



# Report of Final Evaluation of the Enhancing Access to Justice for Sexual and Gender Based Violence Victims with Intellectual Disabilities Project

**Final Report, May 2021**

**Facilitated by**



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## ACKNOWLEDGEMENT AND DISCLAIMER

This End Term Evaluation report has been compiled by Strategic Connections Ltd (SCL), using inputs from secondary data review and feedback from Coalition on Violence Against Women (COVAW) and her stakeholders. We are grateful to the leadership of COVAW for entrusting us with this important assignment. We are deeply appreciative of everyone who contributed to the evaluation, particularly those who unreservedly offered crucial information that has formed the basis of the study report.

The findings contained in this report are based on the situation, observations and reviews as of the time of the evaluation. We are conscious of the fact that such status is bound to change with time. Finally, we wish to stress that the opinions expressed in this report are purely those of the authors and are based on the observations and findings of the evaluation. It therefore goes without saying that the authors - and not COVAW or her stakeholders - take full responsibility for any errors or omissions that may be found in the report.

## **LIST OF ACRONYMS AND ABBREVIATIONS**

AWDF	African Women's Development Fund
CBO	Community Based Organization
CHC	County Health Committee
COVAW	Coalition on Violence Against Women
COVID 19	Coronavirus Disease 2019
CSO	Civil Society Organization
CUCs	Court Users Committees
ECFM	Early, Child and Forced Marriages
ETE	End Term Evaluation
FBO	Faith Based Organization
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GBV	Gender Based Violence
ICT	Information Communication Technology
ICWGs	Intellectually Challenged Women and Girls
KII	Key Informants Interviews
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
NGO	Non-Governmental Organization
OSIEA	Open Society Initiative for East Africa
PWDs	Persons with Disability
SCL	Strategic Connections Limited
SGBV	Sexual and Gender Based Violence
SPSS	Statistical Package for Social Sciences
SRH	Sexual and Reproductive Health
ToC	Theory of Change
ToR	Terms of Reference
TWG	Technical Working Group
VAWG	Violence Against Women and Girls

## EXECUTIVE SUMMARY

COVAW is a national women's rights Non-Governmental Organization (NGO) that works towards a society that is free from all forms of violence against women and girls. COVAW exists to champion the rights of women and girls to be free from all forms of violence. The organization envisions a society where women and girls enjoy equal rights, freedoms and thrive in safe spaces.

In March 2021, COVAW contracted SCL to facilitate an End Term Evaluation (ETE) of its 'Enhancing Access to Justice for Sexual and Gender Based Violence Victims, with Intellectual Disabilities in Nairobi, Narok and Kiambu Counties'. The purpose of the ETE was to assess the relevance, quality of design, delivery and effectiveness of the project as well as to decipher lessons and make recommendations to inform future practice.

The evaluation was undertaken in March and April 2021. Multiple techniques were used to collect data amongst them secondary data review, Key Informant Interviews (KII), Focus Group Discussions (FGDs), survey and observation. Data from these sources was synthesised and compiled into this report.

The evaluation reveals that the project met the fundamental requirements of project design, relevance, delivery, and effectiveness. The evaluation noted several positive points, but also a few areas of improvement; this executive summary only highlights some of these, hence one needs to read the entire report to appreciate the full picture.

The overall findings are summarized as follows:

In terms of *project design*, the project proposal document was found to clearly present the project aims, activities and corresponding indicators. Quantified targets were set out at outcome level, but not always for the activities (outputs), making it difficult to assess the degree of change at output level. However, a baseline study carried at the onset of the project provided a good basis of measuring extent of change at outcome level. On its part the project content was founded on a detailed external and internal context analysis. There was however no documented Theory of Change (ToC), while the quality of analysis of assumptions contained in the project document were less rigorous. It was also noted that both the ToC and analysis of assumptions were not provided for in the project application template.

Regarding *relevance*, COVAW's work was well aligned to relevant global, regional, and national priorities on protection, empowerment, and inclusion of ICWG/ PWDs, and was in line with COVAW's mandate and strategy. Similarly, the project strategies and interventions adequately responded to and aligned with priority needs of beneficiaries. However, the project scope did not address two priorities identified by beneficiaries at the baseline and ETE stages, being the need for support towards direct services delivery such as medical, legal, and psychosocial support and economic resilience building of caregivers. It is thus highly recommended that these elements are considered in future projects, say, through collaborations with complementary actors or advocacy of duty bearers to provide the same.

As pertains to *delivery*, the ETE noted that various operational matrices (budgets, monitoring frameworks etc.) were established to support effective operationalization of the project. The project was largely delivered in line with established workplans and budgets. All planned activities were delivered. As an example, the project reached a total of 7,808 women and girls through community

dialogue forums. The interventions were amongst others done through facilitation of community dialogue forums and media engagements such as radio talk shows. Further, a total of 29 paralegals were identified and trained, enabling them respond to SGBV cases against Intellectually Challenged Women and Girls (ICWGs) more effectively.

There were however adjustments necessitated by the emerging Ministry of Health protocols due to the Coronavirus Disease 2019 (COVID 19) pandemic. Such adjustments included holding of more community meetings but with less participants due to caps on the maximum number of persons per gathering. As a result of these disruptions, a small project balance was realised and remitted back to the funder. No cases of resource misuse or loss were noted by the evaluation.

It is noteworthy, that COVAW has good institutional systems, structures, practices, and infrastructure needed to deliver the project. There is however a need to further build upon the existing Monitoring Evaluation and Learning (MEL) system and practices. These should entail development and use of institutional M&E frameworks and tools, boosting personnel M&E capacity, and strengthening the practice of continuous collection and analysis of project indicator data. Further, structured evidence building, including systematized collection, analysis and sharing of data and intelligence on relevant subjects could be established.

Separately, the study observed great levels of collaborations between the project and different complementary actors. The project was in this regard a great example of working partnership between the civil society actors, communities, private sector and state agencies. The stakeholder collaborations ensured a system approach that enabled scale project reach and effects, besides providing platforms for shared learning and joint programming. All consulted actors were very positive of the quality of relations with COVAW, and characterized these as vibrant, valuable, and mutual. There may however be greater value in expanding the scope of engagement to other influential stakeholders such as religious leaders, online platforms, and other public gatherings.

With regard to *effectiveness*, various outcome level changes were noted to have emerged from the project interventions. There were in this regard significant positive changes across nearly all defined outcome indicators when compared to the baseline status. To exemplify, 81.3% of female respondents (women, girls) were actively engaged in advocating for an end to SGBV against ICWGs, compared to a baseline status where only 31% were engaged in such advocacy. Similarly, 97.7% of women and girls reported an improved sense of inclusion and entitlement compared to 65.9% at the baseline. Concerning reporting of SGBV incidences, a total of 323 GBV related cases were reported through COVAW's toll free line between 27<sup>th</sup> April 2020 and February 2021. It was however difficult to get authoritative data on SGV reporting from County authorities. The proportion of ICWGs who had experienced VAWG reduced from 52% at the baseline to 30%.

Separately, a total of 122 (50M, 72F) key influencers had been engaged by the project. Linked to this, 75% of respondents affirmed engagement of local community groups/ actors in efforts to end SGBV against ICWGs, compared to 31% at the baseline. Further, 88% of the evaluation respondents indicated to having been involved in advocating for an end to Violence Against Women and Girls (VAWG) compared to 43.5% at the baseline. Concerning media coverage of SGBV, COVAW has actively engaged 12 media houses on propagating messages on ending SGBV, a big leap from the baseline situation where only two media houses occasionally tackled the issue.

COVAW engaged in several advocacy actions geared towards legal reforms. These included submissions to the Clerk of the National Assembly for repeal of Section 146 of the Penal Code, and later filing of case number HCCHRPET/E390/2020, Coalition on Violence Against Women and two others vs. the Attorney General and one other at Milimani Law Courts challenging the constitutionality of Section 146 of the Penal Code, Cap 63 Laws of Kenya. COVAW also presented submissions to the Mental Health Taskforce constituted by the President of Kenya on the importance of repealing section 146 of the Penal Code. Additionally, COVAW provided inputs to the National Gender and Equality Commission towards review of the Sexual Offences Act and draft policy of Sexual Offences. Finally, COVAW with support of the Kenya National Commission on Human Rights is working towards the ratification of the protocol on the African Charter on Human and Peoples Rights on the rights of persons with disabilities in Africa.

As regards service delivery, 76.8% of the respondents were affirmative that psychosocial care for ICWG victims of SGBV had been enhanced compared to 60% at the baseline. Further COVAW also conducted 7 registration drives over the project period leading to registration of 517 PWDs with National Council for Persons with Disability (NCPWD). 193 of those registered were intellectually challenged persons.

Based on the evaluation findings, the following overall recommendations emerge:

1. Deepen and broaden awareness creation and conscientization of communities and duty bearers on the rights of ICWGs. This includes sensitization on applicable regulatory frameworks, service delivery, and or support structures/ referral systems for ICWGs.
2. Further advocate/ support county governments to develop and operationalize policies and laws relating to PWDs/ ICWG.
3. Consider pursuance of more preventive approaches to behavior change communication and conscientization on SGBV. This could include amongst others advocating for incorporation of SGBV issues in the curriculum of learning / training institutions.
4. Consider incorporating elements of service delivery such as psychosocial and medical support, legal representation, logistical support, and safe houses for intellectually challenged victims of SGBV. These could be realized by establishing collaborations with complementary actors, as well as advocacy and capacity development towards duty bearers for improved service delivery.
5. Consider investing also in the economic empowerment of ICWGs/PWDs and or their care givers besides promoting access to justice for survivors of SGBV. This is because the economic vulnerability exacerbates the susceptibility of ICWGs/ PWDs to SGBV and further exclusion.
6. Further strengthen COVAW's capacity in the areas of MEL, documentation, and evidence building. This includes regular structured data collection, analysis, and reporting on all project indicators, as well as surfacing and reporting on outcomes and impacts. Also ensure future project designs entail rigorous analysis of assumptions and development of a ToC.
7. Given the lessons learnt from COVID 19 related restrictions, COVAW could consider further scaling of present taping into ICT and media for purposes of advocacy, visibility, awareness creation, and institutional efficiencies. The same could also be explored as a basis of extending COVAW's program reach, besides physical reach, or presence, including more virtual trainings/ engagements.

