NGEC
National Gender and Equality Commission

National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya.

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Republic of Kenya

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Foreword

I am delighted to present to you the **"National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya"** This document is dedicated to all Kenyans who strive hard to reduce and eliminate the incidences and grave impact of SGBV in our contemporary society.

Review of data in Kenya on Sexual and Gender Based Violence (SGBV) prevention, response and management mechanism shows significant improvement over time. There are however, notable challenges and gaps in frequency of reporting and availability of essential data for evidence-based programming and decision making mainly due to underlying structural factors and lack of a comprehensive SGBV monitoring and evaluation framework.

It wasn't until 2003 when the Kenya Health and Demographic Survey (KDHS) included GBV indicators in its report. Even with this inclusion, the DHS reports are limited in terms of reporting timeframe (every five years) and target indicators.

The Kenya government has performed fairly well in the enactment of laws, policies and regulations on response, prevention and management of Sexual and Gender Based Violence. These laws, policies, rules and regulations have been extensively utilized in the process of developing this SGBV M&E framework. To mention a few, the drafters considered provisions of the Constitution (2010), the Sexual Offences Act (2006), the Children's Act (2001) the Penal Code (2009), the Prohibition of Female Genital Mutilation Act (2011), the National Gender and Equality Commission Act (2011),among other key national legislations and international instruments including the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) 1979, the Convention on the Rights of the Child (CRC) 1990, and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol, 2003). These form the legal, human rights and State obligation context upon which the framework is premised as a living document for the collection of data on SGBV in Kenya.

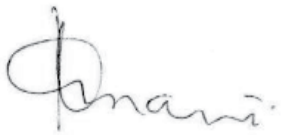
The Commission, pursuant to its mandate and functions as stipulated in the Constitution of Kenya 2010, and in the National Gender and Equality Commission Act 2011, in collaboration with LVCT Health, I-TECH, and the Centers for Disease Control and Prevention, facilitated the development process for a national multi-sectoral Monitoring and Evaluation Framework for Prevention of and Response to Sexual and Gender Based Violence in Kenya. The multisectoral framework was developed based on agreed understanding of the continuum of services, and roles and obligations of numerous sectors and their links to the broader spectrum of response, prevention, and coordination of SGBV intervention in Kenya. An intensive consultative process was followed in every phase of the development of this framework. Beyond agreements on critical indicators, indicator definitions, performance measurements, feedback and validation of the framework, the stakeholders outlined responsibilities of each agency in the implementation path of the framework. Their participation was crucial in ensuring consensus, quality and ownership of the process and the framework.

The framework provides the following:

- Establishes one integrated and functional SGBV multi-sectoral monitoring and evaluation system;
- Monitoring and evaluation of national efforts in the prevention of and response to SGBV; and
- Contributes to evidence-informed funding, advocacy, decision making and programming.

The framework takes cognizance and complements other related national frameworks including the National HIV and AIDS Monitoring, Evaluation and Research Framework (2009/10-2012/13); Monitoring and Evaluation framework for Kenya Health Sector Strategic Investment Plan (July 2012- June 2018) and the Vision 2030 implementation framework. This relationship is intended to establish linkages in reporting due to the documented intersections between GBV and other health challenges, including HIV.

Thank you



Winfred Osimbo Lichuma, E.B.S
Chairperson
National Gender and Equality Commission

Acknowledgement

The collective efforts of several institutions including Government agencies, departments and civil society organizations (CSOs) under the leadership of the National Gender and Equality Commission (NGEC) developed this national monitoring and evaluation framework to guide the prevention of and response to sexual and genderbased violence (SGBV) in Kenya.

Special thanks go to the Ministry of Devolution and Planning, Directorate of Gender, Ministry of Health, Ministry of Education, the Teachers Service Commission, the Kenya Police Service, Directorate of Criminal Intelligence Department, the Office of Director of Public Prosecution (ODPP), the Judiciary, and the National Security Intelligence Service for their insightful participation in defining critical indicators for the framework. These agencies also shared tools used in routine monitoring of SGBV which have now been consolidated and used to design a robust SGBV monitoring and evaluation framework.

We would like to thank the technical committee that comprised of Paul Kuria, and Fredrick Lumiti from the National Gender and Equality Commission; Dr. Lina Digolo, Carol Ajema, John Wafula, Stephen Mbaabu of LVCT Health, Dr. Mary Mwangi from the U.S. Centers for Disease Control and Prevention, and George Owiso of the University of Washington's International Training and Education Center for Health (I-TECH) for technical input and overall guidance in the entire process of developing this framework. We also acknowledge the additional technical support received from the consultant Mr. Michael Waweru Maina.

We would like to especially acknowledge and thank Dr. Nduku Kilonzo, National AIDS Control Council Director and former Executive Director of LVCT Health for her vision, drive and input to develop this framework in response to the burden of SGBV in Kenya.

We are indebted to the following stakeholders who took part in the whole process: UN Women, FIDA-Kenya, the International Rescue Committee (IRC), Childline Kenya, Wangu Kanja Foundation, Centre for Rights Education and Awareness (CREAW), Physicians for Human Rights (PHR), the Social Welfare Development Programme (SOWED-Kenya), the Kenya Women & Children's Wellness Centre (KWCWC), and the Gender Violence Recovery Centre (GVRC). We equally profoundly appreciate members of the National Gender Based Violence Technical Working Group who provided feedback on the document at various review meetings.

Finally, we would like to thank the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and The United Nation's Trust Fund to End Violence Against Women for their financial support towards the development of this framework.

Paul Kuria

Ag. Commission Secretary

List of Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
BPfA	Beijing Platform for Action
CDC	Centers for Disease Control and Prevention
CIPEV	Commission of Inquiry into Post Election Violence
CR	Chief Registrar
CREAW	Center for Rights Education and Awareness
DIG	Deputy Inspector General
EC	Emergency Contraception
DPP	Director of Public Prosecutions
FGC/M	Female Genital Cutting / Mutilation
GBV	Gender Based Violence
GVRC	Gender Violence Recovery Centre
HIV	Human Immunodeficiency Virus
HRIO	Health Records Information Officer
IEC	Information and Education Campaign
IG	Inspector General
IAWG	Inter-Agency Working Group
IRC	International Rescue Commission
ITP	Individual Treatment Plan
I-TECH	International Training and Education Centre for Health
KWCWC	Kenya Women & Children's Wellness Centre
KDHS	Kenya Demographic Health Survey
LVCT	LVCT Health
M&E	Monitoring and Evaluation
MoE	Ministry of Education
MoH	Ministry of Health
NGEC	National Gender and Equality Commission
NGO	Non-Governmental Organization

NRM	National Referral Mechanism
NSA	Non-State Actors
OCPD	Officer Commanding a Police Division
OCS	Officer Commanding a Station
ODPP	Office of the Director of Public Prosecutions
OGAC	Office of the United States Global AIDS Coordinator
PEP	Post Exposure Prophylaxis
PEPFAR	The United States President's Emergency Fund for AIDS Relief
PHR	Physicians for Human Rights
PRC	Post Rape Care
RHRC	Reproductive Health Response in Crises
STI	Sexually Transmitted Infection
SGBV	Sexual and Gender Based Violence
SOA	Sexual Offences Act
SOP	Standard Operating Procedures
SRGBV	School Related Gender Based Violence
TFSOA	Task Force on the Implementation of the Sexual Offences Act
TSC	Teachers Service Commission
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
UNTF	United Nations Trust Fund to End Violence Against Women
VAC	Violence Against Children
VAW/G	Violence Against Women and Girls
WHO	World Health Organization

1 Introduction

Gender Based Violence (GBV) is a human rights violation, developmental concern and a public health problem. According to the World Health Organization (WHO), GBV is, "Any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females." Gender based violence includes acts that inflict physical, mental or sexual harm or suffering; the threat of such acts; and coercion and other deprivations of liberty. The term "gender-based violence" is often used interchangeably with (but not synonymous to) the term "violence against women". The different forms of GBV include physical, sexual, emotional (psychological), and economic violence, and harmful traditional practices.

Focus of the Framework

This framework focusses on sexual violence as a form of GBV. Sexual violence is any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting (WHO, 2013). According to the Kenya Sexual Offences Act (2006), sexual offences include rape, attempted rape, gang rape, defilement, attempted defilement, sexual harassment, sexual assault, forced prostitution, trafficking for sexual exploitation, child trafficking, child sex tourism, child prostitution, child pornography, among other offences including deliberate transmission of HIV or any other life threatening sexually transmitted disease.

1.1. Magnitude of Sexual Gender Based Violence

According to the World Health Organization, an estimated 150 million girls and 73 million boys experienced sexual abuse before attainment of 15 years. The Kenya Demographic Health Survey (2008-09)[1] showed that almost half (45 percent) of women aged 15-49 have experienced either physical or sexual violence. The 2011 police crime report documented 2,660 cases of defilement and 130 cases of sodomy.

The Violence Against Children study undertaken in Kenya in 2010 corroborated the existing trends of GBV in the country. According to the study, nearly one in three females and one in five males experience at least one episode of sexual violence before reaching age 18, an experience that can shape their futures in terms of their attitudes towards violence, their adoption of risky behaviors and their emotional health.[2]

The Commission of Inquiry into Post Election Violence (CIPEV) Report (2008)[3] noted that approximately 524 or 80% of survivors of GBV treated at the Nairobi Women's Hospital suffered from rape and defilement, 65 or 10% from domestic violence with the remaining 10% from other types of physical and sexual assault. The report further observed that some victims of sexual violence already had HIV/ AIDS and others contracted it as a result of being raped and being unable to access medical services in time to reduce the chances of or prevent infection.

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[1]Kenya National Bureau of Statistics (KNBS), Kenya. (2010). Kenya Demographic and Health Survey 2008-09: Final Report. Nairobi: KNBS. June 2010.
[2]Republic of Kenya. (2012). Violence Against Children in Kenya. Findings from a National Survey 2010. UNICEF, Nairobi, Kenya
[3]Republic of Kenya. (2008). Commission of Inquiry into Post Election Violence Final Report. Nairobi, 2008.

LVCT Health's data on sexual violence from supported health facilities in the country recorded 4,944 cases of sexual violence in 2014. Women and girls constituted 90.8% of the cases whereas children under the age of eighteen accounted for 61.9% of all survivors reported by LVCT Health. In 2011-2012, the Nairobi Women's Gender Violence Recovery Centre recorded 2,532 cases of sexual violence.

1.2 International Policy Frameworks and Legal Instruments

Governments are legally obligated to address GBV through a range of measures, including legislation. As a result, various international and regional instruments, conventions and declarations have recognized violence against women as a "form of discrimination and a violation of women's human rights.

These include:

- The United Nations Declaration on the Elimination of Violence against Women (1993) which was the first international human rights instrument to deal exclusively with gender-based violence (GBV). Although non-binding on countries, the declaration uniformly defines GBV as "any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life."

- The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979) is a convention that requires countries to prevent and respond to GBV. It does not explicitly mention violence against women, but rather "discrimination against women in all its forms.

- The Rome Statute (1998): This is an instrument under the International Humanitarian Law. It classifies rape and other forms of sexual violence as crimes against humanity. The significance of this lies in the long history of various forms of sexual violence committed against women and girls during armed conflicts. Article 7 of the Statute lists "rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity" under crimes against humanity.

- The Convention on the Rights of the Child (1990) is a general instrument on the rights of the child, and requires that state parties "take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child."

