
**Kenya Country Programme
2016-2020**

**Thematic Programme for
Health**

**Development Engagement
Document**

**Enhancing Services and
Advocacy on Gender-Based
Violence in Kenya**

**(Gender Violence Recovery
Centre – GVRC)**

Dev Engagement Health number	Outcome	Outputs
Enhancing services and advocacy on Gender-Based Violence	Increased utilisation of comprehensive gender-based violence response services by survivors, as well as scale-up of prevention and advocacy interventions	<ol style="list-style-type: none"> 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.
Budget	DE partner and sub-partners	
Denmark: DKK 10 million	Gender Violence Recovery Centre (GVRC) Nairobi Women's Hospital	
Management arrangements		
<p>GVRC has received core support for the implementation of its five-year strategic plan. The engagement will be overseen by the annual GVRC partners meeting, comprised of representatives of the GVRC Board and of contributing development partners, including the Danish Embassy. GVRC will coordinate closely with the counties where the GBV support will take place, as well as the national GBV coordination institutions, including the Gender State Department of the Ministry of Public Service, Youth and Gender Affairs, the National Gender and Equality Commission, and the Technical Working Group on Mother and Child Health, chaired by the National Ministry of Health.</p>		
Narrative		
<p>The implementation of GVRC's five-year strategic plan will focus on provision of medical, psycho-social and legal support to survivors of gender-based violence and their families, as well as on the scale up of awareness raising amongst communities and service providers and the expansion of advocacy efforts amongst decision makers.</p>		

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organization
Danida	Danish International Development Agency
DFID	Department for International Development (UK)
FBO	Faith Based Organizations
FGM	Female Genital Mutilation
FIDA	Federation of Women Lawyers in Kenya
GBV	Gender-Based Violence
GBVRC	Gender Based Violence Recovery Centre
GoK	Government of Kenya
GVRC	Gender Violence Recovery Centre
HF	Health Facility
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HQ	Head Quarters
HSPTS	Health Sector Program Support
HSPTS	Danish Health Sector Programme Support
IDLO	International Development Law Organization
IP	Implementing Partner
KEWOPA	Kenya Women's Members of Parliament
LGBTI's	Lesbian, Gay, Bisexual, Transgender and Intersexed (LGBTI)
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MoH	National Ministry of Health
MoU	Memorandum of Understanding
NGO	Non-Governmental Organisation
NWH	Nairobi Women's Hospital
RDE	Royal Danish Embassy
SGBV	Sexual Gender Bases Violence
SRH	Sexual & Reproductive Health
SRHR	Sexual & Reproductive Health and Rights
TOR	Terms of Reference
UN	United Nations
UNFPA	United Nations Population Fund
VAC	Violence Against Children

Development Engagement Document: Enhancing Services and Advocacy on Gender Based Violence in Kenya (Gender Violence Recovery Centre)

1. Introduction

The present development engagement document details the objectives, expected results, implementation framework and management arrangements for the development cooperation concerning the support for Enhancing Services and Advocacy on Gender-Based Violence (GBV), as agreed between the parties specified below. The Danish support is provided within the framework of the thematic programme on Health, one of three thematic programmes under the Danish country programme for Kenya 2016–2020. This engagement document is also available to the External Grant Committee of Danida.

The development engagement entails Danish support in the form of core funding to the Gender Violence Recovery Centre (GVRC) of DKK 10 million for the implementation of the GVRC Strategic Plan 2017–2021. The support covers the period January 2017 to June 2020.

2. Parties

- 2.1 The Danish Embassy, Nairobi, and the Gender Violence Recovery Centre of the Nairobi Women's Hospital.
- 2.2 Signatories will be the Danish Ambassador representing the Government of Denmark, and the Executive Director of GVRC.

3. Documentation

- 3.1 The five-year GVRC Strategic Plan and Results Framework for 2017–2021 (developed in the third quarter of 2016 with technical support from the Danish Embassy).

4. Brief description of Gender Violence Recovery Centre

The GVRC is a non-profit, non-partisan; charitable trust of the Nairobi Women's Hospital (NWH), a private institution that specialises in obstetrics and gynaecology services and seeks to provide holistic care to women and their families. GVRC's purpose is to bring back meaning to the lives of survivors of GBV and their families, through the provision of comprehensive free medical treatment and psychosocial support. Gender-based violence survivors are persons who have endured any form of violence such as physical, sexual, psychological or emotional abuse. GVRC has become a centre of excellence on GBV issues and management in Kenya.