## 1.0 INTRODUCTION AND BACKGROUND

### 1.1 About COVAW and Access to Justice for ICWG SGBV Victims Project

The Coalition on Violence Against Women (COVAW) is a national Kenyan not-for-profit women's rights organization. COVAW is committed to advancing women's rights, and work towards achieving a society free from all forms of Violence Against Women and Girls (VAWG). The organisation was founded in 1995 as a response to the silence of the Kenyan society to addressing VAWG.

Since its inception, COVAW has focused on the maxim of 'breaking the silence on VAWG' and has thus far succeeded in moving the issue of VAWG from the private to the public domain, positioning it as a crime and a human rights violation.

Over the years, COVAW has invested in empowering women and girls to claim their rights; enabling equitable access to services, resources, and opportunities; facilitating access to justice for survivors of SGBV; and supporting actors opposed to and committed to eradication of all forms of VAWG.

COVAW with support from African Women's Development Fund (AWDF) implemented a two-year project titled 'Enhancing Access to Justice for Sexual and Gender Based Violence Victims, with Intellectual Disabilities in Nairobi, Narok and Kiambu Counties.' The project was implemented between 2019 and 2020, and had the following objectives:

1. To enhance public knowledge and awareness on the rights of persons with intellectual disabilities, in relation to SGBV through legal aid clinics in Kiambu, Nairobi and Narok Counties.
2. To provide court representation, psychosocial care to survivors of SGBV with intellectual disabilities.
3. To advocate for an inclusive legal and policy SGBV framework on persons with intellectual disabilities using the evidence generated from the legal clinics and court processes.
4. To strengthen the capacity of criminal justice actors to respond appropriately to SGBV cases of intellectually challenged women and girls.

### 1.2 Evaluation Scope, Process and Methodology

*Evaluation scope:* The enhancing access to justice for SGBV victims with intellectual disabilities ETE sought to review the project's relevance; quality of design; delivery (processes, approaches); and results (outputs, outcomes, impacts). Further, the ETE sought to capture key lessons, draw conclusions, and define recommendations. The ETE report has captured learning to inform future practice and is also to be used for project accountability purposes. The evaluation covered the entire project implementation period and was conducted in all three counties where implementation took place.

The main objectives of the evaluation were to:

1. Establish the extent by which the deliverables under the project - at output, outcome, and impact levels - were achieved or are likely to be achieved.
2. Ascertain the extent by which the strategies of access to comprehensive sexual GBV, SRH and Access to Justice for ICWGs succeeded during the project implementation.
3. Establish how effective the knowledge sharing and awareness creation on advancing the rights of ICWGs in relation to SGBV legal aid clinics in Kiambu, Nairobi and Narok Counties were.
4. Determine what the remarkable changes in service delivery in the justice system i.e., court representation for SGBV survivors were.

5. Examine the degree by which the program enhanced SGBV survivors' human rights protection and access to psychosocial support needs.
6. Provide an opportunity for in-depth reflection on the strategy and assumptions guiding the project and recommend adjustments in future strategy.

*Approach and methodology:* A combination of qualitative and quantitative research methodologies were applied. These included secondary data review, survey, KII, observation, and FGDs. Appreciative enquiry and most significant change approaches were used. Though external in nature, the evaluation was implemented in active engagement of COVAW and key project stakeholders to enable establish the link with learning and future follow ups. The ETE approach places premium on respondents' voices and experiences, but technically interrogates these with the consultants' perspectives.

The nature of the evaluation was 'explorative and descriptive' with emphasis on 'what has/ is emerging' rather than just focusing on realized results against what was planned. This was done to provide room for capturing unplanned or unexpected results. The evaluation had furthermore a 'formative' character, as it proposes recommendations for improvement, rather than stopping at fact-finding.

*Evaluation process and key steps:* The ETE was carried out between the months of March and April 2021. On embarking on the evaluation, the evaluators held entry meetings with COVAW to level expectations concerning the ETE. Secondary data availed by COVAW was then reviewed by the evaluation team. The list of reviewed literature is contained in annex 1 of this report. The ETE team subsequently developed evaluation questions, workplans and tools which were shared with COVAW as part of an inception report.

The information extracted from primary and secondary data was subsequently triangulated and analyzed, and the findings compiled into this report. The descriptive statistics used in this report were generated using the Kobo Collect software, SPSS, and Microsoft Excel. Thereafter, crosstabs and frequencies were run to generate the frequency tables, graphs and figures used in this report.

*Evaluation Respondents (Demographics):* The evaluation team comprising two consultants and six senior research assistants collected primary data concurrently from all three counties. Each senior research assistant was supported by an enumerator who administered a survey tool. There were a total of 431 persons (77 KIIs, 171 FGD participants, and 183 survey respondents) who participated in the evaluation. A total of 19 FGDs were held across the three counties of Nairobi, Kiambu and Narok.

Table 1 below summarises the distribution of respondents for different data collection methods. The full list of evaluation respondents is contained in appendix 2 of this report.

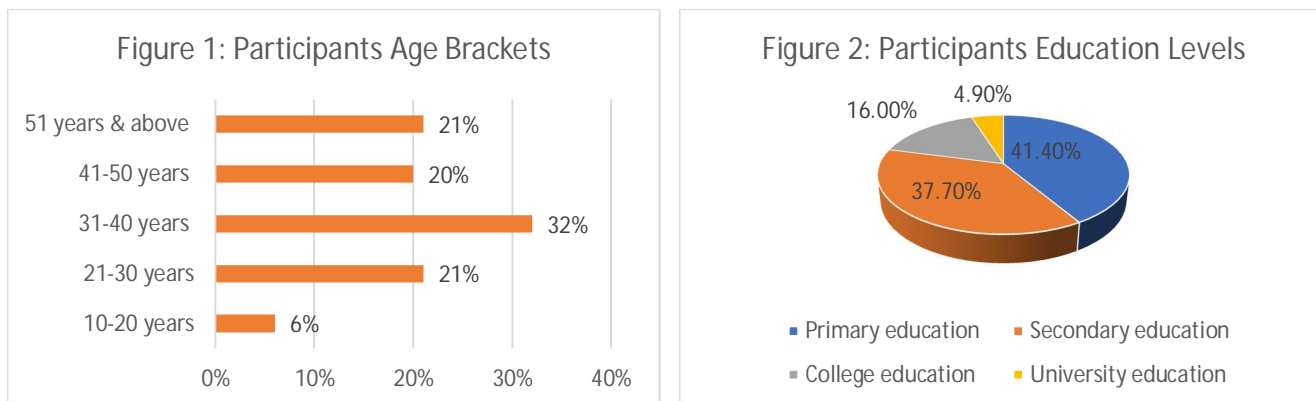
**Table 1: Overview and Distribution of Evaluation Respondents Across Counties**

Counties	Number of Respondents Per Data Collection Method	
	No. of Surveyed Respondents	No. of FGD Participants
Kiambu	45	39
Nairobi	112	72
Narok	71	58
<b>Total</b>	<b>228</b>	<b>169</b>



Of the 228 survey respondents, 71% were female, while 29% were male. 25 respondents (11%) were persons with disability. The nature of disabilities included physical impairment (48%), mental illness (24%), multiple disabilities (16%), vision impairment (8%), and hearing challenges (4%).

The distribution in various age brackets is shown in figure 1 below, while the educational levels is presented in figure 2.



Finally, regarding relationship status, 66% of the survey respondents had partners, 13% had no partner but had been in a previous relationship, while 21% had never been in a relationship.

### 1.3 Study Limitations

Every evaluative study has its limitations and invariably time is often one of them. This ETE was carried out within tight timelines. Separately, the prevailing novel coronavirus disease 2019 (COVID 19) and the resultant lockdowns meant that it was necessary to limit physical engagements with respondents to the minimums prescribed by the Ministry of Health. The lockdowns also made it difficult for the lead consultants to travel to Narok county to oversee the evaluation there and had thus to rely on the ground research assistants. Lastly, it was not possible to access some of the envisaged respondents, more so members of parliament and most of the Nairobi county-based chiefs.

The above challenges notwithstanding, the consultants believe that the information received was sufficient and a reasonable basis to arrive at the indicated conclusions and recommendations, and that the limitations have not negatively affected the findings of the report.

### 1.4 Structure and Content of Report

This report is structured into four sections, besides the executive summary and the preliminary pages. Section one of the report presents the background information on COVAW and the ETE objectives, process, methods, and limitations. Section two, on the other hand, presents the detailed findings and analysis. The findings are organized per the evaluation study areas as defined in the Terms of Reference (ToRs) for the same. Section three on its part highlights the evaluation conclusions, lessons and recommendations, while section four contains the evaluation annexes and appendices.

## 2.0 DETAILED FINDINGS AND ANALYSIS

### 2.1 Review of Project Relevance

The ETE assessed the appropriateness of the project's focus, priorities, and strategies with regard to, 1) responsiveness to beneficiaries' priority needs, and 2) extent of alignment with COVAW's mandate and focus. The findings are elaborated in the following sub sections.