- Several declarations, plans and mechanisms reinforce these international laws, conventions and resolutions against sexual violence. They include the Vienna Conference on Human Rights (1993); Beijing Platform for Action (1995); Programme for Action on ICPD, Cairo 1994; and the Special Rapporteur on Violence against Women.

Prevention of and response to GBV is equally obligated within continental and regional interstate protocols and conventions sanctioned by the African Union and regional bodies like the International Conference on Great Lakes Region (ICGLR) and the Inter-Governmental Authority on Development (IGAD). Some of the continental and regional instruments relevant and applicable to anti-gender based violence interventions are listed below:

- The African Charter on Human and Peoples' Rights (1981)
- The Common Market for Eastern and Southern Africa Gender Policy (2000)
- The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol, 2003)
- The Solemn Declaration on Gender Equality in Africa (2004)
- The Intergovernmental Authority on Development Gender Policy and Strategy (2004)
- The Protocol on the Prevention and Suppression of Sexual Violence Against Women and Children – International Conference on the Great Lakes Region (2006)
- The African Charter on the Rights and Welfare of the Child (ACRWC) 2009
- The African Union Gender Policy (2009)
- The Declaration of the Heads of States and Governments of the Member States of the International Conference on the Great Lakes on Sexual and Gender-based Violence (2011)

1.3 National Policy Frameworks and Legal Instruments

Kenya is a signatory to a wide spectrum of international legal instruments that obligate the State to take action against GBV. Premised on national commitment to uphold and protect human rights and gender equality the government of Kenya has developed a raft of policies and spectrum of legal instruments that focus on forestalling the occurrence of GBV and mitigating consequences. The National Gender and Development Policy (2000)[4] makes key recommendations on violence against women which include:

- Amending the Penal Code in order to make wife beating and other gender related crimes a criminal offences;
- Ensuring that victims of sexual offences have the right to have their cases heard in camera and creating family courts for the hearing of cases of rape, incest defilement in which the complainant is a child;
- Sensitizing legal practitioners, administrators and other law enforcement officials in the handling of cases of violence;
- Training all law enforcement agents to be able to assist women victims of crime, and in particular women victims of violence. This would entail incorporating a course on violence against women into law degree and police training courses;
- Setting up safe shelters for victims of domestic violence to support the police and other sociocultural entities in their work. Disseminating information on the assistance available to women and families who are victims of violence;
- Ensuring that women with disabilities have access to information and services in the area of violence against women;

[4]Republic of Kenya. 2000. National Gender and Development Policy

- Organizing, supporting and funding community-based education and training campaigns to raise awareness about violence against women as a violation of women's enjoyment of their human rights, and mobilizing local communities to use appropriate gender-sensitive traditional and innovative methods of conflict resolution; and
- Taking special measures to eliminate violence against women, particularly violence against those in vulnerable situations such as young women, refugees and internally displaced women, and women with disabilities.

The Kenya Adolescent Reproductive Health Policy (2003)[5] recognizes that both boys and girls can be victims of sexual abuse, but girls are up to three times more likely to be sexually abused than boys. The policy articulates that girls who suffer sexual abuse are likely to begin sexual intercourse on average one year earlier and are much more likely to become pregnant before the age of 17. Accordingly the policy recommends development of safety nets and rehabilitation and rescue mechanisms for victims of sexual abuse and violence and enhancing measures to protect young people in penal institutions from sexual abuse.

Prevention and response to school related gender based violence (SRGBV) is addressed in the Education Gender Policy (2007)[6]. The policy recommends mainstreaming of policies that address GBV at all education levels; establishing modalities for dealing with SGBV including harassment; developing of a framework for co-ordination of stakeholders involved in efforts of providing a safe learning environment; and developing and implementing clear anti-sexual harassment and anti-gender based violence policies at all levels in the Ministry of Education and all educational institutions.

The 2005 Policy Framework for the Implementation of Post-Rape Care Services ensures the inclusion of sexual violence as a key issue within the Reproductive Health Strategy (2009)[7] and sets the development of standards for post rape care service delivery.

Multisectoral Standard Operating Procedures (SOPs) for Prevention of and Response to Sexual Violence in Kenya (2013)[8] developed by the Task Force on the Implementation of the Sexual Offences Act (TFSOA) provide for the minimum package of care to be accorded to survivors across sectors-health, legal and psychosocial, and outline referral pathways in crosssectoral management of survivors.

The Vision 2030 Second Medium Term Plan (2013—17)[9] emphasizes the need for establishment of integrated one stop sexual and gender based violence response centres in all healthcare facilities in Kenya and undertaking public awareness campaign against FGM, early and forced marriages. The genesis of gender based violence is gender inequality in various forms including unequal power relations and socio-cultural practices that discriminate against women and girls. In this regard, Kenya's development framework responds to the United Nations Millennium Declaration (2000) which advocates for empowering women and promoting gender equality.

[5]Republic of Kenya. 2003. Adolescent Reproductive Health Policy.
[6]Republic of Kenya. 2007. Education Gender Policy.
[7]Republic of Kenya, 2009. National Reproductive Health Strategy 2009-2015
[8]Republic of Kenya. 2013. Multisectoral SOPs for Prevention of and Response to Sexual Violence in Kenya.
[9]Republic of Kenya. 2013. Vision 2030 Second Medium Plan 2013-2017.

Domestication of the international policies and instruments and recognition of the human rights in national development has led to Kenya enacting laws and guidelines that address GBV as a manifestation of human rights violations and major impediment to development. These include:

- The Constitution of Kenya as the supreme law of the land promotes equality and freedom from discrimination by stating that (Article 27): i) every person is equal before the law and has the right to equal protection and equal benefit of the law; (2) equality includes the full and equal enjoyment of all rights and fundamental freedoms; (3) Women and men have the right to equal treatment, including the right to equal opportunities in political, economic, cultural and social spheres; and (4) the State shall not discriminate directly or indirectly against any person on any ground, including race, sex, pregnancy, marital status, health status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, dress, language or birth.

- The Sexual Offences Act (SOA) 200610 is exclusively dedicated to the prevention of and response to sexual violence through deterrence (minimum sentencing guidelines and enhanced sentences ranging between ten years and life imprisonment) and punishment of offenders. The merits of the SOA include consolidation of all forms of sexual offences under one law, recognition of new sexual offences, introduction of a minimum sentencing regime for sexual offences, integration of technological advances such as DNA in investigation and proof of sexual offences, and introduction of novel provisions to safeguard the welfare and dignity of victims during prosecution of the cases.

- The Criminal Procedure Code (Revised Edition 2012) makes provision for the procedure to be followed in criminal cases which include gender-based violence offences and sexual offences. Section 3 of the Criminal Procedure Code (CPC) requires that offences under any law which includes the sexual offences shall be investigated, tried and dealt with in accordance with the provisions of the Criminal Procedure Code.

- The Children Act (2001)[11] provides for the protection of child sexual violence survivors, among other stipulations.

Other national instruments include the Penal Code (Revised Edition 2012)[12], the Prohibition of Female Genital Mutilation Act (2011)[13], the National Gender and Equality Commission Act (2011)[14], the Political Parties Act (2011)[15], the Elections Act (2011)[16], the Sexual Offences (Medical Treatment) Regulations (2012)[17], the Matrimonial Property Act (2013)[18], and the Marriage Act (2014)[19].

[10]Republic of Kenya. 2006. The Sexual Offences Act.
[11]Republic of Kenya. 2001. The Children Act.
[12]Republic of Kenya. 2012. The Penal Code.
[13]Republic of Kenya. 2011. The Prohibition of Female Genital Mutilation Act.
[14]Republic of Kenya. 2011. The National Gender and Equality Commission Act.
[15]Republic of Kenya. 2011. The Political Parties Act.
[16]Republic of Kenya. 2011. The Elections Act.
[17]Republic of Kenya,2012. Sexual Offences (Medical Treatment) Regulations.
[18]Republic of Kenya. 2013. Matrimonial Property Act.
[19]Republic of Kenya. 2014. The Marriage Act.

These national and global policies on GBV call for the existence of a robust monitoring and evaluation system, structures and frameworks in order to effectively determine achievement of results.

1.4 Gaps in SGBV Monitoring and Evaluation in Kenya

Despite the existing data on SGBV in Kenya, reporting has been a challenge due to underlying infrastructural impediments and lack of one national SGBV monitoring and evaluation framework that can consistently collate and present data on SGBV for analysis.

Until 2003 when the Kenya Health and Demographic Survey included GBV indicators and subsequently in 2008-09, the country completely lacked credible national level sources of data on GBV in general and specifically on sexual violence.

The KDHS sources are however periodic (after every five years) and the focus on GBV is limited by the myriad of thematic areas that the survey examines. Moreover until 2010 when the country undertook its first Violence Against Children (VAC) study the existing KDHS data lacked specific focus on violence during childhood.

The comprehensive data that the study generated vindicates the need for continuous monitoring of trends in VAC which has a significant bearing on violence in adulthood. Institutional data especially among non-state actors has been available but is limited in scope (mostly generated from areas where the particular institution implements programmes) and methodological requirements in collection, analysis and dissemination.

The link between GBV and HIV similarly remains a challenge that the current data collection frameworks are yet to adequately respond to. Consequently, policy and programming decisions on GBV in Kenya are not founded on procedurally and regularly collated and analyzed routine data at the national level, which leads to weak advocacy and intervention initiatives. Integration of GBV and HIV strategies in the country cannot progress persuasively unless predicated on impeccable data collection systems and analysis methods.

The cross sectoral linkages (health, legal, security and psychosocial) are not adequately addressed in the existing data on sexual violence, leading to divergence in responses. Medico-legal linkages between the health and legal sectors are weak for lack of effective cross-sectoral referral mechanisms and data collection tools.

Similarly, the legal and security sectors lack nationally agreed upon indicators, creating duplication in reporting and disruption in the chain of evidence. Many actors engaged in psychosocial interventions (education, counseling, livelihood, shelters and hotlines) lack standardized indicators, which has led to institutional specific data being collected. The national GBV prevention and response efforts are further hampered by lack of a centralized database and custodian which affects access to the existing data and ensuring adherence to standardized quality and management protocols.

2 Rationale for the Framework

The need for a national level SGBV monitoring and evaluation framework is imperative and urgent. Accordingly, the National Plan of Action to Aid the Implementation of the National Framework towards Prevention and Response of GBV in Kenya[20] identified establishment of gender based violence related data collection systems as a key priority. The National Action Plan proposes establishment of gender based violence data collation systems, and anticipates institutionalized data collection across the country and development of software on GBV information management system. [21] The International Conference on the Great Lakes Region anticipates a regional data collation system that will credibly inform prevention and response measures across the 11 member states. This therefore makes it mandatory that each country in the region develops a national data collation system that aggregates with other regional systems to generate reliable data on GBV. Similarly, the 57th session of the Commission on Status of Women recommended the need to collect data on GBV for evidence informed interventions. While there are many forms of gender based violence this **framework prioritized sexual violence as a starting point toward creating an integrated GBV monitoring and evaluation framework and data management system.** Lessons learned will inform the progressive steps in developing a holistic framework that spans all forms of GBV, including economic violence and harmful traditional practices.

