Accelerate

Working towards the three zeros

2021 - 2025

YEAR OF IMPLEMENTATION: Year 2 (January – December 2022)

AGREEMENT NUMBER: 2020-12628 – Denmark's Strategic Framework for Kenya 2021-2025

PREPARED FOR: DANIDA

PREPARED BY: Population Services Kenya (PS Kenya)

COUNTIES OF IMPLEMENTATION:

Baringo, Elgeyo Marakwet, Garissa, Homabay, Kajiado, Kilifi, Kwale, Mandera, Marsabit, Nairobi, Narok, Samburu and West Pokot

ACKNOWLEDGEMENT

Accelerate program is funded by DANIDA and implemented in a consortium led by Population Services Kenya (**PS Kenya**), in partnership with the Gender Violence Recovery Centre (**GVRC**) and Population Services International **(PSI**). It's Important to note that Government's agencies and community structures are playing a crucial role in the implementation process.

DISCLAIMER

The authors' views expressed in this report do not necessarily reflect the views of the Ministry of Foreign affairs of Denmark (DANIDA)

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ABBREVIATIONS AND ACRONYMS

AYSRH

Adolescent and Youth Sexual Reproductive Health **AYWRA**

Adolescent, Youth and Women of Reproductive Age

BCS

Balanced Counseling Cards

BTL

Bilateral Tubal Ligation

CBO

Community Based Organization

CDPP

Consumer Data Protection Policy

CHA

Community Health Assistant

CHEW

Community Health Extension Worker

CHMTs

County Health Management Teams

CHS

Community Health Strategy

CHVs

Community Health Volunteers

CME

Continuous Medical Education

COC

Clinical Officers Council

COE

Committee of Experts

COVID

Coronavirus disease of 2019

CRHC

County Reproductive Health Co-Coordinator

CYPs

Couple-Years of Protection

D2A

Data to Action

DALYs

Disability-Adjusted Life Years

DESIP

Delivering Equitable Sustainable Increases in Family Planning **DFH**

Division of Family Health

DHIS2

District Health Information System two

DRMH

Division of Reproductive and Maternal Health

DV

Domestic Violence

ECP

Emergency Contraceptive Pill

EMONC

Emergency Maternal Obstetric and Newborn Care

F

Female

FGM

Female Genital Mutilation

FGM/C

Female Genital Mutilation/Cutting

FM

Frequency Modulation

FP

Family Planning

GBV

Gender-Based Violence

GBVRC

Gender-Based Violence Recovery Centre

GVRC

Gender Violence Recovery Centre

HCPs

Health Care Providers

HCW

Health Care Worker

HRIO

Health Records Information Officer

HSDO

Health Service Delivery Officer

HTPs

Harmful Traditional Practices

ICPD

International Conference on Population and Development **IEC**

Information, Education and Communication

IPV

Intimate Partner Violence

IUCD

Intra-Uterine Contraceptive Device

IWD

International Women's Day

KDHS

Kenya Demographic Health Survey

KHIS

Kenya Health Information System

LARC

Long-Acting Reversible Contraception

LGBTQ

Lesbian, Gay, Bisexual, or Transgender, Queer

LOC

Letter of Commitment

LOE

Level of Effort

M

Male

M&E

Monitoring and Evaluation

MCH

Maternal Child Health

MCPR

Modern Contraceptive Prevalence Rate

MEAL

Monitoring Evaluation Accountability and Learning

MEC

Medical Eligibility Criteria

MMR

Maternal Mortality Rate

MNH

Maternal and Neonatal Health

MoH

Ministry of Health

MWADO

Marsabit Women's Advocacy Development Organization

NGOs

Non- Governmental Organizations

NMS

Nairobi Metropolitan Services

NPGAD

National Policy on Gender and Development

ODPPs

Office of the Director of Public Prosecutions

OJTs

On-the-Job Trainings

PLHIV

Person Living with Human Immune-Deficiency Virus

PMP

Performance Management Plan

PPFP

Postpartum Family Planning

PRC

Post Rape Care

PREP

Pre-exposure Prophylaxis

PS Kenya

Population Services Kenya

PSI

Population Services International

PSK

Population Services Kenya

PWD

Persons with Disabilities

RDQA

Routine Data Quality Assessment

REB

Research Ethics Board

RH

Reproductive Health

RMNCAH

Reproductive, Maternal, Newborn, Child, and Adolescent Health

SARA

Service Availability and Readiness Assessment

SBCC

Social and Behavior Change Communication

SCHMT

Sub County Health Management Team

SDP

Service Delivery Point

SGBV

Sexual Gender Based Violence

SHOFCO

Shining Hope for Communities

SRH

Sexual Reproductive Health

SRHR

Sexual Reproductive Health and Rights

TA

Technical Assistance

TOC

Theory of Change

TOT

Training of Trainers

TWGs

Technical Working Groups

VACS

Violence Against Children Study

WCD

World Contraception Day

WHO

World Health Organization

WRA

Women of Reproductive Age

YTD

Year to Date

EXECUTIVE SUMMARY

Accelerate is a five-year programme 2021 -2025, with its main goal being to reduce maternal mortality and morbidity, reduce the unmet need for SRHR (including family planning) and contribute to the reduction in the prevalence of GBV (including HTPs). It seeks to contribute towards the ICPD-25 promises of zero unmet need for contraception, zero preventable maternal deaths, and zero gender-based violence and harmful traditional practices. The programme is working in 13 marginalized, under-served and hard-to-reach counties including West Pokot, Elgeyo Marakwet, Homabay, Kajiado, Kwale, Nairobi, Samburu, Garissa, Mandera, Marsabit, Baringo, Kilifi and Narok.

For the last two years, Accelerate has been increasing access to comprehensive, equitable, inclusive GBV and SRHR services to beneficiaries in all the supported counties through direct and indirect service provision, primary prevention and capacity enhancement activities for health care workers, duty bearers, teachers and other relevant county department staff. In year two, the project worked with 424 health facilities across the 13 counties and achieved 192,130 couple years of protection (CYPs), translating to an achievement of 101% of the stipulated annual target. On the part of GBV, the project supported **12,577** GBV survivors to access quality integrated health services within the project supported facilities with **234** of them being linked to Accelerate support groups where they received psychosocial support. Accelerate also provided expert testimony in courts to **704** survivors and virtual support and referrals to **312** survivors through the GVRC toll-free number.

The project improved the capacity of healthcare workers by providing training and on-the-job mentorship during support supervision sessions to ensure that Health Care workers(HCWs) have the necessary skills and knowledge to provide quality service provision. The project trained 10 of its own staff as trainers of trainers (TOTs) in the Comprehensive and Equitable Management of GBV during NASCOP's nationwide training. The TOTs and NASCOP staff then conducted training sessions for **304** healthcare workers from **9** counties, which included both men and women. An additional **35** healthcare workers were trained at the National level, bringing the total number of trained healthcare workers to **339**. The project trained 68 health care workers on AYSRH in two counties of Garissa and Baringo.

In the year 2022, Accelerate program continued to increase demand for SRH and GBV medical, psychoso- cial and legal services in the 13 Accelerate counties through Ahadi Yangu campaign, by engaging segregated program targets via community radio, localized print materials, community aligned wall murals, community-based organizations, duty bearers, teachers and school based KQ peer clubs. A total of 232,949 women and 87,027 men reached through community small group sessions, 236,200 women and 88,7668 men during outreaches, 96,200 women and 126,548 through social media and over 5 million reached through 7 local radio stations. To reduce service SRHR and GBV unmet needs to poor and marginalised, the program supported 235 outreaches directly linking 5875 poor of the poor women with SRHR services. To continue challenging harmful gender and social cultural norms and advocating for universal human rights, the program supported 94 men action days at community level, erected speak boxes in schools, facilitated and supported FGM committees, Court Users Committees, participated and supported Women International Day, World Contraceptive Day, World Persons with Disability Day Celebrations and 16 Days of Activism Against Gender based Violence. The program also participated and supported MOH in SRHR and GBV systems strengthening and policy streamlining by supporting development, testing and launch of CHV GBV manual, participated in county AWPs and CIDPs, SRHR and GBV meetings and supported counties in domesticating National GBV policy. For a strong and complementing

consortium, the program organised cluster meetings to funnel regional priorities for efficiency, consortium meetings to track performance and a self-care retreat for staff psychotherapy.

In order to achieve increased demand for integrated SRHR/MCH and GBV services, the project trained **285** teachers **(144 M, 141 F)** from **150** primary schools in **10** counties on child protection, human rights and life skills. The patrons implemented lessons learnt in the schools by establishing and managing Kings and Queens clubs, aimed at creating safe spaces for school-going children. Through the clubs, members developed artworks that were installed as murals. A total of **135** murals and **135** Speak Out boxes were installed in the project-supported schools. The project also utilized several platforms aimed at increasing awareness among the target population on a large scale including supporting **12** radio talk show sessions across **8** counties, installation of **13** public murals in **11** project counties, facilitating **5** Twitter Space sessions focused on GBV, airing **8** podcasts through our social media platforms and development IEC materials. Accelerate also supported commemorations and celebrations of GBV and SRHR calendar days such as World Population Day, Day of the African Child, International Women's Day, World aids Day, International Day for Persons with Disability, and the 16 days of activism.

In pursuit to strengthen the accountability and capacity of National / County Governments on stewardship and ownership of SRHR / MCH and GBV interventions, the project has supported the development and validation of SRHR and GBV policies and guidelines. During the reporting period, the project facilitated the development of the GBV manual for Community Health Assistants in partnership with the Division of Community Health, supported the domestication of the GBV Policy in Baringo County, participated in the collaboration meetings by the Gender Sector Working Groups and Technical Working Groups, supported the 2 cluster meetings for the Coastal and Upper Eastern cluster and supported research dissemination meetings for the Coastal and North Rift cluster.

In the reporting period, the project made several changes to strengthen the learning agenda research protocol, to include changes on the approaches, sample size as well as the questionnaire review which were subsequently reviewed and approved by the Institutional Research Board (IRB). Over the life of the program, three rounds of learning agenda (Outcome 4) studies are planned across the four learning counties (West Pokot, Narok, Kwale and Garissa) including Round 1 (early intervention in 2022), Round 2 (mid-intervention in late 2023), and Round 3 (late intervention in 2024/2025). The MERL team successfully implemented Round 1 of learning agenda research studies in additional to the Outcome 3 monitoring research that is implemented routinely to provide cross-sectional data related to strengthened respect for human rights indicators amongst individuals reached by the program through the community dialogue meetings. Dissemination of Outcome 3 monitoring findings (January-June) was done among all staff directly involved in Accelerate SBCC activities, including HQ and field-based personnel. A review meeting of Outcome 4 indicators which was attended by key consortium members and DANIDA team was held on 28th September to discuss research and learning including completed and planned activities since inception of the program. We also disseminated preliminary findings from Round 1 of health facility and community-based research and feedback incorporated in the report.

Some of the challenges experienced during the implementation period included insecurity, especially

in Upper Eastern and North Rift, periodic shortages in fuel that affected activities and the changes in leadership key government positions such as the Ministry of Health that resulted in the delay in implementation.

Georgette Adrianne

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centre. The page is too white, can we use a back color from the project colors?

KEY OUTPUT AREA ACHIEVEMENTS AND RESULTS

The project has four outcomes outlined as follows:

1. Increased access and utilization of quality, comprehensive, integrated, equitable, and inclusive SRHR/ MCH services for all women (including Post Abortion Care (PAC) with a focus on adolescents, the poor, and marginalized populations.

2. Improved access to and utilization of comprehensive, high-quality, multidisciplinary, efficient, equitable,

and inclusive gender-based violence response and prevention services for GBV survivors.

3. Increased respect for human rights (including attitudes, behaviors, gender, and socio-cultural norms) to prevent and respond to GBV, including HTPs and other forms of violence.

4. Strengthened learning and adaption through evidence generation and use.

In its implementation, the project considered lessons learned from other similar projects, which contributed to the positive results that were achieved, as outlined in the following pages:

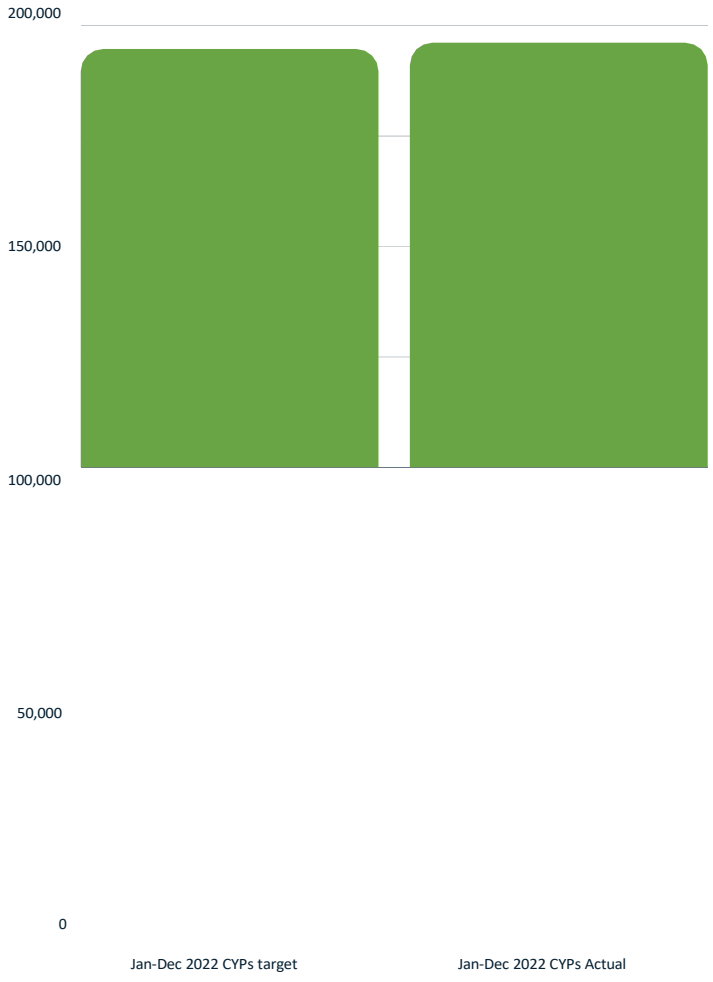
Outcome 1: Increased access and utilization of quality, comprehensive, integrated, equitable and inclusive SRHR/MCH services for all women (including Post Abortion Car (PAC) with a focus on adolescents, the poor and marginalized populations.

