KES 3,111 (26 EUR); reporting to police cost KES 3,756 (32 EUR); productivity loss from serious injuries amounted to KES 223,476 (EUR 1900); productivity loss from minor injuries was KES 18,623 (161 EUR); and productivity loss from premature mortality from GBV amounted to a massive KES 5,840,664 (50 700 EUR). The weighted cost of GBV incident per survivor and family was estimated at KES 24,797 (215 EUR) annually. Furthermore, at the national level, annual out-of-pocket medical-related expenses (money which a survivor or their family paid out of their own financial resources) were estimated at a staggering KES 10 billion. The productivity losses from serious injuries were estimated at about KES 25 billion and from minor injuries at KES 8 billion. The total loss amounts to KES 46 billion, which translates to about 1.1 percent of Kenya's gross domestic product. The study further demonstrates that perpetrators and their families similarly incur heavy losses arising from incarceration, litigation, social stigma, court attendance, and loss of time and productivity. (NGEC 2018).

SGBV in its various manifestations negatively affects individuals, their families and the entire community. At the individual level SGBV results in pain and psychological trauma. At the social level SGBV often results into breakdown of the family unit. Economically, SGBV results in an economic burden on the government in terms of increased spending on health care, social services, the civil and criminal justice system, absenteeism from work, and lost productivity and output. SGBV creates an unequal political landscape in which all those affected are denied the opportunity to participate in decision making for development. (NGEC 2017).

There is an ongoing policy discussion on the modalities of the service provision. The study by NGEC in 2016 provided information on the costs of services and the budgetary implications of using the one-stop centre model proposed by the national government[19]. The mean cost of providing a minimum package of GBV services, as defined in the one-stop model in a first referral public hospital (county referral hospital), is KES 44,717 (USD 502) per survivor, while the median cost is KES 43,769 (USD 492). Of these costs, legal costs consumed the largest share of resources (75 percent). The total cost of providing GBV services under the one-stop centre model to all 47 counties over a five-year period (2014–2019) is KES 10,798,520,644 (USD 121,331,692.6). Over 90 percent of

[18] http://genderinkenya.org/wp-content/uploads/2017/12/GBV-Costing-Study-1-Nov-5.pdf

[19] National Gender and Equality Commission (2016) Gender-based Violence in Kenya: The Cost of Providing Services. A Projection Based on Selected Service Delivery Points 2016.

the resources for GBV services come from development partners. Some gaps can be identified from this analysis of NGEC (2016), the deliberation the proposed project can facilitate:

1. Both the national and county governments should set aside adequate domestic resources to support GBV services. While development partners have supported GBV services over a long period, there is a large funding gap (and the heavy reliance on partners has negative implications for sustainability). The GBV unit within the Division of Family Health should draw on the results presented in this report to advocate for resources from the national and county governments.
2. There is a need for the national and county level government and stakeholders to identify the preferred model for the provision of GBV services. In addition to setting up one-stop centres where all services (medical, legal, psychosocial, and security) are under one roof, a model that creates a coordinated network of these service providers could possibly be a feasible and sustainable model in the Kenyan setting.
3. The government should create a budget line for funding GBV services and commit budgetary resources towards them. There is currently no budget line for GBV services.
4. The government should put in place a robust, routine data collection and information management system for GBV service provision statistics. Timely, reliable, and good quality data is a useful ingredient for decision making.

The Gender Violence Recovery Centre (GVRC, http://gvrc.or.ke/) located at the Nairobi Women's Hospital is one of the first centers to offer a comprehensive response to GBV survivors in Kenya, having been set up in the year 2001. The Centre offers support to GBV survivors and their families. Services include free medical treatment to GBV survivors, psychosocial support, legal support and public advocacy to end GBV. According to a report by the center, 45% of women aged 15-49 have experienced either physical or sexual violence; women and girls account for 90% of GVB cases reported at the center. The GVRC website states that the center has supported more than 42,000 GBV survivors since inception in 2001. The GVRC has prepared budget briefs elaboration county level capacity building sessions on gender responsive budgeting that includes GBV (Embu County, Kajiado County and Meru County). [20]

Other centers offering comprehensive GBV response and support in Kenya include the Centre for Assault and Recovery in Eldoret at the Moi Teaching and Referral Centre, Coast General Hospital Recovery Centre, the GBV Recovery Centre at Kenyatta National Hospital, the GBV recovery center at the Kilifi county hospital and the GBV recovery center at the Taita Taveta County Hospital. Other level 4 and 5 hospitals in the country have capacity to offer gender violence recovery services despite not having dedicated spaces/centers but lower level health facilities lack the capacity (and requisite equipment) to provide adequate response to GBV survivors.

In 2012, Healthcare Assistance Kenya (HAK) established the first 24-hour nationwide SGBV response call centre number '1195', hosted by Safaricom Kenya. The HAK 1195 helpline is accessible through short code messaging service (SMS) and phone calls. Survivors are linked to GBV response services (medical care, psychosocial, legal and referral) closest to them. On 28th August 2019, Wangu Kanja Foundation and the Survivors of Sexual Violence in Kenya Network launched 'Access to justice referral pathway' mobile application "SV_CaseStudy". The Application will be used for capturing cases on sexual violence, the trends, prevalence and statistics. The Application will be used to document all past, present and future cases of sexual violence. It will also be used to report, document and track cases of sexual violence through the access to justice pathway

[20] http://gvrc.or.ke/wp-content/uploads/2018/10/Embu-County-budget-briefs-for-gender-responsiveness.pdf

1.3. Rationale vis-à-vis Finnish Policies

The programme for Prevention of and Response to Gender Based Violence (GBV) in Kenya is well aligned with Finland's development policy. The Programme will contribute to the ultimate goal of reducing poverty, and inequality as called for in the Finnish Government Report on Development Policy (2016). It focuses on the priority area one of Finnish development cooperation enhancing the rights and status of women and girls, and in particular the sub-targets of "more women and girls enjoying the right to make decisions, which affects their lives, and a smaller number of them falling victim to violence and abuse".

Finland's Country Strategy 2016 – 2019[21] to Kenya is focused on three thematic impact areas that are crucial to Kenya's future: support for strengthening devolved governance; job creation and livelihoods; and women's and girls' rights. The programme promotes democratic institutions, the functioning of society, good governance, and women's and girls' rights. It has a human rights-based approach to development by strengthening capacities of both duty-bearers and rights-holders. The programme will strive for women's and girls' better access to high-quality basic services, more women and girls enjoying the right to make decisions, and a smaller number of them falling to violence and abuse. The fulfilment of girls' and women's rights, as outlined in Kenya's development plans, is a prerequisite for poverty eradication, sustainable development and economic growth as well as for a peaceful and inclusive society.

Finland already supports good governance and human rights in Kenya by supporting the Devolution process, gender sensitive budgeting and implementation of gender policies. This bilateral GBV programme will complement and continue this support by strengthening the duty-bearers' capacity to provide GBV first-response services and accountability. It will also empower the rights-holders to be aware of the services available, to demand and use the services and to prevent GBV. The programme for its part will also contribute to the realization of human rights and access to justice and continue thus the work that Finland has done in Kenya by supporting the Strategic Note of UN Women Kenya Country Office. This includes support to Kenya National Action Plan on UN Resolution 1325. Finland participates actively in the development partners' coordination and has an active policy dialogue with the State Department for Gender.

Finland's support for devolved governance will contribute to the development of county governance systems and create demand for better services and management. Finland supports the efforts under UNDP led joint devolution programme. In service delivery at county level, Finland's focus is on the water and sanitation sector through the support to the Water Services Trust Fund: six counties are receiving support for the development of sustainable methods of service provision. In addition, Finland supports UN Women's Country Office in Kenya and URAIA Trust for rooting democracy at grassroot level. Finnish NGOs already working on GBV related issues also contribute to these efforts.

21 https://finlandabroad.fi/documents/35732/48132/country_strategy_for_development_cooperation__kenya_2016_2019/d0b8e9c1-4215-4c1c-51d8-95665dfa4bfd?t=1525691161567

1.4. Short description of the Programme Formulation process

In September 2017, the Embassy deployed a fact-finding mission on sexual and gender based (GBV) in six counties namely: Busia, Taita Taveta, Kilifi, Wajir, Tharaka Nithi and Kitui counties. The purpose of the mission was to look into the occurrence of GBV, causes and contributing factors, prevention and response services. The team conducted field visit in the six counties and met a wide range of SGBV actors, policy makers and service providers drawn from both national and county governments and developed a fact-finding report[22].

The programme formulation was carried out by a mission of the Finnish National Institute for Health and Welfare (THL) in July-December 2018. The assignment included consultations with duty-bearers and rights-holders at the national level and in the selected counties, Samburu, Kilifi and Bungoma. The draft Programme Document was submitted by the Finnish Institute for Health and Welfare (THL) in November 2018. A positive funding decicion by the Finnish Minister for Trade and Development for the project proposal was taken in December 2018.

The Finnish MFA commissioned a team to undertake the appraisal of the proposed programme, which was undertaken between March and June 2019[23]. The purpose of the appraisal was to assess the feasibility of the programme, its objectives, scope and focus in relation with the needs at national and county level. The appraisal made recommendations to reduce the number of outputs and supported the proposal for separating the Civil Society lead GBV prevention programme to be implemented as an individual project. In May 2019 a stakeholder meeting between national and county level authorities was held in Kenya to discuss the objectives of the programme, the implementation arrangements and programme decision making structures. In August – October 2019, a consultancy was carried out to modify the programme document based on the recommendations of the appraisal.

2. Sector context

2.1. Policy framework

The Kenyan government has shown commitment to combat GBV through the domestication of various international treaties and conventions, treaties and human rights standards. With the Kenya Constitution 2010 provisions, all international and regional legislative and policy frameworks adopted and ratified by Kenya have been integrated into its national legislation. The main international legislative and policy frameworks with a bearing to GBV that Kenya has acceded include: the Beijing Declaration and Platform for Action of 1995; the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); the UN Convention on the Rights of the Child (CRC); and the African Union (AU) adopted Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol 2003). The latter includes an article (4) exclusively dedicated to the topic of violence against women, calling for a range of state measures to address violence which takes place "in private or public", including the punishment of perpetrators, the identification of causes of violence against women and the provision of services for survivors.

[22] Georginah Gichohi and Wacheke Michuki (2017) Sexual and Gender Based Violence Fact Finding Mission. Busia, Kilifi, Taita Taveta Wajir,Tharaka Nithi and Kitui Counties. Embassy of Finland, Nairobi. November 2017.

[23] Appraisal of the Programme strengthening prevention and response to Gender Based Violence (GBV) in Kenya. Final Appraisal Report. June 2019.

The Constitution of Kenya was adopted in 2010, and the subsequent relevant legislation is rather contemporary and informed. The Constitution itself affirms the right for all persons not to be subjected to any forms of violence from either public or private sources and provides for protection from torture in any manner whether physical or psychological. It recognizes women's rights as human rights, the right of children to be protected and the prohibition of all discriminatory customary practices. It prohibits discrimination and women are granted the right to equal treatment and equal opportunities in the political, economic, cultural and social spheres.

A wide range of national policies, strategies and guidelines that include actions to respond, prevent and manage GBV have been developed. The two main policy frameworks are the National Policy on Gender and Development (Gender Policy 2000) and the Kenya Vision 2030 (The Status of Sexual and Gender based violence policies and laws in Kenya, NGEC 2016). There is also the National Policy for Prevention and Response to Gender Based Violence (2014). The existing policy and legal framework provide a basis for accomplishing more effective prevention, incidence reporting, and response and for ensuring justice for survivors of GBV. The main laws and regulations are presented in the Table 1.

Table 1 *Summary of Policy Framework on GBV*[24]

Statute	Summary
National Gender and Development Policy (2000)	Makes recommendations on diverse issues on violence including: amendments of SGBV laws, the Penal Code to include gender related crimes; privacy in conducting SGBV hearings; SGBV tailored trainings on agents in the judicial system; setting up safe shelters for victims of domestic violence; and ensuring access to information.
The Children Act (2001)	-- child care, administration institutions, and sets the age of marriage at 18 years in line with Convention on the Rights and Welfare of the Child.
Kenya Adolescent Reproductive Health Policy (2003)	Recommends development of safety nets and rehabilitation and rescue mechanisms for victims of sexual abuse and violence and enhancing measures to protect young people in penal institutions from sexual abuse; recognizes that both boys and girls can be survivors of sexual abuse, but girls are up to three times more likely to be sexually abused than boys.
HIV & AIDS Prevention and Control Act 2006	Prohibits deliberate transmission of HIV/AIDS and outlaws' discriminatory acts and policies based on one's HIV/AIDS status in all places and safe guards rights and dignity of those already affected
The Sexual Offenses Act, 2006	Provides for prevention and the protection of all persons from harm from sexual acts and access to justice and psychosocial support
Employment Act, 2007	Prohibits discrimination and harassment of employees on the basis of sex, guaranteeing equal remuneration for work of equal value.
Education Gender Policy 2007	Addresses the prevention and responses to school related GBV (SRGBV). The policy recommends mainstreaming of policies that address GBV at all educational levels; establishing modalities for dealing with SGBV including harassment; developing of a framework for coordination of stakeholders involving in efforts of providing a safe learning environment; developing and implementing clear anti-sexual harassment and anti-gender based violence policies at all levels in the Ministry of Education and all educational institutions.
Reproductive Health Strategy 2009-2015.	Explicit reference to sexual violence. In 2007 the Division of Reproductive Health (DRH) in the Ministry of Health (MoH) constituted and mandated a national post rape care committee.

[24] National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya, National Gender and Equality Commission (NGEC), Nairobi, 2014.

National Framework toward Response and Prevention of Gender Based Violence in Kenya 2nd Edition 2009.	Aims to coordinate the various state and non-state actors' responses to domestic violence in Kenya. It provides guidance for coordination mechanisms among the various actors, including the government, non-governmental organisations, the police and the civil society among others, aimed at eliminating duplication as well as strengthening and enhancing the effectiveness of intervention in a cohesive and comprehensive manner. The framework i. It was borne of the realization that there are various actors in the fight SGBV, but their responses are uncoordinated.
The Constitution 2010	Provides that every person has right to freedom and security of their person which includes the right not to be subject to any form of violence from either public or private sources, any form of torture whether physical or psychological or cruel, inhuman or degrading treatment. The right to security means that the Constitutions safeguards women's right against SGBV and any other related form of gender-based violence. 2010 constitution prohibits discrimination and women are granted the right to equal treatment and equal opportunities in the political, economic, cultural and social spheres.
Counter Trafficking in Persons Act, 2010	Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children.
National Policy on Gender and Development, 2011.	Guides gender mainstreaming within the different sectors and line ministries involved in development.
Prohibition of Female Genital Mutilation Act, 2011	Prohibits the practice of Female Genital Mutilation and safeguards against violation of a person's mental or physical integrity
The County Government Act, 2012	Obligates all county governments to prepare plans as the basis of all public expenditure and one of the principles of planning and development facilitation under the Act is "To engender effective resource mobilization for sustainable development" and therefore how much a county not only engenders but allocates tangible resources to gender specific development interventions can speak to the commitment of the county leadership towards gender equality.
Multisectoral Standard Operating Procedures (SOP) for Prevention of and Response to Sexual Violence 2013,	Provides the minimum package of care to be accorded to survivors across sectors; health, legal and psychosocial and outline referral pathways in cross-sectoral management of survivors.
Marriage Act, 2014	Provides for the minimum age in marriage and types of marriages. The Act guarantees parties to a marriage, equal rights at the time of the marriage, during the marriage and at the dissolution of the marriage.
The National Multi-Sectoral Monitoring and Evaluation Framework for Response and Prevention of Gender and Sexual Gender Based Violence in Kenya (2014)	The multi-sectoral framework was developed based on agreed understanding of the continuum of services, and roles and obligations of numerous sectors and their links to the broader spectrum of response, prevention, and coordination of SGBV intervention in Kenya.
National Policy for Prevention and Response to Gender Based Violence (2014)	Accelerates efforts towards the elimination of all forms of Gender Based Violence in Kenya. The Policy provides a strategy for a coordinated approach in the various State and non-state actors' in addressing GBV. The Policy also aims at enhanced enforcement of laws and policies towards Gender Based Violence prevention and response; increased access to quality and comprehensive support services across sectors; as well as improved sustainability of Gender Based Violence prevention and response interventions.
National Guidelines on the Management of Sexual Violence (2014)	Provides general information about management of sexual violence in Kenya and focus on the necessity to avail quality services that address all the medical, psychosocial, legal needs of a survivor of sexual violence in both stable and humanitarian contexts. the guideline advocates for a holistic approach to addressing the problem through a comprehensive care provision system that brings all the relevant stakeholders under one roof.
Joint Programme on Prevention and Response to Gender Based Violence 2017-2020.	The Joint Programme is firmly grounded in the National Policy on Prevention and Response to GBV, seeking to accelerate its implementation by prioritizing key interventions.