The GVRC-NWH headquarter is located in Adams Branch in Nairobi County. Other branches include Hurlingham branch (Nairobi County), Kitengela and Ongata Rongai branches (Kajiado County) and Nakuru branch (Nakuru County). GVRC currently has 17 staff.

The current GVRC strategy (Structure Tree) was formulated in 2011 for the period 2011–2016 and sets out the objectives and service standards for the agency. It is a short PowerPoint document, which states that GVRC envisions a society free of gender-based violence with a mission of being the centre of excellence in the prevention and management of GBV in Africa. GVRC has not had a multi-annual Strategic Plan and has been using the annual activity plans and budgets for the planning, management

and monitoring of its interventions. However, with Danida support GVRC has developed a strategic Action Plan and a Monitoring and Evaluation Plan 2017-2021 which are to be launched in January 2017.

Services and Activities

Since its establishment in 2001, GVRC has brought back meaning to the lives of over 29,000 survivors and their families through free comprehensive medical and psychosocial support. From April 2015 to March 2016, GVRC provided medical treatment and psychosocial support to 3,366 GBV survivors. Between April 2014 and March 2015, 3,246 survivors were treated, of which 1,243 were children (38%), 1,864 (57%) women and 139 (4%) men. During the period 2011 to 2014, 41% of survivors treated at GVRC were girls, 6% were boys, 49% were adult women, and 4% were adult men. Medical examination and treatment provided to survivors includes: post-exposure prophylaxis (PEP), emergency contraceptives (for women and girls within the reproductive period), specialised treatment (incontinence and fistula), Hepatitis B vaccinations, as well as various laboratory tests.

Besides medical management and initial counselling, GVRC clients (women, youth, persons with disability, marginalised groups) receive various types of psychological and social services in the GVRC centres, including through individual therapy and group therapy. GVRC also facilitates various support groups in all of its centres, catering for various target groups, including for adult survivors of sexual violence, for adult survivors of domestic violence, and for children up to 18 years old survivors of physical and/or sexual violence. In addition, GVRC facilitates support groups for police officers as service providers (on how to effectively deal with GBV survivors, how to manage traumatic experiences in their work, organise their workload and avoid burn-out). Temporal shelter is provided to survivors, and access to justice is enhanced through chain of evidence management and providing expert medical testimony in court, including through referring clients to partner organisations. Social assessment enables timely and appropriate referral services; such as long-term shelter, legal aid, and empowerment programmes among others to enhance holistic interventions for the survivor.

Primary Prevention

GVRC engages the public and community in creating awareness on Gender Based Violence through various behavioural change communication (BCC) interventions, such as development and dissemination of target friendly BCC materials, public *barazas* (*public forums that engages community members*), trainings, school based activities and campaigns. Target groups include: most at risk populations, school children, adolescents and adult women and men; community members; service providers (health workers, teachers, and police officers), private sector agencies; faith-based organisations; and national and county administrations.

GVRC advocacy activities on GBV target decision makers at community, county and national levels. It works with women decision makers through the Kenya Women's Members of Parliament (KEWOPA), as well as with the National Ministry of Health, and the Kenyan Chapter of the Africa Unite Campaign (the UN Secretary General's campaign to end violence against women and girls of which GVRC is the co-convenor of the Kenyan Chapter).

GVRC's evidence-based advocacy approach has influenced key national initiatives and policies including the enactment of the Kenyan Constitution 2010, the Sexual Offences Act 2006 (amendment currently being lobbied for), the National Gender Policy 2014 (under review with GVRC as part of the technical team), the Prohibition against Female Genital Mutilation Act, and the National Guidelines on management of the Sexual Violence 2013 (latest edition in 2016 with GVRC taking lead on the psychosocial support component), and the National Policy and Response to Gender Based Violence 2014. GVRC has played a key role as the learning point for the establishment of GBV service centres in public facilities in a number of counties. GVRC and partners also influenced the repeal of section 38 of the Sexual Offences Act of 2006 (relieves burden of proof from the survivor and subsequent punishment)

and the gazettelement of the revised Post Rape Care Form, thus, making management and legal redress for survivors effective. In 2016, GVRC is part of the technical team that has developed the national GBV programme whose goal is accelerating efforts towards the elimination of GBV in Kenya. GVRC now chairs the national GBV task force and oversees/coordinates the different players and sectors in prevention and response to GBV. Through collaboration with the Nursing Council of Kenya, GBV protocols have been developed and incorporated into the Bachelor of Science Nursing degree curriculum currently being used in 14 universities. This enables nurses and clinical officers — often the first point of contact — to manage survivors of GBV efficiently, by enabling them to have a better understanding of gender and its relationship to handling GBV survivors.

