



TERMS OF REFERENCE
EVALUATION STUDY OF THE GVRC DANIDA FUNDED PROGRAMME
ENHANCING SERVICES AND ADVOCACY ON GENDER-BASED VIOLENCE

Brief Description of Gender Violence Recovery Centre

The Gender Violence Recovery Centre (GVRC) was established in 2001, registered non-profit making, non-partisan charitable trust of the Nairobi Women's Hospital (NWH) and the pioneer organization on Gender Based Violence management in Kenya and the East African region. GVRC's purpose is to bring back meaning to the lives of Gender Based Violence (GBV) survivors and their families with a vision of creating a society free of GBV. Our mission is that we are a centre of excellence in the management and prevention of GBV. The GVRC has nine (9) centres with its headquarters in Nairobi. The previous and current primary prevention reach is in 37 counties in Kenya and provided medical and psychosocial support to over 46,000 survivors of GBV. The organization is a strong voice on GBV and as a leader and source of credible data in the sector influences GBV related policies; mainly contributed to national medical management of GBV guidelines in Kenya including psychosocial support services, co-convenor and co-chair of National GBV technical working groups such as the Africa Unite Kenyan Chapter and State Department for Gender among other National prevention campaigns such #1000Steps4Baringo and Teachers Service Commission (TSC) child protection road-map development and implementation in Kenyan schools. The GVRC-NWH head office is located at Malik Heights, Ngong Road, in Nairobi County. The branches include Hurlingham and Adams branch (Nairobi County), Kitengela and Ongata Rongai branch (Kajiado County) and Nakuru Hyrax, Nakuru CBD and Naivasha branch (Nakuru County), Meru branch (Meru County) and Mombasa branch (Mombasa County).

Background and Context

In Kenya, women and girls have historically been disadvantaged in access to socio-economic benefits, hence lacking necessary empowerment to negotiate for non-abusive relationships. Poverty has predisposed women and girls to seek risky livelihood options such as commercial sex work that exposes them to sexual and physical abuse with risk of contracting sexually transmitted diseases. The Kenya 2014 National Policy on GBV Response and Prevention states that GBV in Kenya is caused by unequal power relations between men and women, socio-cultural norms that normalize GBV, discriminatory practices and changing gender roles. Other factors contributing to GBV include poverty, illiteracy, breakdown of the family unit and support systems, insecurity, and uncensored media content. Conflict, political instability, as well as poor enforcement of laws and policies also contribute to the occurrence of GBV. Other sections of the population including minorities such as LGBTQI+ and people living with disability also face a lot of challenges when accessing GBV services. Results from the preliminary Kenya Demographic Health Survey 2014 report showed that 38% of ever married women have experienced physical violence compared to 9% of ever-married men. Studies also reveal that 10.7% of girls and 4.2% of boys experienced at least one episode of sexual violence in the previous 12 months. Harmful practices such as child marriage, female genital mutilation, violence, and sexual abuse also exacerbate the situation. The Truth, Justice and Reconciliation Commission Report of 2013 underscored gender-based violence as a contributor to human rights violations in the country to be recognized in the discourse of national reconciliation and healing. GBV is therefore at a scale that constrains the achievement of national development goals and jeopardizes the human rights and well being of many Kenyans, especially women and girls. It is against this background that national and county governments are expected to formulate interventions, which reduce the occurrence of GBV and promote secure and dignified existence for girls, women, boys and men. The latest report from the Violence Against Children Survey Report 2019, establishes that 22% (16% girls and 6% boys) have undergone sexual violence, 91% (39% girls and 52% boys) have suffered physical abuse while 12% (7% girls and 5%) have been subjected to