Output 1.1: Greater Availability and Uptake of SRHR / MCH Services

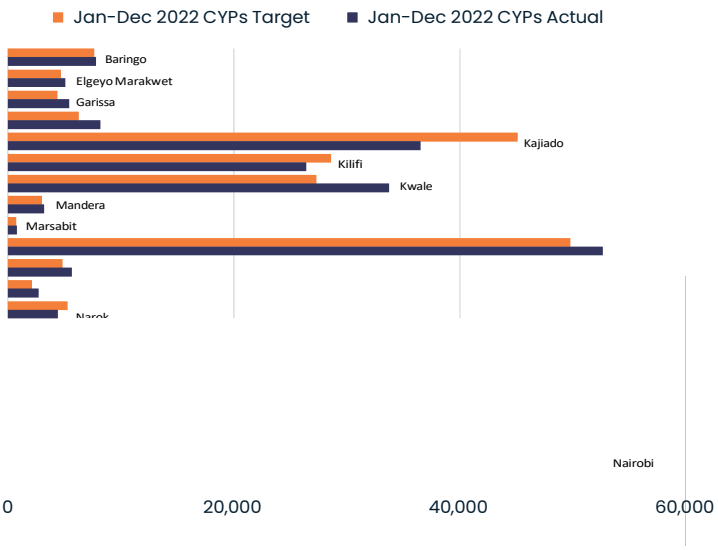
1. Provision of Family Planning Services

By the end of year two, Accelerate project had enrolled a total of 424 health facilities, making an addition of 70 facilities from year ones 354 Health facilities supported across the 13 counties. During the year, the project achieved 192,130 couple years of protection (CYP), translating to 101% of the stipulated annual target. During the year, the project worked with County/sub-county Health management teams (CHMT/SCHMT) in supporting health facility staff through mentorships and on job trainings during supportive supervisions and other facility visits; this was a follow on to the classroom family planning module 1 and 2 trainings that were conducted in year one. The project continued supporting commodity technical working groups and forecasting and quantification meetings which are aimed at addressing family planning commodity stock outs. The project supported data capturing through distribution of FP tools, conducting Routine Data Quality Audits (RDQAs) and supporting monthly facility in-charges meetings where monthly achievements are discussed. The bar chart below shows the achievement for the year 2022:

Accelerate CYPs Performance



Majority of the counties achieved over 100% of the stipulated targets in CYPs except Kilifi at 92%, West Pokot at 84% and Kajiado trailing at 81%. The three counties with over 120% achievement has been contributed by the presence of more than one partners addressing family planning. In year three, the project will focus on county specific needs to ensure that all counties are addressed as

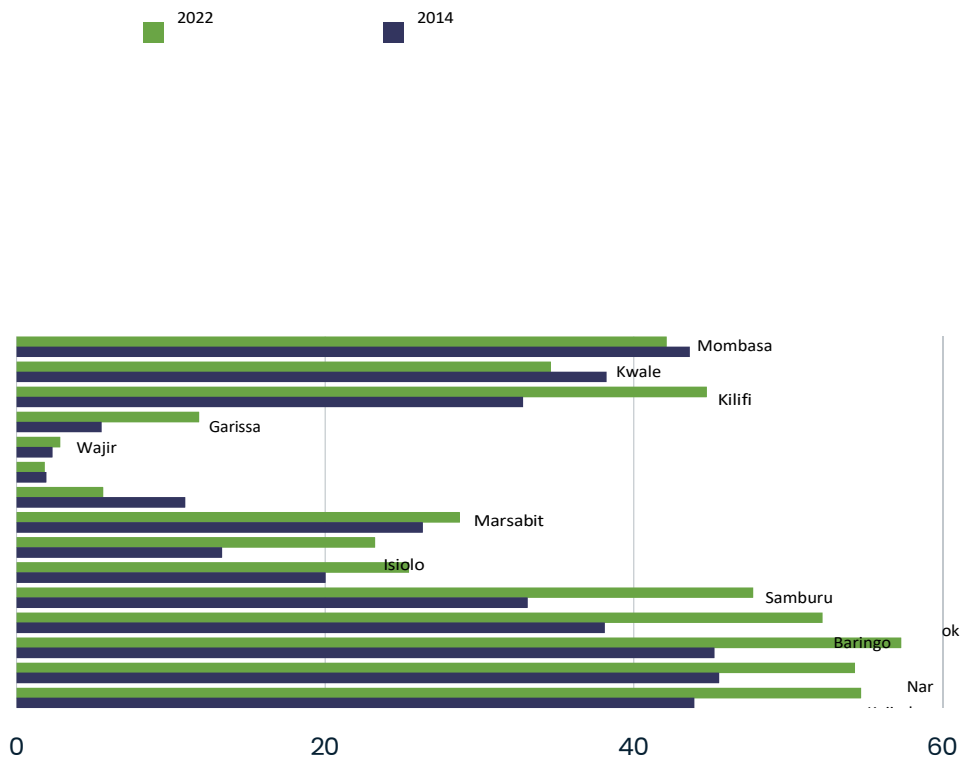


Accelerate Jan-December 2022 CYPs Performance by County

per their uniqueness with special efforts being directed towards the three counties trailing below 100% e.g. mentorships, rolling out of FP standards and on job trainings. The perfor- mance by county is as shown in the graph:

2. Contraceptive Prevalence Rate County Performance by County

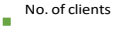
From the KDHS 2020 results released earlier this month, mCPR rate nationally has improved from 53% to 57%, a step towards achieving the target by 2030. However, there are huge disparities among counties, some showing remarkable increase compared to KDHS 2014, as well as against the national prevalence. The percent- age of currently married women using a modern method is lowest in Mandera (2%), followed by Wajir (3%), Marsabit (6%), and Garissa (11%) with Embu (82%) recording the highest. Among the Accelerate Counties, Garissa, Samburu, West Pokot, Baringo, Elgeyo Marakwet, Narok, Kajiado and Homabay, are among the coun- ties that have improved greatly compared to KDHS 2014, as shown in the figure below.

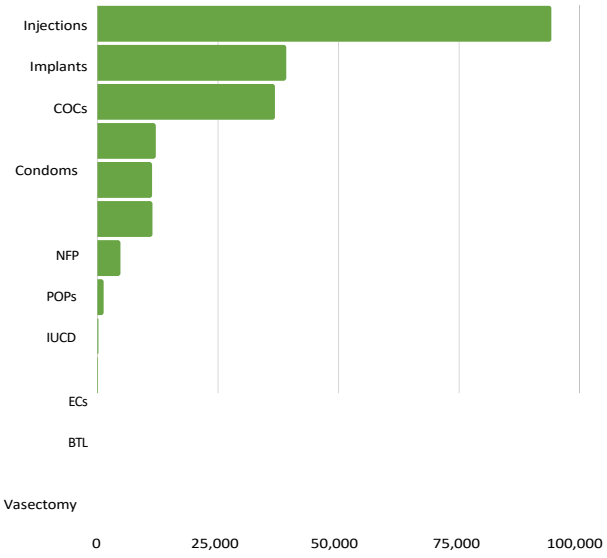


Any Modern Method (%)

In terms of unmet need for FP, KDHS 2022 indicates that 14% of currently married women and 19% of sexually active unmarried women have an unmet need for family planning. Again, this differs in different counties. Among Accelerate counties, apart from Garissa, Wajir and Kajiado that have 10.8%, 12.7% and 12.5% respectively, all the rest are above the national prevalence of 14%. The project will work towards improving Mcpr for the three counties through targeted OJTs, mentorships and support with SOPs and job aids.

As illustrated in the pie chart below, majority of clients preferred injections (45%), followed by implants (19%), Combined Oral Contraceptives (17%), Condoms (6%), and NFP (6), while the remaining methods ranged from 0% to 5%. In year two, the project continued giving technical assistance on family planning counselling using charts which contain all the methods. Family planning Medical eligibility wheel and balanced counselling cards were supplied in most of the high volume supported facilities to aid during client choice of a method. In year three, the above job aids will be supplied in the remaining facilities to cover the projects 424 health facilities, and ensure quality of care.





Accelerate January-December Method Mix

FP Method	Injections	Implants	COCs	Condoms	NFP	POPs	IUCD	ECs	BTL	Vasectomy
No. Of clients	94,104	39,099	36,766	12,043	11,288	11,352	4,717	1,248	167	27

3. Integrated CME/Sensitization (SRH/RMNCAH/GBV)

In year two, the project continued with intensified sensitization on SRHR/GBV through various forums, e.g. CMEs, meetings, community forums and TWGs. The CMEs were conducted in high volume facilities, during facility in-charges meetings, in TWGs and other meetings attended by the technical staff. These were aided by several job aids, which were distributed to majority of facilities. These job aids included an Algorithm for survi- vors of SGBV, a Comprehensive definition of SRH Rights, Essential SRHR interventions by cohort, Survivor flow chart, Adolescent package of care, a Family planning method chart (Kiswahili and English and Medical Eligibility Criteria (MEC) wheel. The program conducted a total of 148 CME sessions where 1,412 health care workers and 32 CHVs were sensitized on SRH/ RMNCAH and GBV. This has ensured that the project has visibility within the counties, government ministries, other stakeholders and several forums where the program is represented. These has improved quality of work by the health care workers who are now able to follow the Standard operating procedures as stipulated on the job aids, boosted their confidence at work and ensured visibility for Danish and the project.

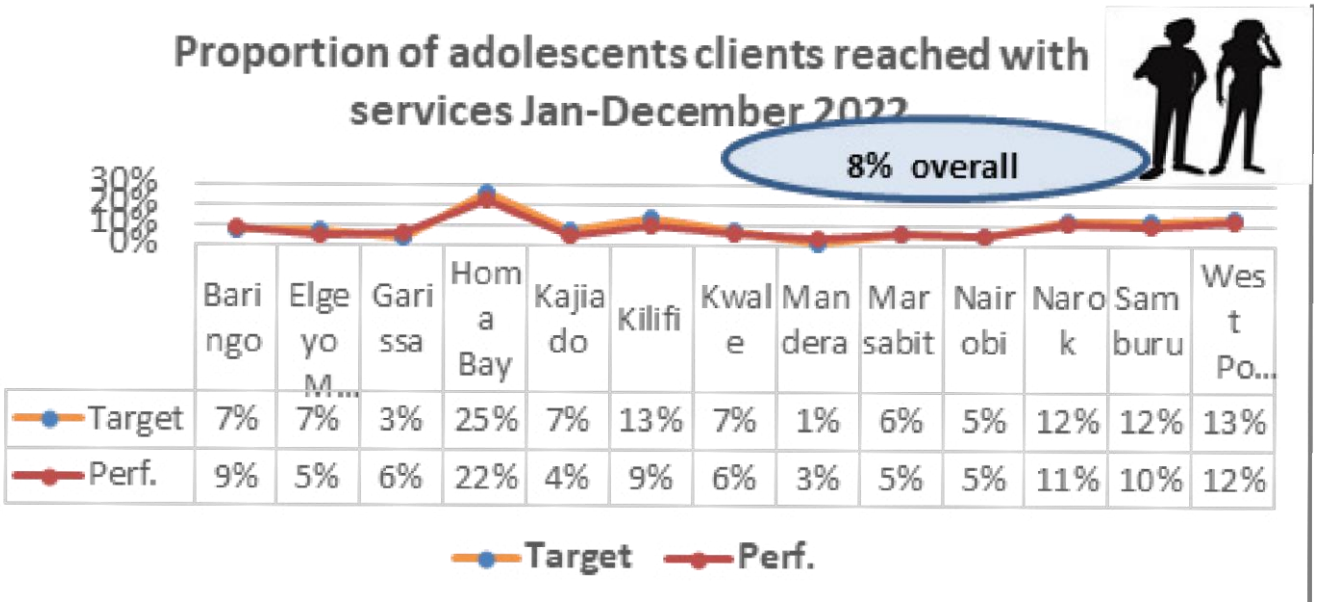
Sensitization on SRHR/GBV job aids during GBV tools dissemination

Wall at Mashuru HC displaying job aids

4. Adolescent and Youth Sexual Reproductive Health (AYSRH) Education

In year one the programme had prioritized to train at least 6 counties on Adolescent and Youth Sexual Reproductive Health (AYSRH), but only managed to train three(Kwale, Nairobi and Narok) with the exception of Baringo, Baringo and Garissa which were trained in year 2 reaching 103 health care workers. Project staff continued to give technical assistance in the facilities using the adolescent package of care to ensure quality of care at all levels. At National level, the project continued support for the Division of Reproductive and Maternal Health(DRMH) in reviewing the AYSRH Policy and this in year three the project will continue with this support until its completion hopefully at

midyear. During the year, of the total 210,812 clients that accessed family planning from the Accelerate supported health facilities, 8% (16,865) were adolescents, as illustrated in the graph below;



	Baringo	Elgeyo M...	Garissa	Homa Bay	Kajiado	Kilifi	Kwale	Mandera	Marsabit	Nairobi	Narok	Samburu	West Po...
Target	7%	7%	3%	25%	7%	13%	7%	1%	6%	5%	12%	12%	13%
Perf.	9%	5%	6%	22%	4%	9%	6%	3%	5%	5%	11%	10%	12%

As illustrated above, the project has not achieved most of the adolescent targets, in year three, adolescent interventions will be augmented to ensure that we achieve the targets.