GVRC is spearheading two nation-wide GBV awareness and prevention campaigns. The “72 hour campaign” aims to educate the public on the need to seek medical attention within 72 hours after experiencing gender-based violence (72 hours is the window period with specific reference to prophylactic treatment availability and collection, interpretation, preservation and presentation of evidence to enhance access to justice for survivors). The 1 Million Fathers Movement, launched in July 2012, is a national social movement created to address the root causes of GBV by building a positive male culture in Kenya and encouraging men to actively engage in various activities that build socio-cultural rejection of GBV. The aim is to sign on 1 million men who will stand in solidarity with women and girls to end all forms of GBV in Kenya. Thus, GVRC works with men not only as perpetrators of GBV but also as GBV survivors, and mobilises them to reject all forms of GBV. This campaign is closely linked to the HeForShe campaign launched by the President in 2014.

Capacity enhancement of service providers

GVRC has become a resource centre for capacity enhancement on GBV management (prevention and response) of service providers. It has strengthened GBV response capacity of a number of public and private healthcare providers, and facilitated the establishment of new GBV centres inside Kenya and in the East and Central Africa.

Emergency Response Programme

GVRC also provides medical and psychosocial support to survivors during emergency and conflict situations in Kenya and has preserved evidence and crucial information enabling survivors’ access to justice. Emergencies have included the post-election violence in 2007–2008, the Mount Elgon conflict in 2011, the Tana Delta clashes in 2012 and the West Gate Mall terror attack in 2013. During these conflict situations GVRC has provided medical treatment to 10,000 and psychosocial support to 180,000 survivors of GBV.

Resources

The GVRC annual budget for 2014–2015 was USD 763,685. The budget for 2015–2016 is USD 1,044,933 of which the Danish Embassy in Nairobi supports 37%.

Denmark is the largest contributing partner of GVRC and is the only one providing core funding to the GVRC. Other partners currently contributing financial resources to GVRC include KfW, European Union, UNWOMEN, UNICEF, Plan Kenya, Terre des Hommes, Africa Women Development Fund and the Nairobi Women’s Hospital. In addition, GVRC is receiving support from Kenyan corporate institutions, including Coca Cola Safaricom and Housing Finance. Other institutions that have supported GVRC in the past include UNFPA, UNDP and GIZ.

5. Background and Theory of Change

5.1 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 into seeking 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 normalise GBV, discriminatory practices and changing gender roles.¹ 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 LGBTIs 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.² 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.³ 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 recognised in the discourse of national reconciliation and healing. GBV is therefore at a scale that constrains the achievement of national development goals and jeopardises the human rights and wellbeing 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.

In recent years the fight against GBV has gained momentum in Kenya, and the Government has taken steps to address the issues through updating and enacting GBV related laws and policies. In 2014 the Government developed the National Policy on GBV Response and Prevention, with the then Ministry of Devolution and Planning responsible for its implementation, whereas the National Commission on Gender and Equality (NGEC) is charged with monitoring the implementation of the GBV response. In 2014, NGEC developed the National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya.⁴ Despite these significant efforts, gaps and challenges remain, particularly with respect to proper reporting, documentation, coordination and implementation of GBV prevention and response.

In 2014, the Kenya Ministry of Devolution and Planning published the National Policy for Prevention and Response to Gender-Based Violence.⁵ The overall goal of this national policy is to accelerate efforts towards the elimination of all forms of GBV in Kenya. Its key objectives seek to ensure:

- A coordinated approach in addressing GBV and effective programming;
- Enhanced enforcement of laws and policies towards GBV prevention and response;
- Increase in access to quality and comprehensive support services across sectors; and
- Improved sustainability of GBV prevention and response interventions.

The National Monitoring and Evaluation (M&E) Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya, published by the National Gender and Equality

¹Kenya Ministry of Devolution and Planning (2014): National Policy for Prevention and Response to Gender-Based Violence. August 2014.

²Kenya National Bureau of Statistics and Ministry of Health (2015): Kenya Demographic and Health Survey 2014; Key Indicators. Nairobi, March 2015.

³Government of Kenya (GOK) and UNICEF (2010): The Violence against Children (VAC).

⁴National Gender and Equality Commission Kenya (2014): National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya. December 2014.

⁵Kenya Ministry of Devolution and Planning (2014): National Policy for Prevention and Response to Gender-Based Violence. August 2014.