emotional violence. Data from the GVRC program currently indicates that, 88% of GBV survivors are female (42% girls: 46% adult women). This is a clear indication that women and girls continue to suffer various forms of GBV and therefore there is need to adopt multi-sectoral approach to create synergies towards effective prevention and response to gender based violence in Kenya. The COVID-19 pandemic has presented a myriad of challenges in prevention and access to GBV services. The government action disallowing assembly and movement exponentially increased the risks of GBV occurrences in home settings coupled by challenges in follow-up for continuum medical and psychosocial care. There is imminent risk of exposure to both staff and GBV survivors to COVID-19 infections. Service delivery is no longer as usual as survivors' risk exposure to the COVID-19 virus when they venture out to seek help at health facilities. The current COVID-19 situation hence requires service providers to adapt and still remain relevant in regards to GBV prevention and response. Currently, among the factors complicating the prevention and response to GBV is the COVID-19 pandemic, stigma and stereotypes towards those affected and hence undermine reporting of GBV incidences. There is limited information to survivors who experience violence on where to seek support at individual level. GBV results in an economic burden on the individuals, family and government in terms of increased spending on health care, social support, the civil and criminal justice system.

Overview of the Programme (2017-2020)

The current Development Engagement (DE) under the KCP 1 is a scale up of the Health sector program support HSPS 111 (2012-2016). This was a co-funding support that sought to increase coverage in both geographical scope and number of survivors reached by GVRC in the prevention and management of GBV through meeting and scaling up GVRC's targets.

This program aims at enhancing access to quality services and advocacy on gender based violence in Kenya. Under the programme, GVRC envisions that communities will have access to quality and improved GBV service as a result of effective prevention, response and advocacy and mechanisms at the County and National levels. The programme aims at addressing access to GBV medical treatment, psychosocial support, strengthening referral pathways, increase awareness creation, change attitudes and practices to enhance GBV integrated management and advocacy building around GBV work.

Goal of the Programme

The programme goal is aligned to the GVRC's current Strategic Plan 2017-2021. The five (5) key strategic objectives are 1) Provision of integrated medical and psycho-social services 2) Enhance comprehensive medico-legal support which includes forensic evidence 3) Build multi-stakeholder capacity on GBV prevention and management 4) Develop a credible data management, monitoring and evaluation system 5) Build a solid track record in GBV research.

Specifically, the overall objective of this programme is achieving increased utilization of comprehensive gender-based violence response services by survivors, as well as scale-up of prevention and advocacy interventions. The three key outputs are as follows:

1. Improved demand for and access to GBV response services through centres of excellence.
2. Strengthened prevention of GBV through behaviour change.
3. Strengthened advocacy on GBV amongst decision-makers at County and National levels for legal and policy reforms.

Purpose of the Assignment:

The purpose of this evaluation is to assess the progress, achievements and expected outcomes/impact of the programme as reflected in the programme results framework between 2017 to 2020 under the Danida Funding to GVRC and determine the extent to which the programme has made intended and unintended, positive and negative effects on its beneficiaries, partners and

the country using the integrated implementation model of GBV management. The results will go a long way in informing on relevance, effectiveness, efficiency, possibility of scale up, sustainability and impact of the programme.

Findings from the evaluation will be disseminated to GVRC, Nairobi Women's Hospital, Danida, National and County government, council of Governors, beneficiaries and other stakeholders at a report validation and results dissemination workshop as well as other platforms such as social media and website/portals.

Objectives and Scope of the Evaluation

The End of Term Evaluation (ETE) will follow the standard evaluation criteria drawn from the United Nations Evaluation Group (UNEG)/Organization for Economic Cooperation and Development (OECD); efficiency, effectiveness (including cost-effectiveness), relevance, sustainability, accountability and impact.