2.1 Process of Developing the National SGBV Framework

The development of the National SGBV Monitoring and Evaluation Framework was through collaboration between government bodies, development partners, Civil Society Organizations, and GBV and M & E experts in Kenya. LVCT Health and the University of Washington's International Training and Education Centre for Health (I-TECH) secured funding and technical assistance from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC), and the United Nations Trust Fund to End Violence Against Women (UNTF) in response to the gap identified in the National Plan of Action to Aid the Implementation of the National Framework towards Prevention and Response of GBV in Kenya. The National Gender and Equality Commission (NGEC) provided leadership in this process and will provide oversight during implementation of the framework based on the national mandate of the Commission. The NGEC hosted the secretariat for the development of the M&E framework whereas technical assistance, funding and mobilization of CSO actors for broad participation were provided by LVCT Health and I-TECH.

The framework is crucial for generating strategic information required to guide prevention and response to GBV cases in the country. The information will go a long way in ensuring a well-coordinated multisectoral approach while addressing GBV related issues in the country. NGEC will oversee the implementation of the crosssectoral GBV M&E framework, dissemination of data and leadership in development of policies and implementation strategies arising from the framework.

[20]National Commission on Gender and Development (NCGD), Kenya (2010). The National Plan of Action to Aid the Implementation of the National Framework Towards Prevention and Response of Gender Based Violence in Kenya.
[21]Ibid. p. 18.

3 Objective of the Framework and Roles of Stakeholders

3.1 Objectives of the Framework

The monitoring and evaluation framework has defined indicators that will aid in the monitoring and evaluation of efforts by different sectors such as police, judiciary, health and education to prevent and respond to sexual violence. The framework will also provide 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 objectives of the framework include:

- To establish one integrated and functional SGBV multi-sectoral monitoring and evaluation system;
- To monitor and evaluate national efforts in the prevention of and response to SGBV; and
- To contribute to evidence-informed funding, advocacy, decision making and programming.

3.2 Roles of Key Sectors in the Prevention of and Response to SGBV

Sexual violence is a health, development, social and human rights issue that cuts across multiple sectors. The repercussions of sexual violence therefore call for structures and systems that are crosssectoral in design and execution for effective prevention and response interventions. The multisectoral approach helps in defining the unique mandate and responsibilities of each stakeholder while at the same time recognizing how they complement each other. The coordination framework ensures that stakeholders work together in strategic planning, gathering and managing data, identifying gaps, service delivery and monitoring and evaluation. The SOPs developed by the TFSOA outlined the roles and operational mandates of the sexual violence prevention and response actors as tabulated below.

Table 1: Roles and responsibilities of stakeholders in SGBV prevention and response

Actor/Sector	Role and Responsibility in Prevention	Role and Responsibility in response
Ministry of Devolution and Planning	• Overall implementation of policies laws and programs on gender including prevention management of sexual and gender based violence	• Provision of programs, data and information on sexual and gender based violence
Non-Governmental Organizations focusing on SGBV (NGOs CBOs, FBOs and other community groups)	• Creating awareness on national laws related to SGBV. • Review of existing national laws related to SGBV. • Research and data collection on SGBV to inform policy formulation and programming. • Operationalization of national policies and tools related to SGBV. • Support the development and dissemination of appropriate national curricula on SGBV. • Training of service providers on prevention of and responding to SGBV. • Conducting community sensitization and awareness raising on SGBV. • Initiating mentorship programs for children and adolescents. • Mainstreaming response and prevention information on SGBV into all training and community forums. • Initiating community based social support networks for SGBV survivors or potential targets of SGBV. • Strengthening the capacity of men and boys in prevention of and response to SGBV through sensitization, training and mentorship	• Provision of shelters and safe houses for survivors. • Complement government effort in provision of various services (especially health, psychosocial, security and legal) to survivors of SGBV. • Reintegration of survivors of sexual violence. • Advocacy for justice for survivors of SGBV. • Rehabilitation of sex offenders. • Giving evidence in court (expert opinion). • Promotion of community action against SGBV. • Technical support to GOK for delivery of SGBV services

Actor/Sector	Role and Responsibility in Prevention	Role and Responsibility in response
Ministry of Health	• Developing national policies, guidelines, standards, protocols and training curricula for SGBV service delivery • Capacity building of health service personnel through training and mentorship on clinical management of SGBV • Providing supportive supervision through county and sub-county health providers to ensure quality service delivery on SGBV • Creating public awareness on SGBV.	• Providing treatment and psychological care to SGBV survivors. • Collecting and giving evidence in court (expert witnesses) • Referral and linkage of survivors to police and community interventions
National Police Service	• Conducting in-service training for serving police officers and new recruits on SGBV. • Educating the community on various aspect of SGBV through community policing initiatives. • Patrol and other security measures that deter and prevent sexual offences from occurring. • Collecting and disseminating data on SGBV to inform policies, legislation and programming.	• Establishment of functional gender desks at the police stations/posts. • Investigating cases of SGBV. • Arresting the suspect or perpetrator of SGBV. • Providing a P3 form to the survivor. • Collecting and preserving exhibits from the survivor. • Ensuring security for the survivor and his/her family. • Ensuring security for the suspect and his/her family. • Submitting to and collecting the exhibits from the government chemist. • Availing exhibits and witnesses for the prosecution when required. • Giving evidence in court as it may be required.

Actor/Sector	Role and Responsibility in Prevention	Role and Responsibility in response
Prosecution	• Educating the community on the provisions of the Sexual Offences Act. • Support in development and review of existing policies and pieces of legislation relevant to addressing SGBV.	• Supervising the police in investigation of sexual offences. • Ensuring the correct charges are drafted. • Meeting and preparing survivors and witnesses of SGBV cases for the court process. • Presenting evidence in court-- both exonerating and incriminating evidence. • Examining and cross examining witnesses in court. • Making relevant applications in court – for example, protection of vulnerable witnesses, counseling of survivors, treatment of offenders, assessing the survivors or witnesses, and sentencing of the convict.
Judiciary	• Sensitizing the community on legal provisions. • Sentencing convicted sex offenders. • Granting orders that safeguard those who are vulnerable from being sexually violated. • Support in development and review of existing policies and pieces of legislation relevant to addressing SGBV.	• Adjudicate cases involving SGBV and implement the various provisions of the SOA in a specific case. • Addressing concerns of service providers to be able to adequately respond to SGBV. • Create new procedures/practices by providing interpretation on the various legal provisions in appropriate cases. • Adjudicating cases as provided by law.

Actor/Sector	Role and Responsibility in Prevention	Role and Responsibility in response
Ministry in charge of education and the Teachers Service Commission (TSC)	• Sensitizing learners on SGBV. • Training teachers on SGBV prevention and management. • Establishing and supporting child rights clubs. • Sensitize learners on SGBV through co-curricular education activities such as drama, debating, sports etc. • Mainstreaming SGBV issues in the school curriculum • Collection and dissemination of data on SGBV within schools to inform policy development and implementation • Ensuring codes of conduct on acceptable relationships between the teacher and learner and • Implementing life skills-curriculum that teaches students on what to do in case of violation	• Train teachers on how to identify/ detect a leaner who has suffered SGBV. • Immediately after occurrence, receiving and documenting reported cases of SGBV within the school community. • Report the case to the law enforcement agencies including the police, the chief and the children's department as guided by the TSC circular of 2010. • Providing guidance and counseling services to child survivors of SGBV. • Referring SGBV cases for medical, legal and psychosocial support. • Empower the school community (especially the students) on the various forms of SGBV and what to do in cases of SGBV
National Gender and Equality Commission (NGEC)	• Developing and implementing policy guidelines on SGBV. • Dissemination of information on SGBV prevention and response to all sectors. • Mainstreaming effective gender desks to address SGBV in various sectors. • Educating the community on SGBV. • Ensure that international and African conventions /protocol on sexual gender based violence are ratified and enacted in national legislation and country adheres to its international reporting obligation	• Supporting multisectoral coordination of SGBV services. • Undertaking ongoing research on prevention and response to SGBV. • Promotion and coordination of public education , facilitation and support for legislation, policy & funding for SGBV • Data collection and disseminaton.

4 Data Sources, Data Flow and Reporting

The purpose of monitoring is to help programme managers to decide whether activities are being implemented as planned, and which inputs and processes require greater effort in order to ultimately achieve the intended outcome and impact results.

This framework contains output, outcome and impact level indicators. Routine monitoring systems will generate data for output level indicators, which makes the bulk of the required data and non-routine monitoring system will generate data for outcome and impact level indicators.

4.1 Data Sources

4.1.1 Routine Data Sources

These include:

- **Performance Contracting Report**

Different ministries, government departments and agencies report to NGEC on a quarterly basis, as part of performance contracting, on mainstreaming issues of gender, youth and PWDs. NGEC will strengthen this component and ensure that the reports will be detailed enough to provide data on some of key indicators, especially from community and social services. Community level actors and CSOs will report to their respective line ministries and the report will be collated into the performance contracting report to be submitted to NGEC.

- **Health Management Information System (HMIS)**

HMIS is the primary source of routine data on health services provided at health facilities. The Ministry of Health manages this sub-system through the division of Health Management Information System, which is responsible for collection, processing, and reporting of all health information from health facilities. Proposed SGBV indicators will be integrated in the system and on a web-based platform, DHIS II, hence enhancing data sharing and use

- **Geographical Information System (GIS)**

With advancement of technology, GIS may be used to track changes in the implementation of SGBV prevention and response interventions in the country. GIS provides a means of analyzing coverage of general or specific SGBV services in relation to needs (e.g. prevalence rates). NGEC will map and annually update the existing and coverage of SGBV services in the county in line with indicator 3.1.

- **Programmatic Progress Report**

Programmatic data will routinely be obtained directly from relevant stakeholders as highlighted in the indicator matrix. In addition, NGEC will annually assess and report on the progress achieved in realizing intended outcomes and key milestones. This annual progress report also details progress in the enactment and ratification of international and regional conventions or protocols on SGBV, indicator status and progress on key milestones as detailed in the strategic plan and plan of action.

4.1.2 Non-Routine Data Sources

Population based health surveys mainly carried out by the Kenya National Bureau of Statistics (KNBS) and other institutions that generate data relative to populations (population studies) like KDHS, VAC etc. Research institutions and academia that carry out GBV related research are also eligible for providing data for interpretation and possible use to inform policy formulation and programming.
Some of population based surveys that provide data on SGBV include:

- **Kenya Demographic and Health Survey**

Demographic and Health Surveys (DHS) are nationally-representative household surveys and are used for tracking changes in knowledge and behavior in the general population aged 15 to 49 years. DHS have been traditionally conducted in Kenya every 5 years, starting 2003. The survey provides data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition. The survey through the Domestic Violence Module and ethical and safety guidelines provide methods to collect valid and reliable data on GBV while meeting the highest ethical and safety standards.

- **The Service Provision Assessment (SPA) Survey**

SPA is a health facility assessment that provides a comprehensive overview of a country's health service delivery. They collect information on the overall availability of different facility-based health services in a country and their readiness to provide those services. NGEC will engage the relevant stakeholder to revise survey protocols to accommodate SGBV related issues on measurement for quality of care and rights-based approaches to SGBV service delivery. These surveys will provide information on availability of SGBV related services under indicator 4.1.

- **Special surveys**

To measure progress in reducing prevalence of sexual violence in the country (Indicator 1.1) a population based survey can be used. DHS has a module on gender based violence. However studies have shown that when this approach is used cases of under-reporting persist leading to under estimation of prevalence. It therefore follows that there is a need to have survey focused to sexual and gender based violence alone.

  - Examples of these surveys include;
  - Violence Against Children (VAC surveys)
  - Violence Against Women/Girls
  - Classroom surveys, among others.