Commission Kenya in late 2014, defines indicators that will aid in M&E efforts by different sectors, such as police, judiciary, health and education to prevent and respond to sexual violence.⁶ The health sector indicators will be introduced, particularly into monitoring of the post-rape care services provided in health facilities. The GBV M&E framework also provides for a sector-wide approach by incorporating contributions not only from the public sector but also from other stakeholders working towards prevention of and response to GBV.

The Government of Kenya (GoK) has put in place a legal framework to address issues of GBV, through the 2010 Constitution, the Penal Code, Criminal Law Acts, the 2006 Sexual Offences Act, the 2010 Counter Trafficking in Persons Act and the Prohibition of Female Genital Mutilation (FGM) Act of 2011. GVRC has contributed to the development of these various instruments. Other national policies developed to address sexual violence include; the National Social Protection Policy of 2011, National Policy on the abandonment of FGM of 2010, the National Guidelines on the Management of Sexual Violence, 3rd Edition (2013), and the Multi-sectoral Standard Operating Procedures for Management of Sexual Violence.

Through its Governance programme, the Danish Embassy in Kenya has been supporting two agencies active in the field of gender. The Federation of Women Lawyers (FIDA) in Kenya provides pro-bono legal aid and alternative dispute resolutions for individual women as well as public interest litigation cases. FIDA also focuses on policy engagement and transformation of formal and cultural systems to ensure that they are responsive and uphold and respect women's rights. GVRC has been cooperating with FIDA by referring GBV survivors to FIDA for legal services. The International Development Law Organization (IDLO) supports legal and institutional reforms and promotes good governance. It ensures that gender equality is an integral part of the judicial transformation process and supports interventions to enhance access to justice and empower women and girls. This makes justice for the survivors of GBV accessible.

5.2 Justification including lessons learned

The fight against gender-based violence, the promotion of sexual and reproductive health and rights (SRH&R) and reduction of discrimination against women are important policy and strategic priorities for Denmark, and feature prominently in Denmark's Strategy for Development Cooperation of 2012. The Danish Strategic Framework for Gender Equality of 2014 states that gender-based violence is the most brutal manifestation of discrimination. The strategy mentions GVRC as an innovative project using a Human Rights Based Approach (HRBA) to focus on prevention, medical treatment and psychosocial support to survivors of GBV.

Denmark has been supporting the GVRC since 2012 through its current Health Sector Programme Support (HSPS III). GVRC is making good progress in providing services for increasing numbers of GBV survivors and has stepped up prevention and advocacy initiatives at county and national level. GVRC is currently active and working with county governments in 27 counties. Since its inception, GVRC has successfully anchored itself as the largest specialised GBV service provider in Kenya, providing medical and psychosocial services to 12,115 survivors from April 2012 to March 2016. GVRC is also the main source for GBV case data in the sector, contributing to the national GBV monitoring framework managed by NGEN. GVRC plays a critical role as the co-convenor of the Kenya Chapter of the Africa Unite Campaign, which comprises of 30 organizations coordinating GBV activities in Kenya, tracking and influencing policies and sharing best practises in the sector. At the national level, GVRC has contributed in the development of key national policies and guidelines.

⁶ National Gender and Equality Commission Kenya (2014): National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya, December 2014.

The 2014 KDHS Key Indicators Report, as well as the recent upscale of GVRC's GBV interventions in various counties, show that forms of GBV differ from county to county, leading to the conclusion that uniformity cannot be the approach in dealing with GBV across counties. This therefore means that GVRC has to develop county-specific interventions. Flawed chain of evidence management hindering access to justice for survivors is another major challenge that needs to be addressed, which requires a holistic approach involving all stakeholders in the process of access to justice. Furthermore, GVRC will need to continue working more strategically within the national policy framework to effectively engage with key stakeholders, particularly policy makers and decision makers, and better influence development and implementation of policies and practices. **GVRC therefore requires continuous and increased financial support to fulfil its mandate of being a centre of excellence in GBV response, enhancing and scaling up services and advocacy, and responding adequately to emerging challenges.**

By supporting GVRC through its new Health Programme, the Danish Embassy will ensure synergies with other health and governance interventions supported by Denmark. The general capacity building of county governments supported by the Danish Governance programme, and the strengthening of county Department of Health capacity in planning, coordination and monitoring, will increase county capacity to effectively plan for interventions to reduce GBV and FGM in their counties. The Danish support to UNFPA on '*Reducing Preventable Maternal Newborn and Child deaths*', will facilitate access for GBV survivors to better quality health services. The support will also facilitate engagement with community and religious leaders to advocate for better uptake of health care services by young people and to reduce HIV, GBV and FGM in the communities. Both UNFPA and GVRC have similar strategies in the sense that beneficiaries and target groups are the same: Health service providers, communities, girl-centred and male engagement approaches. The issues being addressed by UNFPA programme are directly linked to gender and gender based violence; issues that will be addressed by GVRC. Both programmes will be implemented using similar existing platforms such as the county governments by way of providing technical expertise in replicating the GVRC model across project counties. Capacity building of counties and support to IDLO (capacity building and strengthening of the Judiciary) and FIDA (accessing justice) through the Danish Governance Programme provides an opportunity to have a coordinated pragmatic approach in supporting survivors and preventing GBV through reduction of impunity.