*Relevance of project to priority beneficiary needs:* The project was a response to a number of practical pressing challenges facing ICWGs and PWDs in general. Such issues include discriminatory clause 146 of the Penal Code that refers to intellectually challenged persons as idiots and imbeciles; inadequate reporting of SGBV cases against ICWGs; and intellectually challenged SGBV victims' inability to provide needed evidence in courts, often jeopardizing the success of such cases. Other challenges that the project sought to address were high levels of stigmatization towards ICWGs/ PWDs, inadequate registration of ICWG with relevant authorities, and insufficient disaggregation of data on PWDs which makes it difficult to ensure focused support.

*Alignment of project to COVAW strategy and mandate:* The evaluation observed existence of good levels of alignment between the project objectives and COVAW's strategic plan document. Specifically, the project responded to COVAW's strategic plan result area 1, which aims to increase access to appropriate SGBV responses and lifesaving SRHR services for women and girls.

The evaluation further noted good levels of integration between the project and other COVAW project initiatives. As an example, the project complemented interventions of a separate project supported by OSIEA that provided for pro bono lawyers and filling of petitions. Similarly, COVAW secured support from Vivo Activewear, a local corporate, towards direct services that were not covered by the project under evaluation.

### 2.2 Quality of Project Design

A good project design ought to enable easy implementation and provide a solid base for monitoring performance. The overall evaluation objective in this regard was to determine the extent by which the strategies, assumptions, and theory of change for enhancing access to comprehensive SGBV, Sexual Reproductive Health (SRH) and access to justice for ICWGs succeed. The findings are elaborated thus.

*Rigour of context analysis:* The project proposal template had provisions for detailed context analysis. The analysis highlighted amongst other major issues, barriers to services, key actors, as well as general developments within the operating context. The analysis was in the view of the evaluators, adequate to inform, and was well aligned with the project objectives, strategies, and interventions. Additionally, a baseline study was carried out at the beginning of the project implementation. The baseline study validated the project relevance and focus. The same also provides baseline information for various indicators, against which project performance is compared.

*Quality of definition of project results, Assumptions and ToC:* The project proposal document contained key information and clearly presented expected project outputs, outcomes, and planned activities. The project proposal was also supported by an M&E framework with clearly defined indicators and indicator targets. Not all defined results were quantified, hence possible challenges in measuring change.

It was noted however that while COVAW has a documented institutional ToC, there was no project specific ToC. This could have been due to the fact that there was no provision for a ToC in the AWDF project application template. On the same breadth, while the project documents contained an analysis of potential project risks, there was no explicit analysis of project assumptions. There was also no provision for analysis of assumptions in the project application template. To partly address this gap, AWDF worked with COVAW to develop a detailed framework for project results, as well as monitoring, learning and evaluation post the project kick off.

It is thus recommended that future project designs establish a defined ToC<sup>1</sup> that is preferably aligned to the institutional ToC and supported by a clear analysis of project assumptions. The same should also be supplemented by well-defined MEL framework before implementation starts.

*Applicable design adjustments:* The evaluation also sought to establish design adjustments, if any, that occurred during implementation or are needed for such projects in the future. It was noted in this regard that the funder had allowed for various necessary project adjustments. As an example, because of COVID 19, AWDF allowed for part of the project budgets to be used to enhance COVAW's communication and general ICT capabilities, besides allowing for investments in personal protective equipment for field staff. Additionally, AWDF authorized adjustments in the manner in which community meetings were held, allowing for more meetings but with less participants to enable observance of COVID 19 protocols.

One of the pressing communities' need that emerged from the baseline study and this ETE, but which was not covered by the project, concerned support towards direct service delivery to deserving intellectually challenged victims of SGBV and or their caregivers<sup>2</sup>. It is thus recommended that similar future projects deliberately incorporate elements of service delivery, say psychosocial, clinical, legal representation, protection, and or logistical support.

The need for building the economic resilience of ICWGs and or their caregivers especially amongst hard to reach and vulnerable communities was also raised by most evaluation respondents. This is because economic vulnerability is often compromising the safety and wellbeing of ICWG and their caregivers.

Such needs could be addressed through collaborations with complementary service providers or facilitating linkages to applicable referral networks. This requires that COVAW deliberately works WITH or THROUGH actors that can complement her initiatives and or address other pressing community needs that are beyond her scope. This requires a clear mapping, analysis of value propositions, and establishment of engagement strategies with such complementary stakeholders.

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<sup>1</sup>A ToC amongst others enables as testing of the project hypothesis and provide a visual representation the same; encourage deeper reflection of the entire (complex) system including needed inputs of key actors; facilitates a critical analysis of assumptions; and enables a shift from pure monitoring & evaluation to reflection and learning.

<sup>2</sup> the evaluation team was informed by COVAW that in subsequent calls for proposals, AWDF has allowed for at least 20% of the project budgets to be allocated to services such as legal representation and psychosocial or medical support.

## 2.3 Quality of Project Delivery

The assessment of project delivery focused on the quality of various project implementation processes. The main evaluation focus under this section was to establish the degree by which defined project deliverables were achieved or are likely to be achieved. The findings on the evaluation sub questions under this area are contained in the subsections below.

*Project delivery strategies:* The evaluation Terms of Reference (ToRs) required that the ETE establishes what was regarded as the most successful project strategies for enhancing access to comprehensive SGBV, SRH and Access to Justice for ICWGs. Based on the literature review and stakeholder consultations, the following emerged as the key strategies that were applied by COVAW.

1. *Awareness creation* - as an advocacy organization, COVAW seeks to influence policy and practice. To this end, the project invested in raising the levels of awareness and conscientization on the rights and wellbeing of ICWGs. A total of 7,808 women and girls were reached through community dialogue forums. The interventions were amongst others done through facilitation of community dialogue forums and media engagements such as radio talk shows. Further, the project used trained paralegals to enhance knowledge sharing with community members. Community mobilization, engagement, and sensitization emerged as the most popular strategy, having been mentioned by 129 out of the 223 (56%) evaluation survey respondents.
2. *Evidence based advocacy* – the project used experiences and information from the grassroots to influence regulatory change, exemplified by petitions to change article 146 of the penal code. On the same breadth, the project supported development of advocacy briefs, and commissioned research in the field of SGBV against ICWG and influenced the government to expand assessments and registration of unreached PWDs/ ICWG. Additionally, the project successfully pushed for availability of intermediaries in courts as well as waiving of registration fees for intellectually challenged persons at Narok county referral hospital.
3. *Capacity development support* – COVAW through the project invested in capacity building of various service delivery actors - police, CuCs, magistrates, prosecutors, paralegals, chiefs etc. – to enhance access and quality of services to intellectually challenged victims of SGBV. These enabled expansion of SGBV victims' access to referral systems, including increased registration of SGBV cases in courts.
4. *Partnerships and collaborations* – The project worked very closely with multiple complementary stakeholders right from the grassroots to the national level. This included among others, engagements with the CUCs, various Technical Working Groups (TWGs), County Health Committees (CHC), and Task Forces such as the Mental Health task Force. There was additionally use of local influencers/ opinion leaders. The aim of the strategy was to foster a system approach that seeks to scale project reach and impact, including through referral networks.
5. *Use of community resource persons* – the project also trained and used community resource persons e.g., paralegals/ community mobilizers, pro-bono lawyers, community health workers, and local leaders to co-deliver various community activities. As an example, trained paralegals were for instance able to continue supporting communities without necessarily being accompanied always by COVAW. This strategy was mentioned by at least 23% of the survey respondents.

*Extent of achievement of planned project deliverables:* The evaluation sought to determine the extent by which defined project activities or outputs were delivered as planned. A review of the project reports shows that activities were implemented across all the intervention areas. However, since not all activities had been quantified at the design stage, it is not possible to tell whether indeed all planned activities were delivered per desired quantities. A detailed overview of implemented activities against what was planned is contained in appendix 1 of this report.

Separately, it was noted that the project did not allow for a no-cost extension despite the COVID 19 occasioned delivery challenges. In the end, the project closed with a balance of approximately \$15,000 that was surrendered back to the funder.

*Increase in number of trained paralegals offering services to ICWG:* Paralegals act as facilitators during community dialogue forums. A total of 29 paralegals were identified and trained. The trainings centered amongst others on SGBV Legal frameworks, Victim Centered Approaches, Reporting Mechanisms, Referral Pathways and Communication with SGBV Survivors. The trainings enabled the paralegals to respond to SGBV cases against ICWGs more effectively including by offering basic legal advice and or linkages to complementary referral networks.

*Movement building:* One of the evaluation questions concerned the number of movements, alliances, or networks of ICWGs that emerged from the project. The project had a target to establish at least one movement. It however emerged from the review that no new networks or alliances were established, rather the project forged working relations with existing collaborative arrangements. These included for instance, engagements with various networks and Technical Working Groups (TWGs). In the latter case, the project facilitated TWGs to undertake quarterly meetings and prioritize/ address issues of SGBV amongst ICWGs. Additionally, COVAW strengthened existing structures and committees, including CUCs that became more vibrant due to such support.

*Monitoring, follow ups and accountability:* COVAW has developed a basic Monitoring, Evaluation and Learning (MEL) system comprising M&E frameworks, tools, and established practices. These formed the basis of project monitoring and accountability. In the first place, the established project results and MEL frameworks provided a useful foundation for monitoring progress and measuring change. The project was in this regard noted to have had good levels of quantification of project targets/ indicators.

Concerning actual project monitoring and accountability, the evaluation noted that quarterly field visits and progress review meetings were held, internal workplans strictly followed, stakeholder databases maintained, and periodic project reporting done per agreement with AWDF. It was noted that COVAW staff and pro-bono lawyers consistently followed up on the status of various SGBV cases, including with concerned offices such as the police, prosecutors, and magistrates. Feedback from communities and stakeholders was also consistently sought, documented, and followed up. Separately, two research pieces were conducted under the project, a baseline survey, and another on access to justice for SGBV survivors with intellectual disabilities in Kiambu, Nairobi and Narok.