The objective of the Evaluation is to;

1. **Relevance:** To evaluate the relevance of the programme interventions to the target communities and the Counties development agenda and contribution of the GVRC programme to the National and County plans e.g. Kenya Health Sector Strategic and Investment Plan (July 2014-June 2018) as well as County Health Strategic Plans.
2. **Effectiveness:** To assess the extent to which the programme implementation successfully achieved the stated objectives, including establishing how implementation framework enabled or hindered achievements of the results chain i.e. what worked well and what did not work well. To assess relevance and effectiveness of the adaptability measures adopted during the programme period.
3. **Efficiency:** To assess the extent to which the programme objectives have been achieved, with the appropriate amount of resources (funds, expertise, time, administrative costs, etc).
4. **Sustainability:** - To assess the continuation of benefits after its termination, linked in particular to their continued resilience to risks. To assess replicability and scalability of strategies and models adopted by GVRC.
5. **Inclusion:** To evaluate the inclusion of cross cutting issues that include gender consideration, vulnerable and marginalized groups and accountability to rights holders and other stakeholders.
6. **Coordination and Partnerships:** To assess the achievements of strategic partnerships with government agencies and other development partners.
7. To provide a critical assessment and analysis of the various interventions conducted during implementation and propose recommendations that logically linked to the findings and conclusions that will be useful for future programming.

Key Questions to be addressed by the evaluation

a. Appropriateness, Relevance and Quality of Design

- Was the design appropriate for the geographic areas? Were procedures used for needs identification and targeting; appropriate, transparent and inclusive of the target beneficiaries and relevant stakeholders?
- Was the intervention, logical, coherent and responsive to the needs of the target population?
- Were the activities relevant to the context under focus? Were the interventions relevant?
- Did the design and implementation of the programme use appropriate criteria to reach the programme target groups and those who were most vulnerable?

- Did the target population have adequate space to inform and participate during the design and implementation stages of the programme?
- To what extent did the programme respond to priority issues of the intended beneficiaries?
- Was the quality of outputs acceptable to the targeted communities?
- To what extent has the programme complemented the work of other actors including respective County Governments?
- To what extent is the GVRC programme aligned to National and County needs/priorities and laws and policies?

b. *Efficiency and Adaptation , Innovation to Changing Needs*

- Has the programme implementation followed the programme timeframes? If not, what factors have led to the change in the timelines?
- Was all key relevant staff in place on start-up of the programme? And were they maintained throughout the programme life?
- Were all inputs delivered on time?
- Were inputs of acceptable quality?
- Have appropriate methodologies/approaches been applied in the implementation process?
- Did GVRC get adequate cooperation from relevant stakeholders?
- How has the programme adapted to the changing governance needs and conditions?
- To what extent has GVRC factored recommendations from the Danida technical team during field visits and feedback on progress reports provided by them?
- How did the programme financial management processes and procedures affect programme implementation? Did the programme funds yield the desired programme outcomes? Were the expenditures within the approved work-plans/contractual guidelines? To what extent did the expenditures deviate from the original plan, and were there prior approvals to the deviations? Did any budget re-allocations allow efficiency and effectiveness?
- What mechanisms have been put in place by the programme to address emerging issues and concerns?
- Could have a different approach produced better results?

c. *Effectiveness and Coordination*

- To what extent have the expected outcomes and results been achieved against the set indicators?
- What have been the notable milestones under the programme?
- Have the activities in the proposal made relevant contribution to or towards achievement of the expected results?
- To what extent has the beneficiary and relevant programme data been collected and used in decision making and to influence relevant stakeholders?
- Were there internal or external factors that promoted or undermined the achievements of the results?
- Did GVRC have adequate technical expertise or capacity to implement the programme and deliver the anticipated results?
- Was the intervention well coordinated with and complementary to the work of other major partners including the national and county government, private sector and non-governmental organizations?
- Has the programme changed the lives and coping mechanisms of the beneficiaries in any meaningful way?

