TERMS OF REFERENCE FOR A CONSULTANCY TO CONDUCT A SITUATIONAL ANALYSIS OF THE LAWS AND POLICIES ADDRESSING GENDER-BASED VIOLENCE IN HOMA BAY COUNTY.
1.0 INTRODUCTION

KELIN is a human rights non-governmental organisation (NGO) working to protect and promote health-related human rights in Kenya. We do this by providing legal services and support, training professionals on human rights, engaging in advocacy campaigns that promote awareness of human rights issues, conducting research and influencing policy that promotes evidence-based change.

In line with its 2015 - 2019 strategic plan, KELIN has enshrined sexual and reproductive health rights as one of its key thematic areas. Under this arm, KELIN aims to advocate for the integration of a human rights approach in all laws, policies and operational frameworks relating to reproductive health. In line with this strategic direction, KELIN intends to commission a situational analysis that will inform its sexual and gender-based violence (SGBV) related interventions within Homa Bay County.

2.0 ABOUT THE PROJECT

Gender-based violence is one of the most prevalent human rights violations. Women and girls, and to lesser degree men and boys, either directly experience or face the impact of some form of gender-based violence. Gender-based violence involves a wide variety of agents from intimate partners and family members, to strangers and institutional actors such as teachers, religious leaders, office managers and police.

According to the Kenya Demographic Health Survey (KDHS 2014), forty-seven per cent of women aged 15 - 49 reported that they have experienced either physical or sexual violence.
33 per cent have experienced physical violence only, three per cent have experienced sexual violence only, and 12 per cent have experienced both physical and sexual violence. The percentage of women who have experienced physical or sexual violence increases steadily with age, from 35 per cent among those aged 15 - 19 to 54 per cent among those aged 40 - 49. Overall, 45 per cent of men aged 15 - 49 reported that they have experienced either physical or sexual violence; 40 per cent have experienced physical violence only, two per cent have experienced sexual violence only, and four per cent have experienced both physical and sexual violence. With due regard to men, there are no clear relationships between age and the various forms of violence.

Acknowledging that the common victims of SGBV are women and girls, the World Health Organization (WHO, 2005) observes that for women in many parts of the world, violence is a leading cause of injury and disability, as well as a risk factor for other physical, mental, sexual and reproductive health problems.

Despite the above statistics evidencing a general trend for SGBV, these statistics are not readily available in many counties in Kenya. Thus, interventions are not well informed, and where structured, the same is premised on national data. This is because interventions are primarily informed by national statistics rather than county specific contexts.

This project seeks to undertake a situational analysis in Homa Bay County to identify the existing legislative policies, frameworks, statistics and on ground data on gender-based violence, teenage pregnancies and HIV incidences amongst adolescents and young women.
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The desktop review of the policies, statistics and existing data will be complemented with an on-ground analysis of health facilities, safe houses (if any) and mapping of police stations that can offer reprieve and manage SGBV incidences.

3.0 GEOGRAPHICAL COVERAGE AND TARGET POPULATION

The Kenya Demographic Health Survey of 2014 found that the Nyanza Region in Kenya, where Homa Bay County is located, has the second highest rate of sexual gender-based violence. The majority of the victims comprised of adolescent girls and young women (AGYW).

4.0 PURPOSE OF THE ASSIGNMENT

This project is informed by the interactions, observations and findings from work with women and girls in Kisumu and Homa Bay Counties for the last two years focusing on facilitating access to justice for orphaned and vulnerable adolescent girls on violation of their sexual reproductive health rights (SRHR). KELIN has identified the need for a holistic and inclusive approach towards addressing gender based violence for the general wellbeing of the survivors. Views of the adolescent girls and young women have been sampled during training and dialogue sessions and this has continuously informed our follow up training and conceptualising other interventions, including this one.

The overall purpose of this assignment is to conduct a situational analysis of the existing laws and policies addressing gender-based violence in Homa Bay County. This will also include
an analysis of facilities, safe houses and police stations that can manage SGBV incidences, statistics on gender-based violence, teenage pregnancies and HIV incidences among adolescents and the youth.