County Government Policy on Sexual and Gender Based Violence and Model Legislative Framework on Sexual and Gender based Violence for County Governments (NGEC 2017)	A model policy and accompanying model legislative framework to provide guidance to institutions at the county level on sexual and gender-based violence (SGBV), designed to help county governments effectively protect women and girls from violence.
The Protection Against Domestic Violence (PADV) Act, 2015	Provides for the protection and relief of members of a family from domestic violence.
National Adolescent Sexual and Reproductive Health Policy (2015)	Provides for mechanisms for addressing adolescents' sexual and reproductive health (SRH) needs. It recommends multifaceted approaches to adolescent SRH issue which provides for mitigation of risk factors and puts in place a safety net for early detection and prevention of SRH.
The National Reproductive Health Strategy (2009-2015)	Provides for the implementation of Post-Rape Care Services ensures the inclusion of sexual violence as a key issue within the Reproductive Health Strategy and sets the development of standards for post rape care service delivery.
Sexual and Gender based Violence Working Group (SGBV–WG) Guidelines for counties (2017)	Assists the Ministries responsible for Gender Affairs at the County level strengthen and effectively manage GBV Technical Working Groups. Counties are free to adapt the guidelines to conform to their SGBV needs and context.

Although most issues that affect women and girls are addressed in the legal framework, and the government has articulated commitment to achieving gender equity and protection from GBV, this is yet to be demonstrated through effective enactment and implementation. While there has been progress in addressing GBV at the National level, commitment to addressing GBV has advanced more quickly in policy documents than in practice. There are still wide gaps between actual legislation, the experience of victims of GBV emanating from implementation process and lots of operational confusion at multiple levels. This is particularly apparent with the advent of the Constitution of Kenya 2010 which created two levels of Government – National and County with different operational structures although it is noted that the County governments are equally making inroads towards a holistic approach through some of their legislative and policy frameworks to enhance enforcement and implementation.

The Kenya Vision 2030 acknowledges that cases of GBV are increasing and lays out strategies to reduce the same and the vulnerabilities that surround it. (http://www.vision2030.go.ke). The Vision 2030 Second and Third Medium Term Plans (2013—17, 2018-2022) emphasize the need for establishment of integrated one stop sexual and gender-based violence response centres in all healthcare facilities in Kenya, but also alternative models adapted to the context could be sought for as expressed in the study by NGEC in 2016 (see page 14). In addition, undertaking public awareness campaign against FGM, early and forced marriages is among the priorities of the plan. Also, other acts such as Employment Act (2015), Children´s Act (2014), and Education Act (2013) address issues and situations in which GBV incidences occur.

In line with the County Government Act (2012) a Model Legislative Framework on Sexual and Gender based Violence for County Governments has been developed by NGEC 2017. This framework is based on the **Vision** of the Government of Kenya as a *society free from the practice of SGBV and other harmful vices, and one that recognizes the equal value of men, women and children* and, and the goal of the Policy to *accelerate and reinforce efforts towards the elimination of all forms of SGBV and improve the quality of life and wellbeing of every person*. The overall objective of the policy is to *progressively eliminate sexual and gender-based violence through the development of a preventive, protective, supportive and transformative environment*.

The specific objectives of the policy cover three core areas. (NGEC 2017)

1. Prevention: Foster a prevention-focused environment where gender-based violence is not tolerated; and
   - Reduce vulnerability of groups most at risk to SGBV

2. Response: Through collaborative effort improve enforcement of laws and policies towards SGBV prevention and response. Provide comprehensive services to victims of sexual and gender-based violence. - Improve accountability and eliminate impunity for sexual and gender-based violence. - To increase access to quality and comprehensive support services across sectors. - To improve sustainability of SGBV prevention and response interventions.
3. Coordination, Monitoring and Building Evidence: Build coordination and monitoring systems and expand the data available on SGBV - To facilitate a coordinated approach in addressing SGBV and to ensure effective programming.

The Guiding Policy Principles in Kenya are based on following principles (NGEC 2017):

- GBV as a violation of human rights
- Laws and policies must work hand in hand to achieve development goals, advance human rights and create a just and equitable society.
- In addressing GBV, consideration of cultural issues is taken into account.
- Long-term solutions to prevent and respond to SGBV must include the participation of men and boys.
- Elected and appointed leaders have a key role to play in preventing SGBV and in providing support to victims.

The framework also recognises that gender-based violence is manifested as a result of misinterpretation; misunderstanding and misguided cultural values in the society and that all stakeholders are to join hands in fighting the negative attitudes on gender, culture and human rights in order to eliminate the culture of silence on SGBV. On the other hand, positive cultural values that promote non-violence, respect and solidarity with survivors can be reinforced to achieve a society that does not tolerate sexual and gender-based violence. There is need to ensure that the framework is actionable, well-coordinated and sufficient resources are allocated for its implementation at County level. These include such elements as: maintaining an updated database, including training and workshop sessions, developing safe structures for victims etc; a genuine commitment towards intra-County cooperation and collaboration; sustained financial support for GBV capacity building and creation of legal awareness. Currently, counties receive a block allocation of tax revenue from the national government, with the autonomy to decide on the share allocated to the health sector, including for GBV services. More than 90 percent of the resources for GBV (health) services come from development partners[25]. Also, there is a large funding gap and funding for the devolved sectors is not flowing to the county level fluently.

Furthermore, National Guidelines on Management of Sexual Violence in Kenya have been issued by the Ministry of Health in 2014, to give information about management of sexual violence in Kenya, and focus on the necessity to avail services that address the needs of survivors and perpetrators, be they medical, psycho-social, legal or referrals to additional support services. The guidelines cater for the needs of children owing to the fact that they comprise a significant percentage (about 60%) of the cases that present in health facilities. In this regard, all aspects of child sexual abuse management that differ from those of adults have been singled out, and where possible, integrated into the content of the information outlined in each section. The guidelines stipulate that sexual abuse of children presents a unique phenomenon - the dynamics are often very different from those of adult sexual abuse, and therefore abuse of this nature cannot be handled in the same way as adults. For example, children tend to disclose as part of a process rather than a single event. They do so over a longer period of time compared to adults (Ministry of Health 2014).

[25] *The National Gender and Equality Commission's (NGEC) report, "Gender-Based Violence in Kenya: The Cost of Providing Services", 2016*

2.2. Devolution and its implications

The Constitution of Kenya, 2010 created a decentralized system of government where in two of the three arms of government; namely the Legislature and the Executive are devolved to the 47 Political and Administrative Counties. The primary objective of decentralization is to devolve power, resources and representation down to the local level. Various laws have been enacted by Parliament to create strategies for the implementation framework and the adoption on which objectives of devolution can be achieved.

The County Governments Act, 2012 is the main legislation after the constitution. The law outlines the entire framework of the constitution including the two arms of government at the county level; the county assembly and executive. The Intergovernmental Relations Act of 2012, in turn, provides a framework for consultation and co-operation between the national and county governments. The counties and national government are expected to consult and work together for the wider good and service delivery to the citizens. The law establishes institutional structures and mechanisms for intergovernmental relations as well as a framework for the inclusive consideration of any matter that may affect relations between the two levels of government and amongst county governments.

The Intergovernmental Act 2012, established a Council of Governors (COG) body. This is a body consisting of the elected governors of the 47 counties. The COG functions are; Consultation among county governments; sharing of information on the performance of the counties in the execution of their functions, initiating preventive or corrective action; facilitating capacity building for governors.

National Government Co-Ordination Act, No. 1 of 2013, provides for the establishment of an administrative and institutional framework at the national, county and decentralized units to ensure access to national government services in all parts of the republic. The law also provides for the overall coordination and administration of the national government functions both at national and county levels.

The County Government has two arms, namely the Legislature, which is the County Assembly and the County Executive Committee, which is the Executive arm. The Judiciary, which is usually the third arm of government is a shared institution and has its operations within counties. The Constitution has provided for a County Executive Committee in the devolved system. This Committee is the Cabinet of the County Government. It is headed by the County Governor, who also appoints its members. The members appointed by the Governor must be vetted by residents of a county and approved by the County Assembly. The maximum number of Executive Committee members is twelve (12) including the Governor and Deputy Governor.

The Council of Governors established a committee for Education, Gender, Youth, Children, Sports, Culture and Social Services. The Committee is tasked with considering, reviewing and monitoring policy and legislation on matters relating to education, gender, youth, sports, culture and social services and making relevant recommendations. Also, the committee monitors the implementation and adherence of international standards and national policy and legislation at the county level and makes appropriate recommendations. Besides, the committee also handles all matters related to the 7 mentioned sectoral areas in the 47 County Governments. The committee also acts as a liaison between the Counties and other National Government agencies.

Public authorities within the Kenyan health sector are responsible for medical response to violence against women and girls. Some of the critical legislations and policies they require to implement to fulfil this function

include National Guidelines on the Management of Sexual Violence. These guidelines outline clinical response to treating survivors of violence, physical examination, counselling, psycho-social support, dispensing post exposure prophylaxis (PEP), emergency contraceptive pills (ECP), sexually transmitted infections (STI) prevention, information dissemination, facilitating acquisition of P3 forms, referrals, and linkages with relevant authorities for further assistance. These laws and polices place specific roles and responsibilities to Duty Bearers to ensure protection of the citizenry.

Functions devolved to county governments that have a link to GBV response include inter alia county health services, pre-primary education and county planning and development. The national government, in turn, has the responsibility to, e.g., promote gender equality, security, police service and the judiciary, national statistics, national referral health facilities, health policy, education, and capacity building and technical assistance to the counties. The National Police Service is undergoing reforms and restructuring to reflect the realities of the new system of governance.

Gender and education being a concurrent function of both the national and county government requires regular and harmonious intergovernmental relations with the National Government to consult on issues of common interest. There is an Education, Gender, Youth, Sports and Social Services committee tasked with considering, reviewing and monitoring policy and legislation on matters relating to the sectors. The committee also acts as a liaison between the Counties and other National Government agencies

GBV as a policy matter falls under the "Gender Affairs" sector which is a concurrent function and under the responsibility of both levels of government. Counties are expected to develop their own legislation and policies concerning gender affairs (and GBV). There is a plethora of NGOs and CSOs producing GBV services in Kenya, but the ultimate responsibility for guaranteeing GBV services to the survivors and realization of human rights and security lies on the government and duty-bearers.

There are some roles with security implications that are allocated to county governments e.g. control and regulation of alcohol, drugs, pornography, transport. The National police service has created County Policing Authorities (CPA) that are chaired by the governors and incorporating community representatives, Heads of police, National Security Intelligence Service and Criminal investigation Department (CID) and representative of county assembly. The body is responsible for monitoring trends and patterns of crime, developing proposals on security priorities, promoting community policing initiatives and providing financial oversight for budget for policing.

Gender is a concurrent function at County level, whose co-ordination needs to be strengthened. The established Intergovernmental Framework for Gender Sector Coordination is expected to contribute to clearer roles and responsibilities in the gender coordination. Coordination and communication between national level authorities and the counties is crucial. The Council of Governors has an important role to play in facilitating this cooperation. It is relevant to note that unlike the MoH where there is a direct mandate for the national level to support Counties, gender departments at County and national levels are independent of each other. Information received from the SDGA after the draft appraisal report was submitted is that the Inter-governmental Framework on Gender will address and seek to strengthen co-ordination at county level.

The National Gender Sector Working Group[26] brings together all the actors at national level to coordinate gender issues and the implementation of the gender strategy. The Inter-governmental Framework on Gender mandates the county commissioner to coordinate gender work at the county level.

Capacities and services at County levels

Of the ***health services*** in the three programme counties only Kilifi has a small gender-based violence recovery centre (GBVRC) at its County Hospital. The Centre is committed to providing medical examinations for legal purposes, collection of laboratory specimens, counselling and testing for HIV, trauma counselling, and follow-ups free of charge. Generally, the GBV health services are free of charge also at the other facilities, but anecdotally in some facilities the patients are charged for the medical forms (P3, PR). The facilities generally lack capacity in personnel, both in numbers and training, and equipment to manage the cases. Facilities are only operational during day time and even the Kilifi GBVRC has only a small staff to run the services. The challenge is also availability of a doctor to sign the P3 forms, which causes delays in referring the cases to the criminal investigation and prosecution. The examination of the GBV survivors is usually performed by a clinical officer.

None of the counties has a government funded rescue centre or shelter where to refer the survivors if it was not safe for them to return home. The few existing rescue centres in the counties are either privately or NGO operated. Currently there is no legislation in Kenya that makes provision for the establishment of shelters for victims of GBV, and therefore the absence of safe shelters for victims of SGBV complicates situations for victims who then are forced to bear the pain and indignity for lack of place for refuge or temporary accommodation.

Kenya's ***police service*** is centralized and police recruitments, training, deployment, and promotion are controlled and organized by an independent civilian body, the National Police Service Commission which is answerable to the national government. The Constitution provides that the counties have some input into priority setting with regard to policing. All police authority is vested on one national chief of police, officially designated as the Inspector-General of Police. Although the National Police Service is not devolved, it maintains field offices for the purpose of de-concentrating from the capital city and for ease of implementation of the national government law enforcement agenda.

At the county level, there are regional, county and local levels of security administration, but they are manned by officials of the national government. County police commanders are in charge of crime control and law enforcement. In each of the counties, National Police Service Act has created County Policing Authority which are part of the devolved structures of policing and an important interface between counties, communities and National Police Service. The Authority is chaired by the county governors. The ex officio members include the county heads of the Kenya Police Service, Administration Police Service, Directorate of Criminal Investigations, the chairperson of the county security committee, and a representative of the National Intelligence Service. The governor appoints another six members from various sectors of the general public. According to the National Police Service Act of 2011 (Revised 2016), County Policing Authorities were created, among other functions, to develop proposals on priorities for police performance in the county; to monitor trends and patterns of crime in the county including those with a specific impact on women and children; to provide oversight of the budget of the Authority; and to provide feedback on performance of the police service at the county.

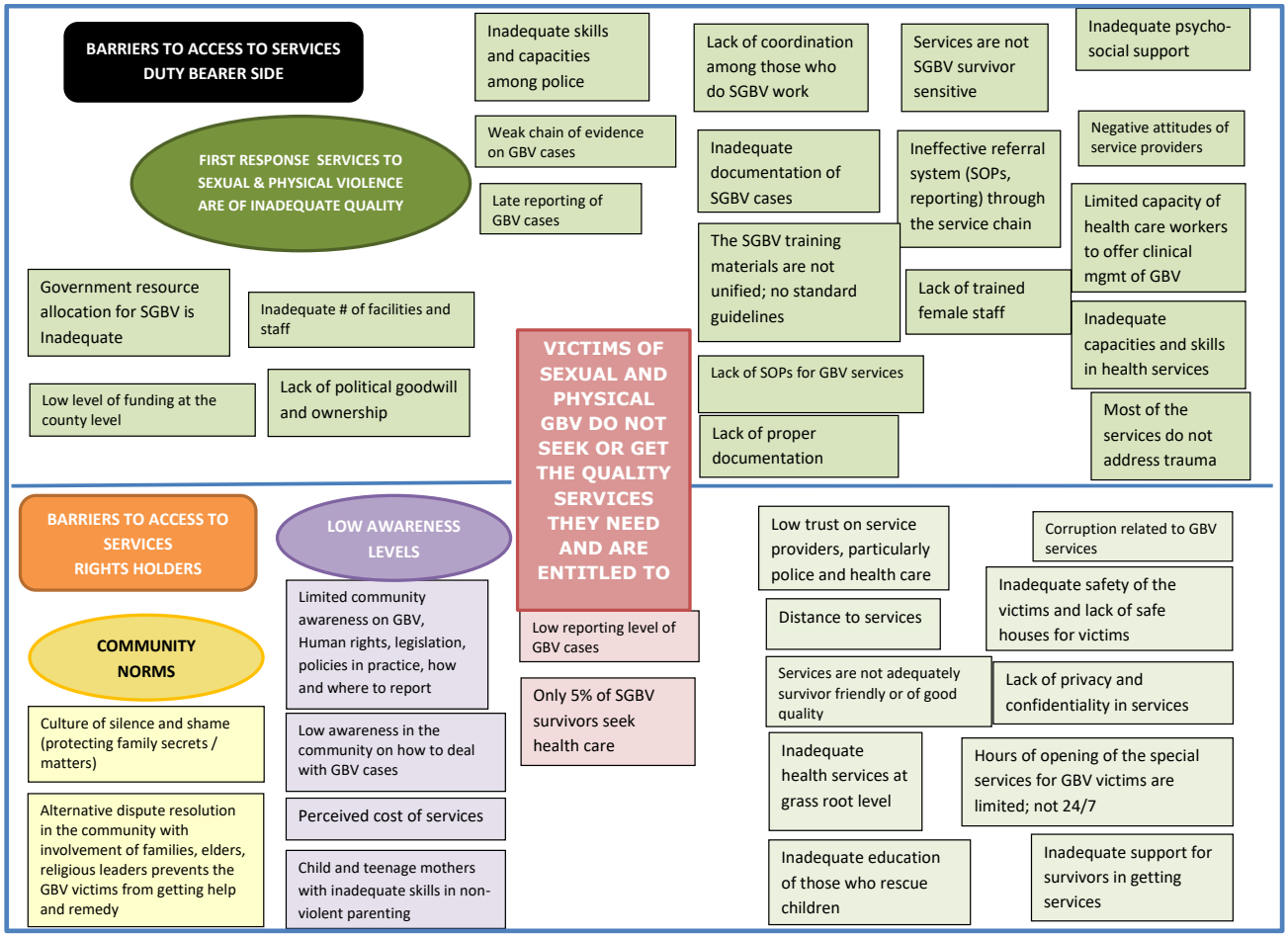
[26] The Gender Sector working group is one and the same with **Inter Governmental Forum on Gender**. It was modified recently and added ex officio members (DPs, CSOs, PWD representative and FBOs (Faith Based Organisationas)

The police stations in the three county capitals all have gender desks or officer(s) responsible for reporting, investigation and documentation of GBV cases. These police officers reported the need for training on how to address GBV cases. A critical issue is also how to maintain the acquired capacities and competencies as frequent personnel transfers in the police service are reported. Also, lack of transportation and laboratory facilities to carry out forensic tests for evidence are challenges faced by police force. The government chemist designated for testing forensic evidence (DNA sampling) is only available in Kisumu (for Bungoma County), Mombasa (for Kilifi) and Nairobi. Long distances make it difficult for the police at the county to present evidence on time. The chemist lacks capacity to handle the number of samples delivered for testing from various counties. There is need for coordination between the health system and the police on collection of evidence and medicolegal information. Both the health services and the police reported a shortage of forensic kits and dignity kits. Low confidence in the police and other authorities further impedes access to services.