AYSRH Training Samburu

AYSRH Training in Garissa

5. Training on National Family Planning Standards

In year two, Accelerate together with DESIP program (Funded by UKAID) in supporting roll out of the National Family Planning Standards for Health Care facilities training in five counties of Narok, Homabay, Wets Pokot, Baringo and Elgeyo Marakwet. The standards cover fifteen thematic areas as follows; Leadership and governance, Quality Improvement, Health and logistics management information system ,Physical Infrastructure, Commodities, Equipment, supplies and drugs, Human Resource, Infection prevention and control, FP Counselling, FP Services provision, FP Follow-up & management of side effects, Safe and timely removal of IUD/ Implants, Respect and Provision of clients' dignity, Integration of services, Referral and Outreach/In reach services. The assessment tool will be used as an advocacy tool for the facility, and during supportive supervisions by the technical teams to identify areas to support in year three and the projects life time.

Sn	Standards	Expected S	Actual S	Standard	Standard Achievem	Standard	Risk Category	Compliance Category
1	Leadership and Governance	10	5	50%	No	50 - 74%	Imminent	Partially Compliant
2	Quality Improvement	16	7	44%	No	25 - 49%	High	Minimally Compliant
3	Health Management and Management information	7	4	57%	No	50 - 74%	Imminent	Partially Compliant
4	Physical Infrastructure	16	8	50%	No	50 - 74%	Imminent	Partially Compliant
5	Commodities, Equipement, Supplies and drugs	11	7	64%	No	50 - 74%	Imminent	Partially Compliant
6	Human Resources	14	5	36%	No	25 - 49%	High	Minimally Compliant
7	Infection Prevention Control	11	7	64%	No	50 - 74%	Imminent	Partially Compliant
8	Family Planning Counselling	16	9	56%	No	50 - 74%	Imminent	Partially Compliant
9	Service Provision	16	10	63%	No	50 - 74%	Imminent	Partially Compliant

6. Training of Essential/Emergency Maternal Obstetric and Newborn Care (EMONC) Principle Master Mentors (ToTs)

Due to the high numbers of maternal and perinatal deaths (MPDs) globally, WHO adopted some key strategies to tackle them and one of them was Essential/Emergency Maternal Obstetric and Newborn Care (EMONC). Kenya having a very high Maternal Mortality Ratio (MMR) of 355/100000 live births (census 2019) is one of the countries that adopted the EmONC strategy. Over time several in-service health workers (24000- MOH Kenya) have been trained in Kenya to date. This has however not been reflective of the trends in terms of maternal and perinatal outcomes. One of the missing links to realization of the gains of this strategy was the mentorship component. This has thus necessitated this training to be able to bring on board the aspect of continuity and ensuring skill retention in maternity. EmONC mentorship is a continuous process to ensure health care providers are continuously equipped with EmONC skills though tout the continuum of care. The project in partnership with LVCT, Lwala community, KMET, Plan international and Jacaranda health and the ministry of health trained 30 ToTs from the counties of Baringo, West Pokot and Elgeyo Marakwet. In year three, the project will support training of one class for the counties of Narok and Samburu and facility-based mentorships for all the five counties of support. The mentorships are expected to lower maternal morbidities and eventually contribute to reduction in maternal mortality.

Head Division of family health facilitating a session

Participants in a break out station practising

7. Joint Supportive Supervisions/Mentorship Sessions and on-Job Trainings

The project together with the C/SCHMTs conducted supportive supervisions throughout the year with the aim of strengthening the health systems. On job trainings and mentorships sessions were carried out at facility level on case-by-case basis. The technical teams have recorded quite some improvement in facilities quality assurance through the quality improvement teams, the exercise has also provided an opportunity for the teams to give technical assistance, recommendations for improvements and plan with facilities on actual filling of gaps identified during the exercise.

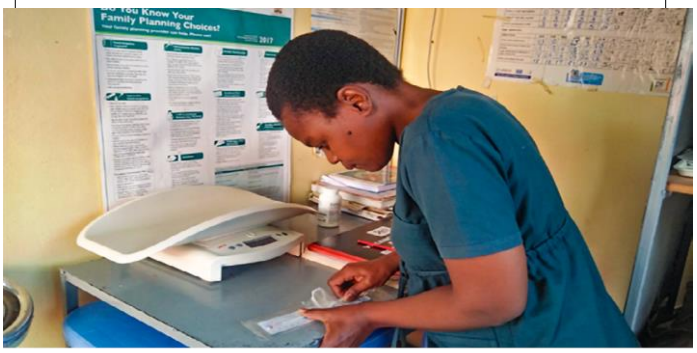
During the year, the teams conducted quarterly Support Supervisions reaching all the 26 sub-counties supported by the project, some in each quarter, and visiting 644 health facilities cumulatively and reaching over 1,500 health care workers. During the exercise, distribution and sensitization on reporting tools and job aids

was carried out. This activity will be supported across the project life as it is a very effective way of reaching all the

424 facilities and identifying gaps at facility level, giving technical assistance and planning with each facility based on its unique needs.

HQ Staff join SS at Homabay private facility

A nurse carries out a return demonstration loading Implants

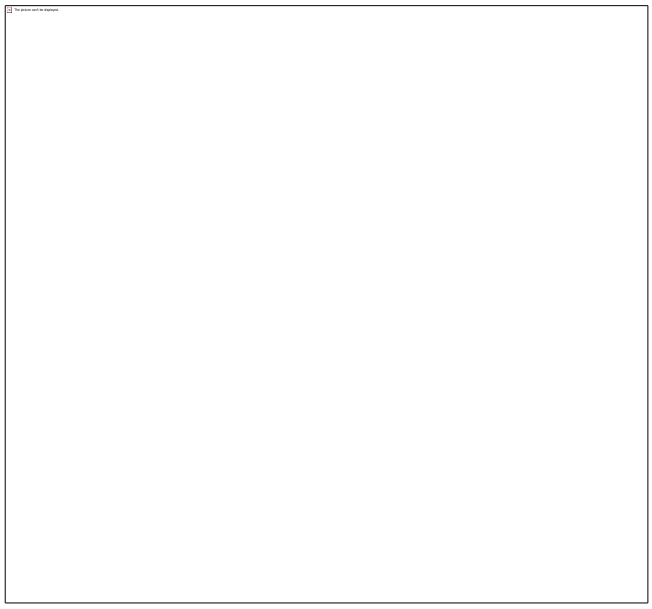


during OJT at Homabay

1. Provider In-charges/SCHMT Monthly Review Meetings

These are monthly meetings between the SCHMT and the facility in-charges from the sub county facilities. The meetings whose main aim is to bring data to the sub-county head quarters and discuss reporting rates and its challenges provides a great forum for dissemination of updates, discussions of sub-county specific epidemi-ological trends, distribution of job aids and generally reaching out to all corners of the sub county in one sitting. It is in the same forum where monthly facility reports are submitted for uploading into the DHIS and technical support offered by project monitoring and evaluation staff. Commodity stock-out was a key challenge in the year, the project supported in re-distribution and technical assistance in forecasting and quantification. In year two, the project supported 47 SCHMT/Health Facility in charges meeting in all of the sub-counties supported by Accelerate, reaching 895 facility managers and SCHMT members. These meetings have propelled the project in achieving better reporting rates, distribution of registers and overly a great sensitization forum for the project.

Supportive Supervision at Olchorro HC Narok North



SCHMT/Facility in-charges meeting at Samburu Central

8. Health Service Delivery Review Meetings

These are meetings between the project management teams and field staff which are carried out periodi- cally. In year two, the project carried out quarterly progress review meeting to discuss achievements and iterate implementation strategies to fit into the changing context. These meetings were all virtual making a great saving to support other activities which needed more finances. The project supports a virtual bi-weekly meeting with all the project partners to provide regular updates on implementation, budget reviews, unforeseen challenges, and mitigation measures for future activities. Due to the election of the new government and its cascade to the county governments, the project had to orient the new office bearers on the programme to ensure programme activities continue seamlessly. During the meetings, the teams identified the following as the key lessons learnt and challenges: Fuel shortages, change in county governance, chronic family planning commodity stock outs and insecurity in some areas. Best lesson learnt was working together with the C/SCHMTs for sustainability and ownership of the program.

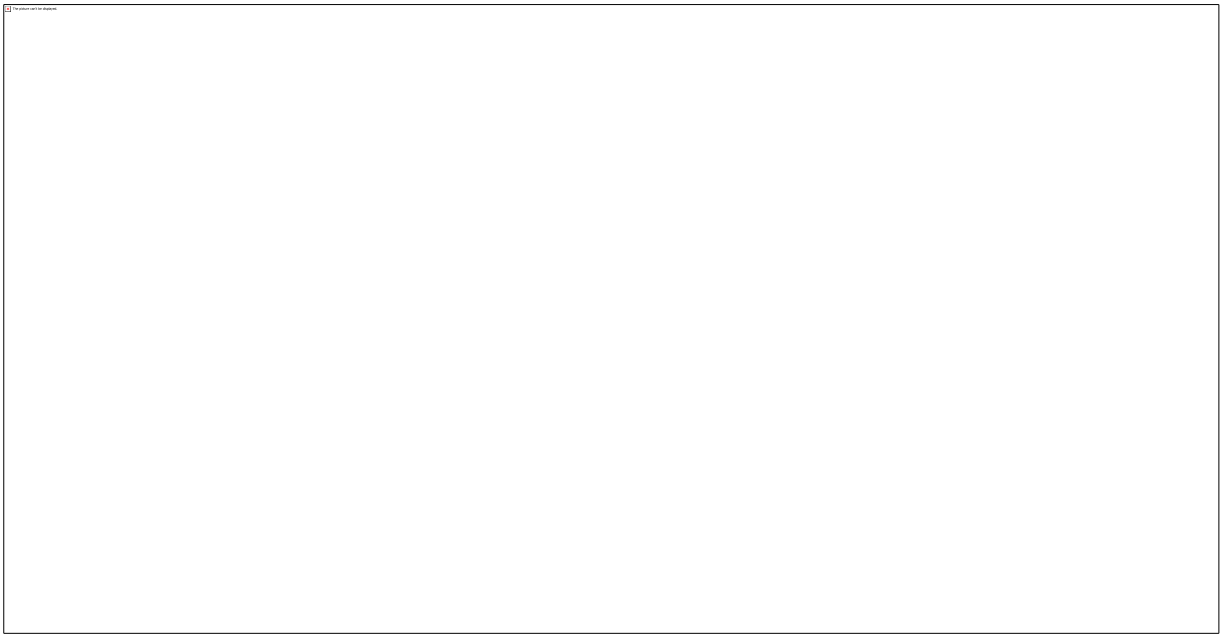
9. Consortium Partners Meetings

The project held quarterly consortium partner meetings to conduct progress review both programmatic and financial components. These meetings were key in re-planning, forecasting, and ensuring that the project remains on track with the promises in the work plan. In November 2022, the project consortium staff met for a three-day work planning meeting for year three. This culminated into a complete year three work plan with stip- ulated activities and budgets. During this meeting, the partners shared what worked, what did not work, best practices and decided on what should be iterated in the next year or dropped and new strategies adopted for year three. To support the well-being of the team and help them cope with the demands of their work, accelerate organized a debriefing and self-care session for all staff implementing the project. The session was designed to encourage teamwork and provide practical strategies for managing burnout and balancing work and life. The activities focused on introspection, team building, and rejuvenation, and were intended to help staff better manage the effects of stress and maintain their overall health and well-being. By supporting the well-being of the team, accelerate is helping to ensure that the staff can effectively carry out their work and contribute to the success of the project.

10. Donor Project Support Visits

Danish Ambassador and health team at Mathare North community

The project Hosted Danish Ambassador in Mathare informal settlements during field visits to the community. The ambassador and other members of the health team joined in outreach activities and enjoyed sessions from CBOs supporting the Mathare community. The project also hosted the Danish Ambassador during a visit to the Kenyan coast at Kilifi the County Referral Hospital whereby he visited the CEC Health, CHMT members and the hospital medical superintendent. The culmination of the visit was at the GVRC center where the model of integration was demonstrated by staff at the center who are supported by the project. These visits enhance the projects visibility and mutual respect with the counties we are working in.



Danish Ambassador Ole Thonke signs Visitors Book at CEC Health Office Kilifi

Output 1.2 and 2.2: Increased Demand for Integrated SRHR / MCH and GBV Services

In Year 2, Accelerate continued to increase demand for SRHR, GBV and MCH services through:

1. Mass media: local radio, print materials, social media and Murals.
2. Large Community Sessions during community dialogue days, world health days and men action days.
3. Targeted small community sessions by 16 generic CBOs, 2 LGBTQ CBOs, 2 Community Units and 390 duty bearers (90 cultural and religious leaders, 90 chiefs, 90 Nyumba Kumi wazees, 120 police officers and 13 court prosecutors)

Each of the generic 16 CBOs considers equity and gender mainstreaming where is includes 5 mature women (CHVs), 5 Male champions and 5 youth champions.

A total of 4,565,349 women and 3,302,343 men; 319,976 (232,949 women and girls 87,027 men and men/boys) reached through CBOs, CUs and duty bearers. 96,200 WRAs and 126,548 men/ boys more reached through social media interactions. Further, during Outreach Mobilization sessions, 236,200 WRAs and 88,768 men and boys were reached and engaged on GBV and SRHR and mobilised for service linkage. Local Radio campaigns reached over 5 million clients through 7 local radio stations covering 13 counties in local dialect by local presenters, panelists and celebrities

1.

Mass Media

During Year 2022, Accelerate program continued driving 'Ahadi yangu campaign' messages to challenge social norms and trends related to SRHR, GBV and HTPS through county based popular radio stations, print materials (posters and fliers), social media (facebook, twitter LinkedIn and Instagram) and wall murals for school going children.