Further, the evaluation noted that internal processes related to project quality assurance, project administration, process reviews and approvals were done as per COVAW policies. Similarly, project audits were carried out for both project years. These cases exemplify relatively sound monitoring,

quality assurance and accountability practices. The only material issue raised by the management letter of year 1, regarded the consistency tax practice on withholding tax and subjecting allowances to tax.

There was however consensus that there is room to further grow the COVAW MEL capacity. As an example, it was observed that the staff responsible for M&E exited the organization leaving a gap as far as M&E staff capabilities pertains. There is equally a need to further consolidate/ structure M&E tools, frameworks, and practices, and enhance staff MEL capabilities. There is furthermore a need for strengthening the practice of continuous collection and analysis of project indicator data, documentation and evidence building.

## 2.4 Effectiveness and Impact of Project Initiatives

This section presents an overview of major project effects realized over the review period. The section highlights only a few of such results, with a handful of examples. These results for corresponding indicators are organized under each of the project objectives outlined in the project document.

### Outcome 1: More women and girls are aware of and can exercise their rights to bodily integrity and freedom from violence.

The evaluation outcomes regarding the three outcome indicators set out in the project results measurement framework, are discussed below:

1. *Proportion of women and girls actively advocating for an end to SGBV against ICWGs*: Per the ETE survey, 81.3% of female respondents (women, girls) indicated that they were actively engaged in advocating for an end to SGBV against ICWGs. This number compares very favourably to the baseline status in which only 31% of the women and girls indicated that they were involved in advocating against SGBV against ICWGs.

In terms of numbers, 255 women have been empowered to actively engage in advocating to end SGBV against a target of 145. The women comprised 19 Paralegals, 14 Pro Bono lawyers, 59 Court Users committee members, 61 Technical working group members, and 15 CHC members, 73 law enforcers, 28 special educators).

Asked about how they went about such advocacy, 38% of the respondents indicated that they were involved in promoting rights of ICWG/PWDs, including ending SGBV, through community mobilization, sensitization, and conscientization. Further, 32% of the respondents, mostly caregivers and ICWGs, indicated that they were more knowledgeable about and could better claim their rights, besides being involved in processes touching on their rights and wellbeing. This position can be exemplified by one respondent who indicated that '*I am a caregiver of PWD. I ensure she is protected from sexual exploitation by closely monitoring her interactions and whereabouts. I also ensure I provide her basic needs so that no one can sexually exploit her*'.

A further, 19% of the respondents mentioned reporting SGBV cases, offering advice to victims and promoting safeguards against further abuse. The ways elaborated by the remaining 11% of the respondents were leaning more towards service delivery than advocacy.

2. *Percentage of women and girls reporting improved sense of inclusion & entitlement:* The evaluators asked the respondents if they felt more included in society as a result of the project interventions. 97.7% of the female respondents (women, girls) responded in the affirmative, while 2.3% said 'No'. This response is far higher than the baseline status where 65.9% of the women and girls indicated improved sense of inclusion.

The above position on inclusion was reinforced by the key informants and FGD participants who indicated that more people were coming out to express themselves and or voice their challenges due to greater awareness of their rights. This was for instance with one of the respondents who indicated that '*my self-esteem has significantly improved since the community no longer sees me as a curse or a bad omen*'. This is also encouraged by increased open dialogue at community level concerning plight of ICWG, including cases of SGBV affecting them.

3. *Changes in reporting SGBV incidences against ICWGs:* Nearly all caregivers, community members and community resource persons who participated in the evaluation indicated having noted a general increase in the reporting and follow up of cases SGBV cases against ICWGs. These were in addition to greater community vigilance towards ensuring protection of ICWG against such abuses. This was indicated as being due to the fact that people were now more informed of the need and where to report such matters.

However, it proved very challenging to get cumulative figures of reported cases at county level. Only in Nairobi county did the team manage to get the figures, being 149. In addition to these, a total of 323 GBV related cases were reported through COVAW's toll free line.

Besides the above outcome indicators defined in the project proposal, the project evaluation ToRs also required that the evaluators review and report on the following variables:

1. *Changes in rights of ICWGs:* 98% of the evaluation respondents indicated that there had been some positive changes concerning the extent by which ICWGs access their rights in the target areas due to the project interventions. 2% of the respondents were unsure if there had been any positive changes in degree of ICWG's access to their rights.

To illustrate, there were 88 mentions by respondents of greater reporting and follow up of abuse cases and more positive responses by justice actors. This was followed by 79 mentions by participants of increasing levels of acceptance and inclusion of ICWGs who were initially inhumanely treated as demonstrated by reduction in stereotyping and or discrimination; embrace and involvement in relevant family or community functions/ processes; as well as reduction of cases of IC persons being hidden or locked up.

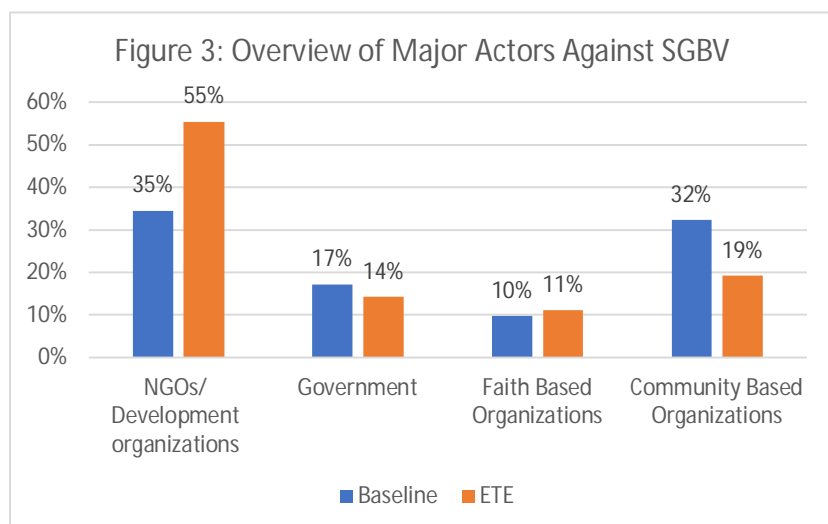
2. *Changes in community practices towards protecting ICWG from SGBV:* As per the evaluation ToRs, the evaluators asked respondents whether in their view there were any community practices that are geared towards protecting ICWGs from SGBV. The response was 85% to the affirmative, while 15% were unsure of any such practices. This compares favourably to the baseline status in which only 43.5% of the respondents affirmed existence of practices that are geared towards protecting ICWGs from SGBV.

Asked to provide examples of such practices, 65 of the evaluation respondents mentioned growing open conversations around the rights of ICWGs. Another 25 participants mentioned growth in legal actions against the SGBV perpetrators. Other mentions were of establishment or strengthening of gender desks at police stations and use of toll-free number to report cases. The situation is further illustrated by the following quote by one of the paralegals: *'the turn up for community dialogue sessions was low at the start of the project, but as the project progressed, we have seen the numbers of participants at the dialogue sessions increase significantly, and community members actively discuss how to end SGBV against ICWGs'*.

## Outcome 2: Public increasingly supports ending VAWG.

Three project outcome indicators were set out for this result area. The evaluation findings under each of these are discussed below:

1. *Proportion of key influencers of public opinion advocating against SGBV*: The ETE sought to establish the key influencers of public opinion who actively advocate against SGBV.



As can be seen in figure 3, the engagement of NGOs in advocating against SGBV had increased significantly between the baseline and the ETE, while that of the State and CBOs had declined. However, when asked to specify which actors were the most effective in advocating against SGBV, the respondents mentioned national NGOs (31.7%), followed by local CBOs (23.3%) and local NGOs (19%).

International NGOs and Faith Based Organization (FBOs) were the least rated at 14.8% and 11.2%. This position aligns with the suggestion of a number of respondents that future projects deliberately seek engagements with FBOs, granted the influence that most have on their followers.

Additionally, according to the end of project report by COVAW, a total of 122 (50M, 72F) key influencers had been engaged by the project. These included 15 CHC members, 45 Court User Committee members, 11 TWG members, 5 legislators, 6 Magistrates, 6 prosecutors, 22 Pro Bono Lawyers, 6 village elders, 10 chiefs and 10 assistant chiefs.

2. *Level of community involvement in addressing women's rights violations*: Asked whether local community groups or actors were engaged in ending SGBV against ICWGs, 75% said 'Yes', while 25% said 'No'. The percentage affirmative responses in this case compared very favourably to the baseline positive response of 31%. This could be an indication of establishment or reactivation of local anti SGBV advocacy groups resulting from the project actions.



When tasked to provide examples, 89 of the respondents mentioned Local community-based institutions. There were also 24 mentions of groupings of trained community resource persons such as caregivers, paralegals, and women's rights defenders/ activists. COVAW project reports also indicated further that caregivers of children with intellectual disabilities also increasingly brought along their children to be part of the community dialogue forums.

3. *Level of target populations (community) engagement in advocating for an end to Violence against Women and Girls (VAWG):* 88% of the evaluation respondents indicated to having been involved in advocating for an end to women's human rights violations. the remaining 12% had not been involved. This is a significant improvement compared to the baseline status where only 43.5% of the respondents indicated to having been actively involved in advocating for an end to VAWG.

Specifically, the evaluation respondents indicated a notable increase in the receptiveness by communities to conversations around abuses against women and girls. There was also an indication of perceived reduction in cases of VAWG including rape, marital violence, SGBV, Early, Forced and Child Marriages (EFCM), and FGM – these being mentioned by at least 28 of the respondents. On her part, COVAW indicated to having noted greater responsiveness of communities whenever they sought paralegals or pro bono lawyers to support ICWGs whose rights had been violated.