The immediate outcome of the situational analysis will be comprehensive, disaggregated data on the existing sexual and gender-based violence policies, laws and statistics on existing facilities, safe houses and police stations in Homa Bay County capable of addressing SGBV incidences. This situational analysis shall guide KELIN and its partners in the development of evidence-based interventions towards a holistic understanding of access to justice for SGBV survivors.

The findings from the situational analysis will also be used as the baseline to increase the knowledge of various actors implementing different SGBV related interventions on the current SGBV situation in Homa Bay County. If knowledge is generated on the root causes of SGBV as well as the structural barriers towards addressing SGBV, then this can be used to inform programming as well as advocacy for improved and measurable impact geared towards increasing the chances for tangible change.

5.0 METHODOLOGY
This situational analysis will target adolescents and young people in general but with a specific focus on adolescent girls and women. It will help identify the target group disproportionately affected by SGBV and will employ a mixed methods approach with both
qualitative and quantitative data collection techniques. This will ensure that data collected is well corroborated and triangulated for increased quality and reliability.

There will be a desktop review of the policies, statistics and existing data which will be complemented with on ground analysis of health facilities, safe houses or shelters (if any) and mapping of police stations that can offer reprieve and manage SGBV incidences. The analysis will be in partnership with the Gender Violence Recovery Centre (GVRC) and Family Health Options Kenya (FHOK).

Key informant interviews will be conducted with duty bearers such as law enforcement officers, county reproductive health coordinators, the county executive committee member in charge of health, health care workers, the judiciary, chiefs and national bodies such as the National AIDS Control Council (NACC), the Ministry of Health, State Department of Gender in the Ministry of Public Service, Youth and Gender Affairs. Also to be included will be partners like Kisumu Medical Education Trust (KMET), Reproductive Health Network (RHN), GVRC and FHOK.

Focus group discussions (FGDs) will assist in contextualising and bolstering desktop research. They will include adolescent girls and boys, youth, civil society organisations and community-based organisations. Comprehensive inclusion of both young men and women is aimed at informing the Gender Transformative Approach.
6.0 SPECIFIC TASKS

The Consultant is expected to:

- Participate in an inception meeting and prepare an inception report, detailing the general understanding of the assignment, methodology, work plan, budget and deliverables.
- Finalise a jointly agreed work plan and map out timelines for activities;
- Develop a template for the final report;
- Design the data collection tools in consultation with the project implementing team;
- Undertake a desktop review on available literature on existing laws and policies addressing gender based violence in Kenya and in Homa Bay specifically and statistics on gender based violence, teenage pregnancies, HIV incidences among adolescents and youth etc. This is aimed at identifying information gaps and inform the situational analysis methodology and tools. Reference to existing secondary data from similar studies and project reports will be essential in the process of assembling credible data for the project. The secondary data will serve as a yardstick upon which data generated through this situational analysis will be compared and analysed;
- Conduct field analysis of health facilities, safe houses and mapping of police stations that can offer reprieve and manage SGBV incidences. Collect data on indicators related to the prevalence of SGBV cases reported;
- Conduct in depth interviews with selected stakeholders to obtain primary data on the key questions;
- Conduct key informant interviews with project implementers and partners including; KELIN, FHOK, GVRC, RHN, KMET, duty bearers such as law enforcement officers, county reproductive health coordinators, the county executive committee member in
charge of health, health care workers, the judiciary, chiefs and the National bodies such as the National AIDS Control Council, the Ministry of Health, State Department of Gender in the Ministry of Public Service, Youth and Gender Affairs etc;

- Conduct Focus Group Discussions (FGDs) with select groups of adolescent girls and boys, youth, civil society organizations and community-based organizations;
- Prepare draft baseline report outlining key preliminary findings;
- Prepare final report incorporating feedback from KELIN staff and other key project partners; and
- Disseminate the findings of the report to targeted CSOs and duty bearers in Homa Bay County.