GVRC will continue to work with the national and county governments, development partners and private sector, and engage more actively with international fora and partners. At national level, GVRC will work closely with the Gender State Department of the Ministry of Public Service, Youth and Gender Affairs, charged with overall coordination on GBV issues in Kenya, as well as with the National Gender and Equality Commission. GVRC will also liaise and coordinate with the relevant line Ministries, particularly the Ministry of Health. At county level, GVRC will coordinate with the County Governments in implementation, monitoring and management of the programme. **GVRC will require increased capacity to respond adequately to these additional requirements.**

The five-year Strategic Plan developed, with technical assistance from the Danish Embassy in Nairobi, has defined the strategic priorities and interventions for the coming years and identified capacity needs and gaps

The partners currently funding GVRC mainly support specific activities and do not provide any operational funding. Consequently, GVRC functions with a skeleton staff and very scarce material resources (very small office space; no transport facilities, etc.).

To respond to the above-mentioned strategic approaches, GVRC will need to hire additional staff to scale up advocacy, coordination, prevention and service provision functions, and budget for scaled up activities as well as for a stronger GVRC programme management structure.

It is proposed that from 2017 onwards, Denmark will continue to provide core funding to GVRC, supporting not only GVRC interventions but also operational costs, to enable GVRC to implement its five-year Strategy. The current working modalities with GVRC will continue. In addition, the Danish Embassy will promote greater harmonisation with other contributing partner supporting GVRC. This will include facilitating the annual GVRC partner meetings for oversight and joint planning and monitoring of the partner support provided.

5.3 Narrative for Theory of Change

The engagement aims to enhance access to quality services and advocacy on gender-based violence in Kenya. Despite numerous efforts and commitments from key players in the sector, GBV remains an issue affecting individuals, communities, and other sections of the population including minorities such as LGBTIs and people living with disability in Kenya. Coordination of GBV services, implementation of response and prevention interventions still need strengthening. The challenges are intensified by gaps in timely reporting; inadequate access to health services for quality health care affecting access to justice; and limited and poorly documented data for evidence-based programming.

GVRC envisions that communities will have access to quality and improved GBV service as a result of effective response, advocacy and prevention mechanisms at the County and National levels. The project will address access to GBV treatment, referral pathways, awareness creation and advocacy building around GBV work to amply meet the gaps.

By addressing the above, service providers, duty bearers and community members will have requisite capacity to respond to and prevent GBV. The skills of service providers on GBV clinical management, response and prevention at the County level will be enhanced. To augment these efforts, key stakeholders at the National level will be engaged in influencing anti-GBV related policies and implementation.

By making individuals and communities aware of the availability of GBV services, they will be empowered to access them, hence breaking the cycle of violence.

GBV survivors — who include adult women and men, children, adolescents and their families — need to be able to access medical treatment, psycho-social support, legal aid and justice services and shelter, for physical and psychological healing, to bring back meaning to their lives. By accessing these services, GBV survivors and their families are empowered to break the cycle of violence, reducing the likelihood of violence recurring.

Increasing demand for GBV response services requires the availability and quality of services, contributing to higher number of survivors utilising services.

GVRC will continue to provide essential medical, psychological and social services to GBV survivors and their families in the five service centres in Kenya, and facilitating linkages to legal aid and shelter for clients through partner organisations such as FIDA (also supported by the Denmark). By working with community structures and service providers such as health workers, teachers and policy makers will increase awareness on availability of GBV services thus leading to increased referral of survivors to GVRC centres, and increased use of GVRC services.

By working strategically with public healthcare providers, government departments and Civil Society Organizations to build their capacity for medical, psychological and social service provision and for functional referral mechanisms, the quality and accessibility of services will be enhanced.

Behaviour change communication on GBV will contribute to strengthened prevention of GBV.

Awareness raising activities on GBV need to be conducted amongst different community groups, service providers and local authorities, to facilitate behaviour change by promoting a zero-GBV tolerance environment. To further prevent occurrence of GBV, community groups, service providers and local authorities will be sensitized on GBV prevention and response mechanisms to effectively refer survivors

to the relevant services required. Awareness levels on GBV will be increased through community outreaches in close consultation and collaboration with other public and private GBV service providers and with local authorities.