No awareness and understanding of GBV and its forms: The general public has no understanding

of the issue or their rights and are happily igno- rant GBV is a taboo conversation: Families and communities have been socialized not to talk about

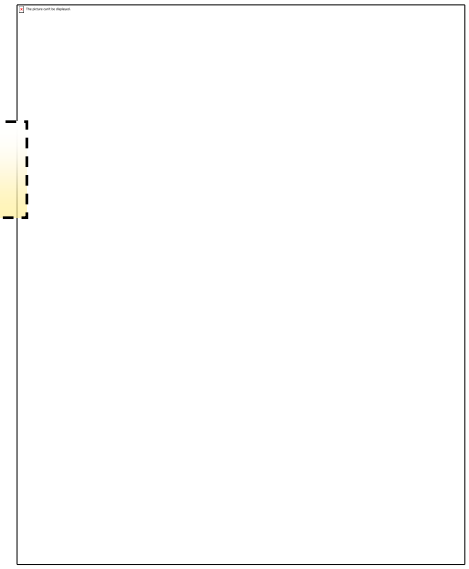
it, sweep it under the rag Culture and socialization has placed the woman below the man; magnified gender

Print

Through-out year 2022, the program designed, printed and distributed 1800 posters; targeting (adolescent girls, women, men, cultural, religious and care providers) at level. The posters carries' cohort specific Ahadi yangu community messages on SRH, rights and GBV based on knowledge, atti- tudes and service access barriers and gaps identified during co-creation process. Further, 700 lesos, 700 caps, 700 boda-boda reflector jackets, 700 bags and 700 t-shirts were produced and distributed to CBOs, duty bearers and Community Health Assistants. To equip CBOs and duty bearers with necessary tools to address attitudes and knowledge gaps, accelerate printed 700 CHV counselling flip chart and distributed to CBOs.

A CHV, member of Malindi Shiners (Malindi) engaging a client in the local market donning Accelerate branded materials; T-shirt, bag and a counselling flip chart.

Accelerate further facilitated the development of IEC materials targeting learners in 150 schools supported in the project. These resources, including posters and Speak Out Magazines, use interactive messaging to raise awareness about GBV, advocate for a safer school environment, and teach life skills. One of the posters raised awareness of the referral pathways for GBV incidences within and without the school. The program also supported KQ text boxes in school for pupils to report cases of GBV within and outside school. In some schools in Elgeyo Marakwet, the KQ text boxes were not utilized well, mainly because of the position of the boxes in open spaces. The usage by pupils has greatly improved, during quarter 3 and 4 of the year after shifting the boxes to position identified by the pupils.



Accelerate distributed GBV and Family Planning job aids to health- care facilities with information on the standard survivor's service flow, the minimum package for GBV services and family planning methods including the method of dispensation, the benefits and possible side effects. This boosted the service provider's knowledge of the specific areas and improved the delivery of services. Health Care Workers across the 13 counties were also provided with branded hospital aprons for use within the facilities.

Georgette
Adrianne

The project raised awareness of Electoral Gender Based Violence ahead of the National general elections that were held in August through strategically placing IEC materials such as posters and fliers placed in healthcare facilities and police stations in Accelerate-supported coun- ties. The posters included a call to action for the public towards peaceful elections.

Public Murals

The goal of displaying Accelerate awareness messaging in murals is to increase public understanding of Gender-Based Violence and Sexual Reproductive

Health and Rights through artistic displays in high-traffic areas, such as halls, markets, and road- side walls. Through discussions with the county GBV focal persons and County Reproductive Health Coordinators, it was advised that the initial mural be installed in the county referral hospitals. This aimed to maximize the consistent human traffic witnessed in the hospital and the easy access and availability of information in the facility in case an inquiry arises after the public interacts with the mural. The selec- tion of the messaging, the language to be used and the exact location of the mural was done with full collaboration from the hospital administration and the relevant county government officials.

Accelerate successfully installed 13 Public murals in 11 Accelerate supported counties. In areas like Mandera, Homabay and Garissa, the main message was written in the local dialect as advised by the key stakeholders. More murals will be done in the remaining counties in coming quarters. The murals heavily relied on pictorial representations of possible GBV incidences, contextualized by region, for example, Intimate Partner Violence in Nairobi and Female Genital Mutilation in Kajiado.

Digital campaign

The approach aims at opening online conversation among targets on SRHR and GBV, recruit peer champi- ons willing to share their stories online, create a viral effect through sharable content and hashtags, eventually creating a national movement. Short films and stills bearing differentiated SRHR, GBV and HTP Ahadi yangu messages posted on PS Kenya facebook, twitter and LinkedIn handles; #EndGBV, #EndFGM, #AhadiYangu, #Accelerate. Within the course year 2022, 64 Ahadi yangu posts were done, reaching 86,200 WRAs and 126,548 men/boys, staggered across 13 Accelerate counties. The 16 CBOs and 2 CUs working with the program at community level were linked, to join the conversation and cascade the same during community conversations and dialogue sessions. Social media Ahadi yangu still posted on 12nd November 2022(figure 2); attracting highest reactions of the year, especially from pastoral communities, reaching 5,567 young men and 6284 young women.

To promote open discussions on mental health, gender-based violence (GBV), and sexual and reproductive health (SRH), Accelerate supported the use of Twitter Spaces to facilitate interactive conversations on these topics. By leveraging this platform, accelerate was able to facilitate 4 virtual spaces in October where individuals could share their thoughts and experiences related to mental health, GBV, and SRH and engage in meaningful conversations with others on these important issues. This approach allowed Accelerate to reach a wider audi- ence and facilitate discussions that might not have been possible through other means.

Accelerate partnered with Kamunge Original studios to produce a series of podcasts titled “Unspoken Realities” that focused on various topics related to gender-based violence (GBV) and sexual and reproductive health and rights (SRHR). These podcasts were produced as part of Accelerates digital media strategy and were shared on various online platforms and groups during the 16 Days of Activism against GBV. In addition, the podcasts helping popularizing GBV reporting channels and access to services by promoting the GVRC toll-free number (0800720565) and the Child Help Line (116).

One of the posters for the Twitter Spaces conducted in October

Radio Campaign

Ahadi Yangu Campaign through local radios; In The year 2022, between July and August 2022, Accelerate supported airing of Ahadi Yangu radio campaign in partnership with county health teams and local radio stations. The campaign was aired in two waves. Wave one involved playing a predesigned Ahadi Yangu clip with interjections by local celebrities for a period of one month. The second campaign wave was a month-long radio talk shows with county health promotion officers, County Court prosecutors, County Gender focal persons and county local cultural, religious and political leaders as panelists. The panelists discussed among themselves but also engaged listeners in local dialect on wide range of issues, but special focus on human rights, gender-based violence, sexual based violence, female genital cut, healthy child timing and spacing in relation to existing cultural norms and social economic circumstances. The campaign Created a platform for open and reflective conversations to challenge community based social and cultural norms propagating basic rights and gender base and sexual violence. Stirred-up conversations that denormalize and demystify GBV and allow people to share experiences, thoughts, and fears around it and break the culture of silence! It also educated audience on their human and gender rights, and how to get help for victims of SRH, GBV and Harmful Traditional Practices (HTPs). The campaign also show cased individual's, duty bearers and community responsibility towards eradicating GBV and HTPs, and build empathy towards victims and accountability towards protecting the vulnerable in society. Intimate Partner Violence generated the most reactions and questions from listeners, justice pathway for GBV victims, contraceptives and adolescents and equal rights to owning property followed. Over 6 million men and women were reached through local radio as tabulated below.

Cluster	Counties Covered	Radio Station	Radio Consumption	Listeners per day
Cluster 1	Kajiado and Narok	Maiyan FM	Mid-day and evening	150,000
Cluster 2	Samburu and Marsabit	Jangwani and Sifa FM	Evening between 3-6pm	0.5m - 1 million
Cluster 3	Baringo, E. Marakwet and W. Pokot.	Kass FM	Evening between 8-9pm	5 million
Cluster 4	Kwale and Kilifi	Kaya FM	Mid-morning hours	450,000
Cluster 5	Garissa and Mandera	Star FM	Mid-day	1.4 million
Cluster 6	Nairobi and Homabay	Ghetto Radio	Evening 8-9pm	1 million

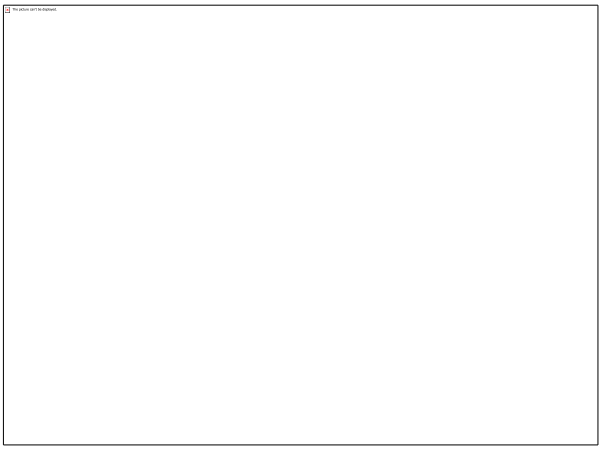
Below find some Accelerate Radio Campaign links that hosted the audios.

1. Radio Victoria LINK: https://we.tl/t-VamzJVgern
2. LINK RD Jangwani & Sidai FM: https://we.tl/t-RE62PAb92f
3. LINK STAR FM: https://we.tl/t-1b3OW5IMJ6

4. LINK: https://we.tl/t-1bR44DX6NV

Accelerate Matatu Campaign

Accelerate and the Royal Danish Embassy employed a twin-track approach to GBV and SRH, combining a programmatic response that prevents GBV and supports survivors with the launch of a matatu Project to create awareness in the community. The campaign used the public transport matatu to shed light on the forms of GBV and the risks that women and girls face as they use the public transport system.



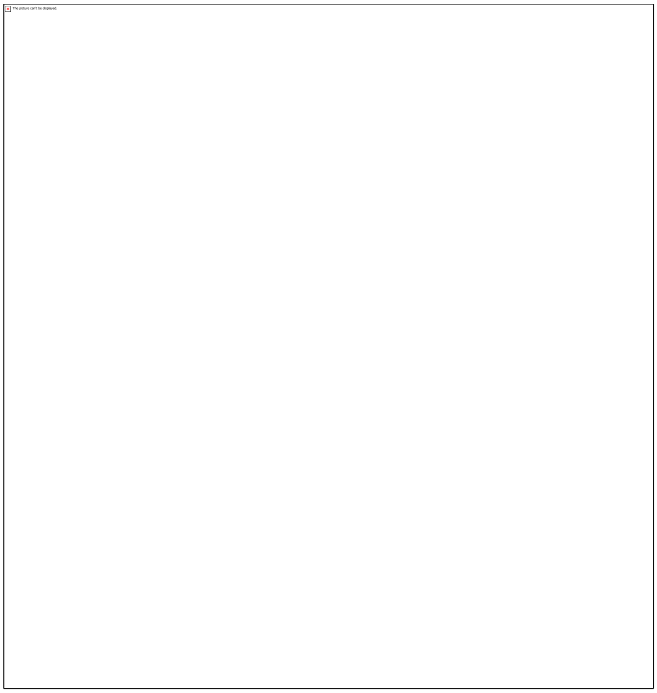
Ambassador Ole Thonke driving the matatu during the campaign.

The joint campaign between development partners and implementing partners aimed to raise awareness about the devastating impact of gender-based violence (GBV) and the vulnerabilities of marginalized groups. To reach local communities, young people were enlisted to engage with passengers and crew on public service vehicles and provide information about how to prevent and report GBV through the GVRC toll-free line.

Ambassador Ole Thonke gave a speech to the public and transportation workers, encouraging them to participate in discussions that can lead to positive behavioral and attitude changes and shift the focus from blaming victims to holding perpetrators accountable for sexual harassment and assault. Overall, the campaign demonstrated the power of collaboration in working towards the elimination of all forms of violence against women. Through the engagements, participants received information on GBV and SRHR aimed at empowering them to be champions for human rights. The community highlighted a need to mobilize the community to support local administration to pursue SGBV, adolescent pregnancy and human rights abuse.

1. CBO Activities

Between January and December 2022, Accelerate continued to work with 16 generic CBOs and 2 Community Units spread out across the 13 counties to engage the target population at a more localized and personalized level, engaging and empowering women, girls, men and boys on SRH, human rights, gender-based violence and harmful traditional practices especially FGM in their context, local language and experience, through peers they trust and respect, to make right, progres- sive and timely decisions, either as right holders or duty bearers. Also firmed-up our partnership with 2 LGBTQ groups from Nairobi and Kilifi counties, who continued engaging members of special groups up-close, in-line with LGBTQ and other special groups unique challenges in access to basic human rights, access to essential health services and information safely and justice when need arises, by providing requisite information, linkage to identified friendly health facilities and facilitating linkage to social support group for advocacy and agitation for their undeniable rights.



WOHED CBO facilitator coordinating a session on FGM and human rights within Garissa municipality

Region/ Cluster	County	CBO Name	Sub Counties Covered	Sessions Covered	Reach WRA	Reach Men
North Rift	Baringo	Ndambul mother to mother CBO	Baringo South	180	14345	7543
	Elgeyo Marakwet	Sage CHVs CBO	Keiyo South	180	145325	6543
	West Pokot	Declares Kenya	Pokot West	180	20435	7548
Nairobi	Kajiado	CAFGEM	Kajiado Central	180	10426	2346
	Nairobi	The Link Empowerment Initiative	Ruaraka	180	26047	8457
	Nairobi	LGBTQ Group Nairobi	Ruaraka	60	2345	1164
	Narok	Narok County Youth Network Council	Narok North & Transmara	180	17437	7632
South West B	Homabay	Community Development & Empowerment Actors	Homabay	90	14453	4536
		Community Based Organization Network Foundation (COBONEF)	Ndhiwa	90	15456	4378
Coast	Kwale	Lunga Lunga CU	Lunga Lunga	150	14232	6543
		Msambweni CU	Msambweni	100	13234	4321
	Kilifi	Malindi Shinners	Malindi	80	12654	2345
		Malindi Desire	Malindi	60	13472	3191
		Kaloleni Young Mothers	Kaloleni	150	13245	6543
North Eastern	Garissa	Wome Education & Health (WOHED)	Garissa Township	140	8734	2765
	Mandera	Humanitarian International Voluntary Ass.(HIVA)		70	7654	3245
Upper Eastern	Samburu	CHVs		100	7865	4329
	Marsabit	Mwado CBO		100	6590	4598

During the period, the 16 generic CBOs, 2 CUs and 2 LGBTQ+ groups conducted 1800 community based inter-personal small group sessions at households, social gatherings, community cultural celebrations and rites of passage, cattle and shot markets and religious gatherings, reaching 332,949 women and girls and 187,027 men and boys. Each

CBO conducted 15 sessions per month; staggered in a 5:5:5 formulae as bulleted below, to ensure that all important cohorts, focal in shifting program identified norms are adequately reached, towards a critical mass.