7.0 DELIVERABLES

The Consultant will complete and submit a draft final report in both hard and soft copy at the end of the assessment period. The Consultant will finalise the report in the light of comments/suggestions of KELIN and its stakeholders. The key deliverables for the assessment are as follows:

a. Inception report, prepared after an inception meeting.
b. Final work plan with timelines as agreed on with KELIN.
c. Data collection tools as approved by KELIN.
d. The Draft Evaluation Report reflecting key findings from both desk review and field interviews in electronic format and including an executive summary of no
more than four pages. KELIN will provide comments on the Draft Report, and the Consultant will finalise the report in view of these comments.

e. Final Evaluation Report: The report should be logically structured, contain evidence-based findings, conclusions, lessons and recommendations, and should be free of information that is not relevant to the overall analysis. The report should respond in detail to the key focus areas described above. It should include a set of specific recommendations formulated for the project, and identify the necessary actions required to be undertaken, who should undertake those and possible timelines (if any).

8.0 KELIN’S ROLE
KELIN shall be responsible for linking the consultant with the relevant mapped interviewees. KELIN shall also review and avail comments to the consultant for the finalisation of the document during the presentation of the report by the Consultant. The roles will be further defined at an inception meeting.

9.0 DURATION OF THE CONSULTANCY WORK
The assignment should be completed within one month of signing the Agreement. The Consultant will be engaged for a period of 25 working days of the month. During this time there will be the development of data collection tools, conducting interviews, review of the draft report and the finalisation of the report.
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10.0 QUALIFICATIONS OF THE CONSULTANT

a) Functional Competencies:
   i. Expert knowledge on sexual and reproductive health rights, SRHR related rights and legal frameworks, health and the law;
   ii. Experience in conducting research studies at a high level and conducting interviews with research informants;
   iii. Significant experience conducting advocacy on sexual and reproductive health rights;
   iv. Extensive knowledge of the national sexual and reproductive health civic space;
   v. Ability to write well and articulate issues in concise language; and
   vi. Experience in both qualitative and quantitative data analysis.

b) Core Competencies:
The consultant must have the ability to:
   i. Produce high-quality outputs in a timely manner, while understanding and anticipating the evolving needs of the client;
   ii. Assess situations or circumstances, and to draw sound conclusions;
   iii. Think strategically, manage competing priorities and be highly organised;
   iv. Work independently and produce high-quality outputs;
   v. Demonstrate integrity by modelling KELIN’s values and ethical standards;
   vi. Promote the vision, mission and strategic goals of KELIN; and
   vii. Display cultural, gender, religion, race, nationality and age sensitivity and adaptability.
c) Required Experience and Skills

i. Education: advanced university degree in Law, Public Health or any of the Social Sciences;

ii. A Master’s degree on the aforementioned is desirable;

iii. Experience: minimum of seven years of relevant experience is required;

iv. Languages: excellent written and spoken English.

11.0 APPLICATION INSTRUCTIONS:

Send a Cover Letter, a Resume and a detailed proposal to conduct the baseline survey outlining the consultants understanding of this task, proposed methodology, work plan and budget before application deadline 22 May 2019 to info@kelinkenya.org and copy nwere@kelinkenya.org.

While submitting your application, ensure your email subject line is as follows: CONSULTANCY TO CONDUCT A SITUATIONAL ANALYSIS ON SGBV IN HOMABAY COUNTY - (Your Name)

Important Notes:

i. A candidate applying only by sending a CV to the designated email will not be considered.

ii. Please group all your documents into one PDF document.
iii. A signed consultancy agreement and terms of reference will be the main documentation required in contracting the consultant. (This terms of reference should have details regarding roles and responsibilities of the contractor and the client).

12.0 FOR FURTHER INFORMATION

Please contact:

Ms Nerima Were
Role: Program Manager, SRHR
Email Address: nwere@kelinkenya.org