Awareness creation and sensitisation of key community members and stakeholders will be intensified by GVRC through target friendly approaches to promote uptake of GBV services and encourage participation of the target communities in advocacy and prevention actions by themselves for themselves. This will contribute towards realizing a zero tolerance to GBV in the society. Community groups and service providers need to learn how to detect GBV, how to respond to it, and need to be motivated to participate in advocacy on ending GBV.

Advocacy on GBV needs to be scaled up amongst decision-makers at county and national levels, so that they facilitate and implement the required legal and policy reforms and thus promote a safe and enabling environment.

There are new opportunities for advocacy initiatives around GBV following the launch of the National Policy for Prevention and Response to Gender-Based Violence in November 2014. Political, legal and policy frameworks need to be enacted, adapted and implemented to ensure a safe and enabling environment for women, girls, men and boys. GVRC will continue to conduct advocacy activities with decision makers at county and national levels on the importance of adequately addressing GBV. Target groups include members of Parliament and Government staff at county level; National Ministries; professional bodies and associations and the private sector.

Effective engagement by GVRC with stakeholders at the national and county levels to consolidate the project goal, short-term, medium and long-term goals is key to ensuring that the overall objective of the project is achieved. GVRC will work with the relevant national government ministries and departments, County government structures, school-based systems and Civil Society Organizations (CBOs, NGOs and FBOs) in achieving GVRC's objectives and ensure sustainability of the organisation. Key assumptions for the Danish support include continued commitment and goodwill of county and national government and community leadership representation; that partner funding will be fully provided during the implementation of the GVRC Strategic Plan; and that the country will have stable security to allow implementation in the target counties. Sustainability of the GVRC's achievements is vested on collaboration with the national and county governments' engagement into the project, as they are more permanent structures. Working with community-based grassroots organizations will strengthen referral mechanisms and coordination of GBVs services at the community level.

Research and data management- Effective programming is anchored on proper data collection and management. In the next five years, the goal is to make GVRC a preferred research and training hub on gender based violence. By developing a better knowledge management systems for collating, analysing and disseminating data on GBV there will be improved information on prevention and management as well as improved action and resource coordination by all actors working on GBV. GVRC will be establish its M&E and knowledge management department.

6. Development Engagement Objectives

- 6.1 The overall vision for the partnership is to support the Government and people of Kenya in implementing their *Vision 2030* to create 'a globally competitive and prosperous country with a high quality of life by 2030'.
- 6.2 The objective of the Danish thematic health programme is to contribute to 'provision of and equitable access to quality health care'. This engagement falls under Intervention Area 2; Sexual and Reproductive Health and Rights.

6.3 For the engagement, the following outcome and outputs have been defined, based on the current 3 intervention areas of the GVRC.

6.4 **Outcome:** Increased utilisation of comprehensive Gender-Based Violence response services by survivors, as well as scale-up of prevention and advocacy interventions.

6.5 **Outputs:**

Output 1: Improved demand for and access to GBV response services through centres of excellence.

Output 2: Strengthened prevention of GBV through behaviour change.

Output 3: Strengthened research and advocacy on GBV amongst decision-makers at county and national levels for legal and policy reforms.

Output 4: Comprehensive medico-legal support.

7. Results Framework

7.1 The GVRC is responsible for monitoring and reporting on the progress and achievements of the development engagement using its own results framework and M&E system as detailed in Section 12 below. The parties have, however, agreed that the Danish Embassy will use the results framework presented in the table below, with a limited number of outcome and output indicators, for reporting to the Danish constituency. Data to inform the reporting will be supplied by GVRC as part of the ordinary monitoring of the engagement.

7.2 The parties have agreed to measure progress and performance by the following key outcome and output indicators

Outcome		Increased utilisation of comprehensive Gender-Based Violence response services by survivors, as well as scale-up of prevention and advocacy interventions	
Outcome indicator		% new outpatient cases in health facilities attributed to gender based violence (national indicator of the KHSSP 2014-2018) ⁷	
Baseline	Year	2013	< 1% (source: KHSSP survey and programme reports)
Target	Year	2018	< 2% (source KHSSP)
Target	Year	2020	To be determined (next KHSSP)
Output 1		Improved demand for and access to GBV response services through centres of excellence	
Output indicator 1		Number of clients having accessed medical and psychological services in GVRC centres per year	
Baseline	Year	2015	3,366
Target	Year	2020	3700
Output 2		Strengthened prevention of GBV through behaviour change	
Output indicator 2		Number of service providers and community based representatives trained per year	
Baseline	Year	2015	2,772
Target	Year	2020	3,400