2.3. Development needs and issues to be addressed by the programme

The programme formulation phase included a problem mapping carried out in three counties (Samburu, Kilifi, Bungoma). The figure 1 below provides a broad framework of challenges and issues related to GBV.

Figure 1 Problem mapping



According to the problem mapping conducted with stakeholders' main areas for further development are the following:

Slow implementation of policies and gaps in the implementation. At the County level, the programme formulation and appraisal found that the County Integrated Development Plans (CIDP) 2013-2017 and budgeting, women-related activities were treated as either medium or low priority issues; GBV matters were mostly totally ignored. Even if gender affairs were included in the CIDP, their implementation was weak. However, the gender officers noted that there could be a better inclusion of gender and GBV response services as counties develop the CIDPs. Kilifi County, which had a vibrant gender and GBV scene, eventually reflected the gender sector in its CIDP health programme for 2018-2022, 'Reproductive Maternal, Neonatal, Child and Adolescent Health' which has a specific objective of reducing SGBV prevalence from 10% to 3% by 2022. By the time of the programme identification, none had developed a gender policy to guide the county's development planning, but already in September 2018 the Bungoma County Gender Directors had a draft of a County GBV policy available.

Limited capacities of duty bearers to address GBV prevention and response. Poor quality of services refers to operational and capacity gaps in the services that prevent survivors from receiving the minimum standard of care. Examples of gaps in quality of services include lack of trained staff, and lack of essential facilities such as forensic laboratories and supplies at the health centre, as well as the absence of a safe place where survivors can get information about their options, and receive emotional and practical support. Survivors can be at risk of further harm from perpetrators, their supporters and even from their own family members and others in the community.

Weak coordination and information exchange among duty bearers. While national level policies and guidelines exist also defining the role and responsibilities of different governmental bodies at both national and county level in Kenya, there are *challenges concerning efficient coordination and clear division of labor* on the operational level (see e.g. NGEC 2017). Shortages in the service referral chain and coordination mechanisms between the multitude of stakeholders (national and county duty-bearers at the same level and between the administrative levels, NGOs) on prevention and response to GBV were reported in all of the three programme counties. *Gaps in information flows and data feedback* from the national level to the county level, from NGOs to authorities and vice-a-versa were also mentioned. Though underfunded, all counties have a Gender Technical Working Group (GTWG) at the time of the programme planning, but only Kilifi had a GBV cluster under it. Samburu established its own TWG at the time of the programme planning workshop in September 2018. The TWGs include both state and non-state actors and is Co-chaired by county commissioner and County CEC and he National gender director as the secretary. The stakeholders also noted that there is collaboration between NGOs and authorities in community level activities, in training and awareness raising and support to survivors (such as the safe home for girls escaping FGM in Samburu). One of the reasons for the failure in coordination is that legally designated duty-bearers are not held accountable for their actions.

Weak monitoring and lack of accountability. Weak monitoring and inadequate allocation of resources continue to be serious obstacles in the implementation of the policies. There are challenges between the funds flow from the national to county level but also with the *gender-sensitive budgeting* in the counties. There are delays in funds disbursements: For instance, in Kilifi, the delays have been several months during the past years. In Samburu, the County had received less than they had been requesting. The county governments (Bungoma, Kilifi and Samburu) audit reports (all being qualified) from 2015/2016[27] showed weaknesses in financial management and control. In addition to that, there is no proper monitoring and evaluation system to produce information for the decision

[27] http://www.oagkenya.go.ke/index.php/reports/cat_view/2-reports/11-county-governments/203-county-government-reports-2015-2016

making what has been done and how it has been done. Better documentation and data, related monitoring and evaluation with responsive evidence-based budgeting might help to achieve the desired results set in policies and strategies.

Unclear roles and responsibilities. There is lack of understanding of each service sector's role between health, police, and legal officers and how to implement the variety of guidelines, laws, and policies in practice. Although the PADV clearly states that responsibility for the care of survivors lies on the state, the law fails to set a specific penalty for violations. For instance, it is reported that the 'Standard Operating Procedures for prevention and response to gender-based violence', which provide a detailed description of actions to be taken by the police in handling GBV cases and offer standardised tools to enable police officers to deliver effective and timely services, and the 'Multi-sectoral Standard Operating Procedures for Prevention of and Response to Sexual Violence in Kenya are reported being under-utilized across all the key GBV response sectors, e.g. with police officers being uninformed about their role in GBV response as well as the existence of the SOPs. (Aura 2017).

Attitudinal challenges among duty bearers. Unwillingness of police and public prosecutors to investigate cases, non-specialization of prosecutors (noting that there is a special directorate at the Office of the Director of Public Prosecution that deals with GBV and FGM cases), pressure from communities to not report cases, is also reported. The stakeholder consultations indicated that service providers (police officers, health workers, judicial staff, public prosecutors) are and have challenges in dealing efficiently with GBV prevention and response efforts. Examples mentioned during appraisal data collection include: police officers failing to record reported GBV incidents and dismissing survivors under the blanket response that these are 'domestic issues' between spouses; health workers providing treatment and discharging obvious cases of GBV without following due process; public prosecutors and Court Users' Committee members viewing sexual and physical violence as not warranting arrest and a court appearance. .

On the ***Rights Holders side*** the main challenges are

Limited access to the first-response services. These *services are not available* especially in hard to-reach areas. Furthermore, for the reasons above, services are not adequately survivor friendly or of good quality. Also, *socio-cultural issues hinder the survivors from seeking assistance***.** Culture of silence prevails. The survivors of GBV do not seek or get the quality first-response services they need and are entitled to because of the rejection, stigma and other social repercussions associated with case reporting, especially when a spouse/partner or family member is involved. Domestic violence is considered a family matter, not for outsiders to know about or intervene with. It is reported that only 44% of Kenyan women who have experienced sexual and/or physical violence have sought help of any sort; of men 27%. Of those women who sought help only 10% sought it either from the police (7%) or medical/health personnel (3%); of men 19% and 13% respectively. (KDHS 2014). It is to be noted that cultural differences exist between the regions in Kenya which should be taken into account when planning for the interventions. The Fact-Finding mission report (Gichohi and Michuki 2017) provides an insight to those issues (Annex 9).

Overall, access to services does not only depend on the service provision but also on the client's ability to perceive the need for, to seek, reach, pay for and engage with the services. Many GBV survivors have limited '*legal literacy*' which would provide adequate knowledge of rights to fight injustices. It involves the ability to recognize when a problem or conflict is a legal one and when a legal solution is available; know how to take the necessary action to avoid problems, and where this is not possible, how to help themselves appropriately; know how and where to find information on the law, and be able to find information that is accessible to them, know when and how to

obtain suitable legal assistance; have confidence that the legal system will provide a remedy, and understand the process clearly enough to perceive that justice has been done.[28]

Thus, capacity development, support to the establishment of functional coordination mechanisms among duty bearers, awareness raising as well as supporting strengthening of the evidence base through data collection and knowledge management is needed to understand the magnitude of the problem and for the development of targeted policies and related capacities of duty bearers.

2.4. Other projects

There is no shortage of players and efforts addressing GBV in Kenya. Along with the GoK there are several development partners, civil society and non-governmental organizations (both local and international) working in the GBV and gender equality field. Therefore, there is a particular need to coordinate between the interventions and stakeholders in order to avoid overlapping and duplication of efforts and moreover, to build on the achievements and capacities already developed.

One of the most comprehensive GBV programmes in Kenya is the ***Joint Programme on Prevention and Response to Gender Based Violence, JPGBV*** (2017-2020), which is coordinated under the leadership of the Ministry of Public Service, Youth and Gender Affairs in partnership with the United Nations, development partners and Kenyan civil society organizations. The overall goal of the programme is to accelerate efforts towards the elimination of GBV. Along with the Ministry 14 government agencies have committed to it. Participating UN agencies are UNWOMEN, UNDP, UNFPA, WHO, UNESCO, UNICEF, UNHCR, United Nations Human Rights Office of the High Commissioner, UN Migration Agency (IOM), UNAIDS, FAO, WFP, UN-HABITAT, and ILO. Finland has not been funding the GoK Joint Programme on GBV directly, but the support to the implementation if the UN Women Strategic Note is included in the UN funding to the joint programme.

Finland will align its bilateral programme with the JPGBV framework and the Programme will, for its part, contribute to the JPGBV outcome 3 by supporting the Government of Kenya in its efforts to improve access to quality GBV services. Furthermore, the forthcoming Programme will focus on the first-response services, which is a more limited focus than that of the JPGBV. Given that, and the fact that the JPGBV will also work in the same three counties as the forthcoming Programme, coordination and collaboration will be required also at county level. This will require particular efforts from the county GBV WGs, the gender directors, and the Programme County Coordinators, the gender-based violence working group (GBVWG); and Coordination and cooperation with other actors and interventions).

The ***Jamii Thabiti programme*** supported by DFID UK Aid operated in eight selected counties between 2015 and 2018. The programme worked at community, county and national level aiming at contributing to more effective, accountable and responsive services to communities in addressing criminal and inter-communal violence and violence against women and girls and strengthening and supporting effective partnerships among safety and security institutions at national level and county level in Kenya. The Jamii Thabilti worked with security actors and stakeholders in **Bungoma** and Kisumu (Western cluster), Baringo and Nakuru (Rift cluster), **Kilifi** and Kwale (Coast cluster), and Wajir and Mandera (North East cluster) to achieve better coordination and integration and to apply

[28] see more Anoop Kumar. 2013. Legal Literacy. A Cornerstone for a True Democracy. https://www.grin.com/document/264802(.

lessons derived from local interventions more widely. At the time of this programme design, a successor programme for Jamii Thabiti was planned, with activities to be implemented in Samburu County. At national level, the programme worked with government, CSOs and other stakeholders on highly specific areas of policy and strategy development and implementation that are relevant to the problems that Jamii Thabiti was addressing at local level.

This forthcoming bilateral GBV programme is well aligned with the Finnish Development Cooperation policy principles, and it will complement the other interventions supported by Finland such as Finnish support to good governance and human rights by supporting the Devolution process, gender sensitive budgeting and the gender policies. The programme for its part will also contribute to the realization of human rights and access to justice and continue thus the work that Finland has done in Kenya by supporting the implementation of the Strategic Note of UN Women Kenya Country Office, including Kenya National Action Plan on UN Resolution 1325.

3. Programme Description

3.1. Overall description of the programme

The goal of the programme is to contribute to improved access to quality services for the survivors of GBV, to improve relevant cooperation and coordination between stakeholders in three counties of Kenya, as well as to strengthen the link between national and county governments. It contributes specifically to capacity-building at the county level and facilitates cooperation and coordination among Kenyan actors. The programme will support the country's own systems, strategies, policies, and plans, such as achievement of Kenya Vision 2030 goals, rolling out GBV policy and legislative implementation to counties, and supporting integrated services to respond to sexual and gender-based violence.

The programme is aligned with the National policies and strategies and the overall approach supports the on-going processes in GBV response and prevention in Kenya with an emphasis on those that target women, girls and the vulnerable (children, PWD, and marginalised areas) in line with the National Policy for Prevention and Response to Gender Based Violence (2014) and other pertinent national guidelines that target development of structures and co-ordination.

The proposed programme will directly contribute to the achievement of the UN 2030 Agenda Sustainable Development Goal 5 "Achieve gender equality and empower all women and girls" which includes the targets (i) to end all forms of discrimination against all women and girls everywhere; (ii) to eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation; and the target (iii) to eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation by the year 2030.

> *The programme will support development of an effective response to GBV which requires clear structures and good coordination as well as the concerted effort of all agencies and all sectors of government including the legislature, the judiciary and the executive at national and county level.*

An effective response to GBV requires clear structures and good coordination as well as the concerted effort of all agencies and all sectors of government including the legislature, the judiciary and the executive at national and county level. To devise and implement policies, a multitude of measures must be taken by different actors and agencies, which, when taken as a whole, offer a holistic response to GBV.

3.2. Beneficiaries and stakeholders

Beneficiaries

This *direct beneficiary of the programme* is the duty bearers, who are the institutions or elected or appointed officials that ought to respect, protect and fulfil the human rights legal obligations (MFA 2018). By addressing to developing their awareness and capacities, it is anticipated that the accessibility and quality of the services of the GBV survivors will be improved.

A first responder can be any representative of a responsible and ***legally bound duty-bearer*** from the health sector, police, or social services, county administration (chiefs and assistant chiefs at the grassroot level) or other ***professionals*** who come into contact with the survivors. In the context of the Programme, the entry point are the police and health services as they exist close to the communities. For children, the first contact point can be a teacher. Also, while Children's Officers (COs) at County level are not necessarily in the first line of duty bearer response, wherever children need protection and a safe environment, it is the responsibility of the CO to ensure those children are in a place of safety and children's Officers have to appear in court where a child is the complainant or the accused. There are few Children's Officers at Sub County level and some Districts do not have a Children's Office. The National Council for Children's Services has units (Area Advisory Councils - AAC) in the 47 counties. The overall role of AACs is supervision and control over the planning, financing and co-ordination of child rights activities and to advise the government on all aspects related to children. In addition to the Government officials, community leaders and parents are primary duty bearers to be addressed by the programme.

The *final beneficiaries* of the programme are GBV survivors and the communities in the selected counties; women, men, girls and boys, who will either be protected from violence or, if fallen survivors of GBV, have access to quality first-response services in their own counties. Expected benefits for the final beneficiaries include better access to appropriate first-response services. Those services will be ensured by developing the capacities of the Duty Bearers responsible for those services and by supporting appropriate and effective coordination between them. In addition, the programme will enhance awareness on the GBV and legislation, actions and policies among Duty Bearers who are not directly involved in provision of first response but are engaged in identification and prevention of GBV, such as education authorities. The final beneficiaries will be engaged also in the parallel MFA financed CSO project with aims at raising awareness on GVB, its prevention and response in the counties and communities.

Special attention is given to inclusion of persons with disabilities in the Programme activities because of their greater vulnerability to violence and difficulties in accessing the services. Similarly, the GBV of men and boys are addressed on an equal manner.

Stakeholders

The successful implementation of the programme requires extensive multi-sectoral cooperation at national and county levels. The key partners and stakeholders will be Ministry of Health, Department of Children's Services at the Ministry for Labour and Social Protection, Kenya Police Service, Judiciary and Prosecutor, as well as Council of Governors and National Gender and Equality Commission and the selected County Governments. Each partner is required to appoint a Liaison Officer or contact person.

State Department of Gender Affairs (SDGA). A key state actor in the GBV response in Kenya is the State Department for Gender Affairs (the lead programme partner. The SDGA mandate covers formulation, review and management of gender related policies, domestication and reporting on gender related international and regional treaties and conventions, co-ordination of programmes for the reduction of GBV, co-ordination of anti-Female Genital Mutilation (FGM) activities and establishment and implementation of a gender data management system. The GoK Executive Order 1 of 2018 sets out the SDGA functions, including implementation of programmes. The Technical Assistance to be provided by the bilateral programme will include capacity development support to the SDGA. It is in the programme's best interest to ensure that the SDGA has the required capacity to fulfil its agreed role and responsibilities on the programme. Co-ordination is a core function for government ministries.