4.2 Data Flow Mechanisms

Data for proposed output level indicators will flow from the above mentioned routine monitoring systems vertically (between various levels) and horizontally (within specific levels) mainly on a quarterly basis. All reports will be submitted according to agreed timelines. ITECH is supporting NGEC to develop database that will allow for seamless data flow and sharing. A detailed description of how data will flow is contained in data management system prototype document. The table below gives a brief description on data flow from each sector

Table 2: Data flow mechanisms

Actor/Sector	Data flow	Main Data collection tools
Non-State Actors (NGOs CBOs, FBOs and other community groups)	NSA → Line Ministries → NGEC	– Training records – Performance contracting – Reporting tool kit
Ministry of Health (MoH)	**Service statistic data**; Health Facilities → C/SCHRIO → MoH → NGEC **Training Data;** C/SCHMT → MoH → NGEC	– Training records – PRC tools – MoH supportive supervision tool
National Police Service	OCS → OCPD → County Police Commander→ DIG → IG → NGEC	– Training records – Crime and Incidence report – NPS service inspection tool
Prosecution	Prosecutors → County Prosecution Offices → DCARP → ODPP → NGEC	– Training records – Case load report
Judiciary	Magistrate → Chief Magistrate High Court Kadhi Court → PMD → CR → NGEC Supreme Court	– Training records – Monthly statistics reports
Ministry of Education and the Teachers Service Commission (TSC)	**MoE** Sub-county → County → MoE PS → NGEC **TSC** Sub-county → TSC County Director → CEO TSC → NGEC	– EMIS Data-collection tool – Performance contracting reporting tool.

5 Coordination and Implementation of the SGBV Monitoring and Evaluation Framework

National Gender Equality Commission (NGEC) will provide and strengthen a platform through which state and non-state actors engaged in prevention and/or response to sexual violence will be coordinated. This coordinated approach will in turn put in place mechanisms to prevent incidents of sexual violence and ensure that survivors of sexual violence have access to prompt, confidential, and appropriate services according to a basic set of guiding principles and standards.

Some of the benefits that will accrue as result of this coordinated approach include:

- Strategic planning and overall coordination of all sexual violence prevention and response initiatives in the country;
- Accountability across all sectors for the prevention and response mechanisms on issues of sexual violence;
- Facilitating the sharing of standardized information and harmonized materials on sexual violence, from the community to the policy level; and
- Continued use of data to inform decision making, program implementation, policy advocacy, formulation and implementation.

This framework contains key prevention and response standardized indicators to allow for progress tracking and comparison of the country's progress with other regions/countries. It is envisaged that on ongoing basis state and non-state actors will provide feedback to NGEC on progress on the indicators contained in this framework. In addition, the NGEC will:

- Facilitate the operationalization of a functional national Technical Working Group (TWG) for stakeholder coordination;
- Put in place mechanisms for GBV data collection, analysis, reporting and use;
- Ensure that the country adheres to its international reporting obligation as stipulated within International and African conventions /protocol on gender based violence ; and
- Prepare and disseminate annual indicators status and progress reports on key milestones as detailed in the strategic plan and plan of action.

6 Sector Indicators

Highlighted below are the indicators that will be measured by the different sectors involved in GBV prevention and response in Kenya

Illustrative results	Indicators	Adopted from	Area of intervention	Indicator type	Data source	Frequency	Responsible institution	MoV	Data collection/ measurement tool
1. Overall Goal									
Reduce prevalence of SGBV cases.	1.1: Prevalence of sexual violence	VAW/G1	Prevention	Impact	KDHS Special surveys e.g. VAW/G, VAC	Every 5 years TBD	KNBS NGEC	Survey reports	KDHS Questionnaires on domestic violence employment and gender Special survey tools
2. Community									
Increase awareness of SGBV issues at community level	2.1: Number of people completing an intervention pertaining to gender norms that meets minimum criteria	PEPFAR	Prevention	Output.	Programs reports	Quarterly	Implementing partners and line ministries	Training summary reports	Stakeholder's summary reports & performance contracting reporting tool kit

Illustrative results	Indicators	Adopted from	Area of intervention	Indicator type	Data source	Frequency	Responsible institution	MoV	Data collection/ measurement tool
	2.2: Number of programs implemented for men and boys that include examining gender and culture norms related to GBV	VAW/G	Prevention	Output.	Programs reports	Quarterly	Implementing partners and line ministries	Programs disaggregated by 2.1	Stakeholder's summary reports & performance. Contracting reporting tool kit
3. Social Services									
Improved access to social services for survivors and general public	3.1: Availability of social services	VAW/G	Response	Output	Stakeholder mapping	Annually	NGEC	Complied list	Formal or informal key informant interview
	3.2: Number of individuals using SGBV social services	VAW/G	Prevention/ response	Output	Programs reports	Quarterly	Implementing partners and line ministries	Figures disaggregated by 2.1.	Stakeholder's summary reports & performance contracting reporting tool kit
	3.3: Number of SGBV related calls per GBV hotline	VAW/G	Response	Output	Programs reports	Quarterly	Implementing partners and Line ministries	Figures disaggregated by 2.5	Stakeholder's summary reports & performance contracting reporting tool kit

Illustrative results	Indicators	Adopted from	Area of intervention	Indicator type	Data source	Frequency	Responsible institution	MoV	Data collection/ measurement tool
4. Health Services									
Improved access to quality health care services for SGBV survivors.	4.1: Proportion of health facilities providing comprehensive clinical management services for survivors of sexual violence	VAW/G	Response	Output	KSPA, Supportive supervision	Biennially TBD	Ministry of Health	Survey reports Supportive supervision reports	KSPA Questionnaires Facility observation tool Supportive supervision tools (MoH M&E Tools)
	4.2: Number of service providers trained on management of SGBV survivors	VAW/G	Prevention/ response	Output	Training database	Biennially Quarterly	Ministry of Health and training partners	Training summary reports	MoH training database
	4.3: Number of cases of SGBV reported to health facilities	VAW/G	Response	Output	PRC register	Monthly	Ministry of Health	PRC program report	PRC summary
	4.4: Proportion of eligible sexual violence survivors initiated on post-exposure prophylaxis for HIV	PRC program	Response	Output	PRC register	Monthly	Ministry of Health	PRC program report	PRC summary
	4.5: Proportion of sexual violence survivors who have completed post-exposure prophylaxis.	PRC program	Response	Output	PRC register	Monthly	Ministry of Health	PRC program report	PRC summary
	4.6: Proportion of sexual violence survivors who received comprehensive care	VAW/G	Response	Output	PRC register	Monthly	Ministry of Health	PRC program report	PRC summary

Illustrative results	Indicators	Adopted from	Area of intervention	Indicator type	Data source	Frequency	Responsible institution	MoV	Data collection/ measurement tool
5. Police									
Police service responsive to SGBV survivors.	5.1: Proportion of police stations that have a functional gender desk	RHRC**	Prevention/ response	Output	Inspection	Quarterly	National Police Service	NPS inspection report	NPS inspection tools
	5.2: Number of police who have been trained to respond and investigate cases of SGBV	RHRC, VAW/G	Prevention/ response	Output	Training database	Quarterly	National Police Service	Police SGBV Reports	Training summary reporting template
	5.3: Number of SGBV cases reported to the National Police Service(NPS)	RHRC, VAW/G	Response	Output	Occurrence Book	Quarterly	National Police Service	Police SGBV Reports	Crime and incidents reporting tool
	5.4: Proportion of SGBV cases investigated by the National Police Service	RHRC, VAW/G	Response	Output	NPS charge register	Quarterly	National Police Service	Police SGBV reports	Crime and incidents reporting tool
6. Prosecution									
SGBV cases effectively persecuted	6.1: Number of prosecutors' who have been trained in SGBV using SGBV prosecutors manual	RHRC, VAW/G	Prevention/ response	Output	Training database	Quarterly	Office of DPP	Training reports	Training summary reporting template
	6.2: Proportion of SGBV cases that were prosecuted by law	RHRC, VAW/G	Prevention/ response	Output	Court registry	Quarterly	Office of DPP	Case load reports	Case load reporting template

Illustrative results	Indicators	Adopted from	Area of intervention	Indicator type	Data source	Frequency	Responsible institution	MoV	Data collection/ measurement tool
7. Judiciary									
Improved access to justice for survival of sexual violence	7.1: Number of Judges/ magistrate trained in SGBV	RHRC, VAW/G	Prevention/ response	Output	Training database	Quarterly	Registrar of the judiciary	SGBV reports by office of registrar	SGBV reporting form (Registrar)
	7.2: Proportion of prosecuted SGBV cases withdrawn	RHRC, VAW/G	Prevention/ response	Outcome	Court registry	Quarterly	Performance Management Directorate	Monthly statistics reports	Monthly statistic reporting template
	7.3: Proportion of prosecuted SGBV cases that resulted in a conviction	RHRC, VAW/G	Prevention/ response	Outcome	Court registry	Quarterly	Performance Management Directorate	Monthly Statistics reports	Monthly statistics reporting template
	7.3: Average time to conclude a SGBV case	RHRC, VAW/G	Prevention/ response	Outcome	Court registry	Quarterly	Performance Management Directorate	Monthly statistics analysis reports	Monthly statistics reporting template

Illustrative results	Indicators	Adopted from	Area of intervention	Indicator type	Data source	Frequency	Responsible institution	MoV	Data collection/ measurement tool
8. Education									
Increased awareness and response of SGBV among minors and teachers	8.1: Number of teachers or MoE staff trained in SGBV	VAW/G UNICEF	Prevention/ response	Output	Training database	Quarterly	Ministry of Education and TSC	SGBV reports	Performance contracting reporting tool kit
	8.2: Percent of schools implementing life skills-curriculum that teaches students on what to do in case of violation	UNICEF	Prevention/ response	Outcome	EMIS	Annual	Ministry of Education	EMIS Report	EMIS Data collection tool
	8.3: Proportion of children who possess life skills- who know what to do in case of violation at home/ school	UNICEF	Prevention/ response	Outcome	Classroom surveys (children)/ VAC	TBD	NGEC	Survey reports	Survey questionnaire
	8.4: Proportion of children, who have indicated via self-reports that they have been violated at home/ school in the last 12 months	UNICEF	Prevention/ response	Outcome	Classroom surveys (children)/ VAC	TBD	TBD	Survey reports	Survey questionnaire

Illustrative results	Indicators	Adopted from	Area of intervention	Indicator type	Data source	Frequency	Responsible institution	MoV	Data collection/ measurement tool
9. Coordination									
Interventions on SGBV are effectively coordinated using a holistic and multi-sectoral approach.	9.1. Existence of functional TWG for stakeholder coordinating	NGEC strategic plan	Stakeholder coordination	Output	Program reports	Annual	NGEC	NGEC annual progress reports	Progress reporting templates
	9.2: Percentage of national SGBV indicators with up to date data available	NGEC strategic plan	Stakeholder Coordination	Output	Program Reports	Annual	NGEC	NGEC annual progress reports	Progress reporting templates
Improved Enactment and reporting on treaties, conventions and protocols	9.3: Proportion of international and African conventions / protocol on sexual gender based violence ratified and enacted in national legislation	NGEC strategic plan	Stakeholder coordination	Output	Program Reports	Annual	NGEC	NGEC annual progress reports	Progress reporting templates
	9.4: Proportion of enacted and ratified international and African conventions / protocol on sexual gender based violence reported on time	NGEC strategic plan	Stakeholder coordination	Output	Program reports	Annual	NGEC	NGEC annual progress reports	Progress reporting templates

*Reporting forms will be developed / adapted to facilitate data collection.