⁷ Kenya Health Sector Strategic Plan 2014-2018

Output 3		Strengthened advocacy on GBV amongst decision-makers at county and national levels for legal and policy reforms	
Output indicator 3		Number of policies influenced by GVRC	
Baseline	Year	2015	3
Target	Year	2020	6

Output 4		Comprehensive medico-legal support	
Output indicator 4		Number of GBV cases reported and prosecuted	
Baseline	Year	2015	223
Target	Year	2020	1,355

The above-mentioned baseline and target values will be confirmed at the start of the engagement in 2017, based on a baseline survey and adapted to the overall five-year GVRC results framework, which will have been defined.

8. Risk Management

Risk Factor	Likelihood	Background to assessment of likelihood	Impact	Background to assessment of potential impact	Risk response	Residual risk
Reduced financial support from development partners to GVRC	Likely	Changing donor priorities	Major	GVRC completely depends on donor support. If support is not continued, GVRC will have to cut down on staff and activities.	Determination of Danish Embassy to continue to support GVRC and also to convince other partners to support the organisation. DP dialogue. Continued publication of evidence. Advocacy for government to live up to its own commitments. GVRC intends to develop and implement its sustainability plan (including endowment and up scaling its consultancy services)	Minor
Weakness of GVRC data collection and processing for M&E, which would mean that monitoring, is inadequate to judge programme performance effectiveness.	Unlikely	GVRC operates its own independent data collection system, which generates reliable data on the numbers of clients it reaches.	Minor	Will affect ability of Danida programme to monitor effectiveness of programme implementation.	GVRC will continue to support and resource its M&E system to ensure that quality M&E data are generated. An M & E and Knowledge management department will be developed	Minor
Changes in the management of GVRC could have as a consequence that the sound development in managerial efficiency and financial credibility cannot be sustained	Likely	Sound management and a high level of integrity are key to maintaining efficiency.	Major	Managerial efficiency and financial credibility are essential in order to maintain donor support.	GVRC financial systems are institutionalized in addition to support from the Group Chief Finance Officer; Quarterly Financial reports and approvals are part of the quarterly board of trustees meeting agenda. Embassy attention to danger signs, scrutiny of audited accounts.	Minor

Kenya Country Programme 2017–2020 Health Thematic Programme — Enhancing Services and Advocacy on Gender-Based Violence in Kenya Development Engagement Document

Risk Factor	Likelihood	Background to assessment of likelihood	Impact	Background to assessment of potential impact	Risk response	Residual risk
Use of resources for unintended purposes	Unlikely	GYRC has a good track record of using partner resources. Disbursements are made on a quarterly basis.	Major	Loss of credibility of GYRC which then would impact continued support.	If required, commissioning of Value for Money audits, and development of a risk management system GYRC has robust financial management procedures in place, as well as a strong Board of Trustees that pays attention to usage of resources	Minor

9. Inputs

9.1 Denmark will provide 10 million DKK to GVRC from January 2017 to June 2020 as core funding to support the agreement described in this engagement document, in support of the implementation of the GVRC Strategic Plan for 2017–2021.

Engagement	2017	2018	2019	2020	Total
DENMARK SUPPORT	3,0	3,0	2,0	2,0	10,0
PLAN KENYA	1,0	x	x	x	x
NAIROBI WOMEN'S HOSPITAL	2,0	2,0	2,0	2,0	8,0

Note: There is ongoing engagement with other development partners to finalize on support to GVRC. In addition; the Nairobi Women's Hospital is about to receive investment for internal and external support, GVRC services using the integrated model will benefit hugely from improvement of quality of services and access to services (through physical expansion i.e. opening of more GVRC centres)

10. Management Arrangements

10.1 The overall principles for management of the present development engagement are described in the implementing Partner Agreement to which this Development Engagement Document is annexed.

10.2 The daily management of the present engagement is undertaken by GVRC.

The Danish support to GVRC will be overseen by the annual GVRC partners meeting, comprised of representatives of the GVRC Board and of development contributing partners, including the Danish Embassy in Nairobi. The objective of this meeting will be to review progress in the implementation by GVRC of the GVRC Strategic Action Plan and use of financial resources made available by contributing partners, as well as review the proposed GVRC annual work plans for the following year, and take decisions required, including on reallocations of budgets provided by contributing partners.