Kenya Police Service. The police are in charge of maintenance of law and order, investigations, arrests of perpetrators of violence, documentation and preservation of evidence, presentation of evidence in court and ensuring appropriate response in the referral system. There are attendant laws that require implementation by police and local administrations to address violence against women and girls (these are also discussed in detail in the PD).

Ministry of Health: The mandate of the Ministry of Health (MoH) as stipulated in the Constitution 2010 (Fourth Schedule) includes: health policy formulation; capacity building and technical assistance to counties; and national referral health facilities. Other functions are: establishing regulatory frameworks, supporting formulation of legislation, standard setting (e.g. for Standard Operating Procedures) and national reporting. The MoH is also to support overall health sector co-ordination and resource mobilisation; provision of technical support with emphasis on planning, development and monitoring of health services and delivery standards throughout the country. The MoH is also tasked with monitoring the quality and standards of performance of the County Governments in the provision of health services, while the mandate of the Counties in respect to health (again as per the Fourth Schedule and relevant to the response programme) includes: management of county health facilities and pharmacies; ambulance services; promotion of primary health care. Public authorities within the health sector are responsible for medical responses to GBV; work is shaped by instruments such as *The National Guidelines on the Management of Sexual Violence*.

Ministry of Education. Education officials are mandated to address violence in institutions of learning and establish safe learning environments by implementing provisions of various Acts and Codes, such as the 2015 Education and Training Sector Gender Policy [29]. This policy has an explicit *objective to "e*nsure a safe and secure learning and work environment that is free of any form of sexual harassment and gender based violence", which includes actions such as ensuring implementation of gender-responsive safety and security measures in all institutions of learning and training to minimize cases of GBV; provision of support services, gender responsive health facilities and safety nets for GBV cases at all levels of the education sector (Policy Statement 5.2); strengthening teaching of Life Skills Education to effectively handle GBV and strengthening protection systems for learners in special needs institutions to curb GBV; as well as strengthening gender and guidance and counselling units at all levels to effectively handle GBV issues (Policy Statement 5.3.). furthermore, the policy includes measures to ensure learners who drop out will be given a second chance, including allowing girls who get pregnant while in school to continue with learning (Policy Statement 5.4.).

[29] http://www.education.go.ke/index.php/downloads/file/442-education-and-training-sector-gender-policy-2015

Ministry of Education & Teachers Service Commission is responsible for ensuring that there is sufficient number of teachers trained on Gender based violence identification, prevention and response; for the establishment of gender desk and install child/student information boxes; establishment of a database on occurrence, prevalence and type of GBV; sensitization of teachers and students on prevention and response to GBV and setting up policies for prevention and response to GBV in schools.

- Build capacity of Board of Management and field officers on Gender based violence prevention and response, so as to empower parents to ensure they do not compromise on issues of abuse by teachers
- Set code of ethics and conduct (through trainings, manuals and seminars

Office of the Director of Public Prosecution. Prevention and response to GBV would not be effective without the Office of the Director of Public Prosecution and its prosecutors, as well as by the engagement of the Judiciary whose mandate is to implement the Constitution in a manner that supports the police in properly prosecuting cases, while facilitating efficient and equitable administration of justice for GBV survivors.

The National Gender and Equality Commission (NGEC) is a state entity with a broad mandate of oversight and promoting, monitoring, facilitating and coordinating gender equality. Specific functions include monitoring, facilitating and advising on the integration of the principles of equality and freedom from discrimination in all national and county policies, laws, and administrative regulations in all public and private institutions, promoting gender equality and freedom from discrimination, coordinating and facilitating mainstreaming of issues of gender, persons with disabilities and other marginalised groups in national development.

County level stakeholders

By virtue of their devolved functions, County Governments are required to put in place systems and structures to enable and facilitate implementation of national laws for the benefit of GBV survivors. This is work in progress, to which the programme aims to contribute. At present, very few Counties have done this, which inhibits an effective prevention and response strategy for GBV. This means that few have ensured that equity and inclusion principles are integrated in all aspects of budget formulation, monitoring and evaluation processes (including mainstreaming of Gender Responsive Budgeting).

County Government. The County Government is responsible for ensuring that there is a sustained budget for GVB prevention and response. It is also responsible for putting in place county co-ordination mechanism to address county specific GBV and building capacities of various service providers within the county for appropriate prevention and response. Its responsibility is to ensure that there is sufficient health and education structure within the county to address the issue of prevention and response and that GBV prevention and response is in the agenda of the County Civic Education Program. It also undertakes sensitization and awareness campaign on prevention and response and encourage community conversations on the best ways to address prevention and response to GBV within the county.

County Executive Committee (CEC). GBV matters fall under the County Executive Committee (CEC) for Youth, Health, Gender and Social Services; each County has a Gender Director whose mandate it is to co-ordinate all gender interventions in the county, as well as advise the County Executive on gender policy and legislation. County governments have the responsibility to implement gender programmes.

Gender Technical Working Groups (TWG). All three proposed programme counties - Bungoma, Kilifi and Samburu - have Gender Technical Working Groups (TWG) that are coordinated from the County Commissioner's office. The

Bungoma and Kilifi TWGs were set up and trained by NGEC. The Samburu TWG was recently formed due to the intervention of Civil Society Organisations (CSO) and the County Gender Department. The SDGA is currently restructuring the TWGs and aligning these with the Inter-governmental Framework on Gender.

The counties develop Integrated Development plans. The quality of these plans differs with regards to the gender equality and GBV initiatives. With regards to the targeted counties, at the time of the preparation of this programme, he Bungoma draft County Integrated Development Plan (CIDP) 2018 – 2022 states its ambition to build one GBV Recovery Centre in the next 5 years. There is further stated intention to establish gender desks, reduce Female Genital Mutilation and take action on sexual and gender-based violence (SGBV).
An analysis of the Kilifi County CIDP (2018 -2022), in turn, shows the government has allocated 126M Kenya Shillings to GBV specific activities within the maternal, child and adolescent health sector, under the outcome of 'reducing prevalence of GBV from 10% to 3% by 2022'. This budget allocation will be spent to establish and equip 7 GBV clinics, train service providers and offer SGBV counselling services. An additional 14M is allocated for GBV awareness fora under the gender and development sector. The Samburu CIDP was not made available for review.

The programme stakeholder map developed by the appraisal Team demonstrates the multidimensional set of stakeholders of the programme (Annex 3).

3.3. Scope of the programme

The duration of the programme is three years 2020 – 2022 inclusive of a nine months inception phase. A second phase can be considered when the first phase is in implementation and produces results. Funding from the MFA for the duration of the programme is 5 million EUR and the counterpart contribution from the GoK is estimated 1 million EUR from the national level. Contributions from the county level budgets will agreed on during the inception period. The prevention aspects will be developed and concretized across the programme outputs during the inception phase. During the inception phase a clear theory of change linking the three outputs will be articulated.

The programme will operate at the national level and in three selected counties (Bungoma, Kilifi and Samburu) to improve the performance and availability of the services so that the GBV survivors can get help in their own counties. The programme will share information & good practices with neighbouring counties and through the CoG, as well as at national level in GBV conferences.

The selection of targeted counties - Bungoma, Kilifi and Samburu - was done in consultations with stakeholders in Kenya. The following criteria was used in selecting the counties: (i) Preference on counties suffering from poverty and marginalization (lack of access to basic services); (ii) Prevalence of negative cultural practices in relation with GBV; (iii) Regional/geographical (North, central, West, coastal) balance, but within reasonable access from Nairobi; (iv) Opportunities for synergy with other Finnish funded initiatives and avoiding overlapping with CSOs, NGOs and IGOs working on GBV; (v) Counties which expressed political good will to address GBV working with development partners. Consideration was also paid to balancing inclusion of counties both less advanced and advanced in GBV response.

3.4. Overall approach and strategies

A survivor-centred approach has been employed in the programme formulation and the programme will continue to apply this approach along with other general GBV guiding principles in all its activities. The survivor-centred

approach is put in place through a set of principles that guide the work of all first-response service providers and international technical advisors and in all their interactions with people who have experienced GBV. The principles are: (i) *the right to safety*; (ii) *right to confidentiality*; (iii) *right to dignity and self-determination*; and (iv) *non-discrimination*.

The Programme will emphasize multisectoral approach and sustainability. A holistic response to GBV is to devise and implement policies which comprise a multitude of measures to be taken by different actors and agencies. The first response requires extensive multi-agency cooperation and participation of communities.

Human Rights Based approach will be applied by ensuring that a) both duty bearers and rights holders benefit from the programme, b) both rights holders and Duty Bearers are engaged in the planning, implementation and monitoring of activities and that c) accountability to both rights holders and Duty Bearers is applied. The programme will apply the 'Do no harm' approach which is essential in GBV work. 'Do no harm' approach involves taking all measures necessary to avoid exposing GBV survivors to further harm as a result of the actions of the first-response services and/or the programme. Highest standards of safety will be respected particularly when working with children (under 18 years). The programme will strive to ensure that services tailored for or sensitive to this age group are available. Similarly, a specific group is persons with disabilities, who may need additional attention for instance in communication.

The Programme will address barriers related to access the GBV services and prevention through capacity development, awareness raising and enhanced multi-sectoral coordination. The programme will work in close cooperation with the forthcoming MFA financed CSO prevention programme, which aims to reduce the incidence of GBV through grassroots level awareness raising activities. The MFA will launch the Call for the CSO prevention programme, when the bilateral programme has started. It will enable the communities, GBV survivors, children and PWDs, to understand their rights, GBV policies and legislation as well as what these mean in practice.

The programme aims to produce long lasting and sustainable results which will have an impact on Kenya's GBV response and consequently on the society as a whole. Capacity development is addressed broadly, and it will include training and upgrading the professional skills of the service providers (health, police, social services, prosecutors) to attend to GBV survivors and introducing ways to provide the services in multi-sectoral coordination. Depending on identified needs, the programme will facilitate implementation of the standard operating procedures for the first response including multi-sectoral coordination, swift criminal investigation, and ensuring paying attention to people with special needs. The programme will support the development of evidence-based strategies and resource allocation for GBV services and prevention by enhancing multi-sectoral coordination and collaboration, providing opportunities for interaction and, by so doing, to create visibility, political goodwill and ownership of the first response and prevention of GBV.

The programme approach acknowledges the social norms influencing the prevalence of GBV. The term 'social norms' captures how a community, social group or institution normally 'does' gender or uses violence. Social norms are dynamic and changeable and are influenced by many intersecting factors such as sex, age, education, social position and power and/or socio-economic status. Social norms are a reference point for individual thought and action. Everyone is influenced by social norms and a person's attitudes and behaviour will very often reflect responses to prevalent social norms, which can be taken for granted as moulding the right way to act[30].

[30] *Jewkes R. 2017. What Works Evidence Review: social norms and VAWG*

Work on social norm change most often prioritises community members, while neglecting to reflect and act on the fact that staff members of institutions (in programme terms, duty bearers and service providers) belong to a community as much as anyone; their social norms may well equally need to be challenged, addressed, changed and sustained. The intention is that the response-focused programme would work to train and equip duty-bearers to analyse and deal with negative GBV social and gender norms. An important aspect of that work would be for county officers and national staff at county level to reflect on their mandates and opportunities to address GBV - the objective is to have all GBV response partners applying the same type and level of appropriate practice in service delivery.

The programme will assume various modes and focus on how to combat GBV issues taking into account the county-specific environments. In order to tailor the approach for each county the programme will work, under the umbrella of the overall programme results framework, closely with the counties to develop county-specific work plans in the inception phase.

Participatory approach will be applied. Stakeholders at different levels will be engaged in different phases of programme planning, implementation and monitoring. The implementation strategies will be selected to ensure that they fit in the context. Cooperation with local duty-bearers to identify the correct methods for responding to the gaps is emphasised. Engaging local knowledge and expertise is important for the success of the programme.

3.5. Results and implementation strategies

3.5.1. Impact

The programme is aligned with the GoK policies and it aims to contribute to the achievement of the its aspirations of eliminating sexual and gender-based violence through the development of a preventive, protective, supportive and transformative environment (NGEC 2017). Thus, the expected **long-term impact** of the programme is the Government's vision of a society free from the practice of SGBV and other harmful vices, and one that recognizes the equal value of men, women and children.

Gender-based violence and harmful practices reduced in Kenya.

3.5.2. Outcome

The expected outcome of the programme is that the selected counties will have an improved and a well-coordinated first-response service system for GBV, and that there is effective national and county level strategies and structures in place. The underlying assumption for the intervention to contribute to the impact is that providing adequate services at all levels of the survivor service chain increases visibility and accountability (including of perpetrators) as well as awareness, which both have a central role in reducing GBV. As a result of this intervention, the Duty Bearers, particularly police and health officials have improved capacities to identify, prevent, respond and report about GBV and provide effective client-centered first -response services. The three counties are supported to develop appropriate approaches in the given context.

Adequate and sustainable quality services and systems (prevention and response) available in the targeted counties, supported by effective national and county strategies and structures.

3.5.3. Outputs

The main implementation strategies include Capacity Development of Duty Bearers (Output 1), support to the implementation of policies at national and county level (Output 2) and awareness raising and information sharing (Output 3). The activities implemented in the three targeted counties, will be supported and complemented by national level activities aiming at better coordination and coherence of services.

Output 1:
Improved capacity of police, health care and other Duty Bearers to identify, address, monitor and prevent GVB in the targeted counties (Capacity Development).
Output 2:
Improved GBV governance and better coordination, policies, strategies, planning and budgets for GBV at national level and in three targeted counties.
Output 3:
Improved awareness among duty-bearers on roles and responsibilities and mandates related to GBV prevention and response.

3.5.4. Implementation strategies and main activities

The following provides a broad outline of the activities to be implemented to deliver the three outputs. A detailed action plan for the programme implementation will be developed during the inception phase, based on the needs of each targeted County.

Output 1: Capacity Development
The following activities are anticipated with regards to the Output 1 "Improved capacity of police, health care and other Duty Bearers to identify, address, monitor and prevent GVB in the targeted counties".

Activity 1.1. Capacity development needs and gaps assessment
The capacity development will be based on a thorough situation and capacity development needs and gaps assessment which will be conducted during inception phase in the targeted counties. A similar activity will be implemented at national level if found necessary. A team of national and international experts will be contracted to conduct this assessment which will identify needed competencies and capacities, existing capacities, potential capacity gaps and define further capacity development needs.

Activity 1.2. Capacity development
Based on the findings of the capacity development needs and gaps assessment (Activity 1.1.), a comprehensive results-oriented capacity development framework/plan for the programme will be developed, targeting to different stakeholders and customised to the needs of various target groups and situation of the targeted Counties. Some generic areas have been already identified during programme formulation. For instance, the fact-finding analysis, identification mission and programme planning workshops found that many of the GBV survivors are children and that the GBV problem is particularly a child protection issue.

The capacity development efforts aim at sustainable institutional change, e.g. negative or discriminatory social norms may be embedded also in the institutions; therefore, in order to make a real change, various means for capacity development will be employed. In addition to traditional training, capacity development may entail different forms of activities such as development and provision of tools and manuals, development of systems, round tables, experience exchange, hands-on and peer support, coaching/ mentoring, online-training, supervision, study visits and experience exchange internationally, regionally and between the counties, peer-to-peer support, and side-by-side work. Alternative models for capacity development will be used, also, because the experience has shown deficiencies in the effectiveness and sustainability of traditional cascading model (using Training of Trainers).

A results-oriented approach will be applied, also including measures to track outcomes of the capacity development in terms of application of new skills and knowledge, changed practices, awareness, cooperation and coordination. The programme will also seek and emphasise use of capacity development modalities which will sustain after the programme funding comes to its end, and which focus on strengthening institutional capacities in a sustainable manner.

Capacity development will be implemented at national level and in the targeted counties, including for instance joint leadership training of the duty-bearers, led by the SDGA with the support of programme's technical assistance and developed in consultation with the stakeholders. In addition to trainings, the programme will organise round-table discussion on GBV e.g. for the Members of County Assembly (MCA) in the selected counties to strengthen the awareness and importance of investment in GBV services.

Activity 1.3. Support to the establishment of an effective first response chain

The programme will work in the three targeted counties to ensure that the first-responders have sufficient capacity to recognize and treat GBV survivors professionally and with respect and that co-ordination, cooperation and accurate information exchange between and among Duty Bearers takes place. Effective first response coordination involves: (i) inter-agency SOPs that clarify the roles and responsibilities for GBV prevention and response; (ii) a referral pathway to promote survivors' access to services; (iii) technical expertise, understanding and capacity on the GBV guiding principles; and (iv) awareness of, access to and use of relevant tools and guidelines across sectors to support effective GBV prevention and response, and naturally (v) sufficient human resources, adequate facilities and equipment.