- Were there adequate control measures to ensure accountability for the use of resources by the community, partners and county?
- Are there any exceptional experiences that should be highlighted e.g. case-studies, stories, best practice?
- What risks have been evident if any, and what strategies were used to mitigate or deal with them?
- To what extent has GVRC programme supported interventions contributed to the capacity development in GBV management and service delivery in the 10 Counties and addressed the most pertinent needs for service providers and the communities.

d. Impact and Sustainability

- To what extent will the programme impact and outputs be sustained?
- What characteristics make the outputs and Impacts sustainable or unsustainable?
- Were the results achieved in a manner that built ownership and capacity of the County Government and community? How has the programme influenced policy development both at the national and county levels?
- To what extent did the programme link with other DANIDA existing programmes, Counties programmes and strategies?
- To what extent is the programme linked with the partners existing programmes and strategic plans?
- How did the County Governments contribute and participate in this programme?
- Have clear exit strategies been put up by GVRC and the partners?
- What have been any unintended impacts from the programme, either positive or negative?
- What are the main comparative strengths of GVRC Integrated Model? How is it perceived by the national and county stakeholders?
- How has the programme influence judicial process by providing of medical testimonies in court and filing of GBV cases?

e. Monitoring and Reporting

- What programme monitoring activities were done in the programme?
- How was the information shared amongst the partners (particularly lessons learnt)?
- How did the programme team use information from the programme in decision-making?
- Was the monitoring data being collected as planned, stored and used to inform future programme?
To what extent did the programme's M&E information contribute to meeting programme results?

f. Partnerships and Synergies

- Was the partnership strategy appropriate in the implementation of the programme? – Efficiency, effectiveness and value addition.
- Was the partnership managed well - strategically, programmatically, and operationally?
- How can the partnership do things better in future? What recommendations are made at the strategic, programmatic and operational levels?
- Was Danida-visibility properly articulated?

Scope of the Evaluation

The End Term evaluation will cover interventions carried out during the programme period (2017-2020). The evaluation will cover all of the following counties where the programme was implemented: **Nairobi, Kajiado, Nyeri, Nakuru, Homabay, Makueni, Uasin Gishu, Kwale, Kisii, Kwale and Meru**. The evaluation should assess all three programme objectives and the impact of the programme on the county capacity to sustain the interventions and results gained.

The evaluation will cover the technical aspects of the programme as well programme management and the crosscutting aspects such coordination, monitoring and evaluation and partnerships.

Approach and Methodology

The review will adopt an inclusive and participatory approach, involving a broad range of partners and stakeholders at both national and county levels. The stakeholders will include representatives from the government agencies, development partners, civil society, private sector, and faith-based organizations and most importantly, the beneficiaries of the programme.

During the inception stage, the consultants will conduct a comprehensive desk review to define the review design, including data collection and analysis methods and required tools. The proposed methodology should be outlined in the inception report in consultation with the GVRC evaluation working group.

Outputs

1. An **Inception Phase Report** that details the evaluators' interpretation of the TORs, proposed schedule of tasks, activities and deliverables, designation of team members with lead responsibilities clearly defined. The inception will be discussed and agreed upon with all the relevant partners. The inception report should be submitted to GVRC approximately 2 weeks before the field mission.
2. A set of the various Evaluation tools/ Questionnaires. This will be discussed and agreed between the consultant and GVRC.
3. A write up detailing the evaluation methodology. This should not be more than two pages.
4. A **draft Evaluation Report** on key findings and recommendations to be submitted to the GVRC no later than 2 weeks after completion of the field mission. Ensure to use evaluation report format.
5. A **Final Evaluation Report** not exceeding 30pages excluding Annexes. The report should expound on the key findings, lessons learnt, and recommendations

Methodology

The evaluation team is advised to prepare and submit together with the proposal a detailed methodology **not exceeding 2 pages**.

Timelines- Key Milestones

The evaluation will commence by **October 6, 2020** and be completed by end of **November 18, 2020**.

Evaluation Report

The evaluation report shall be written in English, not more 30 pages excluding annexes. The consultant shall be expected to provide 2 hard copies and one electronic copy of the evaluation report.

The evaluation Team Skills and experiences

General Qualifications

1. Must have an advanced university degree (At least Masters or equivalent) in either Gender Development, Social Sciences or related degree
2. Have vast experience in reviewing donor funded development programmes.