4. *Changes in media coverage of VAWG:* One of the evaluation's questions was to establish the extent of increased media coverage of SGBV towards ICWG. According to the project baseline report, only two national media houses frequently captured issues of VAWG from a human rights perspective. Per the project reports, COVAW actively engaged 12 media houses amongst these Sidai FM, Mayian FM, Coro FM, KTN News, Kass Tv, Ghetto radio, Daily Nation, Star Newspaper, Standard Newspaper, Mayienga FM, Inooro FM and Emoo FM. These were besides online engagements through twitter chats. It is estimated that a total of 762,454 persons were reached indirectly during the project period using through radio programs and online/virtual forums.

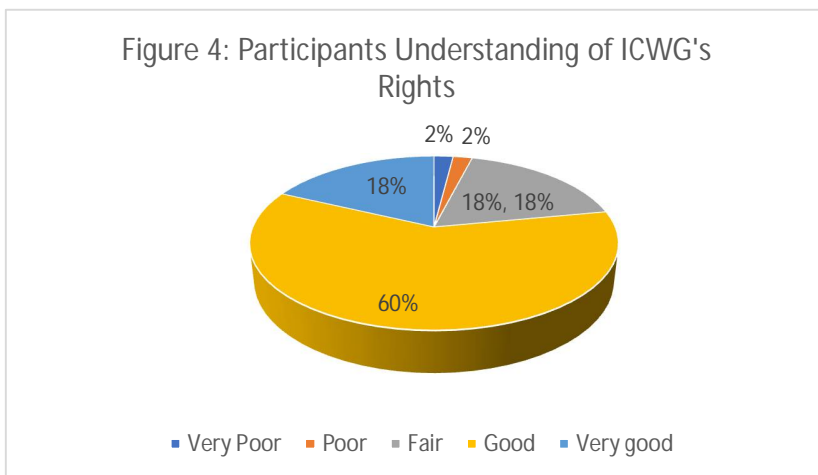
Besides the four project indicators above, the evaluation also sought to establish the changes in the communities and other stakeholders appreciation of rights of ICWG as well as reduction in the extent of stigmatization of ICWGs. The findings on these two variables are presented here below.

1. *Change in level of stigma towards ICWGs at community or county level:* In order to measure this variable, evaluation respondents were asked to express their opinion on whether stigma towards ICWGs at community or county level had reduced significantly. This was done using a scale of one to five, where one is strongly agree and five is strongly disagree. Per the feedback, the results were strongly agreed (19.5%), agree (61.2%), and neutral (18.7%). Only 0.6% of the respondents disagreed, while no one strongly disagreed.

This position was also supported by feedback from the FGDs whereby participants mentioned greater inclusion of PWDs as demonstrated by less stigma, shifting cultural beliefs and norms, more involvement of PWDs in social processes at family and community levels, and openness to seeking counseling support. Further, the status can be illustrated by one of the caregiver's assertion that '*I no longer hide the baby like it used to happen before. She now freely interacts with other people without being discriminated against.*'

2. *Levels of understanding of rights of ICWG*: The evaluation asked participants to rate the extent of their understanding of ICWG’s rights. The outcomes of the survey are presented in figure 4 below.

As can be seen from the figure, majority (60%) of the respondents rated their knowledge level as good. Only 2% rated their knowledge levels as either poor or very poor. While the results show impressive knowledge levels, it is worth noting that the baseline report did not capture data on this variable so it is not possible to establish the actual extent of change in knowledge levels that can be attributed to the project interventions.



From the FGDs, it emerged that cases of home-based negotiations that often circumvented the law by SGBV criminal offenders had also reduced significantly. Further, the evaluation noted that there is in the meantime a push amongst justice sector actors, particularly through some CUS for structured alternative dispute resolution away from the formal court systems.

### Outcome 3: Duty bearers improve or put in place laws and policies to prevent and or respond appropriately to VAWG.

Two project indicators were defined for this outcome in the project proposal document, the results of which are presented below:

1. *Change or review of laws, policies, and customs to prevent/ end VAWG*: COVAW engaged in several advocacy actions geared towards legal reforms. The organization was in this regard able to consolidate information, lessons and experience from the grassroots and use the same to lodge petitions aimed at national level policy changes. These included amongst others making submission to the Clerk of the National Assembly towards repeal of Section 146 of the Penal Code through the Statute Law Miscellaneous Amendment Bill, 2020, and later filing petition No 390 of 2020 at Milimani Law Courts for the same. The successful application is expected to have a bearing for the country and many others with a similar code, hence a huge ripple effect across Africa.

The project also participated in an FGD convened by the Mental Health Taskforce that was tasked to review Mental Health laws, policies, and practices in Kenya. Separately, COVAW provided inputs to the National Gender and Equality Commission towards review of the Sexual Offences Act and the draft policy of Sexual Offences. Finally, COVAW with support of the Kenya National Commission on Human Rights is working towards the ratification of the protocol to the African Charter on Human and Peoples Rights on the rights of persons with disabilities in Africa.

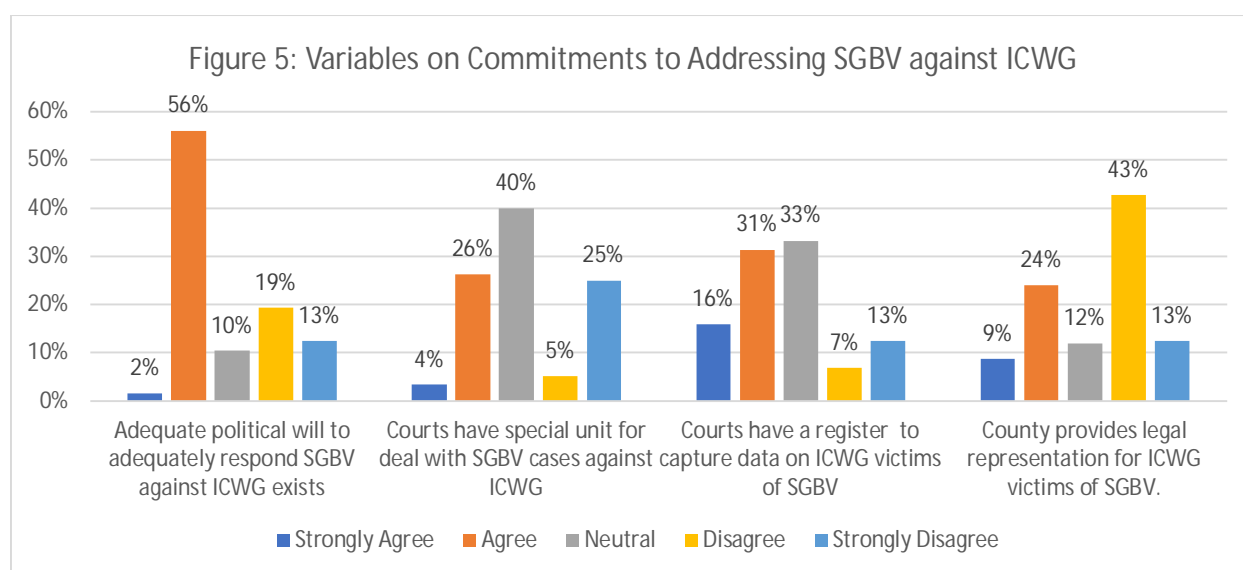
It is important to note that the baseline figure for this indicator was placed at zero, with an indication that no laws on SGBV against ICWG had been reformed at county or national level. Further, it is noteworthy that none of the above processes had been concluded as of the time the project was concluded. Subsequently, the project ambition of finalizing and enacting the Reproductive Health Bill and or revision of the Penal Code were not fully realized. This situation is normal for processes of legal or policy change that often takes time.

In light of the above, in future we recommend greater realism in setting targets for such processes when implementing short to medium term projects. In particular, it is better to define intermediary results (targets) to be used as progress markers within the project lifespan. There is also a need to be very explicit about the contributory nature of COVAW's actions towards such processes that are often multi-stakeholder in nature.

2. *Extent of implementing of acting on policy commitments on ending SGBV*: The evaluation sought to understand from the county authorities whether they had acted upon any policy or institutional commitments towards ending SGBV. 88% of the authorities responded to the affirmative, while 12% indicated not being sure or aware.

Examples of such commitments included the establishment of SGBV committees that brings different stakeholders to strategize on ending SGBV, and budget allocation establishment of shelter for victims of SGBV by the Nairobi Metropolitan Services. There was also mention of increasing willingness by the three county governments and legislators to invest in reforming regulatory and policy frameworks touching on ICWG/ PWDs. Additionally, the Narok County Health Committee published a list of authorized medical officers to sign P3 forms a result of COVAW's advocacy.

Similarly, county officers were asked to rate several statements that touch on the quality-of-service delivery by the counties to intellectually challenged victims of SGBV. The responses to this are presented in figure g below. As can be seen from the figure, whilst opinions were varied, an average of 66% of the respondents gave above average opinions (agree, strongly agree) across all four assessed variables. This is a slightly better rating than the 63% that emerged from the baseline.