For a strengthened first-response chain to work properly, it is essential to establish *Standards of Operations* (SOPs) on the roles of each first-responder and on the working procedures used in coordination and cooperation, an ensure that all actors are aware of those SOPs and use them properly. The programme aims at operationalisation and use of the existing SOPs already developed [e.g. by the MoH for PrEP and PEP treatment of survivors]. This will be achieved by enhancing the knowledge of what SOPs are and why they are important at all levels, especially among police Gender Desk officers. A collaborative mapping of any SOP gaps will be supported and the compliance of standard operating procedures and guidelines in police and health service for responding to cases of GBV that comply with national and international standards explored and documented.

A well-working first-response service chain makes it possible for the GBV survivors to receive proper protection, support and access to justice. The *referral pathway* should guarantee seamless access to support services. Service chain authority's responsibility is to refer survivors to appropriate services such as general support services but also to safe houses and counselling services adapted to GBV survivors, if needed. Access to quality services should be provided before, during and after the criminal proceedings. Access to quality services is guaranteed by

providing referrals as a part of the standardized working methods of first-response chain. Quality of response depends on the *technical expertise* and availability of a variety of tools and services that take into consideration both individual and crime-related needs. Quality is related to first-responder police work and how the investigative steps are taken so that security is ensured. For instance, the survivor should not be exposed to multiple interviewing but be interviewed by trained professionals for minimum of times. The provision of GBV services should also be geographically well-covered. Services should include provision of safe places, medical services, survivor support services, counselling, legal advice and children-specific support.

While addressing the Duty Bearers as primary beneficiaries of the programme, the programme also aims to develop environments and procedures for the GBV survivors to be aware of their right to get help and how and where they can get it. Particular focus will be given to vulnerable GBV survivors, such as children and persons with disabilities. This entails close cooperation with education authorities (as first step to identify potential GBV) and organisations of the persons with disabilities and for instance Community Health Workers/Volunteers (CHW/Vs). The activities at the local community levels aim at ensuring that all professionals encountering domestic violence have sufficient information on identifying violence, addressing security and insecurity, and that they have working models in different situations. The county context and specific needs will underline the development of first response chain.

Output 2: Governance and coordination

With regards to the Output 2 "Improved GBV governance and better coordination, policies, strategies, planning and budgets for GBV at national level and in three targeted counties", the following actions are anticipated.

Activity 2.1. Support to the policy implementation, coordination

The models for County Level policy on Sexual and Gender Based Violence have been issued in 2017 by NGEC and the implementation of those guidelines is at various stages in the Counties. The programme will support the development of county specific policies and coordination among actors. The programme intends to convene the duty-bearers at various levels of administration, and promote dialogue and experience exchange, so that each sector would understand their own role and that of others in the first-response service chain and quality assurance. Also, examining the GBV financial framework at the county level and carrying out a costing exercise has been conducted and used for local budgeting.

The programme will promote coordination among the first-response service provides at national and county levels. Coordination is needed to promote a common understanding of GBV issues among key stakeholders, uphold GBV minimum standards, monitor adherence to GBV guiding principles, facilitate information sharing and best practices, and promote collective interagency actions to prevent and respond to GBV. Evidence from the appraisal data collection and e.g. NGEC documents indicates that national level Duty Bearers are likely already to have knowledge of the core concepts but that joint working modalities are yet to developed and understanding should be transferred to the county level and adapted to the specific county contexts. The programme will support this transfer and establishment of sustainable coordination and cooperation mechanisms at all levels, to ensure effective policy implementation.

Support to multi-sector co-ordination will be highly dependent on the capacity of the SDGA as lead GoK partner to manage and co-ordinate the national and county partners. According to the SDGA it has made good progress in terms of co-ordination through the Inter- Governmental Framework on Gender. The Framework establishes county inter-governmental gender sector working groups which is chaired by the County Commissioner and co-chaired by the CEC-G. The programme will strengthen the role of the County Gender

Based Violence working groups as key platforms to steer the program at the county level working closely with the envisaged - Program County Coordinators and the State Department County Gender Officers. During the inception attention will be made to ensure co-ordination of activities outside such meetings, e.g. on how the Framework mandate, roles and responsibilities will be managed to ensure no overlap and optimal coherence with e.g. NGEC, other existing (S)GBV Technical Working Groups, etc.

2.2. Support to planning, budgeting and M&E systems

The programme formulation was informed that while GBV focused capacity development work is being undertaken, including the SOP development funded largely by development partners, availability of statistics and data management remains a major challenge. Evidence of this was seen at Police Gender Desks; officers rely on paper registers and extremely weak reporting systems. The programme will assess the data management systems in the targeted counties and support further development of sound data management and monitoring of GBV.

Support will be provided to evidence-based programming that seeks to support strengthening of national GBV knowledge management, including M&E Framework. While the counties are in the process of developing and implementing their county specific policies, the programme will support them in the establishment of sound monitoring systems to be used as a basis for planning and budgeting. The existing cost analyses will serve as a reference point for those activities.

Output 3: Awareness raising and information sharing

Activity 3.1. Support to experience exchange and networking

A critical element for achieving the expected outcome and impact is that all relevant stakeholders are aware of GBV as a legal and human rights issue and that there is clear understanding also within the communities about the processes, and stakeholders' roles and responsibilities and mandates related to GBV prevention and response. Therefore, networking and sharing of good practices are important implementation strategies of the programme. The Annual GBV Forum is a multi-sectoral conference where participants from community level to national level present their GBV work and its results in speeches, workshops, and posters and engage in dialogue with other stakeholders. The purpose of the conference is to promote the visibility of GBV issues in the national agenda and advocate further collaboration and innovations. Finnish programme can contribute to planning, budgeting and coordinating such events as an opportunity to share lessons learned.

Activity 3.2. Media education and engagement

In the Programme the media will be engaged to raise awareness on GBV, ensure that women's and PWD's voices and concerns for protection are heard, inform the community and the public about how to access GBV response services, and promote positive gender and social norms. Journalists will be provided training to cover issues of GBV while respecting the safety and confidentiality of the survivors so that survivors and those supporting them are not put at risk and that media does not contribute to negative stereotyping of survivors and survivor blaming. Media is encouraged and trained to report in a gender sensitive manner, and to follow best practice guidelines to ensure ethical and safe interviews in which survivors are treated with dignity and respect, using a survivor-centred approach. In Kenya radio is the best media for reaching people also in the rural areas. Radio plays, interviews and radio jingles can be used in awareness raising. The role of media will be carefully analysed and the experiences of Kenya media playing a negative role in the coverage and imaging of violence and fail to link gender-

based violence to human rights, gender equality and issues of national development will be addressed. Currently, it is observed that very rare good story interests an editor, and that only bad news about women in violent situation are covered.

Activity 3.3. Information sharing and peer learning

An important element of this programme is awareness raising and sharing of experiences between the targeted counties. Innovative means such as use of information technology and exchange programmes will be applied. In this component a close cooperation will be established with the other Finnish supported GBV intervention which focuses on GVB prevention at community level. An awareness raising plan will be developed during the inception phase.

3.4. Risk assessment

The indicative Risk Assessment and related mitigation measures are presented in the Table 2 below. The inception phase will conduct a thorough re-analysis of the risks and risk management strategies and alter the programme implementation strategies if the risks are found to be too critical. Risk Management will be revised semi-annually and reported to the SC and SB accordingly.

Table 2 Risk Matrix

Risk Factor	Likelihood of Risk	Impact of Risks to the Results if realized	Risk Mitigation Strategy
1. Contextual Risks			
Unstable political situation could hamper the implementation of the programme and weaken the government's commitment to sustain the results.	Low	Medium	The programme aims to institutionalise the capacities and coordination mechanisms to ensure their sustainability if implementation environment changes.
High staff turn-over and lack of human and financial resources, which leads to inefficient implementation and limited sustainability.	Medium	Medium	The programme will focus on building institutionally sustainable capacities that do not depend on the commitment of any one person
Widespread corruption	High	High	Analysis on how corruption is to be understood in the context of GBV done during the inception phase to understand the risk better. Adherence to financial management systems and procedures agreed in the Programme Implementation Manual
Limited or reduced political will to make tangible commitments GBV which leads to insufficient provision of financing and narrowing the service provision.	Medium	Medium	The inception phase is critical to establish ownership. The programme itself promotes effective communication and awareness raising so that GBV is better recognized as a political priority. The programme organizes possibilities to dialogue between sectors, strengthens ownership and trust through hands-on multi-sectoral collaboration. MFA through the Embassy of Finland maintains high level policy dialogue to keep equality and GBV issues on the agenda.
2. Programmatic Risks			
Limited capacity of the partner organizations to implement and coordinate the planned activities	Low	High	Capacity analysis and plans in the beginning of the programme, providing possibilities to networking and sharing of good practices, training to implementing organisations.
Difficulties and resistance to change the social norms and practises.	Medium	Medium	The Programme will work in close cooperation with the MFA funded CSO programme and apply culture sensitive approaches. Effective communication to the public, involving and informing particularly men, identifying an influential entry point to the community with positive mind-set, awareness raising
The public administration's ability to assume new programmes for implementation can be low because of stretched human resources and	Low	Medium	A capacity assessment will be conducted to identify the existing and missing capacities. The CTA supported by a capacity development expert and the Programme Director will carry out a capacity

limited capacity of the partner organizations to implement the planned activities.			assessment to identify existing gaps. Activities will be adjusted to the capacities of institutions to execute.
Limited cooperation with other development partners leads to duplication of efforts.	Low	Medium	Programme works in close collaboration with other development partners. During the inception phase an analysis of the situation will be done, which will look in more detail into the possibilities for collaboration, cooperation and synergies. Coordination and information mechanisms will be established and applied.
Delays in nominating focal points and other persons.	Low	High	Clear instructions and follow-up.
3. Institutional Risks			
Inadequate human resources and staff turnover, which would hinder sustainability and efficient implementation of the programme activities. leads to limited cooperation, guidance, and implementation capacity, which limits the achievement of the results and continuity of activities.	Medium	Medium	Focus on building institutionally sustainable structures that do not depend on the commitment of any one person The TA supports establishment of processes and tools, which will sustain even though staff changes. Capacity development is provided at all levels. Coordination arrangements will be agreed during the inception phase.
Misuse of programme funds and appearance of corrupt practices	Medium	High	Transparent management structures. Clear and documented systems and procedures (for finance, procurement and implementation) which everyone knows and which are adhered to Training of staff in good governance
Lack of commitment from some of the stakeholders	Medium	High	Transparent information sharing about the programme purpose and activities, roles and responsibilities of different stakeholder clearly defined

4. Implementation arrangements

4.1. Implementing agencies and arrangements

The competent authorities of this programme are the Ministry for Foreign Affairs of Finland and the State Department for Gender Affairs (SDGA) within the MPSYGA, which is responsible for the co-ordination, policy making and promoting special programmes. A Memorandum of Understanding (MoU) will be signed with the Counties.

A Technical Assistance provider will be selected by the competent authorities to support the implementation of the project. The services of the TA Provider are further defined in the contract signed between the MFA and the company, including Home Office Coordination functions in quality assurance and in supporting Results based management and implementation.

The TA provider is expected to provide a long-term Chief Technical Adviser (CTA) for the duration of the programme, and key short-term experts (Capacity development and M&E Expert for the Inception Phase). The TA provider will be chosen using open tendering process following the Finnish procurement legislation as well as the procurement rules and regulations of the Ministry for Foreign Affairs (MFA). MFA will manage the tendering process, and the State Department for Gender Affairs (SDGA) and National Treasury will participate in the preparation of the ToRs and the selection process of the TA. During the inception phase, the service provider will be tasked to recruit assisting staff, including an office assistant, financial manager, County Coordinators and a driver.

During the implementation, the TA provider, based on the request of the SC and as indicated in the work plans, identify short term experts and provide CVs of suitable candidates for the Short-Term Technical Assistants posts

and take care of the contractual arrangements with the TA staff. It will also provide home office services, Quality Assurance, and communication with the MFA in Finland. A list of Home Office coordination activities is annexed in this document (Annex 7).

The TA provider is also in charge of managing the government of Finland funds to the programme.

The Ministry of Public Service, Youth and Gender designates the *Programme Director* and other necessary staff members to coordinate the implementation of the programme in collaboration with the CTA. The Ministry of Health (MoH) and the Kenya National Police Service (KNPS) will identify *focal points* to coordinate and support the implementation of the programme in these institutions. At county level the main implementers are the relevant county departments (Gender, Health and others) and the relevant National representatives at county level (County Commissioner, National Gender Director (NGD), the police and others) and as well as the independent institution (judiciary). A County Coordinator will be recruited by the Programme for each selected county to support the coordination and implementation of activities in accordance with agreed working plans.

In the counties the implementation is coordinated multi-sectorally by the *Gender technical working group co-chaired by County Commissioner and the County CEC gender* in Bungoma, Kilifi and Samburu who will ensure that the activities will be implemented according to the approved county work plans.

The specific roles and responsibilities of the different actors, as well as detailed coordination mechanisms at the county level, will be agreed upon during the Inception Phase.

4.2. Management and decision making

The programme management structure contains the Supervisory Board (SB) and Steering Committee (SC) and the Programme Management Team (PMT).

The Supervisory Board is a policy level and the highest decision-making body of the Programme. It provides strategic guidance to the programme, including approval of annual work plans and budgets, annual progress reports and programme policies and principles, as well as any major changes required to the programme. The members of the Supervisory Board represent the competent authorities - the partner country representative and the MFA. The members of the Supervisory Board must be legal representatives of their countries entitled to make agreements and commitments in relation to the programme implementation and use of resources. The suggested Supervisory Board membership is presented in the Annex 5. **The Supervisory Board meets twice a year**.

The Steering Committee has the mandate of overall steering of the programme. It provides operational support to the programme in terms of reviewing annual and biannual/quarterly work plans and budgets, progress reports, risk assessments and mitigation actions; approves the ToR for short term technical assistance and programme partners, and it reviews and proposes solutions for any technical or programmatic issues related to implementation. The Steering Committee endorses reports and plans for the SB approval. **The SC meets three times during inception phase and then biannually or when needed**. The Steering Committee consists of senior level representatives of the authorities directly involved or influenced by programme implementation and a county government representative from each targeted county, as well as the MFA represented by the Embassy. The CTA and Programme Director attend the SC meetings but do not participate in decision making.

The Programme Management Team (PMT) is responsible for the operational management of the programme, including developing work plans and budgets, supporting implementation of activities, Human Resources and finance management, monitoring of progress, writing of progress reports, sharing of information with other stakeholders and ensuring compliance with HRBA principles and cross-cutting objectives. It comprises of the

- Programme Director from the Ministry of Public Service, Youth and Gender,
- Chief Technical Advisor (CTA),
- County Coordinators,
- The Chief Technical Advisor and Programme Director are co-chairing the Programme Management Team meetings and the Assistant acts as Secretary. PMT reports to the SC.

In order to promote ownership and sustainability, the Programme will seek ways on how to get the key partners involved in an efficient and effective manner, for instance by using modern technology.

The **county level coordination and management structure** will be defined during Inception phase but it should include representatives from the key implementing agencies and other stakeholders (e.g. CSO representative).

The draft Terms of Reference are annexed in this report and more information about the programme management structure is available in the Manual for bilateral Programmes of the Ministry for Foreign Affairs of Finland.

4.3. Financial management

The programme annual plans and budgets including both Governments' contribution to the programme are prepared by the Programme Management Team for the Steering Committee's review and Supervisory Board's approval. The Steering Committee and the Supervisory Board will oversee the use of budget.

The Finnish Contribution to the Programme will be channelled through the TA provider. The MFA will reimburse to the TA provider the eligible operational costs of the Programme as well as cost relating TA support against monthly invoicing as stipulated in the Consultancy Contract and its attachments. Disbursements will be made to a bank account managed by the TA provider.

The financial management of the Finnish funding for programme is the responsibility of the TA provider and will include the TA support and related reimbursable costs, as well as operational funds of the Programme. The TA provider is also responsible for making all the procurements funded from the Finnish contribution. A financial and procurement manager will be hired for the programme.

GoK contribution will be managed by MPSYGA in accordance with the annual plans and budgets and Kenyan rules and regulations.

Financial Management and Procurement will be done according to the rules and regulations stipulated in the Bilateral Programme Agreement, Consultancy Contract, Programme Document and the Manual for Bilateral Programmes or any other directions given by the Ministry. The detailed modalities for the financial management and procurement will be determined in the Programme Implementation Manual which the TA provider will be prepare during the inception phase The Programme Implementation Manual has to be approved by the Competent Authorities.

In the the procurement of the TA Provider the Finnish Procurement Legislation will be applied. Local procurement in Kenya, covered form the operational budget of the Programme, will be done using Kenyan legislation. Procurement is always based on the Procurement Plan and budgets, approved by the competent authorities. The project management is responsible for ensuring that inventory of the assets that belong to the project is always up-to-date.

Both the Ministry for Foreign Affairs of Finland and the partner government are entitled to carry out additional audits and monitoring missions (see chapter 9.)