** The Reproductive Health Response in Crises (RHRC) consists of seven members: American Refugee Committee (ARC), CARE, Columbia University, International Rescue Committee (IRC), JSI Research and Training Institute (JSI), Marie Stopes International (MSI), and Women's Refugee Commission.

Annexes

Annex i: Indicator Matrix

1. Goal: Reduce prevalence of SGBV cases	
Indicator 1.1	**Prevalence of sexual gender based violence**
Definition	Proportion of the population surveyed who have experienced sexual violence (SGBV). Depending on the study, this can be "ever experienced", including when they were a child, or in a specific time period (i.e. past year). Sexual violence is any violence, physical or psychological, carried out through sexual means or by targeting sexuality and includes[2]: - Rape - Defilement - Molestation - Sexual slavery - Forced marriage - Being forced to undress or being stripped of clothing - Insertion of foreign objects in the genital opening or anus - Forcing two individuals to perform sexual acts on one another or harm one another in a sexual manner (Johnson et al., 2008).
Purpose	This indicator measures the extent to which a given population has experienced sexual violence by anyone – stranger, intimate partner, relative, etc. SGBV data is often collected from women and girls only but unless information is collected from both men and women and the full scope of SGBV is assessed, it will be difficult to structure programs to prevent and respond to the problem.
Numerator	Number of people who have experienced SGBV (in a specific time period).
Denominator	Total number of people surveyed.
Disaggregate by:	Sex, age (<18, >=18) and county.
Data sources	Demographic household surveys and special surveys.
Responsible	KNBS and NGEC.

Considerations	While it is useful to measure the prevalence of any form of SGBV, there are several concerns to consider related to both the way this information is obtained as well as to how the results are interpreted. A woman who experiences intimate partner violence or other violence may be endangered by participating in a study if her partner or another perpetrator discovers that she disclosed this information. The interview also needs to be conducted in a sensitive manner in order to protect the respondent as much as possible from experiencing distress if she discloses their experiences. All research in this area should adhere to ethical guidelines which were established as standards to maintain safety and confidentiality. (See the WHO documents, *"Ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies"* and "*Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*") In addition, data based on self-reports can be biased by any number of factors. Even after adhering to the ethical guidelines and providing a good setting in which to conduct interviews, there will always be some who will not disclose this information. This means that estimates will likely be lower than the actual level of SGBV which has taken place in the surveyed population. Under reporting may occur for many reasons, including cultural contexts where some types of violence perpetrated by intimate partners is viewed as normal, when someone fears reprisal upon disclosure, or where the level of stigma around such violence in the given society is high. Therefore, estimated levels of SGBV and the patterns associated with factors such as education and socio-economic status should be interpreted with caution (Bloom, 2008).
2. Community Setting	
Indicator 2.1	**Number of people completing an intervention pertaining to gender norms, that meets minimum criteria**
Definition	The minimum criteria required to be counted under this indicator need to include: 1. A component that supports participants to understand and question existing gender norms and reflect on the impact of those norms on their lives and communities. Existing evidence indicates that interventions using non-participatory methodologies such as lectures and dissemination of written materials do not have significant impact on changing gender norms. Conversely, there is evidence that participatory interventions, such as open dialogues, do have an impact on norms. Therefore, to count under this indicator the intervention MUST use a participatory methodology.

	2. Given the correlation between SGBV and HIV then there should be a clear link between the gender norms being discussed and HIV prevention, treatment, care or support. A variety of gender norms have direct links to HIV. Examples include: – Norms that discourage control over sexual decision-making for women and girls. – Norms around masculinity that encourage multiple partners, violence, and limit seeking health care services. – Norms that discourage girls' access to education and economic resources. 3. Specified minimum number of hours. The same person must participate in a minimum numbers of hours of total intervention time (in either an individual, small group, or community setting) to count under this indicator. One-off interventions cannot be counted under this indicator. All three minimum criteria must be met for the individual to count under this indicator.
Purpose	At the country level, this indicator will enable NGEC, governments, implementing partners, and other in-country counterparts to: – Help assess whether gender-related activities are being implemented within the country, based on the epidemiologic data, the national strategy, and social, political, economic, and cultural context. When possible, support efforts to assess the impact of gender-related activities and services by correlating the scale-up of these activities over time and by geographic area with outcomes related to gender (and HIV/AIDS), as described through other data collection efforts such as the KDHS. – Identify programmatic gaps by analyzing the number and types of people (male/female, age group) being reached by gender-related activities. – Contribute to building an enabling environment to prevent gender-based violence and violence against children, under PEPFAR as well as other USG programs. – Advocate for greater resources and technical assistance for gender-related programming.
Numerator	Number of people completing an intervention pertaining to gender norms that meets minimum criteria.
Denominator	N/A
Disaggregate by:	Sex, age, type of norm, type of activity (Individual, small group, community-level)
Data sources	Standard program monitoring tools, such as forms, log books, spreadsheets and databases that partners develop or already use.
Responsible	Implementing partners and line ministries

Considerations	The numerator can be generated by counting the number of adults and children who completed an intervention pertaining to gender norms that meets the minimum criteria during the reporting period. When disaggregating by age, it is important to focus on the target audience for the activity and the expected normative change. If a parent participates with his or her child, both can be counted if the activity specifically targets both. However, if the activity only targets the parent/adult, the child should not be counted, even if a logical link can be made between normative change for the parent/adult and future positive outcomes for the child.
Indicator 2.2	**Number of programs implemented for men and boys that include examining gender and culture norms related to GBV**
Definition	The number of programs implemented in a country, region or community for men and boys that include activities aimed at examining and challenging men's and boys' gender and cultural norms related to GBV, in a specified time period. With reference to cultural context, the following issues should be addressed and integrated into program curricula and/or activities: – Gender and violence within the family – Intimate partner violence – Sexual or physical violence All three issues must be included in the program or curricula to be counted.
Purpose	Addressing gender norms with men and boys has been shown to improve reproductive health outcomes for both women and men including a reduced incidence of HIV. This indicator is a measure of programmatic effort at raising awareness about, changing attitudes towards and changing behavior related to GBV, particularly violence against women and girls. Programmatic efforts aimed at getting men and boys to be more aware of their own health issues as well as those of their partners have broadened to include the social issues underpinning those health outcomes. Educating and listening to men and boys about masculinity and intimate partner and sexual violence combined with their participation in activities geared towards enhancing their understanding of how detrimental these issues are in their community will ideally influence changes in beliefs and actions.
Numerator	Number of programs implemented for men and boys that include examining gender and culture norms related to SGBV

Denominator	N/A
Disaggregate by:	County/regions
Data sources	A survey of organizations implementing programs aimed at men and boys
Responsible	NGEC
Considerations	Large programmatic efforts may be fairly easy to identify, but smaller programs could be missed if they are implemented by smaller organizations. Coverage of the program is important to assess, since a large program in a country could target people in different regions and cover a larger population than several smaller programs.
3. Social Services	
Indicator 3.1	**Availability of social services**
Definition	The number and type of organizations in a community that provide social-welfare based services pertaining to the prevention and response to GBV, at one point in time. Social-welfare based services include but are not limited to: – Safe space or shelters – Crisis hotlines – Case management services including counseling, support groups, safety planning, legal aid/support, child welfare, recreational – Crisis intervention skills including training, income generation, and self defense – Perpetrator programs, and reintegration
Purpose	This output indicator measures whether there are social services and what type of social-welfare services, directed towards the prevention of and response to SGBV, are available in the country.
Numerator	Number of organizations that provide any social-welfare services directed at the prevention of and response to SGBV in a specified geographic area (county, sub-county etc.)
Denominator	N/A
Disaggregate by:	County/regions, type of services provided.

Data sources	Generating a list from resources within the targeted area, depending on what is available. To extent possible this list should be as inclusive as possible, for example, in places where agencies providing services might use websites or telephone directories a list should be compiled from these information sources. Additionally a list should also be generated by checking governmental offices, such as social ministries or departments of social welfare, as well as non-governmental organizations in the geographic area of interest. In many places, consulting informally with key informants in the community, or running a mapping exercise will be needed to generate a list. The list of service organizations should be verified by either calling or visiting the agencies to ascertain what types of, if any, services are provided to sexual violence survivors.
Responsible	NGEC
Considerations	Count the resources listed and disaggregate by type of social welfare-based services provided. If one or more organizations provides comprehensive services (and thus multiple types), the organization would be classified under a category called "integrated services", noting which actual services are provided. Generating a comprehensive list of organizations may be difficult, and some organizations may be missed, depending on the methods used. Unless organizations are listed accurately, double-counting could occur. If organizations are missed at one count, and included in the next count, the increase in the number of organizations will not reflect growing service availability in social welfare. A true increase in organizations over time may reflect a number of things, including more need (a growing population of affected individuals), increased funding and focus on the problem, or increased attention and awareness within communities
Indicator 3.2	**Number of individuals using SGBV social services**
Definition	The number of men, women, and children who accessed SGBV services during a specified time period (e.g., during the past 3 months). Social services include but are not limited to: – Safe space or shelters, – Crisis hotlines – Case management services including counseling, support groups, safety planning, legal aid/support, child welfare, recreational programs for abused children – Crisis intervention skills including training, income generation, and self defense – Perpetrator programs, and reintegration

Purpose	This output indicator provides a crude utilization measure of GBV social services.
Numerator	Count of the number of individuals who used SGBV services during a specified time period.
Denominator	N/A
Disaggregate by:	Organization and by type of service provided.
Data sources	Records from all organizations providing social services in a given area. This indicator should be measured in conjunction with the **indicator 3.***1* on ***Availability of social services*** since the organizations identified in that count would constitute those who are submitting reports to their respective line ministries.
Responsible	Implementing partners and line ministries.
Considerations	Measurement of this indicator relies on records maintained at organizations that provide services for SGBV survivors. The data collected will only be as good as the original records. If identifiers are not used in the records, double counting of individuals can occur when one person is using more than one service organization. A true increase in the number of individuals using these organizations over time may reflect a number of things, including more need (a growing population of affected individuals), increased funding and focus on the problem, or increased attention and awareness within communities. With the focus on women and girls being the victims of SGBV, males may be reluctant to seek social services because of cultural beliefs that boys and men can't be victims. Additionally, social services may be ill-equipped to address male survivors of SGBV. Although none or a small number of males may report using SGBV social services, one must be cautious to extrapolate the data to estimate the scale of the problem in the larger population since only a small fraction of male survivors of sexual assault actually report the crime and/or seek supportive services.
Indicator 3.3	**Number of SGBV related calls per hotline**
Definition	The number of SGBV related calls per hotline in a specific geographic area, during a specific time period. A hotline is a toll-free telephone number which survivors of sexual violence can call to receive support and/or referral to other needed services. The hotline may be available 24 hours a day, 7 days a week, or only during certain hours/days. Not all calls that come through the hotline are SGBV related and hence a guide checklist will be used to aid in classification.
Purpose	This indicator is a count of how many calls are placed per hotline during a specified period of time in a geographic area of interest.