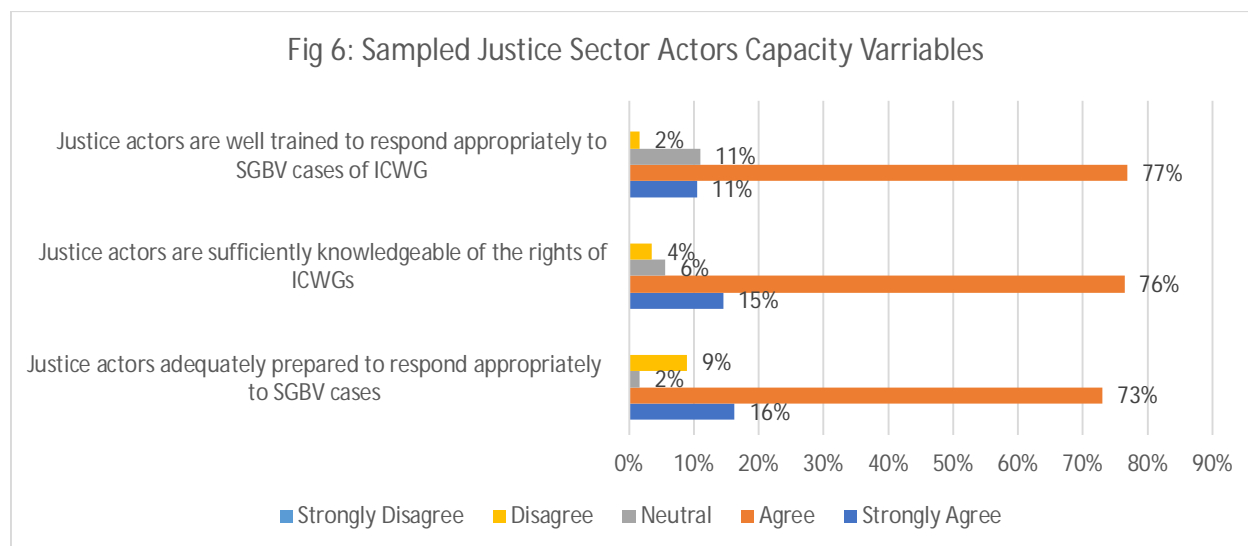
Besides the above outcome indicators defined in the project document, the evaluation ToRs also required that the evaluation team assess the following five variables that fall under project outcome 3.

1. *Level of awareness of existing policies on ending VAWG*: The evaluation respondents were asked whether they were aware of any laws or policies that protect the rights of ICWG from VAWG, to which 74% said 'Yes' and 26% 'No'. This compares favorably to the baseline status in which 63% said 'Yes' and 37% said 'No'.

Asked to give examples of such policies or laws, there were 57 mentions of the Sexual Offences Amendment Bill 2020, 27 mentions of the Children's Act, 17 mentions of the Persons with Disabilities Act, 11 mentions of the Prohibition of FGM Act of 2011, and 13 mentions of the Penal Code. Other examples included the Constitution of Kenya 2010 and the Mental Health Act

2. *Capacity strengthening of criminal justice actors to appropriately respond to SGBV cases against ICWG*: 92% of the participating duty bearers/ county authorities within the justice sector indicated that their capacity had been strengthened. There were no baseline data for this variable. Examples given of capacity development support included fostering stronger inter-agency collaborations, trainings on SGBV victims' rights, various laws/ statutes, as well as evidence collection, preservation, and presentation.

The justice actors were further asked to rank their opinions on a number of capacity related statements ranging from strongly agree to strongly disagree, the results of which are presented in figure 6 below. From the responses, an average of 89% of the respondents either agreed or strongly agreed with the capacity statements, indicating strong increase in knowledge.



3. *Improvements in quality-of-service delivery by justice actors*: The evaluation further sought to establish the specific improvements in quality-of-service delivery by justice actors in handling ICWG SGBV survivors as a result of the project. From the KIIs with various duty bearers, respondents indicated that their abilities to serve SGBV victims with intellectual challenges had improved considerably. To exemplify, trained police officers indicated being able to better collect, structure,

secure and adduce evidence thereby enhancing success rates for ICWGs' defilement cases. As one police officer indicated, *'we now better appreciate the circumstances and needs of ICWGs and are able to support them better'*. On their part, trained special education teachers were able to better support PWDs in schools, with some of them volunteering as court translators.

Other improvements include increased legal representation by enlisted pro bono lawyers, better court interpretation services, and more humane treatment of intellectually challenged victims of SGBV. The police at the gender desk were also said to better treat victims (with dignity, good etiquette), while volunteer health workers were noted to offer psychosocial first aid to the victims at the community level.

4. *Changes in court representation for survivors of SGBV with intellectual disabilities*: In order to assess this result, the evaluators sought opinions of respondents on a set of proxy indicators for quality of representation. The results are presented in table 2 below. As can be seen from the table, the opinions are pretty varied/ mixed. Whilst on average, 63% of the respondents indicated above average responses (strongly agree, agree), the fact that up to 17% still had negative opinions (disagree, strongly disagree), cannot be overlooked. It shows that satisfaction levels with legal representation have some significant room for improvement.

**Table 2: Respondents' Opinions on Quality of Representation**

Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Court representation for ICWG victims of SGBV been enhanced as a result of the project.	18%	42%	30%	7%	4%
The county/county justice system offers intermediary services for intellectually challenged persons	9%	58%	2%	19%	13%
The county undertakes community behaviour change communication towards SGBV	16%	48%	25%	11%	0%
The county or justice system offers women's human rights awareness education	14%	53%	28%	5%	0%
Existing county laws & policies are adequate to respond appropriately to SGBV cases of ICWG	5%	56%	11%	19%	8%
Average	12%	51%	19%	12%	5%

5. *Extent of generation and use of evidence generated from legal clinics and court processes*: The ETE team was also tasked to establish the extent by which evidence generated from the legal clinics and court processes was used to advocate for inclusive legal, policy and institutional frameworks on protection of SGBV among ICWGs.

It emerged in this regard however that the project largely used community forums and dialogues sessions to raise legal awareness as opposed to legal clinics. Only two legal clinics were undertaken in collaboration with the Law Society of Kenya during the 2019 legal awareness week. The project was noted all the same to have gathered lots of information, experience and lessons from the CUCs and pro bono lawyers. Such information was for instance in part used in the petition for the repeal of section 146 of the penal code (petition 390 of 2020).

COVAW also used similar data and experience to give submissions to the Nairobi County SGBV Management Bill, as well as lobbying for the construction of a witness box in the Narok Law Courts and GBV safe houses/ shelters. There was however no structured gathering or repacking of evidence via formal research and documentation for the above purposes.

#### **Outcome 4: More women and girls access necessary support services that respect their diverse needs and identities (Increased access to necessary support and services)**

Two project indicators were defined for this outcome in the project proposal document, the results of which are presented below:

1. *Increased access to services for intellectually challenged victims of SGBV:* COVAW amongst others facilitated the registration of PWDs with the NCPWDs. The registration enhances PWDs visibility and access to justice. Further, the registration certificate is an admissible evidence in court of the person's disability in the event of an SGBV case. Additionally, the project successfully lobbied Narok CHC to waiver medical registration/ assessment fees for SGBV victims with intellectual challenges. This removes a major barrier to this service which is in itself an important precondition to accessing justice in the event of SGBV against PWDs.

As of the time of the ETE, COVAW was supporting 5 cases (4 in Nairobi, 1 in Narok) through the provision of pro bono legal representation in court and psychosocial support. Separately, COVAW also established a toll-free bulk Short Messaging Services system for reaching out to communities that has amongst others improved the ability of communities to report cases of SGBV/ abuse amongst ICWG.

Further, key informants and FGD participants also indicated that there were increasing numbers of ICWGs accessing medical attention or psychosocial support, sanitary towels, food packages, and or assistive devices. It was also mentioned by communities that several abused girls have been readmitted in schools to continue with their education.

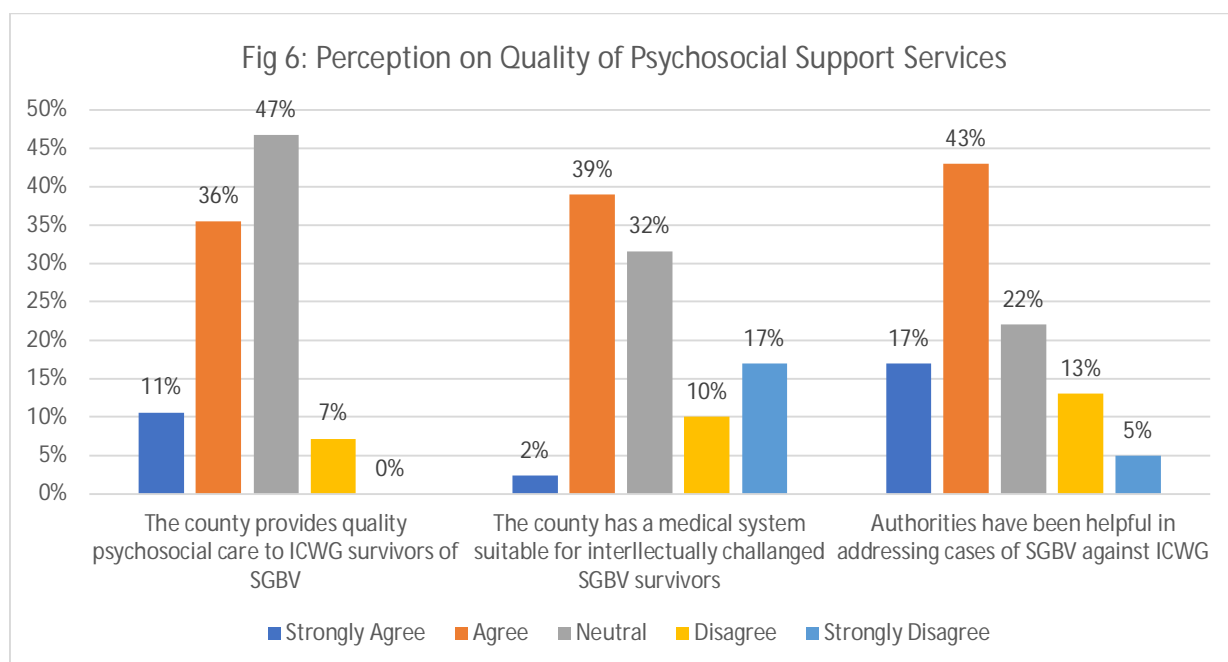
2. *Remarkable institutional changes associated with the project:* A number of institutional changes emerged from the project interventions. These included amongst others establishment of and or support to community-based institutions/ actors such as CBOs, youth/ women groups, SGBV committees, psychosocial support groups, and community resource persons. Such actors play a critical role of identifying, protecting, and supporting intellectually challenged SGBV victims to access justice and or enjoy better quality life. Mention was also made of women groups (*chamas*) that seek to economically empower caregivers to enhance their economic resilience.