4.4. Coordination and cooperation

The programme will work in close coordination with other interventions in order to build synergies with existing ongoinmg GBV programmes and to avoid overlapping and duplication of efforts. During inception phase a situation analysis will look into this more in details and see opportunities for collaboration, coordination and synergies. Coordination meetings will also be held regularly with the GoK-UNWomen Joint Programme on GBV and the Ministry for Public Service, Youth and Gender Affairs in order to guarantee complementarity between the two programmes supported by Finland. There is a Development Partners' coordination group on gender which coordinates efforts, priorities advocacy work, and communicates with SDGA and other agencies. Finland is an active member in this group. The Gender Technical Working Group will coordinate the different actors which are implementing the GBV-related programmes at the county level.

While the bilateral programme financed by the MFA aims at building the Duty Bearers capacities and national and county level, the MFA plans to possibly finance CSO parallel programme aiming to strengthen awareness of communities on gender-based violence in all its forms, as well as to build capacity to prevent GBV at county level. The aim is that the CSO partners would work in collaboration with the GBV bilateral programme.

4.5. Communication and information dissemination

The communication and information dissemination plan will be developed during the inception phase. Counties will need their own respective plans with a link to the NGO community awareness raising activities. Aim of communication, target groups and key messages need to be jointly adjusted.

Information dissemination is an integral part of implementing the programme and supporting implementation. It will continue throughout the programme, and it is not an end-of-programme activity. The **internal information dissemination** includes sharing of meeting invitations, plans, minutes and reports (periodical, lessons learned, etc.) between the programme partners. It also includes sharing information with the MFA of Finland in a way that allows MFA to use it in its communication activities. Information should also be shared with the national and county partners. The **external information dissemination** includes information dissemination to stakeholders, decision makers and the public. The communication activities are aimed at raising awareness of GBV among the general public, particularly young people.

Depending on the county situation and specific focus area, each county will define its own specific target groups for activities carried out in the county. The baseline surveys carried out by the programme will serve this end.

General information about the Programme is also meant for the MFA, implementing Partners and the development partners.

Communication channels to be used could include a programme website, news and up-dates on programme events, event information and presentations uploaded to a cloud service, as well as social media. A detailed communication plan with key messages will need to be agreed upon in the inception phase.

5. Work Plan and Inception Phase

Overall programme work plan

During the Inception Phase an overall work plan for the programme with key performance indicators will be finalised and budget allocations agreed. The overall work plan covers activities at central level and in the three counties. This plan, together with the annual plan for the first years of implementation will be submitted to the Steering Committee for discussion and for approval of the Supervisory Board. Annual Plans and budgets are prepared by the PMT in accordance with the overall plan and submitted to SC for approval.

Annual Plans and budgets

The overall work plan is the basis for the annual planning, which is the responsibility of the PMT and County level Implementation Teams. Annual plans and related budgets will be compiled by the CTA and submitted to the SC and finally for the SB approval. This annual plan includes quarterly or biannual milestones which are reported in the quarterly reports.

Inception Phase

The programme will start with a 9-month inception phase. The purpose of the inception phase is to establish sound foundation for the implementation of the programme and achievement of the intended results. During the inception phase the Programme Document will be updated and an overall implementation plan for the programme duration will be finalised. A work plan with deliverables for the Inception phase is annexed in this document (Annex 8) .

This period is also essential to ensure ownership for the programme at different levels and to ensure that the implementing partners have the required capacities and readiness for the implementation. A relatively longer period for inception is needed to bring together the plans of three counties, based on their needs and targets and to ensure that there is full support to the programme, and necessary capacities for programme implementation and monitoring. Time is also needed to establish operational programme management and coordination. The expected results of the inception phase include (see also more detailed work plan Annex 8):

i. Operational programme management (PMT, CS, SVB, Programme Office);
ii. Context and situational analysis both at national and county levels with particular attention to required adjustments in the programme document, specifically in the results and risk matrixes;
iii. Capacity gaps assessment
iv. Capacity development framework/plan;
v. Revised Results Framework with appropriate monitoring systems (indicators, baselines, target values and data collection and reporting arrangements);
vi. Programme implementation manual; with communication and visibility plans;
vii. Revised ToRs for the Programme staff and County Coordinators;

viii. Recruitment of programme staff and
ix. Inception report with an overall work plan developed for the duration of the programme implementation, approved by the Supervisory Board.

Establishing operational facilities and Programme Management

Kick-off meeting: An important activity of the inception phase is a kick-off meeting (Inception Workshop) which will be held to introduce the programme concept and ensure that all parties share the same view of the programme, and to clarify the roles and responsibilities.

Recruitment of staff: A Programme Assistant, Financial Manager and three County Coordinators and a driver are recruited through an open and competitive recruitment process during the inception phase. In addition, GoK may consider seconding staff and including these costs to Kenyan counterpart contribution. SC members, incl. Embassy, may take part in the recruitment process, if needed.

Orientation and training: An essential activity of the inception phase is the orientation of all programme managers, first responders, etc. in the programme concept. Also, a Programme Planning and management workshop will be organised to key actors at central and county levels to ensure that there are sufficient capacities to plan and manage the programme effectively. The counties are encouraged to nominate multi-disciplinary focus teams which would participate in the planning, implementation, coordination and monitoring activities. Hand on support will be provided to the development of action plans and monitoring systems.

Programme management: Programme management team plays an important role in the programme planning, implementation and monitoring. During the Inception Phase the PMT will meet regularly and joint meetings for county and central level actors will be arranged. Steering Committee will meet in the beginning of the programme, and to approve the quarterly report and for the preparation of the SVB meeting. A Supervisory Board meeting will be arranged in the beginning of the inception phase to give general guidance and in the end of the inception period to endorse the changes proposed to the Programme Document, including clarification of the roles and responsibilities of the implementing partner(s), agreement of the contributions of each stakeholder and responsibilities with the institutions involved. Discussions and decisions made during the meetings are recorded in the agreed minutes or in other joint documents (e.g. aide-memoires).

The main inception phase activities and deliverables are clarification and further work on background/gap analyses, RF, indicators (including baseline collection), risks, and implementation strategy. By the end of the inception phase, it is expected that any uncertainties or open issues of the Programme Document have been clarified and the Programme Document modified/amended updated (if needed) and approved by competent authorities. Clear responsibilities, roles and accountability mechanisms for the various stakeholders are put in place. Detailed Work plan and budget for the first year of implementation are prepared.

The main deliverables of the Inception Phase are the revised Programme Document (with situation analysis, capacity needs/gaps analysis and capacity building framework/plan) and a Programme Implementation Manual (PIM) developed by the Programme Management Team and approved by the Supervisory Board. The PIM is an operational manual for programme implementation, including e.g. description of the monitoring system, definition of a decision-making structure and procurement policy and administrative rules and regulations for the programme (based on the PD), and communication and visibility plan. Planning and reporting arrangements are

decided during the inception phase and described in the PIM. To the extent the planning and reporting processes and schedules are aligned with the partner's processes, schedules and procedures. The quarterly/ semi-annual/annual reports need to follow the results-based structure and use the Results Frameworks as a reference.

6. Resources

The financial contribution of the MFA for this three-year programme is 5 million euro. It is anticipated that the GoK contribution is approximately 1 million euro, also including in-kind such as office and other facilities. The commitment of the Ministry of Public Service, Youth and Gender Affairs is crucial to the successful implementation of the programme. The Ministry is expected to appoint a Programme Director for the programme and provide material and logistics support to the programme both at the national and county levels meaning office space with the IT facilities. The roles and contributions of other partners will be determined during the inception phase.

A long-term **Chief Technical Advisor (CTA**) will be placed to the Ministry of Public Service, Youth and Gender Affairs for the full duration of the programme. He/she will work as a counterpart to the Programme Director, to be appointed by Ministry of Public Service, Youth and Gender and with other staff members in the Ministry, key stakeholders in the counties and at the national level by providing professional input to the activities. The CTA provides inputs to the GBV prevention and response programme and secondly and is responsible for the overall management of the programme.

Both national and international **Short-term experts (STE**) will be available for the programme. The needs and requirements will be identified during the inception phase and in the course of programme implementation and included in the annual work plans and budgets. The ToRs for the Short-Term Experts will be developed by the CTA in collaboration with the Programme Director and the selection of the STAs will go through the Steering Committee approval. Linkages with Finnish experts, for instance with police investigation (including child sensitive investigation) is encouraged and experiences of multisectoral coordination and referral systems in Finland would also fit the context.

For the Inception Phase, two short term experts on capacity development and M&E will be selected. The capacity development expert will coordinate the capacity development needs assessment and develop a comprehensive capacity development plan for the programme in collaboration with the stakeholders. Because of the broad scope of this programme both geographically and approach wise, a M&E Expert will be engaged to support the development of a robust monitoring framework and to coordinate the establishment of baselines during the inception phase. The M&E Expert will provide training to relevant partners responsible for data collection in recognition of the challenges in collecting data on violence and on how to ask sensitive questions, and ensure privacy. A M&E backstopping service will be provided in form of short-term missions to support the monitoring and reporting.

Three GBV ***County Coordinators*** with the relevant professional background will be recruited during the inception phase to coordinate and support the programme implementation at the county level. They will work under the supervision of TA supported by the Programme Director in supporting them in programme planning, implementation and reporting to ensure smooth flow of practicalities. The programme human resource include also a Programme assistant, Financial and procurement Manager and driver, who will be recruited during the inception phase. The ToRs are annexed in this document and will be subject for a review during the Inception

Phase. The programme aims at utilising national expertise to the extent possible in relevant activities such as capacity assessments and trainings.

7. Monitoring and reporting

Monitoring will be done against impact, outcome and output level indicators, presented in the indicative Results Framework attached in this Programme Document (Annex 2). The RF will be reviewed and revised during the Inception Phase. Particular attention will be given to the alignment of the indicators with the National and County level monitoring frameworks and inclusion of quality indicators. GBV monitoring and evaluation frameworks will seek to measure outcomes and impact rather than only outputs and activities. Use of monitoring data for learning and as a management too is promoted.

Monitoring activities are planned and undertaken by the Programme Management Team which reports to the SC. Risks are also monitored and analysed and the risk matrix is updated regularly and presented to the SB and SC. At the county level, the County Coordinators will coordinate data and information collection together with the County officials both from the formal and informal sources against the Results Framework Matrix.

The programme aims at promoting a Results-oriented monitoring culture, where monitoring data is used not only for accountability and reporting purposes but also as a learning and management tool. Therefore, during implementation, monitoring is done: firstly, to track that planned inputs have been provided; secondly, to track that planned activities have taken place and that intended outputs are delivered (Quarterly Progress Report); and thirdly, to track that the intended outcomes have been achieved as specified in the Results Framework (Annual Report, Final Report). Monitoring provides also information about the realization of the assumptions and risks and the effectiveness of risk mitigation measures during programme implementation.

An indicative list of indicators is presented in the Results Framework. These indicators will be reviewed and revised in the course of development of the implementation plan. More information can be found in https://www.measureevaluation.org/prh/rh_indicators/womens-health/sgbv/sexual-and-gender-based-violence.html.

Reporting

The programme will provide biannual and annual progress and finance reports about the progress and financial performance for the Steering Committee and Supervisory Board. The reporting will follow the results-based approach. The following reports will be prepared:

- ***Inception report.*** The report will include a situational analysis, including description of changes in the programme document, and a detailed work plan and budget for the first year of implementation and a draft work plan for the whole programme period.
- ***Biannual Progress Reports (QPR)***. These reports include summaries of the activities, including an analytical assessment of the outputs and outcomes, accompanied with a summary of the expenditure (Quarterly Financial Report). The PMT will discuss the reports and the CTA will compile them for SC approval. A
- ***Annual Progress Report (APR)*** will present the achievements of the programme and analyse its outcomes against the intended results and impacts. The report will be compiled by the CTA from the reports and

consultations with the County Coordinators and relevant partners. It will include an annual financial report.

- ***Final report***. Draft final report will be prepared two month before the end of programme implementation and it will be finalised within three months of the end of the programme after receiving comments from relevant stakeholders.
- The programme annual plans and financial reports will include GoK contribution as well.

8. Sustainability

The programme aims to produce long lasting and sustainable results which will have an impact on Kenya's GBV response and consequently on the society as a whole. The GBV programme is aligned with the National and County policies and it supports achievement of their objectives. The programme aims at ensuring institutional sustainability by developing mechanisms for multisectorial coordination and by strengthening the GBV response systems within the exscinding institutional framework. One of the objectives of the programme is to develop measures which would guarantee financial sustainability for GBV response. With regards to capacity development, the programme will explore opportunities for establishing systems which would allow all officials to enhance their knowledge and skills in GBV. Use of technology (e.g. in form of on-line programmes) will be explored. The following measures also aim at ensuring sustainability of the key actions and programme outcomes. Some of the key approaches in programme implementation will be the following:

- Participatory methods will be used to increase commitment and ownership by all stakeholders.
- Activities will be based on commonly defined and shared objectives and on real and identified needs of the beneficiary. The Programme will ensure that these needs are also validated and confirmed by the beneficiary in the inception phase. These needs will form the basis for planning and implementing the programme.
- The Programme intends to produce long lasting solutions which take into account the circumstances in Kenya. In close cooperation with local experts the programme will develop tailor-made solutions which fit into the county and national context. This will be accomplished through joint annual work planning, monitoring and evaluation.
- The Programme will promote cooperation between different actors and service providers that all have their roles in GBV response and prevention in Kenya.
- The Programme activities will build on existing policies, programmes, strategies and legislation which extend beyond the duration of the programme.
- All SOPs developed during the programme will also pave the way for continuing the development of the first-response services after the programme.
- By the end of the programme a way forward plan will be drafted which will include envisioned continuation of the development processes started within the framework of the programme.

The programme is an additional support to the Government of Kenya to achieve its objectives. Therefore, to the extent possible, the programme implementation will be integrated in the existing systems at national and county level so to ensure sustainability. Sustainability will also be considered when selecting and planning for the implementation strategies. It is also critical to engage relevant organisations and individuals the promotion of social change (e.g. community leaders) but on the other hand capacity development should not address only

individuals within the system but the entire system and procedures so that the outcomes can sustain, even if staff turnover takes place.

A ***sustainability strategy*** will be an integral part of the programme planning, implementation, and monitoring. This programme integrates sustainability analysis in all phases of programme implementation, also in the selection of implementation strategies. This entails that when planning for any intervention, a sustainability analysis will be conducted to seek means how the expected results and achievements can be maintained, and what would be needed to maintain them. Indications about sustainability and potential challenges will be mapped, analyzed and addressed in a due manner, including issues related to financial, institutional, social-cultural, policy issues and any other relevant matters. The Mid Term Review, to be conducted in the end of the second year of implementation, will analyse the sustainability strategies and provide suggestions for the development of an ***exit or phasing out plan***, to be developed during the third year of the programme implementation.

9. Reviews, Evaluations and Audits

Mid Term Review and evaluation

The Mid-term Review (MTR) will be organized in the second year of the programme. It will be carried out by external experts. The timing of the MTR in the end of the second year of implementation will ensure that its findings and recommendations can be integrated into the implementation plans for the remaining implementation period and the planning of the possible next phase of cooperation. The MTR will assess the achievements of the programme in relation to its set objectives and identify the potential needs for continuation or the second phase of the programme. This also summarise the lessons learned that may be useful for future programmes or feed into policy development.