Numerator	Number of calls per hotline serving SGBV survivors in a specified geographic area of interest.
Denominator	N/A
Disaggregate by:	Sex, age (<18, >=18), and county/region where the incident is reported to have occurred
Data sources	This indicator is measured by reviewing the records kept at organizations that run telephone hotlines. This may be a logbook, a tally of calls, or some other record that is kept prospectively on each phone call received by the hotline. Data collected during the call can include the reason why the caller has contacted the hotline, the range of services offered to the caller, and any referrals made by the hotline operator to the caller.
Responsible	Implementing partners and Line ministries
Considerations	Hotlines are often nationally run and headquartered in capital cities, due to the cost of staffing the hotline relative to the coverage area. A hotline is a useful resource to survivors of sexual violence in Kenya since mobile phones are available to a large proportion of the population. This indicator measures the frequency and use of the hotline by survivors of sexual violence. However, the indicator does not measure the quality of the counseling and/or referrals or services made by the hotline employees. Records and record reviews of calls placed should be kept secure and confidential. The data collected for this indicator should not have any personal identifying information since it is a simple count of calls, and not a count of people calling. Therefore there is no risk of double-counting, and the risk of a breach of confidentiality which might endanger survivors using the service will be avoided.
4. Health Services	
Indicator 4.1	**Proportion of health facilities providing comprehensive clinical management services for survivors of sexual violence.**
Definition	The percentage of health facilities that have standard protocols in use for comprehensive clinical management of sexual violence survivors. Comprehensive clinical care should include; – First-line support – Emergency contraception – ARVs for post-exposure prophylaxis (PEP) – Presumptive STI treatment – Proper documentation (complete history, recording events to determine what interventions are appropriate).

Purpose	In order to prevent and manage possible health consequences, sexual violence survivors must have access to clinical care, including supportive counseling, as soon as possible after the incident. Clinical management of survivors of rape includes the availability of trained staff and the following components – Supportive communication – History and examination – Forensic evidence collection as relevant – Compassionate and confidential treatment, including: – Emergency contraception – Screening and treatment of STIs – PEP to prevent HIV transmission – Care of wounds and prevention of tetanus – Prevention of hepatitis B – Referral for further services, e.g. health, psychological, legal and social (IAWG on RH in Crisis, 2010).
Numerator	Number of health facilities that have standard protocols in use for comprehensive clinical management of sexual violence survivors.
Denominator	Total number of health facilities assessed.
Disaggregate by:	Ownership and county
Data sources	Facility assessment
Responsible	Ministry of Health
Considerations	Because this is essentially a composite indicator, it may be difficult to ascertain if a particular health facility provides comprehensive clinical management for rape survivors with a "yes/no" response. For example, the facility may have a stock-out of antibiotics on the day of assessment. Or perhaps a private consultation area has been established, but not all the service providers are fluent in the local language. The evaluator(s) will have to determine a system for identifying what does and does not constitute available clinical services for rape survivors in order to determine what proportion of health facilities are providing this service.

Indicator 4.2	Number of service providers trained on management of SGBV survivors
Definition	The number of health service providers trained in management of sexual and gender-based violence (SGBV) survivors during a specific time (e.g. the 3 months).
Purpose	Health service delivery programs are key in the prevention and response to SGBV. Every clinic visit made by a SGBV survivor presents an opportunity to address and ameliorate the effects of violence as well as help prevent future incidents. In order to take advantage of these opportunities, providers need to be prepared to deliver appropriate services, including identification of survivors, necessary health services, counseling, and referrals to community-based resources such as legal aid, safe shelter and social services. This indicator is an output measure for a program designed to provide training to health service providers in SGBV service provision. This will provide a measure of coverage of trained personnel per geographic area of interest, and will help monitor whether or not a program is attaining its target number of providers trained.
Numerator	The number of health service providers trained in a sexual and gender-based violence (SGBV) training program during a specific time
Denominator	N/A
Disaggregate by:	Sex, cadre and county/region
Data sources	Records of the training program that reflect training program participants. The record should reflect, at minimum, what type/cadre the provider was and where they practice.
Responsible	Ministry of Health and training partners
Considerations	This indicator will provide a count of providers trained, but not how well they integrate the information disseminated or how well they use it later in their own practice. Presumably, if they are allowed to participate in the training program, there is a level of support in the health unit in which they practice for service provision to SGBV survivors. This is one among several factors that may influence overall care provided in any place by any one provider. Only a follow-up indicator, such as number/percent of service providers providing SGBV services, will assess if the providers are actually practicing what they were trained on. Even then, it is important to observe if all presenting clients of SGBV abuse are receiving the necessary care since prevailing attitudes toward certain groups, such as male survivors of sexual violence, grossly undermine the necessary care and services they receive.

Indicator 4.3	**Number of cases of SGBV reported to health facilities**
Definition	"Service visits" are counted as the number of occasions on which a woman, man, or child seeks sexual violence (SGBV) assistance from a given center. The total number of visits may include repeat visits and thus may be larger than the total number of individuals using the center or program in a given year. **Note:** An individual may receive more than one service on a given visit (counseling plus referral for other health problems). Program managers and evaluators may find it useful to track the different types of services (e.g., counseling, screening, referrals, treatment for injuries from violence) to better understand the needs of the clientele. For example, this tracking would yield data on the number of referrals made from SGBV centers to related services in the course of a reference period (e.g., one year)
Purpose	This indicator measures the volume of services the program provides to its clientele. Details such as reason for the visit, type[s] of services provided etc. should be monitored to better understand the problem and potential needs of the survivors.
Numerator	Number of cases of SGBV reported to health services
Denominator	N/A
Disaggregate by:	Age (<18, >=18) and sex
Data sources	Service statistics from health facilities
Responsible	Ministry of Health
Considerations	The number of SGBV incidents reported to health facilities represents just a fraction of the actual SGBV problem is in a community. For many valid reasons, survivors of SGBV are very reluctant to report their experiences. This is especially so with men and child victims of SGBV. The interpretation of this indicator is somewhat ambiguous. The number of visits could increase over time, not because sexual violence is mounting, but rather because more people are more willing to come forward and disclose this problem, especially if the word-of-mouth information about the center is favorable. In fact, an increase in service delivery should reflect favorably upon the program. This information however is useful because it demonstrate that services are being provided within the community.

	The indicator gives little sense of whether the individuals who receive the service perceive it to be helpful, although an increase in numbers may reflect favorable word-of-mouth publicity. Also, the number should rise as a result of mass media publicity or other behavior change communication interventions on SGBV. Ideally, the statistics on number of visits will also rise, especially during the early years of the program, as more people in need learn that services are available and helpful to those who experience violence. Although the program may not be able to demonstrate effects at the population level, data on service utilization will help justify the continued existence of the services to stakeholders interested in assisting women, men, and children with the problem of SGBV.
Indicator 4.4	**Proportion of eligible sexual violence survivors initiated on post-exposure prophylaxis for HIV**
Definition	Proportion of eligible sexual violence survivors initiated on post-exposure prophylaxis. **Post exposure prophylaxis (PEP)** for HIV is short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure. Survivor is **eligible** for PEP if they have been exposed to HIV and present to health facility within 72 hours of exposure
Purpose	PEP reduces the probability of HIV infection after exposure to potentially HIV-positive blood or body fluids. PEP should be provided within 72 hours after exposure for maximum effectiveness. While PEP is provided for occupational, as well as non-occupational exposure (such as after sexual assault) this indicator collect data on individual provide with PEP as a result of sexual assault. The data that will be collected through this indicator provides information to answer questions around prevention, program quality, human resources for health, gender, and overall health system strengthening. This information can also assist in scaling up PEP services for survivors of sexual violence.
Numerator	Number of eligible sexual violence survivors initiated on post-exposure prophylaxis for HIV within 72 hours of exposure
Denominator	Total number eligible PRC survivors
Disaggregate by:	Sex and age (<18, >=18)
Data sources	PRC register
Responsible	Ministry of Health
Considerations	The goal of post exposure prophylaxis (PEP) is to provide a medical response to prevent the transmission of pathogens after potential exposure. This indicator only tracks the proportion of eligible sexual survivors initiated on PEP, it does not track adherence or completion. Lack of adherence increases the chances of PEP medication failing to work.

Indicator 4.5	**Proportion of sexual violence survivors who have completed post-exposure prophylaxis**
Definition	Proportion of sexual violence survivors who have completed post-exposure prophylaxis. **Post exposure prophylaxis for HIV** is short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure.
Purpose	PEP reduces the probability of HIV infection after exposure to potentially HIV-positive blood or body fluids. PEP should be provided within 72 hours after exposure for maximum effectiveness. While PEP is provided for occupational, as well as non-occupational exposure (such as after sexual assault) this indicator collects data on individuals provided with PEP as a result of sexual assault. The data collected through this indicator provides information to answer questions around prevention, program quality, human resources for health, gender, and overall health system strengthening. This information can also assist in the scaling up of PEP services.
Numerator	Number of sexual violence survivors who have completed post-exposure prophylaxis during a specified period
Denominator	Number of eligible sexual violence survivors initiated on post-exposure prophylaxis for HIV within 72 hours of exposure during the same period.
Disaggregate by:	Sex and age (<18, >=18)
Data sources	PRC register
Responsible	Ministry of Health
Considerations	The goal of post exposure prophylaxis (PEP) is to provide a medical response to prevent the transmission of pathogens after potential exposure. This indicator tracks PEP completion during a specified period and data should be collected at the same time as **indicator 3.6**. Lack of adherence and completion increases the chances of PEP medication failing to work.
Indicator 4.6	**Proportion of survivors of sexual violence who received comprehensive care**
Definition	Proportion of survivors of sexual violence presenting at health facilities who received comprehensive care, during a specified period of time (e.g., during the past months or year etc.). Comprehensive care includes: – STI screening and treatment – HIV counseling and testing, and PEP (within 72 hours of the incident) – Psycho-social services – Collection of forensic evidence using a rape kit – Access to emergency contraception (within 72 hours of the incident)

	– Counseling (other than counseling for testing, PEP, STI and EC) – Referrals for non-clinical services, where applicable: ○ Longer-term psycho-social support (e.g., peer support groups) ○ Legal counsel ○ Police ○ Child protection services
Purpose	This output indicator provides a measure of adequate service delivery to rape survivors who present at health units. This does not assess the quality of service delivered.
Numerator	Number of survivors of sexual violence seeking care who received all relevant services for management of sexual violence survivors that they were eligible for at a health facility, during a specific period of time (e.g. during the past months or year etc.).
Denominator	Total number of survivors of sexual violence seeking care at facilities included in the survey.
Disaggregate by:	Sex and age (<18, >=18)
Data sources	Medical record review at a health unit and/or client exit interviews
Responsible	Ministry of Health
Considerations	Measurement of this indicator relies on records maintained at health units which include details on sexual violence, how soon the survivor presented to the facility, and the care/referrals which followed. This information may not be consistently recorded by different providers, which may lead to errors in counting survivors as part of either the numerator or denominator. If the data sources are of reasonable quality, this indicator will show whether affected survivors receive appropriate care. However, the quality of care delivered may range from excellent to inadequate.
5. Police	
Indicator 5.1	**Proportion of police stations that have a functional gender desk**
Definition	Proportion of police stations that have a functional gender desk. A gender desk will be counted to be functional if; – There is a staff who is allocated duties to serve SGBV survivors – There is adherence to protocol that stipulates among other things; ○ How, when and where SGBV survivors should be interviewed ○ How confidentiality is ensured
Purpose	This indicator measures the number of police stations that handle SGBV complaints using a protocol which is in compliance with nationally established standards.