Separately, the evaluation observed that different actors addressing SGBV cases were brought together to collaborate and coordinate support as a foundation to ensuring effectiveness and efficiency of service delivery. Such stakeholders included CUCs, members of parliament, police, judicial offices, TWGs, local NGOs/ CBOs, as well as county authorities. These collaborations were useful in enhancing voice for advocacy work, enabling access to referral networks, and enhancement of access to complementary services for beneficiaries.

In addition to the above outcome indicators defined in the project document, the evaluation ToRs tasked the evaluation team review the following four variables that fall under project outcome 3.

1. *Changes in psychosocial care for SGBV victims with intellectual disabilities:* 76.8% of caregivers, community members, and CUC members either agreed or strongly agreed that psychosocial care for ICWG victims of SGBV has been enhanced. This was an improvement from the baseline status where 60% of the respondents gave an affirmative response.

In order to validate this status, the evaluation team also asked the duty bearers to rate a range of proxy indicators for improved access to and quality of psychosocial care for survivors of SGBV with intellectual disabilities. The feedback of these questions is presented in figure 6 below.



From the above results, it is notable that on average, close to half of the respondents (49%) either agreed or strongly agreed with the statements (proxy indicators). However, the fact that 17% of the respondents either disagreed or strongly disagreed with the statements imply that there is still quite some room for further improvements in access to psychological support.

Further, the evaluation TORs required that underlying factors that hinder intellectually challenged SGBV survivors’ rights protection and access to psychosocial support needs be established. The main factors in this regard emerged as the deep rootedness of retrogressive cultural norms and practices; economic distress/ poverty within most households with PWDs/ ICWGs; and limited knowledge, disrespect, and or non-implementation of relevant laws, policies or best practices. These were in addition to expressed capacity limitations amongst duty bearers/ service delivery systems and community resource persons.

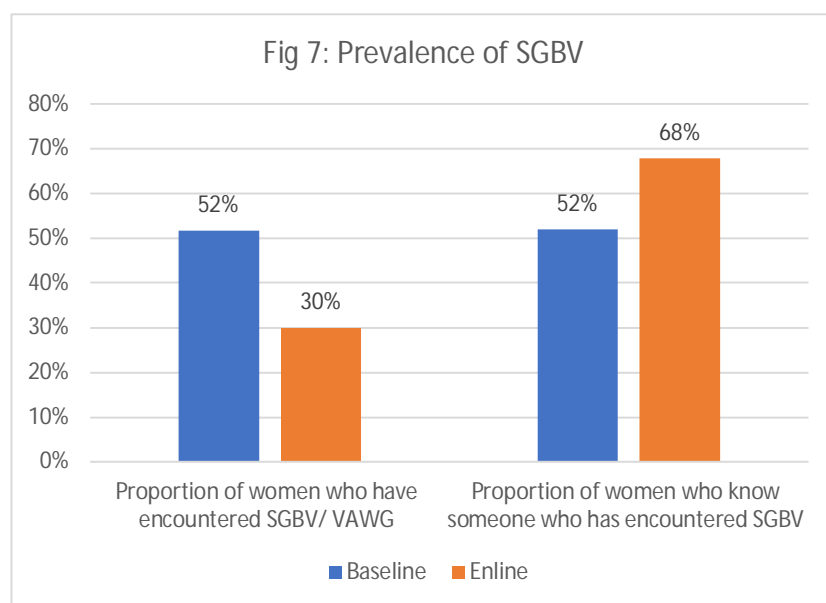
2. *Enhanced institutional capacity of COVAW:* The project support also covered internal capacity development of COVAW. This included review of COVAW resource mobilization strategy, strengthening the COVAW’s ICT capacity, as well as development of various IEC materials and

training manuals. To exemplify, COVAW supported development of paralegals' training materials for an organization in Haiti. Most staff also indicated that their own knowledge and experience on rights and support to ICWG has increased considerably.

Further, the project was noted to have enhanced COVAW's visibility and repute. To exemplify, Vivo active wear extended unsolicited support, being a percentage of its Easter sale profits in 2019 to COVAW. The support was used to procure assistive devices for 11 ICWGs, an initiative that complemented the AWDF's supported project. Similar complementary support was received from Humanity Inclusion who gave COVAW funds towards cash transfer and nutritional packages to 100 registered ICWGs under AWDF project. This was during the COVID 19 pandemic.

### Outcome 5: Reduction in SGBV cases

This outcome was not part of the project proposal but was one of the variables assessed during the project baseline. Two indicators that had been assessed at the baseline were thus measured by the evaluation team, the first being the proportion of women who had encountered other victims of SGBV/VAWG. The second indicator sought to establish the proportion of ICWGs who had experienced SGBV, including inappropriate staring or leering or communication that made them feel intimidated, offended, humiliated, or intimidated. The evaluation findings for both indicators are presented in figure 7 below.



From the feedback, the proportion of ICWG who had experienced SGBV/VAWG reduced from 52% at the baseline to 30%. This position was affirmed by FGD and key informants who expressed a perceived reduction in violations against ICWGs such as rape, physical/ emotional abuse, FGM, EFCM, and teenage pregnancies. As explained one community members, *'ICWGs are now well protected especially against violence. Earlier on they were even physically restrained and beaten up by their family members'*.

On the other hand, the proportion of women who had encountered SGBV victims had increased from 52% at the baseline to 68% as at the end term evaluation. Granted the highlighted reduction in cases of SGBV against ICWG, the increase in knowledge of those who have been violated could be due to increase in reporting of such cases, and greater consciousness or deliberate look out for such cases by community members or community resource persons. On the other hand, it was observed, especially in informal urban settlements that there had been a spike in abuse cases during the COVID 19 occasioned lockdowns and movement restrictions.



### Factors Contributing to the Noted Results and Project Success

The evaluation ToRs required that the evaluation team identifies factors - positive or negative – that contributed to the noted level of project effects (outcomes, impacts). The noted factors, and tier corresponding frequencies are listed in table 3 below.

**Table 3: Overview of Factors that Influenced Level of Project Success**

	<b>Major Factors Influencing Success Levels</b>	<b>No. of mentions</b>
<b>Positive Factors</b>	1. Continuous engagement and involvement of communities in the project, including project launches in all three counties.	89
	2. Effective community mobilization, and sensitization/ awareness raising/ training on rights of ICWGs/ PWDs.	52
	3. Effective identification and training of committed community resource persons who offered support to communities, often with minimal supervision of COVAW	22
	4. Multi-stakeholder approaches that allowed scale project reach (access to comprehensive services, referrals) and impact.	11
	5. Effective project management (design, implementation, follow ups) by committed and knowledgeable COVAW team.	7
	6. Use of media platforms, talk shows and social media, say for awareness creation and advocacy.	3
<b>Adverse Factors</b>	1. Overwhelming needs of ICWGs vis-à-vis available budgets – this meant that some pressing needs of beneficiaries related to service delivery could not be fully addressed	32
	2. Bottlenecks within the formal justice system and insufficient commitment of duty bearers (inefficiency, resourcing).	20
	3. Short project period (especially for policy change), besides slowed implementation due to COVID 19 movement restrictions and other health protocols.	8
	4. Inadequate involvement of religious leaders - as key influencers – yet they are regarded to have considerable influence over followers.	5
	5. Inadequate attention and focus on the economic & livelihood support/ poverty reduction initiatives.	4

## **3.0 CONCLUSIONS, LESSONS AND RECOMMENDATIONS**

### **3.1 Lessons Learnt and Best Practices.**

The lessons learnt documented below are a representation of the views synthesized from review of secondary data and discussions with COVAW fraternity. These include the facts that:

1. Training, sensitization, awareness raising and or conscientization of key stakeholders and duty bearers on the rights and plight of ICWG/ PWDs is a necessary condition for enhancing effective response to SGBV amongst this constituency in communities.
2. It is essential to establish a good balance between preventive and reactive responses to SGBV (towards PWDs/ ICWG) at community level. These require amongst others strengthening of the capacity of communities and SGBV referral systems as well as factoring SGBV issues in curriculum of educational institutions. Preventive measures also include building the economic/ livelihood resilience of PWDs/ ICWGs and their caregivers to reduce their vulnerabilities.
3. Effective and sustainable address of SGBV towards ICWGs at system level requires a united front. This demands stronger movements and better collaboration amongst complementary actors to amplify their voice towards needed changes in policy, norms and securing commitments towards consistent quality service delivery to ICWGs.
4. The needs of PWDs are not homogeneous. It is thus important to ensure disaggregation of data on disability to enable address the specific needs of different groups of PWDs. Future projects could also consider broadening the scope of beneficiaries to include other forms of disabilities besides intellectual disabilities.
5. Granted the increasing incidences of emergency type community disruptions such as droughts, COVID 19, floods, conflicts etc., it is essential that organizations and programs enhance the risk management and onboard the practice of contingency and or scenario planning.
6. Because of the short term and restricted scope of various projects, a deliberate linking and integrating different projects contributes to a system orientation and ensures continuity of initiatives. This has potential to contribute to deepening engagements and or broadening reach so as to scale impact in the longer term – all contributed by different projects.
7. There is a growing need for quality data, information and intelligence for organizational learning, decision making, influencing and accountability. This requires that COVAW invests in further development and full operationalization of a structured M&E system.