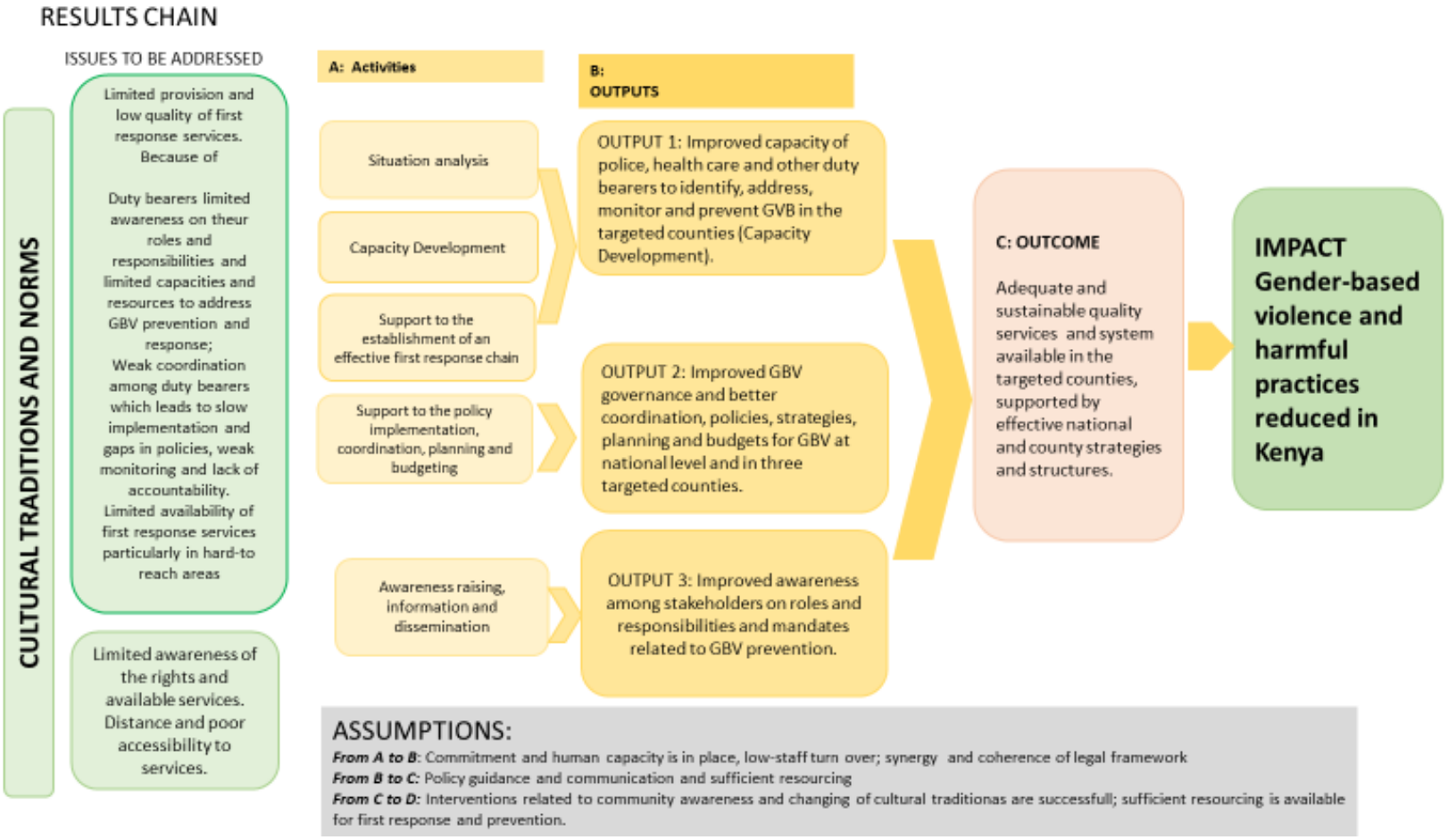
In addition to the above, it is also possible to conduct thematic reviews e.g. county level reviews, review of capacity development activities) to support programme implementation. The need for such reviews can be identified and suggested by the PMT, competent authorities or the Steering Committee and the Terms of References for such evaluations and reviews will be developed in collaboration with the competent authorities. Reviews are important tools to assess that the programme is proceeding according to the plan. Reviews focus on operational aspects of a programme, its progress and results compared to the plans. For any evaluation a management response and follow-up plan for the recommendations will be made and incorporated in the programme reporting

More information and instructions for the planning of the MTR and final evaluation can be found in the Evaluation Manual of the Ministry for Foreign Affairs (https://um.fi/development-cooperation-evaluation-manual).

Audits

The programme management is responsible for ensuring that all project funds are subject to an annual audit. The Consultant will carry out an annual audit to the project accounts and finances by an audit company that meets the international standards. The Consultant must also ensure that possible grants to third parties or other service providers are subject to audit and specific provisions are included in third party agreements. The findings and recommendations of the audit report should be discussed at the Steering Committee and Supervisory Board together with the management response drafted by the PMT, including possible corrective measures. In addition, the programme accounts will be audited annually as part of the statutory audit of the TA provider. Both Kenyan and Finnish governments have right to carry out any additional audits, when need arises.

Annex 1 Results Chain



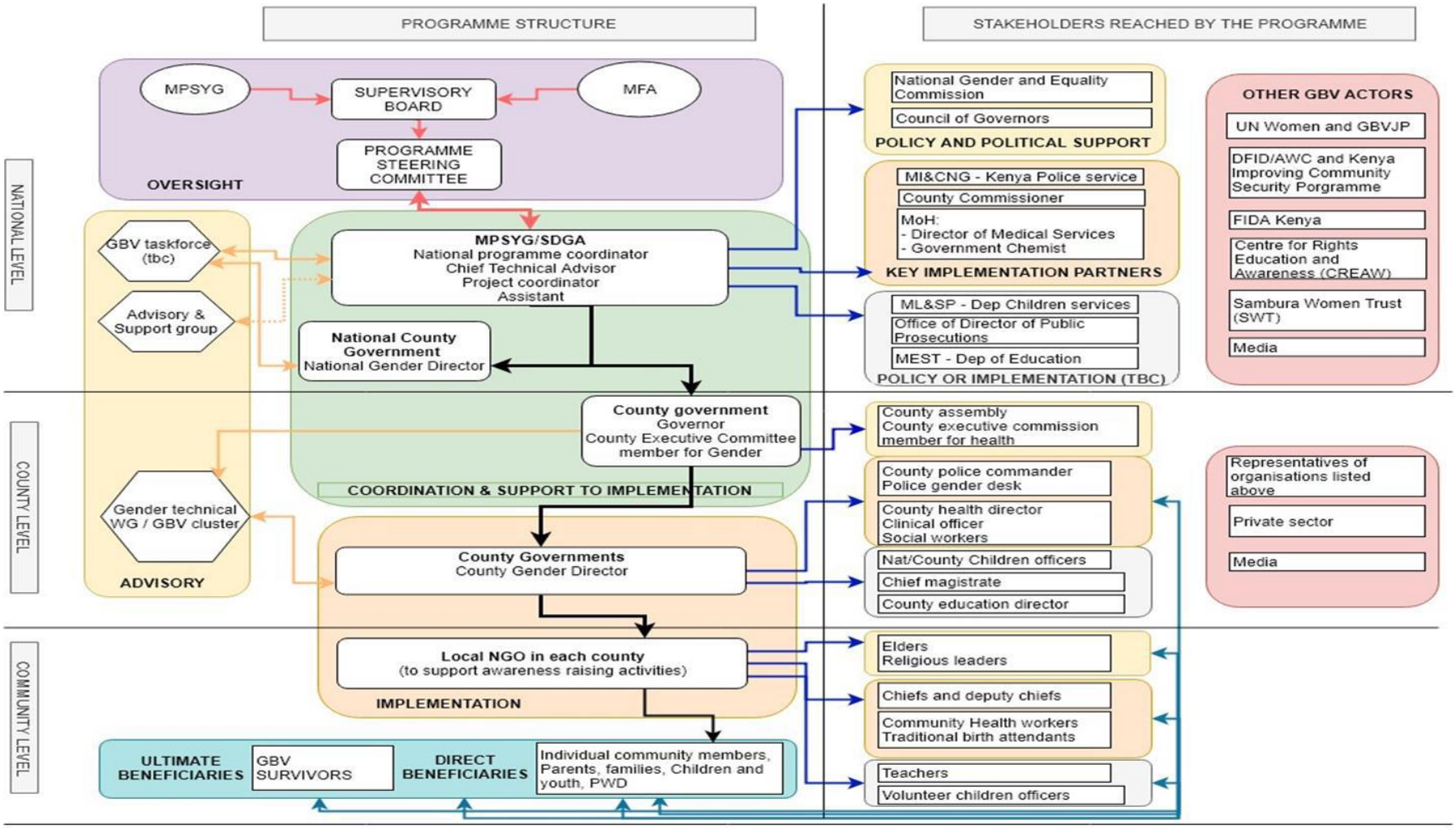
Annex 2 Results Framework

	Indicators indicators disaggregated by sex, age, type of disability, county	Baseline	Target	Sources of verification	Assumptions
IMPACT					
Gender-based violence and harmful practices reduced in Kenya	Prevalence of GBV (disaggregated by type and further by sex, age, etc.) reported to the Kenya Police Service disaggregated at national level and by the targeted counties.	TBE To be established during inception phase		National and County level statistics	
	Proportion of (disaggregated) GBV cases investigated by the National Police Service calculated from the number of (disaggregated) GBV cases reported to the Kenya Police Service	TBE To be established during inception phase		National and County level statistics	
	Proportion of (disaggregated) GBV cases that are prosecuted by law Disaggregated National / In the targeted counties	TBE To be established during inception phase		National and County level statistics	

OUTCOME 1	INDICATOR	BASELINE	TARGET	SOURCE OF VERIFICATION	ASSUMPTION
Adequate and sustainable quality services and system available in the targeted counties, supported by effective national and county strategies and structures.	Number of (disaggregated) GBV cases reported to health facilities in the three counties	To be established during Inception		Health data	.
	# of GBV cases (sexual violence, physical violence) reported to the police	To be established during Inception		Police records	
	# of referrals from police to health care	TBE		Police records	
	# of referrals from health care to police	TBE		Health data/ Police records	
	# of GBV cases which police has referred to the prosecutor	TBE		Police records	
	# of GBV cases prosecuted and brought to court	TBE		Prosecution records	
	Number of GBV cases (disaggregated by gender and type of GBV) processed in accordance with the SOPs.	TBE	increase	Meeting minutes Joint activities	
	Perceptions of the survivors on the quality of the services.	TBE	End line survey	Survey	
Output 1: Improved capacity of police, health care and other Duty Bearers to identify, address, monitor and prevent GVB in the targeted counties (Capacity Development).	Number of service providers trained to identify, refer, and care for SGBV survivors (by category: Police, health)	TBE		programme reports	The underlying assumption for the intervention to contribute to the impact is that providing adequate services at all levels of the survivor service chain increases visibility and accountability (including of perpetrators) as well as awareness, which both have a central role in reducing GBV.
	Number of (disaggregated) GBV cases reported to local police and recorded according to national SOE	TBE			
	Improved health services in the three counties (to be specified during Inception)	TBE		Surveys, reports from first response providers	
	Number of standard operating procedures and guidelines in police and health service for responding to cases	TBE			

	of GBV that comply with national and international standards				Communities will be supported, not only to raise awareness, but to change attitudes and behaviors, to bring about lasting social norm change
Output 2: Improved GBV governance and better coordination, policies, strategies, planning and budgets for GBV at national level and in three targeted counties.	Existence of County level policies and implementation strategies, with adequate budget allocation and budget execution for GBV prevention and first response in the targeted counties.	To be established during Inception Phase	Existence of GBV policies and strategies and budgets in targeted counties	Strategies, plans and budgets (national, county level)	Sufficient collaboration and bu- in. Limited staff-turn over. Human resources are available and relevant persons/ officials assigned for CB events.
	Existence of functional county-level TWGs for stakeholder co-ordination.			minuted meetings	
	Evidence on enhanced mechanisms for multi-sectoral coordination at national level and in the three targeted counties.			Programme reports, surveys	
	Monitoring and data management system in place.			Reports and records	
	Documented evidence of compliance with police and health service SOPs specific to GBV.				
Output 3: Improved awareness among stakeholders on roles and responsibilities and mandates related to GBV prevention.	Number of relevant duty-bearers participating in GBV sector working groups	zero		Reports	
	Increased awareness among stakeholders on roles and responsibilities and mandates related to reporting and first-response responsibilities.	TBE		Surveys in the awareness raising events, follow-up surveys	
	Number of appropriate media hits in national and county media.				

Annex 3 Stakeholders



Annex 4 Budget

Annex 5 Programme management

Supervisory Board (SB)

The Supervisory Board (SB) is the highest decision-making body of the Programme. The annual meeting of a Supervisory Board is a decision-making forum where the partner and the MFA discuss progress, results, fulfilment of agreed obligations as well as work plans and budgets for the coming period.

Tasks and mandate:
The Supervisory Board provides policy guidance to the programme implementation and it is the highest decision-making body of the programme. It makes the strategic decisions on programme scope and major changes in the programme design and financing, including required changes in results, targets, budget or management arrangements. It approves the Programme Implementation Manual (PIM), annual progress and financial reports; annual work and procurement plans, plans and methods of outsourcing and budgets as well as annual audit and review/evaluation reports. It also approves and is responsible for the risk assessment and response. The Supervisory Board is responsible for any other (policy) decisions which have financial implications.

Membership:
The members of the Supervisory Board are nominated representatives of the competent authorities entitled to make decisions and commitments in relation to the programme and use of resources. In the stakeholder meeting held on 24.5. 2019 it was suggested that the Composition of the Supervisory Board would be:

- Ministry of Public Service, Youth and Gender Affairs, State Department for Gender
- Ministry for Foreign Affairs of Finland
- Ministry of Health
- Council of Governors
- Ministry of Interior (Police Services)
- County representatives

MFA Representative can be from the Embassy with MFA mandate. The Supervisory Board has authority to invite other participants as needed. The composition of the Supervisory Board will be finalized during the inception phase to be representative of the main stakeholders, by a nomination process by invitation by the SDGA. The counties will assign their representative to the Supervisory Board.

Meetings
The decisions of the SB will be clearly recorded in the meeting minutes. The Supervisory Board meets biannually, and according to need. Urgent approvals can be processed by official correspondence (written procedure) between participants.

Other issues:
The programme implementation needs to be dynamic and adjust to a possible change in the project environment. It is the role of the SB to review and approve the possible changes. Thus, for a justified reason, any proposed deviations from the Progamme Document should be clearly brought to SB's attention by PMT, when the draft annual work plans and budget are submitted to the SB, and such deviations have to be clearly approved and recorded in the meeting minutes of SB.

To avoid any potential conflicts of interest, the Programme Director and the Chief Technical Advisor (CTA) are not members of the SB. They act as secretaries and / or participate as resource persons presenting issues to be discussed and decided. However, their presence in the actual meeting is not mandatory and by invitation only.

The Supervisory Board aims at consensus in decision making. For possible issues that could have considerable implications, especially financial, the Competent Authorities (as nominated the article III of the bilateral agreement) will have a veto-right in the Supervisory Board.

Steering Committee (SC)

The programme Steering Committee (SC) is responsible for the overall steering of the programme implementation, including systematic monitoring of risks and mitigation procedures. The members of the SC are representatives of the organizations directly involved or influenced by programme implementation, including the MFA represented by the Embassy. SC may also include representatives of the beneficiaries and other agencies. Members of the SC must have a decision-making mandate in their own organization.

Tasks and mandate

The Steering Committee reviews programme progress and performance reports on a periodic basis (i.e. biannually or annually) and approves the annual work and procurement plans, plans and methods of outsourcing and budgets before submitting to the SB. In its steering mandate, the Steering Committee reviews and approves risk assessment and responses prepared by the Programme Management Team and proposes mitigation measures for the PMT and reports to the SB. The Steering Committee approves the Terms of Reference and budgets for short-term international and national consultants and service provision contracts, and decide on replacements for TA personnel. It reviews and approves evaluation reports and annual audit reports and prepares a management response if needed. It monitors the programme performance and compliance of the implementation with the HRBA and cross-cutting objectives. The SC may approve significant procurements if they are included in the annual budget and it may approve minor budget changes as agreed in the Programme Implementation Manual.

Members

The members of the Steering Committee are representatives of the organizations directly involved or influenced by programme implementation, and the MFA represented by the Embassy. Members for the SC must have a decision-making mandate in their own organization. The Composition of the Steering Committee consists of decision makers and technical experts from:

- Ministry of Public Service, Youth and Gender Affairs
- Ministry of Health
- Kenya Police Service
- Embassy of Finland
- Representatives from the counties (Bungoma, Kilifi and Samburu) County Chief Officers for Gender and Health and the representatives of the County Commissioners and County Police.
- Focal points from Ministry of Education, Ministry of Labour and Social Protection, NGEC, Council of Governors

The Steering Committee has authority to invite other participants as needed. The CTA and Programme Director are not members of the SC. They act as secretary in the meetings. Steering Committee reports to the Supervisory Board.

Meetings

During the inception phase the Steering Committee meets quarterly and during the implementation, meetings will be held biannually, or upon request of any of its members.

The Steering Committee may also make decisions through official correspondence.
The SC aims at consensus in decision making. For possible issues that could have considerable implications, especially financial, the Competent Authorities will have a veto-right in the SC.

Programme Management Team (PMT)

A Programme Management Team (PMT) manages and monitors the operations of the Programme, in accordance with the Programme Document and approved work plans and budgets.

Tasks and mandate

Programme Management Team (PMT) is responsible for the day-to-day management of the programme, planning, monitoring and reporting. It prepares the annual plans and budgets; progress reports and financial reports; annual budget revisions, biannual/ quarterly financial reports in collaboration with the targeted counties to the SC for review and approval. The PMT updates the risk assessment, implements mitigation measures under its mandate and reports about realization of risks and mitigation measures. Major tasks of the PMT also include:

- Ensuring effective coordination of relevant stakeholders at different levels
- Cooperation and communication with the targeted counties and providing them hands on support on planning, implementation and monitoring of plans and activities.
- Proposing changes to the Programme Document, annual work plans and budgets for SC review and SB approval
- Preparing quarterly and annual work plans and budgets, financial reports, audits, policies, manuals, guidelines in collaboration with the targeted counties.
- Proposing the Terms of Reference and experts of the Technical Assistance Team (Long- and Short-Term Consultants) for SC
- Monitoring the performance of Programme staff and stakeholders
- Coordinating, monitoring and supporting financial management and fund flows
- Communicating and cooperating with organizations, which are involved in similar activities and have interest in the Outcome areas of the Programme.
- Any other duties as delegated by the SB

Members

The composition of the PMT is the following:

- Programme Director (Co-Chair)
- Chief Technical Advisor (CTA; Co-Chair)
- County Coordinators (Member) in person or via internet
- Financial manager
- Programme Assistant (Secretary)

Meetings

PMT meets weekly and when needed. Decisions are recorded in meeting minutes.