Numerator	Number of police stations in a region or country that have a functional gender desk
Denominator	Total number of police stations surveyed
Disaggregate by:	County/regions
Data sources	A survey/inspections of police stations
Responsible	National Police Service
Considerations	If there is no national protocol pertaining to the management of SGBV cases, this indicator cannot be measured. The area being surveyed needs to be taken into account when interpreting this indicator. For example, the results of a survey in the capital city in which large police units are selected into the sample will and should differ from a survey in a rural, since the resources available in each of these situations differs considerably. This indicator measures the standards set for dealing with SGBV complaints on local levels and will yield a snapshot of whether or not the security sectors in a given area are maintaining a standard protocol. However, this does not ensure the proper management of SGBV complaints. Even though a protocol exists, individual police officers or stations/formations themselves may not actually follow it. Despite these limitations, this indicator can be used to monitor progress within the security sector because proper management of complaints is very unlikely if no protocol exists in a law enforcement unit.
Indicator 5.2	**Number of police who have been trained to respond and investigate cases of SGBV**
Definition	Total number of police trained to respond and investigate cases of SGBV, over a period of time (e.g. 3 months).
Purpose	This output indicator tracks the number of police trained to respond and investigate cases of SGBV.
Numerator	Number of police who have been trained to respond and investigate cases of SGBV
Denominator	N/A
Disaggregate by:	Sex, rank, county/region
Data sources	Training records maintained by organizations responsible for training law enforcement personnel, or through records maintained by police.
Responsible	National Police Service and training organisation

Considerations	If there is no established protocol pertaining to the management of sexual violence cases, this indicator cannot be measured. This indicator is a crude measure of whether a program is achieving its targets or is making progress over time in terms of building the capacity of police to respond to SGBV incidents. The indicator does not measure whether the training enhanced the trainees' skills or their subsequent performance. Trainees' performance assessment requires direct observation, which may be difficult. Access to training attendance records maintained at government ministries may also be a challenge.
Indicator 5.3	**Number of SGBV cases reported to the National Police Service**
Definition	The number of complaints pertaining to some acts of sexual violence that were reported to the police, in a community, region or country, during a specific time period (e.g. the past 3 months).
Purpose	This indicator measures how many sexual violence complaints were made to and recorded by the police during a specified time period.
Numerator	Number of SGBV complaints reported to the police
Denominator	N/A
Disaggregate by:	County/region
Data sources	A confidential review of police records.
Responsible	National Police Service
Considerations	This indicator is collected through police records and the measure will only be as good as the data recorded in the records. In many places, records are not kept in an orderly fashion, and the extent of detail in descriptions of cases may vary so much that it may be impossible to ascertain if the report can be classified as pertaining to sexual violence or not. The advantage of using records is that they are free from recall or social desirability biases, but this indicator will not be feasible to collect in places where the information on police records lacks sufficient detail to correctly classify the cases into the count. The number of sexual violence complaints is likely not reflective of the number of incidents that occur in a given place. Additionally, personal biases and lack of sensitivity interfere with the protection of the survivor, thus making the survivor less likely to report to the police.
Indicator 5.4	**Proportion of SGBV cases investigated by the National Police Service**
Definition	The proportion of SGBV complaints investigated by the National Police Service, during a specific time period (e.g. the past 3 months).
Purpose	This indicator measures the proportion of SGBV cases that were followed up with a police investigation, during a specified time period. The denominator of this indicator is the count collected in indicator 5.3.

Numerator	The number of sexual violence complaints that were investigated during a specific time period.
Denominator	Number of SGBV complaints reported to the police.
Disaggregate by:	County/region.
Data sources	A confidential review of police records.
Responsible	National Police Service
Considerations	This indicator should be collected at the same time as **indicator 5.3** since the same records will be reviewed for the information needed for the numerator. In this case, only those cases in which an investigation can be verified will be counted in the numerator This indicator is collected through police records and the measure will only be as good as the data recorded in the records. In many places, records are not kept in an orderly fashion, and the extent of detail in descriptions of cases may vary so much that it may be impossible to ascertain if the report can be classified as pertaining to sexual violence or not. The advantage of using records is that they are free from recall or social desirability biases, but this indicator will not be feasible to collect in places where the information on police records lacks sufficient detail to correctly classify the cases into the count. This indicator does not capture the timeliness or thoroughness of the investigation. In order to provide protection and prevent further assault, sexual violence cases need to be investigated as soon as possible.
6. Prosecution	
Indicator 6.1	**Number of prosecutors who have been trained in SGBV using SGBV prosecutors' manual**
Definition	Total number of prosecutors trained in SGBV in SGBV using SGBV prosecutors' manual, over a period of time (e.g. in last 3 months).
Purpose	This output indicator tracks the number of prosecutors trained to in SGBV using an established protocol (SGBV prosecutors' manual).
Numerator	Number of prosecutors who have been trained in SGBV using SGBV prosecutors' manual
Denominator	N/A
Disaggregate by:	Sex, rank, county
Data sources	Training records maintained by organizations responsible for training law enforcement personnel, or through records maintained by Director of Public Prosecution (DPP).

Responsible	Office of DPP and training organization
Considerations	If there is no established protocol pertaining to the management of sexual violence cases, this indicator cannot be measured. This indicator is a crude measure of whether a program is achieving its targets or is making progress over time in terms of building the capacity of prosecutors to respond to SGBV incidents. The indicator does not measure whether the training enhanced the trainees' skills or their subsequent performance. Trainees' performance assessment requires direct observation, which may be difficult. Access to training attendance records maintained at government ministries may also be a challenge.
Indicator 6.2	**Proportion of SGBV cases that were prosecuted by law**
Definition	The proportion of reported SGBV cases that were prosecuted by law, during a specific time period (e.g., the past 3 months).
Purpose	This indicator measures the effectiveness of the legal system by tracking the proportion of reported SGBV cases that were prosecuted.
Numerator	Number of SGBV cases that were prosecuted during the specified time period.
Denominator	Total number of SGBV cases reported to the police, during the same time period.
Disaggregate by:	County/region
Data sources	A confidential review of both police and court records.
Responsible	Office of DPP
Considerations	This indicator should be collected at the same time as **indicator 5.3** since some of the same records will be reviewed for the information needed for both the numerator and denominator. In addition to police records, court records will also have to be reviewed, since police records may not reflect whether or not a case made it to the level of prosecution. Only those cases in which a court prosecution took place will be counted in the numerator. This number will then be divided by the denominator, which will be all SGBV cases reported, or the count provided by **indicator 5.3**. This indicator does not measure how many cases were prosecuted successfully and thus does not fully measure the legal climate surrounding SGBV. The indicator is based on records in both the police and court systems and the measure will only be as good as the data recorded in these records. In many places, such records are not kept in an orderly fashion and accessing this data may be very difficult.

7. Judiciary	
Indicator 7.1	**Number of Judges/magistrate trained in SGBV**
Definition	Total number of judges/magistrate trained in SGBV, over a period of time (e.g. in the last 3 month).
Purpose	This output indicator tracks the number of judges/magistrates trained in SGBV.
Numerator	Number of judges/magistrate who have been trained in SGBV during a specified period of time.
Denominator	N/A
Disaggregate by:	Sex, cadre, county/region.
Data sources	Training records maintained by organizations responsible for judges/magistrates in SGBV, or through records maintained by judiciary registrar.
Responsible	Registrar of the judiciary and the training organization.
Considerations	If there is no established protocol pertaining to the management of sexual violence cases, this indicator cannot be measured. This indicator is a crude measure of whether a program is achieving its targets or is making progress over time in terms of building the capacity of judges/magistrate to respond to SGBV incidents. The indicator does not measure whether the training enhanced the trainees' skills or their subsequent performance. Trainees' performance assessment requires direct observation, which may be difficult. Access to training attendance records maintained at government Ministries may also be a challenge.
Indicator 7.2	**Proportion of prosecuted SGBV cases withdrawn**
Definition	The proportion of prosecuted SGBV cases that were withdrawn, during a specific time period (e.g. the past 3 months).
Purpose	This indicator measures the effectiveness of the legal system by tracking the proportion of reported SGBV cases that were prosecuted but withdrawn. A detailed analysis should be conducted to ascertain reasons why cases were withdrawn. Findings would inform case handling and prosecution hence improving the system.
Numerator	Number of SGBV cases that were prosecuted but withdrawn, during the specified time period.
Denominator	Total number of SGBV cases that were prosecuted, during the same time period.
Disaggregate by:	County/region.
Data sources	A confidential review of both police and court records.
Responsible	Performance management directorate.

Considerations	Frequency of data collection should take into consideration the average duration it take to resolve SGBV cases. This indicator should make reference to **indicator 5.3**, since some of the same records will be reviewed for the information needed for both the numerator and denominator. This indicator provides a measure of the legal climate surrounding SGBV. It is based on records in the judicial system and the measure will only be as good as the data recorded in these records. In many places, such records are not kept in an orderly fashion and accessing this data may be very difficult. In cases takes too long to prosecute (more than a year) then this indicator may not be possible to measure. However, this in of itself would reflect a very poor legal climate surrounding SGBV, and should be noted.
Indicator 7.3	**Proportion of prosecuted SGBV cases that resulted in a conviction**
Definition	The proportion of prosecuted SGBV cases that resulted in a conviction, during a specific time period (e.g. the past 3 months).
Purpose	This indicator measures the effectiveness of the legal system by tracking the proportion of reported SGBV cases that were prosecuted and resulted in an actual conviction.
Numerator	Number of SGBV cases that were prosecuted and resulted in a conviction, during the specified time period.
Denominator	Total number of SGBV cases that were prosecuted, during the same time period.
Disaggregate by:	County
Data sources	A confidential review of both police and court records.
Responsible	Performance Management Directorate
Considerations	Frequency of data collection should take into consideration the average duration it take to resolve SGBV cases. This indicator should make reference to **indicator 5.3**, since some of the same records will be reviewed for the information needed for both the numerator and denominator. This indicator provides a measure of the legal climate surrounding SGBV. It is based on records in the judicial system and the measure will only be as good as the data recorded in these records. In many places, such records are not kept in a meticulous way and accessing this data may be very difficult. In cases that takes too long to prosecute (more than a year) then this indicator may not be possible to measure. However, this in of itself would reflect a very poor legal climate surrounding SGBV, and should be noted.

Indicator 7.3	**Average time to conclude SGBV cases**
Definition	Average duration of time, in months, taken to conclude SGBV cases from time the case is lodged with the National Police Service to the time it's disposed of either through conviction, withdrawal or acquittal.
Purpose	This indicator track efficiency in the litigation system.
Numerator	Computed average time duration.
Denominator	N/A
Disaggregate by:	County/regions.
Data sources	A confidential review of both police and court records.
Responsible	Performance Management Directorate
Considerations	This indicator should make reference to **indicator 5.3**, since some of the same records will be reviewed in computation of average time This indicator provides a measure of the legal climate surrounding SGBV. It is based on records in the judicial system and the measure will only be as good as the data recorded in these records. In many places, such records are not kept in an orderly fashion and accessing this data may be very difficult. In cases that take too long to prosecute (more than a year) then this indicator may not be possible to measure. However, this in of itself would reflect a very poor legal climate surrounding SGBV, and should be noted.
Education	
Indicator 8.1	**Number of teachers or MoE staff trained in SGBV**
Definition	Total number of teachers or MoE staff trained in SGBV according to an established protocol, over a period of time (e.g. in the last 3 months).
Purpose	This output indicator tracks the number of teachers or Ministry of Education staff trained in SGBV using an established protocol.
Numerator	Number of teachers or Ministry of Education staff who have been trained in SGBV according to an established protocol.
Denominator	N/A
Disaggregate by:	Sex, region (county, sub-county).
Data sources	Training records maintained by organizations responsible for training in education sector, or through records maintained by the Ministry of Education and the Teacher Service Commission (TSC).