1. Five sessions conducted with mature women focusing on building their confidence to discuss GBV and SRHR, report GBV cases, confidence to seek SRHR and GBV medical attention and provide peer support as champions

2. Five sessions conducted on men and cultural leaders focusing on basic human rights to all; including the vulnerable of the community and GBV legal provisions, their duty as community gate keepers on matters

GBV, SRH, FGM and other social health determinants.

3. Five sessions on adolescents and youth focusing on self-efficacy and confidence to deter GBV within the law, report GBV cases, empowered and confidence to discuss and seek SRH and GBV medical legal services where need be

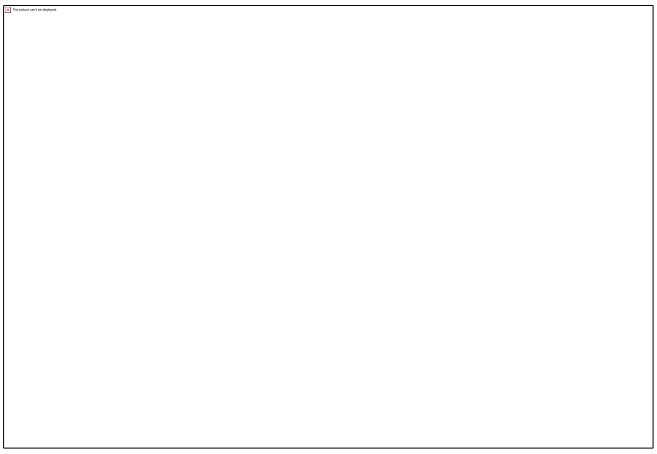
For target behavior impact, the program is designed to reach cohorts at least thrice with same message within a period of 60 days.

4. 1st initial sessions focus on addressing information gaps specific to cohorts above
5. 2nd sessions or 1st repeat sessions focus on checking if the cohort started practicing the behavior they agreed to adopt during initial session, challenges they could be facing during trial and assist to address them. The second repeat is also about celebrating good behavioral milestones and identifying new chal- lenges to conquer.
6. 3rd session or second repeat sessions focus on assisting target address challenges they could be encountering as they repeatedly do the desired behavior, celebrating more milestones and converting those already practicing the desired behavior to community champions!

During Accelerate learning agenda preliminary findings disseminations across all 13 Accelerate counties, county prosecutors and health staffs in Baringo, West Pokot, Narok, Kajiado, Samburu reported observable increased numbers of GBV victims seeking both medical and legal services by 32%, especially during the second half of 2022. Local chiefs and Nyumba Kumi leaders in attendance also reported improvement in community support for GBV victims in areas covered by CBOs and they want more CBOs to extend coverage. In the same wavelength, Ndambul CBO in Baringo was commended by Baringo Health Director for coordinating and linking rescue of 4 women from gross IPV abuse and linking 3 girls back to school following under-age pregnancy. Young mother counselling session on sexual abuse, rape and harassment in Nairobi

Men Engagement Through Men Action Days: In addition to sessions conducted by CBOs and CUs targeting men and boys, the program, in partnership with county community health focal persons, cultural, religious, and local political leaders organized 2 Men Action Day per quarter per county. During Action Days, community gatekeepers, cultural leaders and community health strategy staffs meet to discuss GBV issues linked to social norms identified by CBO members at community level, that need their attention. Between January and December, accelerate supported 94 Men Action Days reaching to 1,435 gate keepers across 13 counties to make communal declarations in line with issues identified by CBOs. Within the course of 2022, it was observed that rescue initiatives were easy in Baringo, Narok and Samburu and were made easy and calm with blessings and support from the elders through Men Action Days.

Area MCA addressing religious leaders during Men Action Day session in Garissa Township



Picture 1. Sage CHV CBO member; Elgeyo Marakwet engaging a pregnant adolescent in a safe space following rescue from under-age marriage by the CBO and local administration. Picture 2. Youth Champion from Ndambul CBO from Baringo engaging teenage boys and young men during a moon-light session, on their role on protecting adolescent girls from early pregnancy and law provisions on sexual abuse and harassment.

2. Outreaches

To facilitate access to reproductive health services, gender-based violence health services, psychosocial services and legal advice to poor and marginalised women, girls and persons with disability, the program supported 235 outreaches in Homabay (45), Kilifi (30), Kwale, Nairobi (40), Marsabit (20), Narok (30), Baringo (20), W. Pokot (20), E. Marakwet (20) facilitating 5,875 WRAs from places with highest unmet needs. Outreaches opening-up LARC uptake in areas that women are only known to take up short acting methods, and been observed to continue posting LARC uptake long after the outreach. 20% of the total WRAs women who came for FP, also asked for GBV psychosocial or medical attention.

3. Program stakeholder's meetings

In Year 2022, the program participated and supported AWP process in Homabay, Narok, Baringo, Marsabit and Kilifi, Nairobi, and E. Marakwet. The team also participated in Homabay, Narok and Kwale CIDP meetings, forecasting next 5 years' priorities. Accelerate county teams' shadow RHCs and GBV coordinators during CIDP and AWP process and help them anchor and defend GBV and SRH specific resourced activities in the two strategic planning tools. The AWP process program through RHCs, GBV focal persons and County Health Committee chairmen advocated for more FP and GBV services and response resource allocation and ring fencing now that FP commodity is a strategic health commodity.

To enhance SRH commodity security, field team participated in commodity security TWGs; highlighted issues experienced at level 2 and 3 facilities on matters commodity, GBV services availability at dispensary and health centers, role of health care workers in facilitating GBV victim's legal justice process, GBV victims safeguarding and integration of GBV services in more deliberate service delivery points. The team is also working closely with county commodity managers/pharmacist; supporting them conduct commodity forecast and prompt re-quest to KEMSA. The team supported commodity redistribution in Baringo, Narok and Homabay and Kilifi. As a result, commodity expiry in the far-flung small facilities is a thing of the past and an improved CPR in small-far flung health facilities.

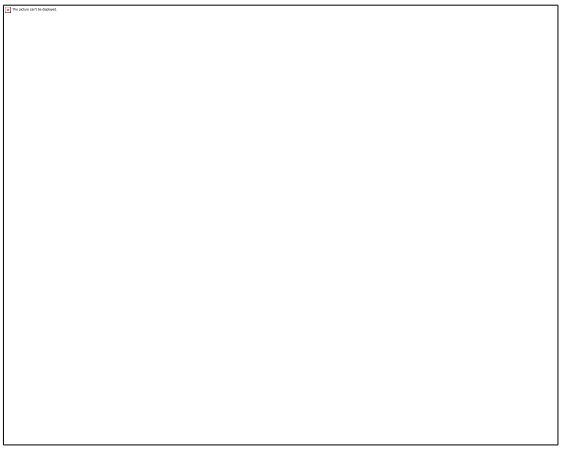
To continue advocating fast tracking of SRHR and GBV issues, especially in focus to the newly launched RH pol-icy, the project supported the world population day celebration planning meetings at both county and national level. The

World Population Celebrations theme was tackling triple threats; HIV new infections, early pregnancy and sexual and gender-based violence which are aligned to Accelerate program objectives.

The Program participated in FGM sub-county and ward level committees in Narok, Baringo and Samburu where we shared issues and insights identified by the CBO members and communal declarations made by duty-bearers through Men Action Days. In Kajiado, Oltepes ward, the local leaders made a declaration that girls' circumcision is not a mandatory to eligible for marriage, as it the norm in Maasai Community.

2.2.7: Training of Teachers

Accelerate in collaboration with the Teacher Service Commission enhanced the capacity of teachers at the primary school level on Child protection and advocacy, life skills and family planning to create agents of change for a safer school environment for learners. Through focused sessions that emphasized skill development and practical problem-solving for SRGBV, **285** teachers (144 M, 141 F) from **150** primary schools in **10** counties were empowered to be agents of change within the education system. Some of the topics covered included alternative modes of discipline, referral channels for different forms of GBV, child protection policies within the TSC and GBV laws, especially for child-related incidences.



Training of teachers session in Homabay County.

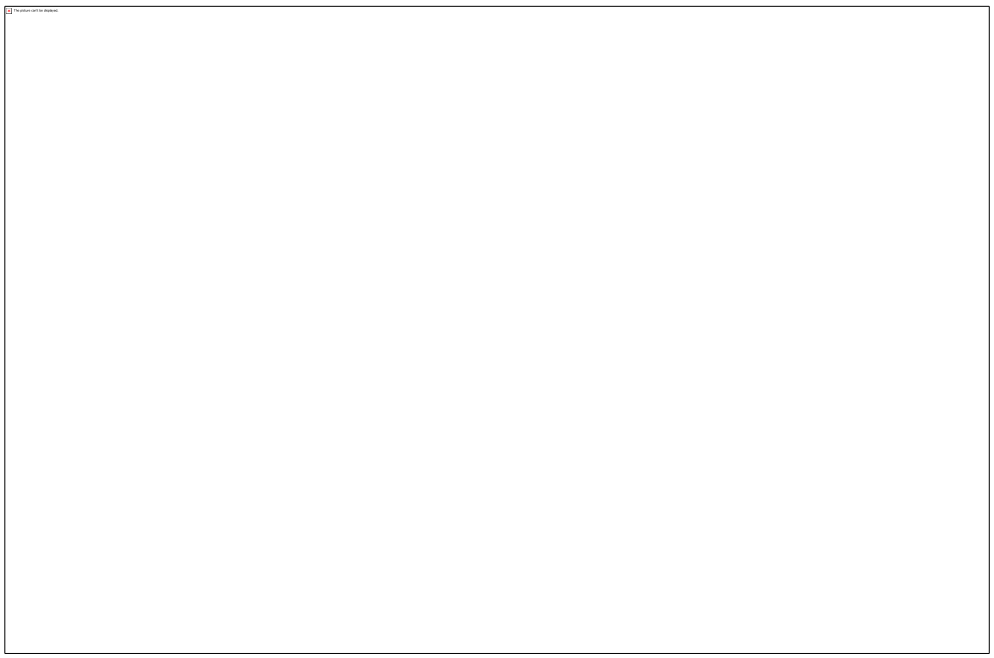
The representatives from each school developed action plans for school-based activities that encourage learner involvement such as creative arts, extracurricular activities and the establishment of the Kings and Queens clubs. These clubs aim to be a safe space for girls and boys to share their experiences in and out of school, explore their talents and take an active role in the prevention of GBV in their spheres of influence.

Number of teachers trained segregated by county and sex.

Through these clubs, members have developed poems and artworks which were the inspiration for the school- based murals. These murals installed in the school compounds depict different scenarios on the child abuse theme and have shed a light on the injustice and inspire advocacy against violation of human rights, such as FGM.

2.2.8: Primary Schools

Accelerate has contributed to the creation of a safe environment for learners in primary schools through the implementation of the Kings and Queens model. This model focuses on increasing the capability of teachers on GBV prevention and management, the creation of school-based safe spaces such as the Kings and Queens clubs and active engagement of learners in GBV and human rights advocacy within and without the school compound.

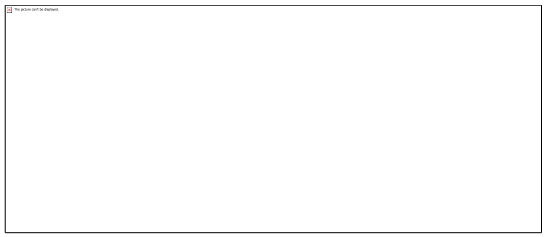


Number of schools engaged segregated by county.

Using the knowledge and skills they gained during training, the patrons of the school started the Kings and Queens clubs in their schools upon reopening. These clubs were managed according to the national handbook for teachers on Positive Discipline, the GVRC patrons guide on the management of Kings and Queens, and the TSC and Beacon Teachers Movement Manual, which were all provided to the patrons during training. As part of this process, the club was introduced to the school management team, other teachers, and students through staff meetings and school parades.

Through sessions with the club members, patron teachers have equipped learners with information on life skills, children's rights and responsibilities, creative expressions through art, reporting channels, and public speaking among others. The creative pieces of art such as drawings, poems and songs from learners are intended to be included in the second edition of the Speak Out magazine which will be distributed to the schools after joint development. The club members were encouraged to disseminate this information to their fellow learners in platforms such as school assemblies, other club meetings and outside of school.

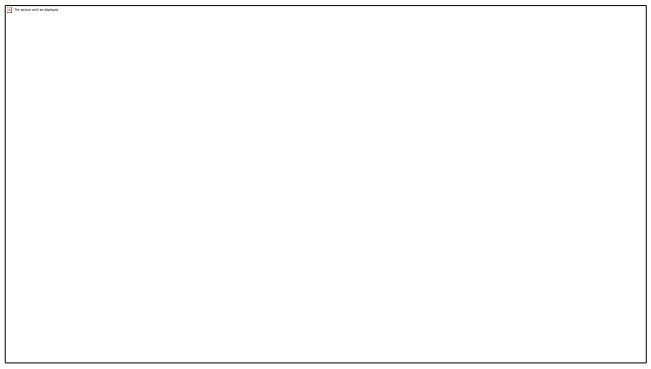
An Accelerate representative engages KQ club members in Mshiu Primary School, Kwale County.