Key Qualifications for the Assignment

1. Experience assessing social impacts of development programme
2. High quality skills and demonstrated experience in end of programme evaluations/ End line Surveys, particularly in the Gender sector.
3. Proven experience of using participatory methods for data collection and analysis in programme evaluation.

4. Ability to work in fragile and conflict prone areas
5. Good spoken and written communication skills in Kiswahili and English.
6. Familiarity with the context, (Kenya, the Region)
7. Strong interpersonal and analytical skills.
8. Strong reporting writing skills.

Lead Consultant

1. An advanced degree in Public Health, Social Sciences, Population studies, Statistics or Demography.
2. 10 years' experience in conducting evaluations in the field of health, sexual reproductive health and rights
3. Experience in working with the national and devolved system of government.
4. Excellent data analysis skills in qualitative and quantitative methods.
5. Excellent reporting writing skills.
6. Ability to work in a team.

Gender and Sexual and Reproductive Health Expert

1. An advanced degree in Medicine, Health Economics, Epidemiology or Biostatistics.
2. Specialization in public health;
3. 7 years' experience in conducting evaluations in the field of health, Sexual reproductive health for development organizations;
4. At least 7 years' professional experience preferably in programme/project management in the public sector at national level.
5. Good knowledge of issues of reproductive health and rights and how this impacts on women and the young.
6. Experience in working with government institutions, NGOs and/or donor institutions.
7. Experience in leading and / or advising on the implementation of public health programmes or projects, particularly in the area of reproductive health, maternal health and adolescents and youth
8. Working experience in the Kenya Health sector;
9. Excellent data analysis skills in qualitative and quantitative methods.
10. Excellent report writing skills.
11. Ability to work in a team.

Important Note:

The consultancy involves, field travel and desk work, which the consultants are expected to deliver using own equipment and work space.

Reporting Timelines

The consultant shall work under the supervision of the GVRC Programmes Manager. The proposed timelines are as follows:

1. The assignment will commence no later than **October 6, 2020**.
2. The consultants are expected to visit the programme field sites and the offices of other implementing partners during the period between **October 6** and **October 31, 2020**.
3. A draft report shall be submitted to GVRC no later than **November 6, 2020**.
4. The final report shall be submitted to GVRC no later than **November 18, 2020**.
5. The final report should not exceed 30 pages and include an executive summary of maximum 3 pages including recommendations for strategic direction as well as appendices. The executive summary should be readable as a standalone document.



Terms of Remuneration

Payments shall be done in 3 phases: upon submission of the following reports:

1. 40% upon approval of the Design Report
2. 40% upon satisfactory contribution/ validation to the draft evaluation report
3. 20% upon submission of the final End Term Evaluation report

Submission:

Interested candidates are requested to express their interest not later than **September 16, 2020, by 1700hrs EAT**. Interested candidates are requested to send their expression of interest, curriculum vitae and a sample of previous similar work to gvrc@nwch.co.ke or drop hard copies of the application to GVRC Head Offices, located at Malik Heights, 8th floor, off Ngong Road opposite Adams Arcade.

Interested consulting firms/ Individuals should please submit a proposal that includes:

- A technical offer providing a clear understanding of the terms of reference of this assignment, the proposed methodology for the implementation of the assignment, including an implementation calendar; any software/tool used if relevant (for example for interview analysis) will be specified; adequate details about the company's experience, including references (links or pdf documents) to some similar evaluation work done for other organizations or institutions within the last 3 (three) years; a presentation of the profile and experience of each member of the team that will be involved in the assignment, including the number of years of experience as well as detailing the role of each member in the team; CVs should be submitted.
- A financial proposal that will outline the different costs related to implementation of the assignment, including human resource costs and any reimbursable (travel or communication or others); in addition, it should specify an average number of working days and daily fee for the entire assignment for the human resources involved.