Issues that need to be discussed between the engagement parties will be handled through dialogue between the relevant GVRC officer and the Team Leader / Counsellor Health or the Programme Officer at the Embassy of Denmark. Issues that cannot be solved at this level will be referred to the Danish Ambassador and the Executive Director of GVRC.

This also applies for approval of Terms of Reference (ToR) for audits and audit reports, monitoring of audit follow-ups as well as approval of ToR for reviews or evaluations, and endorsements of review recommendations.

The Embassy of Denmark and other contributing partners of GVRC will review progress on delivering the annual GVRC operational plan. A timetable for annual and mid-term reviews together with an annual plan of field visits will be agreed.

Decisions regarding deviation from plans, including reallocations, changes in output, indicators, activity plans, etc. will be handled through consultation with the coordination structures. Assessment of the risk situation and planning of possible future collaboration will be informed by programme specific mid-term review of this programme.

GVRC will coordinate closely with the Counties where the GBV support will take place. GVRC will also coordinate closely with the national GBV coordination institutions, including the State Department of Gender of the Ministry of Public Service, Youth and Gender Affairs, the National Gender and Equality Commission, and the *Technical Working Group on Mother and Child Health*, chaired by the Department of Family Health of the National Ministry of Health. These frameworks provide the overall technical guidance for all agencies active in the response and prevention of GBV.

To facilitate technical / programmatic coordination by GVRC with stakeholders in the GBV response, GVRC will organise six-monthly stakeholders technical meetings comprised of representatives of relevant national line ministries / departments, other implementing agencies and partners. These forums will provide a platform for GVRC to share with its technical partners information on the progress of implementation of the GVRC Strategic Plan, key achievements and lessons learned, and discuss subjects around the coordination of GBV interventions at national and county level as well as future opportunities for GVRC.

11. Financial Management and Audit

- 11.1 Both parties will strive for full alignment of the Danish support to GVRC's rules and procedures.
- 11.2 Financial management, procurement and auditing of the Danida funds for core support will be undertaken by the GVRC in accordance with GVRC procedures and laws, as well as in accordance with the standard Danida guidelines entitled "General Guidelines for Accounting and Auditing of Grants Channelled through National NGOs" of August 2007.⁸
- 11.3 Audits will include the entire organisation of GVRC. In the event necessary, the Danish Embassy may initiate external audits, specific and/or rolling.
- 11.4 Accounting records shall be available for control by the Embassy of Denmark, by a representative appointed by the Embassy, or by the Danish Auditor General.

12. Monitoring and Evaluation

- 12.1 The GVRC is responsible for monitoring and reporting on the progress and achievements of the development engagement using its own results framework and M&E system.
- 12.2 At the start of the programme, GVRC and the Danish Embassy will jointly agree on the exact description of the specific programme output indicators, as well as quantify it and agree on a base-line level. Indicators for critical short-term achievements and agreed milestones may be developed annually for each of the outputs.
- 12.3 Information for the monitoring of progress against these indicators will be provided bi-annually by GVRC. Financial accounting information will be monitored quarterly, according to procedure manuals of GVRC, and discussed as part of the reports submitted to the annual GVRC partners meeting.

The Danish Embassy shall have the right to carry out any technical or financial mission that is considered necessary to monitor the implementation of the programme. The Embassy will also commission an external mid-term review around mid-2018 to check progress in the implementation of the GVRC Strategic Action Plan, as well as an external final evaluation in the 2nd quarter of 2010.

⁸See Danida Aid Management website amg.um.dk. Webpage: <http://amg.um.dk/en> and <http://amg.um.dk/en/technical-guidelines/financial-management/accounting-and-auditing/~media/1167DC6B395F45889C4B52FE6D7822A3.ashx>

The Danish Embassy will contract a strategic monitoring support for the entire country programme and all DED partners including GVRC will provide data needed to measure progress.

Danida Copenhagen will carry out Real Time Evaluation during the implementation period covered by this agreement and Danida will also, after the termination of the programme support, reserve the right to carry out evaluation in accordance with this article.

13. Prerequisites

- 13.1 This engagement will become effective if and when the following prerequisites have been met to the satisfaction of Denmark:
- 13.2 An organizational capacity assessment undertaken of GVRC by the Danish Embassy, reviewing the organisations' capacity to implement its Strategic Plan, including its human, material and financial resources and management procedures.

14. Signatures

On behalf of

Gender Violence Recovery Centre

Ahlambua

Signature

ALBERTA WAMBUA

Executive Director

1st March 2017

Date

On behalf of

The Danish Embassy in Nairobi

Mette Knudsen

Signature

Mette Knudsen

Ambassador

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Date