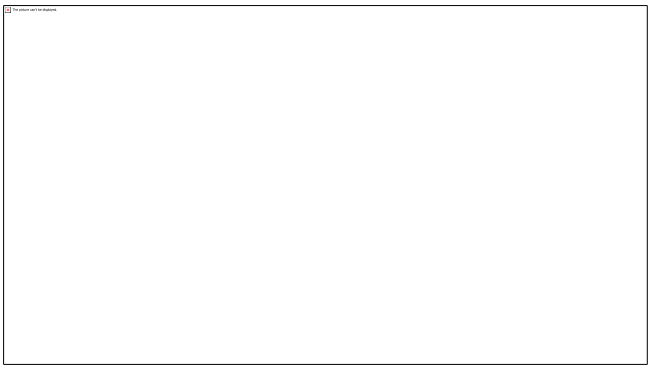


A KQ member demonstrates the use of a Speak Out Box.

The students were sensitized on the use of the Speak Out Box, a confidential reporting channel where learners can share sensitive information with patron teachers through a secure box installed in a secluded place. The art developed by the learn- ers was eventually adopted into murals strategically place in the school, increasing awareness of GBV to everyone within the school ecosystem. The continuous engagement and support of

the Kings and Queens model will breed change agents that will speak out against GBV as they advance in the different levels of education. A good chunk of snips from the speak boxes focused on corporal punishment and abuses by teachers, sexual harassment by some teachers and menstruation management challenges.



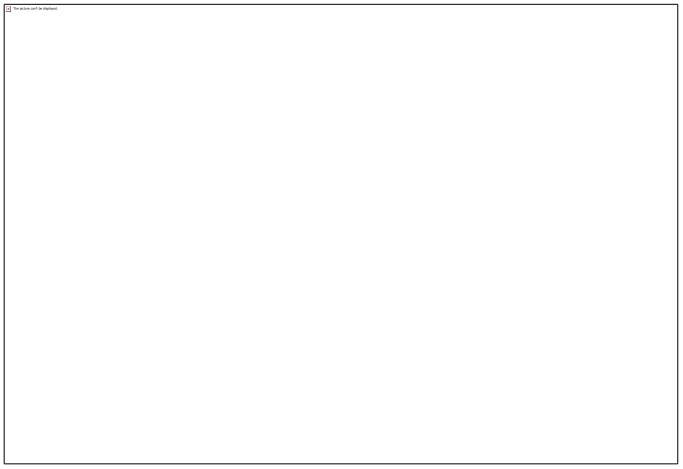


Distribution of school-based murals and Speak Out boxes installed per county.

1. Strategy Documents Packaging and Dissemination

(AYSRH related strategy documents development and packaging)

At the beginning of the year, Accelerate supported the Adolescent Sexual Reproductive Health Committee of Experts National meeting which deliber- ated on aligning with the government's short calendar by end of March due to political situation, i.e. ASRH policy, RH policy, FP Policy, and launch of adolescent ASRH booklet. In quarter two, the project supported the launch of 14 reproductive Health documents including the National Reproductive Health Policy. These policies give a back stop to the programs work across the counties as they contain key updates and guidelines on how SRHR/GBV work should be rolled out across the country.



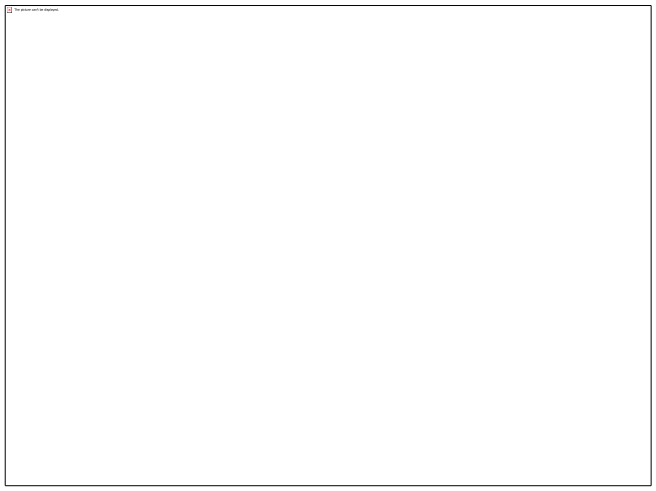
Guests during the launch

Below is a list of the documents;

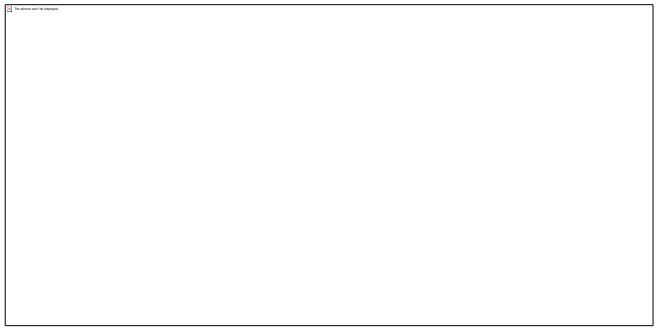
1. National Reproductive Health Policy
2. National Training and mentorship package for EmONC
3. National DMPA-SC Trainers Manual
4. Female Genital Mutilation Prevention and management of health complications-Trainer's manual
5. Management of IPV in Health care settings-Trainer's manual
6. FGM Prevention and response fast track plan
7. FP CIP 2021-2024
8. National Annual MPDSR Report (2021)
9. National FP Standards for health care facilities in Kenya
10. National Guidelines on quality Obstetrics and Perinatal Care
11. PPFP Trainers manual and participants manual
12. National Reproductive health/family planning commodity security strategy 2020/21
13. Forensic module management in SGBV Care
14. Total Market approach for family planning National strategy 2020-2025

In year 2 Q1, Accelerate staff participated in a Committee of Experts (CoE)of the ASRH Policy (2015) Review and Development Task Force Retreat- this was a follow-up of the 1st meeting which was held in Mombasa in November

2021 and supported by Accelerate with other partners. The project gave technical support in reviewing the consultant's progress and pledging support for subsequent meetings/engagements. Partners shared duties and responsibilities to be undertaken to bring it to completion. In the second quarter, the project supported county engagements on Adolescents and Young Persons' Sexual and Reproductive Health Policy Development. This activity was conducted nationwide to feed into the process of ASRH policy development and finalization. The program will continue supporting this process through technical assistance and bringing in experiences from the field especially in the areas of emancipated minors to its completion expected in mid 2023.



Chief Guest Mr. Wafukho Eric, Chief Administrative Secretary -National Treasury at the PS Kenya Exhibition Stand, with Dr Ahmed Sheikh, C.E.O NCPD and other dignitaries.



Celebrations at Garissa County

2. Support for World Population Day Commemoration

World Population Day is a global event marked annually on 11th July that seeks to raise awareness on global population issues. Accelerate joined the National government through coordination of the NCPD to celebrate this year's celebrations held in Kajiado county. The theme for this year was "End GBV, New HIV Infections and Pregnancy among Adolescents for a Resilient Future". During the event, the project supported provision of integrated services in partnership with the county department of health using the Beyond Zero truck. The project supported an exhibition tent to showcase the different areas of support towards this years' theme and this provided an opportunity for the program to gain visibility, and show impact it has in Social Behavior Change Communication, Quality Services delivery and Social Marketing. The project leveraged and strengthened relations with other partners and stakeholders such as; Plan International, Gender department, Ministry of Interior, Children's department, Malkia Initiative, Amref Health Africa, ActionAid, JHPIEGO and White Ribbon Alliance among others.

3. Technical Support to FP 2030 Development of Action Plans and indicators workshop

FP2030 is the only global partnership centered solely on family planning. This singular focus allows it to bring together the widest possible range of partners across disciplines and sectors, while situating family planning at the crossroads of the global health, development, and gender equality agendas. FP2030 is the successor to FP2020, a global initiative that ran from 2012 to 2020. Over the course of those eight years, FP200 emerged as the central platform for family planning, providing an unparalleled space for stakeholders to convene, align, share knowledge, broker resources, and advance the field. Kenya reaps the socio-economic benefits to all citizens through accessible, acceptable, equitable and affordable quality family planning services with zero unmet need for family planning by 2030. During the workshop, the technical team reviewed strategies for the 8 commitments, developed an action plan and indicators for tracking each strategy.

Below are the 8 commitments;

1. To increase mCPR (married women) from current 58% to 64% by 2030
2. To reduce unmet need for FP for all women from 14% to 10% by 2030
3. To ensure sustained availability of family planning commodities to the last mile
4. To enhance the capacity of human resources for health (HRH) to provide FP information and services. Special attention to the under-served, vulnerable and hard to reach population including populations in humanitarian/emergency situations. Aim is to reduce unmet need by 10% points by 2030

5. To reduce pregnancy among adolescent girls (15-19 years) from 14% to 10% by 2025.

6. Transform social and gender norms to improve male engagement in family planning and eliminate social-cul- tural barriers to FP service utilization.

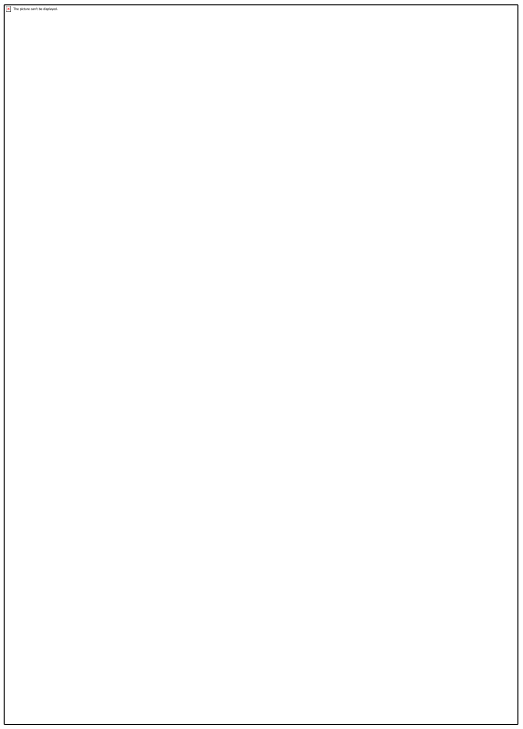
7. Improve availability and utilization of quality FP data for decision making

8. Increase domestic financing for family planning commodities to cover 100% of the requirements (currently at USD 30M) by 2026.

According to the Kenya Demographic Health Survey (KDHS) 2022, the country's mCPR is at 57% which marks an improvement form the last report in 2014 which was 52%. The project will continue working close with FP2030 team in realizing county specific achievements and even a better Country achievement in 2030.

1. Support for NCPD

1. **Annual Reporting of the ICPD25 Commitments** In 2019, Kenya hosted the Nairobi Summit on ICPD25 where United Nations member states, International and Regional Organizations as well as Civil Society Organizations made various commitments to advance the implementation and achievement of the goals of the 1994 ICPD Programme of Action. Kenya made seventeen commitments of which the National Council for Population and Development (NCPD) was tasked to track and report annually on the implementa- tion status. Since 2019, NCPD has produced and dissem- inated two (2) annual reports on the implementation of the commitments. The program supported a four day workshop whose purpose was to compile reports submitted by CSOs on their contribution to the implementation of the ICPD25 Kenya Country Commitments. This is part of the process of developing the 3rd annual progress report for Kenya which will be launched during the 3rd anniversary in February 2023.



2. Development of the ICPD25 commitments infograph-

   ics- The project supported NCPD in development of info- graphics for the 17 commitments to ease dissemination, in

   year three the project will continue supporting the NCPD regional teams in disseminating the commitments.

3. **The triple threat-**Accelerate has been working closely with NCPD in addressing the triple threats i.e. Ending Teenage pregnancies, Zero GBV and Zero new HIV infections. In Kajiado, Nairobi and North Eastern, the project staff are part of the committee formed by NCPD in the regions to deal with the triple threat. This contributes to our outputs on adolescent care and zero gender-based violence, harmful traditional practice and ensuring maternal health.

4. Support in commemoration of National and international days-The project is working with NCPD to support FP2030as illustrated above and to mark all SRHR/GBV calendar days

2. National Level Technical Working Groups

In year 2, Q1, key project staff participated in the 46th Kenya Obstetrician/Gynecological Society Conference, where the theme was accelerating adoption and utilization of telehealth technologies in reproductive health, challenges, and opportunities for innovation. Sexual reproductive health and rights took a center stage, espe- cially in many breakout sessions, the rise of Sexual Gender Based Violence was discussed extensively and participants shared experiences from the counties and different levels of care across the country. It was a great learning experience for the project, lessons taken are being integrated into programming on a needs base. In the same quarter, project staff participated in Kenya Hormonal Intra-uterine Device Introduction and Scale up Plan 2022, hosted by the Division of Reproductive and

maternal health. The objective of the meeting was to introduce the Hormonal IUD and roll out framework for the country, discuss scale-up plan and implementing partners involvement and allocation of resources. The project shared areas that it will participate and counties targeted for support.