Annex 6 Draft Terms of Reference

Chief Technical Advisor (CTA)

The Finnish Government will provide Technical Assistance (TA) to support the implementation Strengthening Prevention and Response to Gender Based Violence (GBV) in Kenya. An international Chief Technical Adviser (CTA) will be recruited to support the attainment of the results of the Programme. The (CTA) will be placed in the Directorate at the State Department of Gender Affairs (SDGA), Ministry for Public Service, Youth and Gender Affairs in Nairobi and work as a counterpart to the Programme Director assigned by the State Department of Gender Affairs (SDGA), Ministry for Public Service, Youth and Gender Affairs.

Purpose of the assignment

The main purpose of the CTA assignment is to provide technical and operational guidance to the programme towards achieving the programme objective and related results. The CTA shall carry out the work in accordance with the terms of reference outlined in this document and shall report to the Ministry for Public Service, Youth and Gender Affairs and the Ministry for Foreign Affairs of Finland. In order to assist the programme to achieve the stated programme objective above, the CTA is expected to carry out the tasks as described below.

The CTA is expected to provide technical assistance and guidance for the development of the first-response services, related capacity development and advocacy activities at national and county levels in the three targeted counties. She/he will be responsible for he overall programme management, coordination, monitoring and reporting arrangements; in collaboration with his/her national and county level counterparts.

He/she will report to the programme Steering Committee and the Supervisory Board.

Duration of the assignment

Duration of the programme.

Location:
Nairobi

Tasks
The Chief Technical Adviser (CTA) will:

- Provide technical advisory services and strategic guidance to the programme design and development as well as implementation at national level and in the three targeted counties, as stipulated in the Programme Document and annual work plans.
- Support the national counterpart in achiving the results of the programme
- Facilitate efficient coordination and communication with the national and county partners
- Liaise with the Government of Kenya, the Ministry for Foreign Affairs of Finland and the Embassy of Finland in Nairobi on matters relevant to the project

- Overall planning and management of the implementation of the programme, in collaboration with the national counterpart. Guide the three targeted counties in planning, implementation and monitoring of the programme.
- Provide technical inputs to the development of GVB first response services and related capacity development and advocacy activities.
- Act as a Team Leader for the whole technical assistance team. Coordinate the work of the project team and experts as well as field staff. Facilitate, design and monitor international and national short-term experts and consultancies of the Project.
- Ensure that the Programme is achiving its objectives. Plan and coordinate the implementation of the programme activities at national level in cooperation with the national counterpart nominated by the SDGA.
- Overall responsibility for reporting. Compile the plans, programme budgets and results report for SVB and SC meetings. Guide the reporting from the counties and compiling the reports in a result-based progress reports to be submitted to the Steering Committee and Supervisory Board approval.
- Overall responsibility for the financial management of the programme.

During the inception phase, the CTA is expected inter alia to:

- Establish a functional programme team, with related recruitment in collaboration with the National Counterpart, as well as setting up the office at the SDGA premises.
- Support and provide technical input into the development of situation analyses including an assessment of the capacities of the implementing partners
- Support and provide technical input to the development of a comprehensive capacity development strategy and plan.
- Responsible for the further programme design and development from situation analyses, capacity gaps assessments and capacity building planning to updated programme document to be presented for approval at the end of the inception phase.

Required Qualifications

Chief Technical Advisor be required to have

- Appropriate Master's level university degree (e.g. gender, development, health or medical sciences, social sciences, political science, law)
- a minimum of 10 years' experience in social, health or justice sector development including experience in gender specific issues. Experience in GBV prevention and response in relevant sectors (health, police, social sector, gender) is considered an asset.
- Minimum of 7 years of work experience in development contexts; work experience particularly in Sub-Saharan Africa and especially Kenya is an asset.
- Sound experience in leading multi-sectoral and multicultural teams
- Tact, courtesy and ability to establish and maintain working relationship with people of different national and cultural backgrounds
- Sound experience in programme design, planning and implementation, including monitoring and reporting.
- Sound experience in managing international development cooperation programmes
- Familiarity with the international practises of GBV and first response services (police, health, law).
- Experience of MFA funded projects and connections with Finnish stakeholders in this sector is considered as an asset.

- Experience of capacity development in public sector.
- Experience of working with public sector organizations in Africa is considered an asset.
- Sound experience in RBM and HRBA
- Excellent knowledge of English language

Capacity Development Expert

Purpose of the assignment

The Capacity Development Expert will be engaged during the Inception Phase to support the programme preparation through providing technical assistance to the design of situation analysis and capacity development needs assessment in the three counties and at central level. The purpose of these assignment is to identify existing capacities and potential capacity gaps among the first response service providers in the targeted counties, to be used as a basis for the development of a comprehensive capacity development plan for the programme. Capacity development should focus on development of sustainable capacities and competencies and employ various modalities which could be sustained after the programme period. The TA is also expected to study experiences and lessons learned from other GBV interventions.

Duration of the assignment:
3 months

Location:
Nairobi and three targeted counties

Tasks:

- Together with the CTA, Programme Director and other stakeholders, the Capacity Development Expert will plan and coordinate the capacity needs assessment and based on the findings develop a results-oriented capacity development plan to be implemented in three counties and at central level.
- Develop a comprehensive capacity development plan for the programme.

Required qualifications:

- Minimum of Master's degree in relevant field (social sciences, adult education or similar).
- Minimum five years of proven experience of the development and implementation of comprehensive institutional capacity development programmes.
- Proved experience in planning and carrying out of capacity needs assessment and development of capacity development frameworks/ plans for development interventions.
- Proven experience of similar assignments in Sub-Saharan Africa, experience in similar assignments in Kenya is considered as an asset.
- Familiarity with the GVB first response systems and required competencies and capacities is an asset.

M&E Expert

Purpose of the assignment

A M&E Expert will support the desing and establishment of a robust monitoring framework for the programme and ensure that sufficient data is collected to report about the programme performance. The Expert will also provide Technical Assistance to the counties and at national level for the establishment of robust monitoring indicators and frameworks.

Duration of assignment

- 20 days during inception phase
- 20 days annually

Location

The M&E Expert will work in Nairobi and targeted Counties

Tasks Required qualifications

- Minimum a masters degree in relevant field
- Proven experience in development and use of Results-oriented monitoring systems for gender programmes.
- Proven experience in providing technical advice in M&E systems development
- Proven experience of similar assignments in Sub-Saharan Africa, experience in Kenya is considered as an asset.
- Familiarity of GBV monitoring systems is an asset

County Coordinator (CA)

Purpose

The purpose of the County coordinator is to ensure smooth implementation of the GBV programme in the targeted countries and to ensure that all relevant partners are engaged in the programme implementation, He/she will also act as contact point for the programme management in the targeted counties.

Duration of the assignment:

Two-year position, with a possibility to extension to the end of the programme implementation.

Location:

The GBV County Coordinators (3) will be placed in Bungoma, Kilifi and Samburu.

Tasks

The GBV County Coordinator will coordinate the programme activities in the targeted counties. The coordinator supports the development, implementation and monitoring of programme action plans in the targeted counties. Her/ his responsibility is to ensure that the programme engages all critical partners and that it is aligned with county needs, plans and strategies. She/he will support the Counties in the county to ensure that the Programme activities are implemented according to the annual work plans.

The County coordinator will support the National Gender Director, County Gender Director and GBV Cluster of the Gender Technical Working Group in the matters relating to the GBV programme and GBV in general.

- Support the coordination of programme activities at local and county level including ensuring synergies with NGOs activities and programmes implemented by other partners.
- Support the programme stakeholders in the county on the implementation of specific activities aimed at meeting the Programme outputs
- Facilitate the capacity development activities, strengthening of coordination mechanisms, and media engagement.

- Assisting in preparing quarterly and annual work plans and reports

- Assisting in the programme's financial management at the county level.
- Supporting the development of county level work plans in collaboration with other stakeholders
- Supporting monitoring programme's progress, risks and achievement of results, under the guidance by the CTA.
- Participate in the PMT meetings either in person or virtually. Undertake any other relevant responsibilities and tasks assigned by the Programme Management.

The GBV County Coordinators reports to the CTA on all aspects related to the programme implementation.

Required qualifications

- B.Sc./M.Sc. level university degree (e.g. health or medical sciences, social sciences, police services, jurisprudence)

- At least 8 years work experience with public sector organizations/NGOs/donor organizations in Kenya
- Experience in working with GBV prevention and response
- Experience in planning and implementing capacity development activities
- Excellent interpersonal communication skills
- Excellent computer skills
- Fluency in English and Kiswahili, knowledge of local langues is considered an asset.

Programme Assistant

Purpose

The Programme Assistant will ensure effective administrative support for the programme under the guidance of the CTA. She/he will perform general administrative duties, take care of travel arrangements and prepare financial reports. She/he will also be responsible for arranging meetings, preparing official correspondence and arranging the financial payments for the programme implementation.

The Programme Assistant will work in close collaboration with the CTA, Programme Directors and County Coordinators and other stakeholders for effective achievement of results, anticipating and contributing to resolving complex programme/programme-related issues and information delivery.
The position will be placed in Nairobi.

Duration of assignment: Duration of the programme.

Location: Nairobi

Tasks:

- General office administration related to the smooth running for the programme
- Maintain programme correspondence and communication;
- Collect, register and maintain all information on programme activities;
- Contribute to the preparation and implementation of progress reports;
- Prepare agendas and arrange field visits, appointments and meetings both internal and external related to the programme activities and write minutes from the meetings;
- Make travel and hotel arrangements for short term consultants and other experts of the programme
- Assist in the development of administrative systems at county level, when required
- Assist in practical arrangements of the Steering Committee and the Supervisory Board meetings.
- Reports to the CTA on all aspects related to administrative matters of the programme
- Provide support to international consultants in the implementation of their tasks for the achievement of programme results (communication, contracts, agenda, visas, hotel reservations, etc);
- Make travel arrangements for the programme management team
- Maintenance of files and records relevant to programme management

Required qualifications

- A diploma or degree in business administration, or equivalent
- At least 5 years working experience in administration and office support
- Excellent interpersonal communication skills
- Excellent written communication skills and computer skills
- Demonstrated ability to work in a team environment
- Fluency in English and Kiswahili

- Undertake any other relevant responsibilities and tasks assigned by the CTA and Programme Director.

Financial and procurement Manager

Purpose of the assignment

The purpose of the Financial and Procurement Manager is to manage the funds according to approved budgets and decicions as well as relevant legislation and agreements. He/she and to support smooth planning, implementation and monitoring of the programme. The person will ensure effective financial management and procurement related to the programme under the guidance of the CTA. S/he will also provide assistance to the Counties in the development of GBV budgets and monitoring mechanisms.

Duration of the assignment:

Duration of the programme.

Location:

The position will be placed in Nairobi and will include travelling to the counties.

Tasks

Financial and Procurement Manager is responsible for the financial management and procurements of the programme, including supporting the preparation of annual budgets for national level actors and counties, preparation of financial reports and procurements.

- Responsible for the financial management, budgeting and financial reporting for the programme, under the oversight of the CTA. Creating and a procurement plan for the programme. Responsible for the procurement activities and that they are carried put according to the relevant legislation and directions.
- Assist in the development of financial management systems at county level, when required- Supporting the Counties in preparation of county level budgets for counterpart funding for the programme and related monitoring arrangements.
- Monitoring spending and use of funds against the agreed budgets and work plans.
- Prepare and present financial reports
- Maintenance of files and accounting records
- Undertake any other relevant responsibilities and tasks assigned by the CTA
- Plan the annual audits

Required qualifications

- At least 5 years working experience in accounting, financial management and procurement
- Experience in financial management and prorement of donor funded development programmes
- Excellent interpersonal communication skills
- Excellent computer skills
- Demonstrated ability to work in a team environment
- Fluency in English and Kiswahili

Annex 7 Home Office Coordination

In long-term bilateral projects/programmes, home office coordination (HOC) shall include the following services if not otherwise defined in the Programme Document (PD) or Terms of Reference (TOR):

Recruitment and training

- Recruitment and personnel management of the long-term and short-term experts as defined in the PD and/or approved by the programme's Supervisory Board or Steering Committee
- Detailed briefing and orientation for the TA and programme staff on the programme's content and implementation strategy and each expert's role in the programme as well as MFA procedures
- Organising/facilitating relevant team building processes for the technical assistance (TA) team and programme staff
- Supporting the launching and/or kick-off processes, including participation in a related event
- Support the development of programme management mechanisms (as defined in the PD) with the programme's implementation team and partner institutions.
- Responsibility for the development and organisation of the programme's financial administration and controls
- Responsibility for organising an annual internal audit
- Responsibility for checking the accuracy of invoicing
- Quality control, including support to the TA team, in substance matters and programme management (e.g. quality check of the key documents during the implementation), including one annual support mission to the programme
- Quality check of reports and other documentation, including guidance on reporting.
- Liaison with the Ministry for Foreign Affairs including informing the Ministry on any issues requiring attention and/or action

The home office support is included in the consultant's overhead, except for a fixed fee for administrative services of Euro 1.000,00 per month.

For each home office support mission, specific Terms of Reference shall be prepared and approved by the Ministry. A short mission report shall be prepared after each support mission including description of the issues dealt with and action plans.

In case of international travel, travel costs can be invoiced separately. However, if the need for a support mission arises from problems concerning the performance of the TA team, no separate travel compensation is paid.

Annex 8 Indicative work plan and deliverables of the Inception Phase

	ACTIVITY/	PREC infektion	Inception phase												OUTPUT
				MONTH FIRST YEAR											
			Q1			Q2			Q3			Q4			
			1	2	3	4	5	6	7	8	9		11	12	
A	***Establishing operational facilities and Programme management***														
A1.	CTA in place		x												
A2.	Programme Director appointed by SDGA	x													
A3	Work plan for the Inception phase		x												Inception Phase work plan
A4.	Functional programme office		x	x	x										
A5	ToRs and Job descriptions of Programme Staff revised			x	x										Revised ToRs
A6.	Programme staff (Programme Assistant, Financial Manager, County Coordinators, Driver) recruited					x									Programme staff recruited
A7.	Financial management (bank accounts etc.) established			x	x	x									
A8.	Members for SB, SC and PMT nominated		x	x											SC, SB; PMT operational
A9.	Kick -off meetings with key implementing partners held		x	x	x										Kick-off meeting minutes
A10.	Consultative meetings with counties held			x	x	x	x	x	x	x					Meeting minutes
A11.	Team Building					x	x								Team building activities conducted
A12	Home Office support														
B	***Programme Preparation***														
B1	***Situation analysis and capacity needs assessment***														
B1.1.	TA for Capacity needs assessment in place		x												

B1.2.	ToR for the situation analysis and capacity needs assessment developed		x												ToR
B1.3.	Enumerators hired, trained and situation analysis in counties started			x											'Ready to go'
B1.4.	Situation analysis and capacity assessment				x	x									Analysis reports
B1.5.	Capacity development plan drafted							x							Capacity development Plan
B1.6.	Programme launching workshop				x				x						Minutes
B2	***Programme planning***														
B.2.1.	Programme planning workshops central, joint, county level			x	x			x							Minutes, indicative work plans
B.2.2	Baseline studies and mappings					x	x	x							Reports
B2.3.	M&E Expert in place							x							
B2.4.	M&E Plan prepared; M&E Training conducted							x							Results Framework
B2.5.	Programme implementation Manual (PIM) prepared					x	x	x	x	x					PIM
B2.6.	Communication Plan developed							x	x						Communication plan
B2.7.	Risk Matrix updated						x	x	x						Revised risk matrix
B2.8.	Results Chain and Results Framework revised						x	x	x						Revise Results chain and results framework
B2.9.	Overall work plan and budget for programme duration developed									x					Overall programme implementation plan
B2.10	Work plan and budget for the 4th quarter (delivery of outputs start) developed and approved									x					2nd year work plan
B2.11.	Work plan and budget for the second year of implementation developed														
C	***Work Planning and reporting***														
C1.1	Inception Phase work plan for approved			x											Inception phase work plan
C1.2	Quarterly work plans approved						x			X					
C1.3	Quarterly progress report for SC approved				x			x							Quarterly reports
C1.5.	Inception Report approved										x				Inception report approved
C1.6	Annual report													X	Annual report approved

C1.7.	Steering Committee meeting				x			x			x				SC meeting minutes
C1.8.	Supervisory Board meeting										x				SB meeting minutes