## 3.2 Overall Conclusions

The following general conclusions may be drawn from the ETE:

1. The project design was based on a clear context and needs analysis. The evaluation team regard the project as having sufficiently matched beneficiary needs and expectations. The interventions were also well aligned to key national/global blueprints and priorities on eliminating VAWG.
2. The project clearly stated expected results at output and outcome levels. The activities were also deemed to match the expected results. However, it would have added value to document a project ToC, instill greater rigour in the definition and monitoring of assumptions, and quantify project outputs to the extent possible.
3. The project delivery was per defined workplans and budgets. All planned activities were delivered, but for adjustments that were necessitated by the emerging Ministry of Health protocols due to the covid Pandemic such as the caps on maximum number of persons per gathering. As a result of these disruptions a small amount project balances were realised and remitted back to the funder.
4. The institutional systems, structures, practices, and infrastructure needed to deliver the project were largely well defined and followed. There is however a need to further build upon the existing MEL system – consolidating M&E frameworks and tools, boost personnel M&E capacity, and strengthen practice of continuous collection and analysis of project indicator data, documentation and evidence building.
5. The extent and nature of collaboration for the project was laudable – the project was a clear case of partnership between the civil society/ communities, private sector and state actors. The stakeholder collaborations ensured a system approach that enabled scale project reach and effects. There may however be greater value in expanding the scope of engagement to other influential stakeholders such as religious leaders, online platforms, and other public gatherings.
6. The project was instrumental in contributing to noticeable outputs and outcomes. However, the ultimate changes in long term outcomes/ impacts, more so changes in SGBV policies and laws had not yet been achieved as of the project end. This is largely because such changes often take longer to achieve compared to the two-year project duration. Linked to this, the project scope did not address two of the top obstacles identified by the needs' assessment/ baseline, being the need for support towards direct services delivery and economic resilience building of ICWG or caregivers.
7. The project also offered opportunities for COVAW to strengthen its internal capacities. Due to the visibility created by the project, COVAW was able to attract other funding support. Further, COVAW was able to strengthen its internal systems including review of organizational policies, as well as boosting of ICT and communications capabilities.

### 3.3 General Recommendations

A number of recommendations have been provided within the body of this report, directly addressing the noted points of attention under each sub section of the report. This section therefore only presents the overall or general recommendations; these should be read together with the recommendations under each subsection of the report. The recommendations include:

1. Limited knowledge and deeply rooted retrogressive norms (perceptions, attitudes, stigma) towards ICWGs/ PWDs is a major driver of exclusion and abuse of such ICWG/ PWDs. There is thus a need for continued awareness creation and conscientization of communities and duty bearers on the rights of ICWGs/ PWDs using simplified guides for SGBV prevention and response – both depth and breadth. This includes sensitization on applicable service delivery/ support structures for ICWGs.
2. The three project counties - and perhaps many others – had no specific regulatory frameworks on ICWFs such as on clinical, legal, and psychosocial support. There is thus a need to advocate/ support county governments to develop and operationalize policies and laws relating to PWDs/ ICWG. Other areas requiring further advocacy concerns more resource allocation towards addressing challenges of ICWGs, and the establishment of a PWD subcommittee under the Gender Sector Working Group to address specific issues faced by ICWGs/ PWDs.
3. Consider pursuance of more preventive approaches to behavior change communication and conscientization on SGBV. This could include amongst others advocating for incorporation of SGBV issues in the curriculum of learning / training institutions such as schools and police training. Other examples in this regard could include building capacity of special needs education teachers including in counselling; making educational institutions more accessible to PWDs; and better resourcing of special schools (equipment, materials, personnel etc.).
4. In order to ensure that ICWGs/ PWDs access comprehensive support, similar projects should consider incorporating elements of service delivery such as psychosocial and medical support; legal representation; logistical support such as transport; and safe houses. These could be realized by establishing collaborations with complementary actors/referral networks, as well as advocacy and capacity development towards duty bearers for improved service delivery.
5. Consider investing also in the economic empowerment of ICWGs/PWDs and or their care givers besides promoting access to justice for survivors of SGBV. This is because the economic vulnerability exacerbates the susceptibility of ICWGs/ PWDs to SGBV and further exclusion.
6. Further strengthen COVAW's capacity in the areas of MEL, documentation, and evidence building. This includes regular structured data collection, analysis, and reporting on all project indicators, as well as surfacing and reporting on outcomes and impacts. Also ensure future project designs entail rigorous analysis of assumptions and development of a ToC.
7. Given the lessons learnt from COVID 19 related restrictions, COVAW could consider further scaling of present taping into ICT and media for purposes of advocacy, visibility, awareness creation, and institutional efficiencies. The same could also be explored as a basis of extending COVAW's program reach, besides physical reach, or presence, including more virtual trainings/ engagements.

## 4.0 ANNEXES AND APPENDICES

### 4.1 Annex 1: List of Referenced Materials

#	Document/ Material
1.	COVAW Strategic Plan 2018 - 2022
2.	Enhancing Access to Justice for SGBV against ICWG Project Proposal Final 2018
3.	Enhancing Access to Justice for SGBV against ICWG Project Workplan
4.	Enhancing Access to Justice for SGBV against ICWG Project MEL Framework
5.	Enhancing Access to Justice for SGBV against ICWG Project Baseline report
6.	1 <sup>st</sup> Interim Project Report Final
7.	2 <sup>nd</sup> Interim Project Report Final
8.	3 <sup>rd</sup> Interim Project Report Final
9.	Final Project Report
10.	COVAW AWDF-Financial Report-Dec 2019
11.	COVAW- AWDF-Final Financial Report 31032021
12.	COVAW AWDF Audit Report Yr 1
13.	AWDF 2019 Audit Management Letter YR 1
14.	151020 Final Report-Legal Aid Resources
15.	Advocacy Brief - Dec 2020(1) (1) (1)
16.	Paralegal Training Manual on GBV
17.	Pro Bono Training Manual on GBV
18.	Research Report on Access to Justice for SGBV Survivors with Intellectual Disabilities
19.	Activity Report High Level Conference
20.	Law enforcers - Serena hotel training report
21.	23 different back to office (activity) reports
22.	COVAW'S Submission to The Mental Health Taskforce
23.	COVAW'S Submissions on Discriminatory Laws Against Women and Girls.
24.	COVAW'S Submissions to The Clerk of The National Assembly
25.	Enhancing Access to Justice for SGBV Victims Project - Summary Lessons Learnt

### 4.2 Annex 2: Comparison of Baseline and Endline Indicator Results by County

Objective / Outcome	Indicator(s)	County	Baseline Score	Endline Score
Outcome 1: More women and girls are aware of and can exercise their rights to bodily integrity and freedom from violence.	Proportion of women and girls actively advocating for an end to SGBV against ICWGs	Overall	31%	81%
		Narok	36%	79%
		Kiambu	27%	85%
		Nairobi	31%	85%
	Percentage of women and girls reporting improved sense of inclusion & entitlement	Overall	66%	98%
		Narok	70%	98%
		Kiambu	66%	100%
		Nairobi	64%	99%
	Number of yearly reported SGBV incidences against ICWGs	Overall	282	472
		Overall	44%	85%
	Proportion of community practices towards protecting ICWG from SGBV	Narok	55%	76%

		Kiambu	35%	85%
		Nairobi	41%	86%
Outcome 2: Public increasingly supports ending VAWG	Proportion of key influencers of public opinion advocating against SGBV	NGOs & UN	35%	55%
		Government	17%	14%
		CBOs	32%	19%
		FBOs	10%	11%
	Level of community involvement in addressing women's rights violations	Overall	31%	75%
		Narok	36%	69%
		Kiambu	27%	79%
		Nairobi	31%	78%
	Level of target populations (community) engagement in advocating for an end to Violence against Women and Girls (VAWG)	Overall	44%	88%
		Narok	55%	91%
		Kiambu	35%	94%
		Nairobi	41%	84%
Degree of media coverage of VAWG	Overall	2 media houses	12 media houses	
Outcome 3: Duty bearers improve or put in place laws and policies to prevent and or respond appropriately to VAWG.	Change or review of laws, policies, and customs to prevent/ end VAWG	Overall	No reviewed law/ policy	Submitted 3 petitions
	Extent of implementing of acting on policy commitments on ending SGBV	Overall	63%	88%
Level of awareness of existing policies on ending VAWG	Overall	-	74%	
	Narok	-	72%	
	Kiambu	-	69%	
	Nairobi	-	72%	
Outcome 4: Increased access to necessary support and services	Increased access to (health) services for intellectually challenged victims of SGBV	Overall	60%	77%
		Narok	20%	66%
		Kiambu	0%	88%
		Nairobi	40%	78%
Outcome 5: Reduction in SGBV cases	Proportion of women whose rights have been violated	Overall	52%	30%
		Narok	55%	6%
		Kiambu	48%	12%
		Nairobi	50%	42%
	Proportion of women and girls that have experienced some form of SGBV	Overall	52%	68%
		Narok	55%	30%
		Kiambu	52%	94%
		Nairobi	50%	76%

### 4.3 Appendix 1: Detailed Overview of Project Performance Against Targets

### 4.4 Appendix 2: List of Consulted Persons

### 4.5 Appendix 3: Evaluation Survey Data Sets

### 4.6 Appendix 4: Evaluation Terms of Reference