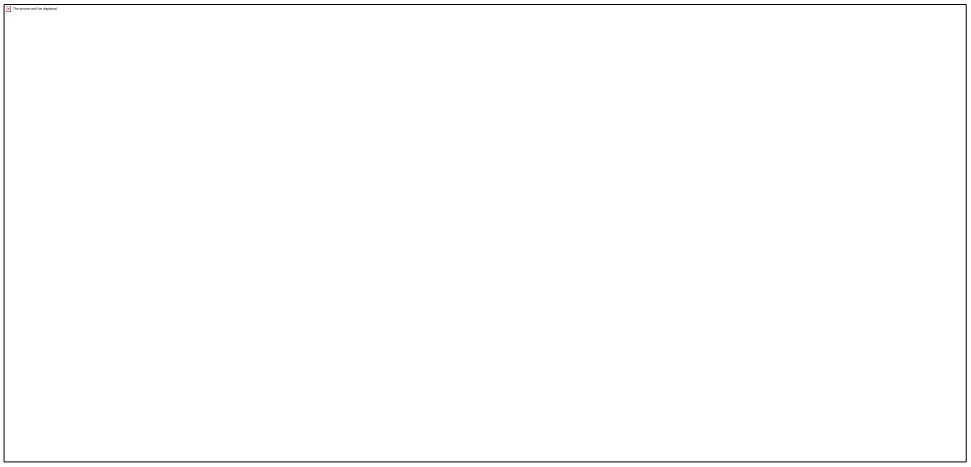
3. County Level Technical Working Groups

In year two, the project in collaboration of other partners supported 31 technical working group meetings across the thirteen counties. The TWGs were focused on family planning discussing transition from FP 2020 to FP2030 commitments, commodity security to ensure that there is sufficient stocking through out to avoid missed opportunities, RMNCAH which focused on the continuum of care from ANC to child health with emphasis on the meetings supporting MPDSR and other maternal health specific indicators. The specific TWGs supported were FP TWG, GBV TWGs, commodity TWG, AYSRH and RMCAH TWGs. The project staff gave technical assistance during these TWGs, contributed to technical discussion and identified areas for integrating support during project implementation. They also gave real-time experiences from the implementation areas e.g. issues on emancipated minors.

1. Development of Gender Based Violence Score Card

Scorecard is a statistical color-coded management tool that helps to track performance of priority indica- tors from the already set targets. Scorecard summarizes overall/average performance across selected priority indicators at national, subnational, and community levels. Accelerate project in partnership with NASCOP, MOH divisions, other implementing partners and county governments developed the first GBV score card for the country which is hosted at the African Leaders Malaria Alliance(ALMA) Plat form. ALMA is a coalition by African Union Heads of State and Government established to launch a coordinated and effective response against malaria. ALMA has overtime assisted countries across Africa in the development and strengthening of National Malaria, Reproductive, Maternal, Neonatal, Child and Adolescents Health (RMNCAH), Neglected Tropical Diseases (NTDs) and Nutrition scorecards. Below are the indicators that were included in the Score card.

1. Proportion of survivors presenting within 72 hours
2. Proportion of eligible survivors initiated on PEP
3. Proportion of eligible survivors given Emergency Contraception
4. Proportion of SGBV survivors given STI prophylaxis
5. Proportion of GBV Survivors completing 5th visit

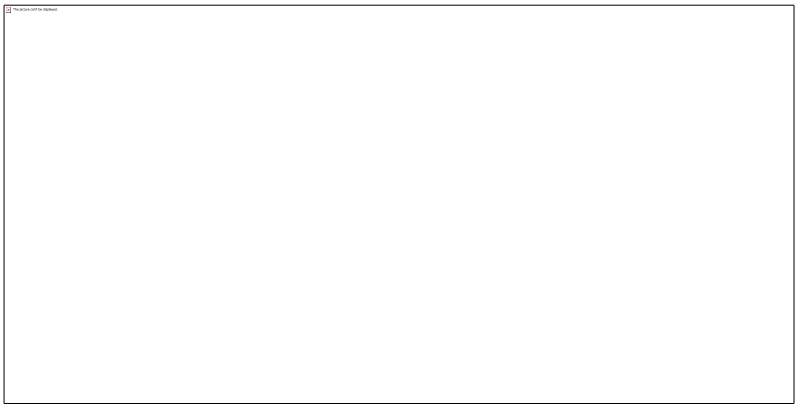


6. Proportion of survivors completing trauma counseling sessions.

The scorecard provides easy data visualization and management functionalities, it uses existing quarterly data from routine sources i.e. KHIS2 and integrated into existing management and decision-making processes. The scorecard is dynamic and can be updated on a rolling basis to reflect changing priorities and achieved goals. This score card is being used in enhancing accountability, identify gaps, tracking progress/performance and enhancing decision making to

drive action in GBV management in Kenya. In year three the score card will be operationalized in the counties of support. As demonstrated in the score card snap shot above, most parame- ters are at red and need to be moved to green so we have to work with each county to ensure our reds move to amber and eventually green.

2. Cluster Meetings



A facilitator during the Marsabit and Samburu County cluster meeting.

Through collaborative efforts with key government agencies at the county level, Accelerate has contributed to the improvement of GBV and SRHR service delivery with increased awareness among stakeholders on the standard operating procedures and their roles in GBV and FP management. The aim of the cluster approach is to strengthen response and prevention, provide clear leadership and accountability on issues of GBV/ SRH/ HTPs, at country level. Areas of concern in the cluster meetings conducted by the project look at how to work collectively to improve the effectiveness and accountability of GBV response and prevention, and risk mitigation.

During the reporting period, accelerate facilitated joint meetings with representatives from various depart- ments in different cluster counties aimed at reviewing the project's implementation progress, the successes, challenges and opportunities for enhanced partnership. The sessions involved Kwale and Kilifi counties as the Coastal Cluster, Marsabit and Samburu as the Upper Eastern cluster and Kajiado and Narok as the Lower Eastern Cluster. These classifications were advised by the similarities in the cultural contexts and health seeking behaviours of the residents. The meetings provided a unique opportunity for cross learning among the attend- ing counties on service provision and demand creation since each county was allocated time to present their achievements and challenges.

Challenges identified during the meetings included the lack of reporting tools, skill gap in the use of standard registers and monthly summary tools, staff shortages and high turnover without proper skill transfer within the facility, commodity stock outs, poor health seeking behaviour from the community due to lack of awareness, a weak referral mechanism with minimal follow-up among others. Accelerate actively contributed to the actions plans developed to combat these cross cutting challenges such as facilitating OJTs for HCPs on documenta- tion and reporting, supporting CMEs for consistent sensitization on SOPs on service delivery, consolidating efforts for development and distribution of standard reporting tools and intensifying community based demand creation sessions.

3. Consortium Partners' Meetings

Throughout the reporting period, the implementing partners held regular meetings to coordinate their work and ensure the effective integration of their work plans. These meetings allowed the partners to jointly execute activities in a cost-efficient manner and report on their progress in real time. The meetings also provided an opportunity to track indicators and ensure that the outputs of their work contributed to the desired outcomes. Additionally, the meetings allowed the partners to remain flexible and adapt their approach and strategy as needed in response to external changes, such as changes in security status. Overall, the regular meetings among the implementing partners played a key role in ensuring the success and effectiveness of their work.

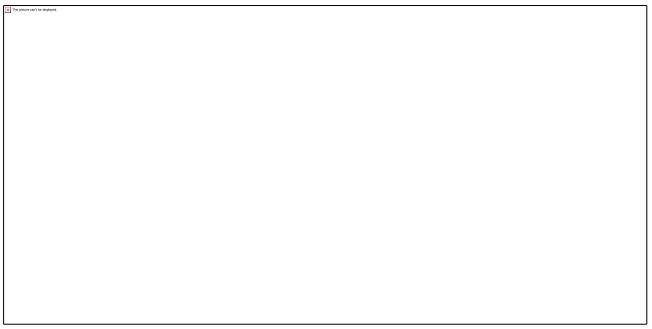
4. : Development of GBV Technical Module for CHVs (Community Health Volunteers)

Through ongoing joint efforts, Accelerate and the Ministry of Health are focusing on providing comprehen- sive and equitable GBV services from the County Referral Hospitals down to the health centres by enhancing Community Units.

Accelerate facilitated a week-long review of the GBV Technical Manual for Community Health Assistants with participation from 35 key stakeholders in the GBV domain such as AMREF, LVCT, Kenya Red Cross, and government agencies such as the Ministry of Health and Division of Community Health. This manual aims to help CHAs boost the capacity of Community Health Volunteers to provide GBV services, be prepared

for emergencies and make referrals.

The initial discussions focused on identifying gaps in the first draft of the document, assigning groups for deliberations on possible adjustments and a final draft review by participants. The areas identified and strengthened during the review included Psychological First Aid (PFA), practical skills in presentation, GBV management during emergencies, self-care for CHAs and other edito- rial issues including repetitions have been handled.



A representative from the Division of Family Health coordinates a session during the development process.

After the final draft was compiled, partners developed a work plan for the eventual adoption of the manual in the health sector. As part of the requirements, pretesting of the document was successfully executed in Garissa and Kajiado.

Outcome 2: Increased Access and Uptake of Comprehensive, Quality, multi- disciplinary, efficient, equitable, inclusive gender-based violence prevention and response services

1. : Medical Treatment

Effective medical management of GBV has proven to inflict a heavy financial burden on survivors and their families. This has negatively affected the ability of survivors to access equitable, inclusive and comprehensive services. Accelerate focuses on a holistic approach to the complex challenge of GBV by providing treatment, shelter, rescue services, legal assistance and creating awareness to the survivors on their path to well-being and restoring their dignity and the society at large.

Accelerate has increasingly empowered medical practitioners to improve GBV service delivery and guarantee proper documentation and preservation of forensic evidence to support survivors' quest for legal redress. The project has enhanced the adoption of the minimum package of GBV care that constitutes provision of psycholog- ical support, physical examination of GBV-related injuries, lab screening, provision of prophylaxis and treatment regiments for STIs as well as ensuring effective referral linkages for further services. The project has enabled;

1. Survivors to deal with trauma and foster psychological healing.
2. Screening and identification of GBV survivors across the 13 project counties.
3. Survivors to recover from GBV related physical injures of various degrees.
4. The reduction of STIs and HIV transmissions.
5. The prevention of unwanted pregnancies related to sexual violence.
6. The strengthening of referral pathways and linkages.

During the period under review, Accelerate provided comprehensive medical treatment and psychosocial support to **12,577** survivors of GBV in health facil- ities within the 13 counties. Out of the total number of survivors supported **220** survivors were identi- fied as PWDs, **5,551** survivors presented within 72hrs, **493** survivors tested positive for pregnancy after exposure and **121** survivors seroconverted 3 months after exposure. A total of **3,854** survivors were directly supported within the 9 GVRC units with **89.47%** identifying as women and girls, and **10.53%** identifying as men and boys. It is important to note that **73** survivors supported were Persons with Disability (PWDs). The most prevalent nature of violence observed was defilement with **1,276** cases.

Figure 6: Main nature of violence supported within GVRC units.

Additionally, Accelerate supported **1,787** survivors below the age of 18, with **120** teenagers found to be pregnant during examination. The survivors also received psychosocial support that included one-on-one coun- seling, group therapy sessions, virtual support through the toll-free line, rescue to safety, linkage for shelter and medical legal support.

To enhance access to justice, GBV medical management and psychosocial support for survivors, Accelerate has created safe spaces, increased the number of facilities offering GBV services from 68 in the previous year to 111 in the current year,, improved the availability of assessment, documentation and reporting tools such as the GBV register (MOH 365) and PRC form (MOH 363) in the health facilities.

Figure 7: Statistics on survivors seen within the reporting period.

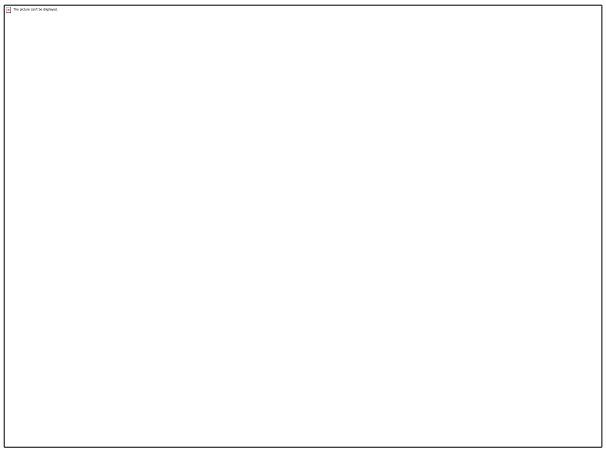
2. : Psycho-Social Support for Survivors of GBV

Figure 8: Support group session in Hurlingham branch.

Support groups

Support groups have been important for survivors who have experienced gender-based violence (GBV) and are working towards healing and recovery. These groups provide a safe and supportive space where individuals can share their experiences, emotions, and coping strategies with others who have gone through similar experiences. This has been a powerful form of therapy that allowed survivors to feel understood and validated. Through the support group program, Accelerate provided practical resources and information about how to cope with the aftermath of GBV, such as how to access medical care, legal services, and mental health support.

A participant shares their experience during the Nairobi support group graduation



The program offered opportunities for personal growth and empowerment, peer to peer learning and building self-re- silience. This initiative included partnerships with other orga- nizations such as FXpesa Limited to increase awareness on economic empowerment.

During the reporting period, Accelerate supported a total of **234** survivors in the support group program from Kajiado, Nairobi, Homabay and other regions. The survivors were engaged in specific groups based on their age and the nature of violence due to the diversity of approaches and strategies for each group. After successfully completing the 10 months period support group sessions, Accelerate facilitated region-based graduations to celebrate the prog- ress and officially reintegrate the cohort back into society.

At the time of graduation **72%** and **80%** of the survivors enrolled in individual therapy and group therapy respectively

presented positive changes in self-esteem and self-efficacy. Out of the 234 which is 71% survivors who enrolled for the support group 166 survivor qualified for graduation. Survivors who graduated had met the assessment criteria while the rest will be graduating during the international women's day (IWD) on 11th March. They have been providing safe and supportive environment for interactive learning while assisting in break- ing the isolation of survivors of gender-based violence through peer support and the assistance of a trained psychologist-facilitator.

Rescues

Accelerate provided rescue services for survivors of gender-based violence (GBV and HTP) from different parts of the country including the marginalized areas. The toll free hotline proved to be a major contributor to the successful rescues conducted during the reporting period. Through referral from other organizations and key stakeholders in the community, Accelerate was able to facilitate rescues services for survivors in hard to reach areas such as Pekkera region in Marigat Sub – County. Accelerate also worked in partnership with local children's officers and law enforcement for children rescues to remove them from abusive envi-

Figure 10: Main nature of violence for survivors supported under the rescue program

ronments and provide them with the necessary support and resources.

During the reporting period, the programme rescued **44 (9 males, 35 females)** survivors from abusive environments and ensured safe placement in safe spaces and shelters. This was done in collaboration with the local authorities and private institutions.