Responsible	Training organization, Ministry of Education and TSC.
Considerations	If there is no established protocol pertaining to the management of sexual violence cases, this indicator cannot be measured. This indicator is a crude measure of whether a program is achieving its targets or is making progress over time in terms of building the capacity of teachers to respond to SGBV incidents. The indicator does not measure whether the training enhanced the trainees' skills or their subsequent performance. Trainees' performance assessment requires direct observation, which may be difficult. Access to training attendance records maintained at government ministries may also be a challenge.
Indicator 8.2	**Percent of schools implementing life skills-curriculum that teaches students on what to do in case of violation**
Definition	Proportion of schools implementing life skills-curriculum that teaches students on what to do in case of sexual violation
Purpose	This indicator measures the percent of schools that are implementing life-skill curriculum teaching students on what to do in case they are subjected to sexual violence.
Numerator	Number of schools implementing life skills-curriculum that teaches students on what to do in case of victimization.
Denominator	Total number of schools surveyed.
Disaggregate by:	Ownership (private or public), county/region.
Data sources	School supervision reports or a survey of schools, based on a probability sample of schools in a region or country. The survey could be specifically focused on gathering information about VAW/G in school or could be part of a more general study of schools.
Responsible	Ministry of Education.
Considerations	This indicator is a crude measure of whether a program is achieving its targets or is making progress over time in terms of building the capacity of students to respond to SGBV incidents. The indicator does not measure whether the training enhanced the trainees' skills or their subsequent performance. Trainees' performance assessment requires direct observation, which may be difficult.

Indicator 8.3	**Proportion of Children who possess life skills- who know what to do in case of violation at home/school**
Definition	Proportion of children who possess life skills- who know what to do in case of victimization at home/school. Children are considered to possess life skills, if they: – Are able to identify signs of violence (critical thinking) – Feel able to resist violence from perpetrators(personal skills) – Know or feel comfortable contacting someone – In case of violence (dimension communication) – Can act on violence (action)
Purpose	This indicator shows the proportion of children who are aware of their rights and have the life skills and ability to recognize and act upon any victimization experience.
Numerator	Number of children who possess life skills.
Denominator	Total number of children in the sample.
Disaggregate by:	Sex, county/region.
Data sources	Special surveys e.g. classroom surveys, Violence Against Children (VAC) surveys.
Responsible	TBD
Considerations	A low ratio indicates that children are mostly dependent on other people to identify and report children's victimization. This indicator is also useful as a proxy for the general level of children's awareness of their rights.
Indicator 8.4	**Proportion of children, who have indicated via self-reports that they have been violated at home/school in the last 12 months**
Definition	Proportion of children, who have indicated via self-reports that they have been victims of sexual violence at home/school in the last 12 months. Sexual violence is any violence, physical or psychological, carried out through sexual means or by targeting sexuality and includes: – Rape – Molestation – Sexual slavery – Forced marriage – Being forced to undress or being stripped of clothing

	– Insertion of foreign objects in the genital opening or anus – Forcing two individuals to perform sexual acts on one another or harm one another in a sexual manner (Johnson et al., 2008). A child is considered a victim if he/she responds positively to any of the questions regarding victimization experiences, regardless of frequency of the event. Every victim is only counted once, regardless of the number of victimization experiences.
Purpose	This indicator reflects the prevalence of different types of violence at home/school. Compared to indicators that rely on official reports, this indicator can be considered more accurate with regard to the 'real' extent of abuse experiences of children. Depending on the type of abuse and the cultural background, only a small proportion of abuse experiences are reported to the authorities. By asking children themselves about their experiences in a confidential atmosphere, it is possible to estimate the prevalence of abuse that does not leave visible marks or require immediate medical treatment.
Numerator	Number of children who report being victims of violence in the last 12 months.
Denominator	Total number of children in the sample.
Disaggregate by:	Age, sex, type of violence, identity of perpetrator and place of victimization.
Data sources	Special surveys e.g. classroom surveys, Violence Against Children (VAC) surveys.
Responsible	TBD
Considerations	Respondents' safety and confidentiality is of the utmost importance. A child who experiences sexual violence, especially at home, may be endangered by participating in a study if the perpetrator discovers that the child disclosed this information. The interview also needs to be conducted in a sensitive manner in order to protect the respondent as much as possible from experiencing distress if s/he discloses their experience. All research in this area should adhere to ethical guidelines which were established as standards to maintain safety and confidentiality. (See the WHO documents, "*Ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies*" and "*Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*"). In addition, data based on self-reports can be biased by any number of factors.

Annex ii: Definition of Key Concepts and M&E Terminologies

Monitoring and Evaluation (M&E) is an essential component of any intervention, project, or program. The following terms are used in this document:

Actor(s): - Individuals, groups, organizations, and institutions involved in preventing and responding to sexual violence. They include the local community, the police, health workers, judiciary, among others.

Child: - Any person, male or female, under the age of eighteen (18). They are assumed to be limited in their ability to evaluate and understand the consequences of their choices and actions.

Community: - The population immediately affected by the sexual violence (where both the survivor and the perpetrator are found).

Convict: - Person found guilty of a sexual offence by a court of law

Evaluation—is the rigorous, scientifically-based collection of information about program/intervention activities, characteristics, and outcomes that determine the merit or worth of the program/intervention. Evaluation studies provide credible information for use in improving programs/interventions, identifying lessons learned, and informing decisions about future resource allocation.

Gender: - The social differences between males and females that are learned, and though deeply rooted in every culture, are changeable over time, and have wide variations both within and between cultures. It usually determines the roles, responsibilities, opportunities, privileges, expectations, and limitations for males and for females in any culture.

Gender based violence: -Any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. Acts of GBV violate a number of universal human rights and are usually illegal or against government policy. While GBV usually affects females as the more vulnerable sex, men and boys are also victims of gender-based violence, especially sexual violence.

Indicator—a quantitative or qualitative variable that provides a valid and reliable way to measure achievement, assess performance, or reflect changes connected to an intervention. Indicators should reflect the stated goals and objectives of a program. They are used to show that activities were implemented as planned, or that the program has influenced a change in a desired outcome.

Characteristics of a good indicator include;

- **Valid:** Indicators should measure the aspects of the program that they are intended to measure.
- **Specific:** Indicators should only measure the aspect of the program that they are intended to measure.
- **Reliable:** Indicators should minimize measurement error and should produce the same results consistently over time, regardless of the observer or respondent.
- **Comparable:** Indicators should use comparable units and denominators that will enable an increased understanding of impact or effectiveness across different population groups or program approaches.
- **Non-directional:** Indicators should be developed to allow change in any direction, and not specify a direction in their wording (for example: an indicator should be worded as "the level of awareness"

instead of "an increased awareness").

- **Precise:** Indicators should have clear, well-specified definitions.
- **Feasible:** It must be possible to measure an indicator using available tools and methods.
- **Programmatically relevant:** Indicators should be specifically linked to a programmatic input, output or outcome.

Monitoring— is routine tracking and reporting of priority information about a program / project, its inputs and intended outputs, outcomes and impacts.

Outcome evaluations measure whether or not the desired change or result has been attained. The outcome evaluation will focus on demonstrating whether or not program objectives have been reached. Data used for this type of evaluation usually come through a special study and are collected periodically, not on a routine basis. Outcome evaluations are used to assess changes in knowledge, behavior, skills, community norms, utilization of services, and health status indicators in the population, such as the prevalence of sexual violence.

Perpetrator: - Any person, group, or institution that directly or indirectly inflicts or otherwise supports violence or other abuse inflicted on another against her/his will. The term is used interchangeably with the term "suspect".

Program Evaluation: Evaluation is used to demonstrate how effective programs have been in achieving their targets and results. The data used for program evaluation will be drawn from a number of different sources, such as program indicators, periodic data collection from surveys, or special studies. The information from program evaluations can be used to revise program practices and hence achieve better desired outcomes.

Process Evaluations measure the quality and integrity of the program by demonstrating how well the program has been implemented as planned. Process evaluations focus on program implementation and assess coverage, rather than desired results or outcomes. The information from a process evaluation can be used to make mid-course corrections in a program to improve its effectiveness. In order to be useful, process evaluations must be planned to occur at frequent enough time to demonstrate what is needed.

Sexual violence: - Any act described as an offence under the Sexual Offences Act (SOA). It includes, but is not limited to rape, defilement, incest, child trafficking, child prostitution, child pornography, among others. (***Also referred to in this framework as Sexual and Gender Based Violence-SGBV)***

Standard Operating Procedures (SOPs): - Specific procedures and agreements among organizations that reflect the organizations' respective roles and responsibilities and minimum standards of care regarding SGBV prevention and response. SOPs also include the agreed reporting and referral systems for survivors and documentation.

Victim/Survivor: - Person who has experienced sexual violence. The terms are used interchangeably in the document. Some sectors like the health, children and educational sector prefer to use the term survivors, while sectors in the criminal justice system including the police, the judiciary and the Director of Public Prosecutions prefer the use of the term victim.

Annex iii: List of Stakeholders

This framework was developed with contribution from persons drawn from different institutions as outlined below:

NAME	ORGANIZATION	DESIGNATION
Prof. Rose Odhiambo	NGEC	Chief Executive Officer
Juliana Mutisya	NGEC	Deputy CEO
Paul Kuria	NGEC	Deputy CEO
Fred Lumiti	NGEC	M&E Officer
John Nzioka	NGEC	Program Officer
Gidion Ndeti	NGEC	Program Assistant
Stephanie Mutindi	NGEC	Gender & Women Department
Dr. Wanjiru Mukoma	LVCT Health	Executive Director
Dr. Lina Digolo	LVCT Health	Care Manager
John Wafula	LVCT Health	Gender Technical Officer
Stephen Mbaabu	LVCT Health	M&E Manager
Carol Ajema	LVCT Health	Senior Research Officer
Ndindi Mutisya	LVCT Health	Program Officer
June Adhiambo	LVCT Health	Admin
Dr. Willis Akhwale	I-TECH	Country Director
George Owiso	I-TECH	Deputy Country Director
NzisaLiku	I-TECH	Fellow
James Munya	MOLSSS	PYDO
Edwin Omira	CREAW	Office Admin
Stephen Githeiya	FIDA-K	M& E Assistant
Wangechi Grace	UNWOMEN	Project Analyst
Michael Otieno	Childline Kenya	Legal Assistant
Lizbeth Ngeeta	WanguWanja	Project Officer
Esther Chacha	Kenya Police	Senior superintendent of Police
Lucia Mulwa	TSC	
Grace Ndirangu	Directorate of CID	Investigator
Karanja Muraya	Sowed Kenya	E. Director
Jacinta Nyamosi	ODPP	SADPP
Josephine Mwangi	MOEST	PYDO
Cecilia Mumbi	FIDA-K	Programme Assistant
Alice Jaoko	KWCWC	Legal Officer
Eunice Chesire	MOH	S.O.T Officer
Catherine Ndiso	MOH	Gender Officer
Maureen Viata	PHR	Admin officer
Joyce Muchena	IRC-PIK	Ag. Chief party
Joseph Osewe	Judiciary	Assistant Director
Joel Muriithi	GVRC	Manager Programs
Michael Maina	IREC	Consultant

Annex iv: List of Reviewers

The following individuals played a key role in the conceptualization and review of this framework

NAME	ORGANIZATION
Huldah Ouma	UNDP
Hadley Muchela	Independent Medico-Legal Unit
Dr. Lilian Otiso	LVCT Health

NGEC
National Gender and Equality Commission

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