Shelters

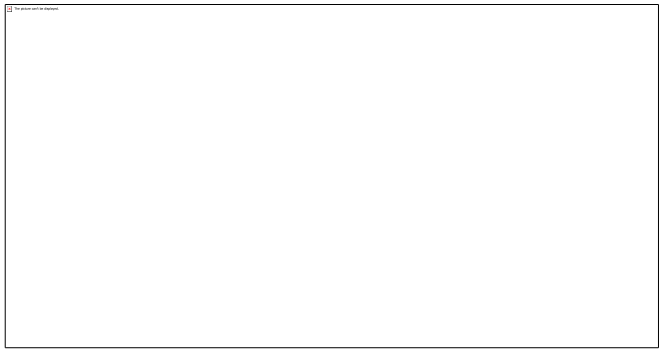
Figure 11: Outcome of survivors placed under shelter

Shelters offer a safe and supportive environment where survivors heal and rebuild their lives, free from fear and intimidation. They are most beneficial to survivors who experience repetitive incidences of violence in their places of residence such as children at home with abusive caregivers or women with abusive husbands.

During the reporting period, Accelerate supported **24 (6 males, 18 females)** survivors with placement in shelters, both short-term and long-term. The survivors received comprehensive GBV treatment in Accelerate supported facilities, psychological care through counselling and placed in safe spaces. Survivors who received shelter were drawn from different counties (Nairobi- 8, Nakuru- 6, Meru 3. And Kajiado -7)

3. : Access to Justice

During the reporting period, Accelerate supported a total of 704 (600 F, 104 M) survivors with expert witness testimonies in courts where three of the survivors represented were persons with disability.



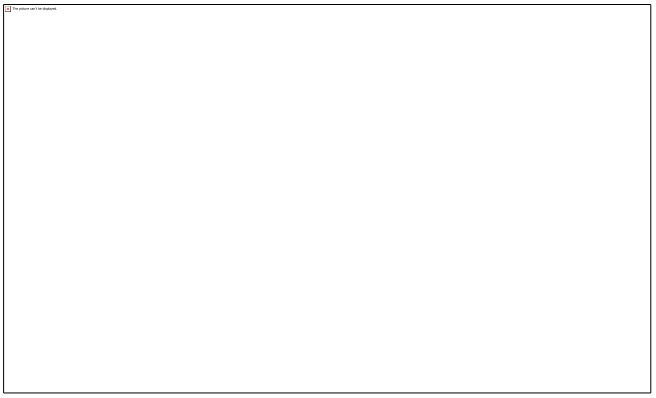


Figure 12: The percentage of total GBV cases represented in court per county (Left) and nature of violence (Right)

A total of 19 perpetrators were convicted and imprisoned, 5 perpetrators were acquitted and 2 cases were withdrawn. More clients were represented in court this year compared to the year 2021(478). More perpetrators were convicted (19) compared to 2021(14). Through continuous engagements with law enforcement agencies more perpetrators are being pursued and some other cases are still in court pending judgement. However, this is a progress in Kenya as cases of GBV delay and some do not get to see the doors of courts.

The main challenges to access to justice include harassment of expert witnesses in some courts, lack of understanding of GBV matters by some prosecutors, compelling witness to operate without proper prepara- tion, postponement and delay of cases and the negative perception of the public towards accessing justice for survivors.

Case conferences

Case conferences have been crucial in strengthening coordination efforts surrounding gender-based violence (GBV) in several ways. Accelerate has improved legal redress for survivors by bringing together GBV service providers and duty-bearers, facilitating networking and collaboration, resulting in a more streamlined and effective process for providing legal support to survivors. This has led to an increase in the ability of survivors to access better legal support and representation, and the overall response to GBV has been strengthened through improved coordination and collaboration.

Through this engagement, service providers from Nairobi, Kajiado and the North Rift region shared their experiences, challenges, and successes in the year. Some of the key points of discussion included harmonization of the documentation process during case management of survivors, referral procedure and each stakeholder's responsibility throughout the process.

Medical legal clinics

Medical legal clinics have been a key driver in the pursuit for justice by creating awareness among survivors on their rights, increasing access to relevant legal information and facilitating informed decisions with respect to seeking justice.

Accelerate has continuously engaged CHVs, paralegal, Court User Committee (CUC) members and religious leaders through regular consultations and medical legal consultations. Through this effort, these

key stakeholders have played a vital role in supporting survivors to access justice including;

1. Support on prohibiting FGM especially in Samburu County.
2. Identification of barriers when reporting the GBV cases at the police station such as negative attitudes in some police stations pertaining to GBV cases.
3. Empowerment of survivors with understanding the importance of reporting GBV/HTP cases and relevant referral channels.
4. Education on the legal framework for GBV services in Kenya including GBV related laws such as the Sexual Offences Act and the Protection against Domestic Violence Act.
5. Sensitization of survivors on the available toll-free GBV lines.
6. Facilitation for pro bono services to survivors through linkages with other organizations such as FIDA, CREAW and RCK lawyers.

1. : Roll out of Toll-Free systems and Tele-Counselling Services.

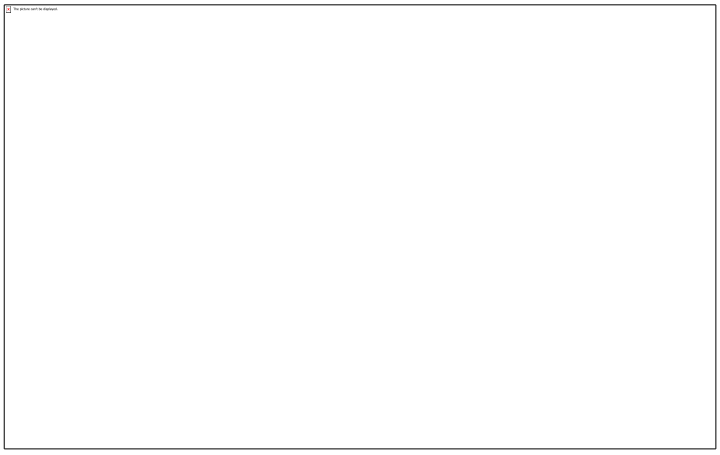
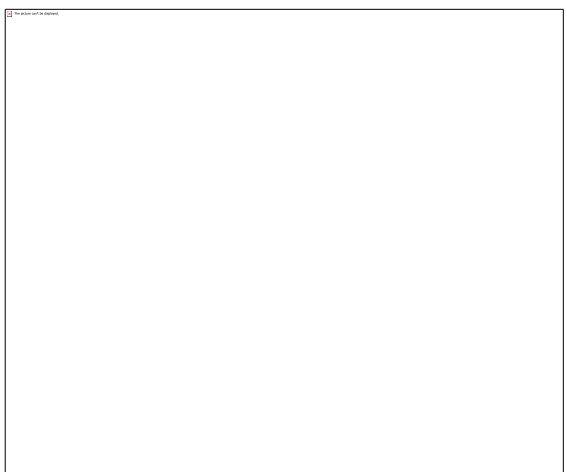


Figure 13: Distribution of Toll-Free calls by nature

The toll free maintains its operation by smooth- ing ease of timely case reporting hence increased access to GBV services. A total of **312** calls were received during the reporting period from differ- ent parts of the country. The callers were provided with different alternative entry points for receiv- ing GBV services that include counselling, treat- ment and GBV related information for awareness depending on the caller's location. The toll-free initiative has seen Accelerate receive calls from **35** counties in the country signifying the national extent that Accelerate has been able to strike in terms of GBV service provision through GVRC.

GVRC through Accelerate has taken up the initiative to create more awareness by letting people know about our range of services through community engagements, GVRC website, via Media, in training, sharing printed flyers in local languages among others.

2. : Training of Health Service Providers in Comprehensive and Equitable Management of GBV



To improve the quality of GBV/HTP/SRHR healthcare service provision in the project counties, Accelerate continues to engage with healthcare providers with capacity-building sessions. These sessions are designed to enhance the skills and knowledge of healthcare providers and enable them to provide better care to GBV/HTP survivors and those seeking FP services. By investing in the capacity of healthcare providers, Accelerate is working to ensure that beneficiaries from project counties have access to high-

quality healthcare services and are able to receive the care they need to maintain their health and well-being. This is an important step in improving the overall health of the community and addressing any healthcare-related challenges that may exist.

Accelerate supported the training of **304** (147F, 157M) healthcare workers in 9 counties on comprehensive and inclusive GBV and FP service provision. The participants were pulled from health facilities supported by Accelerate since its inception to maintain a high quality of service provision.

Figure 14: Training of HCPs in Mogotio, Baringo County.

A participant in the training, Molly Wagumba, a Community Health Assistant, said: "We have cases of SGBV in the community; sometimes it is hard to deal with it especially when the family intervenes and interferes with the legal processes." However, Molly said that because of the training, she will be better placed to engage different entities, such as the Directorate of Criminal

Investigations and the police, to promote justice for the survivors.

Figure 15: The number of HCPs trained per county

This program helped the participants improve their abilities in identifying, examining, and documenting cases of gender-based violence (GBV) through the use of practical case studies and learning about proper administra- tion and counselling for contraception. As a result, they were better equipped to handle GBV cases and provide appropriate support to those affected including male survivors. Accelerate also conducted assessments of GBV service delivery through the Quality Assurance tool in select high-volume facilities. Through this exercise, facilities have a better understanding of the gaps and have designed specific interventions for improved services including a dedication of rooms for provision of GBV services.

Accelerate has continued to provide support to the healthcare facilities by organizing targeted continuing medical education (CME) sessions that focus on addressing specific challenges faced by each facility. These sessions were designed to provide contextual solutions to the identified issues and were conducted at the facilities themselves. Through this, HCPs were engaged in Kajiado, Nairobi and Baringo. At the Baringo County Referral Hospital, a CME session was held that included representation from the Office of the Director of Public Prosecutions (ODPP) in order to sensitize healthcare providers about access to justice for survivors and their role in supporting survivors on this journey. These CME sessions were an important part of Accelerate's ongo- ing efforts to improve the quality of healthcare services provided at the participating facilities. Through CMEs Health care have learnt the important for preventing 'burn out' and for maintaining high quality services to the services. On issues of access to justice, HCP are mentored practically on how to collect forensic evidence

, do preservation and later present them in court which is now giving them confidence to represent survivors

in court as expert witness

In addition to supporting facility-specific CME sessions, Accelerate, in partnership with the National AIDS and STI Control Programme (NASCOP), also supported **35** healthcare providers (HCPs) in a National Training of Trainers program

on the latest developments in gender-based violence (GBV) service delivery. This training covered topics such as the inclusion of intimate partner violence (IPV) and other forms of GBV in the GBV register, the use of new GBV monthly summary booklets with additional indicators, and the distribution of training

materials. Through this program, the trainers of trainers (ToTs) gained the knowledge and skills needed to facilitate improved service delivery through CMEs and on-the-job training (OJT) in their respective areas of operation.

Health facilities supported by Accelerate are now providing first-line support/psychological first aid for the survivor and referral to additional services. Even when survivors present after 72 hours, accessed health services have been providing important care and referral services to survivors. Through joint and trainings, Accelerate has been ensuring that SRH services including screening are strengthened at every entry point within the facilities.

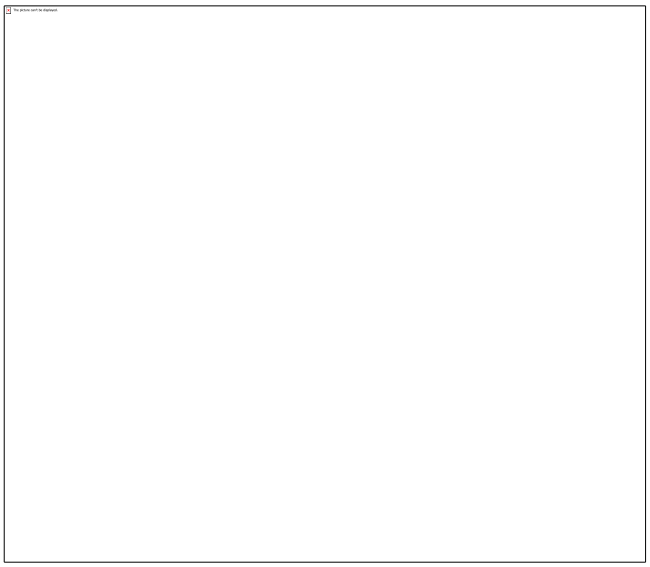


Figure 17: An Accelerate representative facilitated training on PRC documentation in Sigor, West Pokot County.

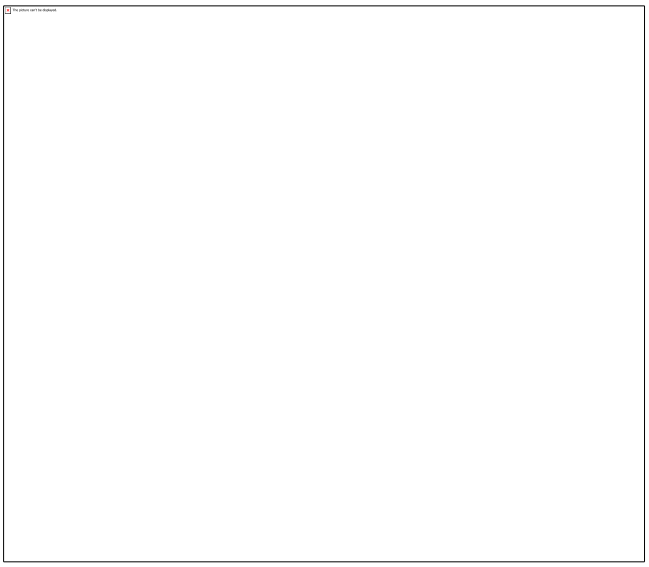


Figure 16: A facilitator sensitizes HCPs on basic concepts of GBV in Garissa

Outcome 3: Strengthened Respect for Human Rights (including Attitudes, Behaviours and Gender and Socio-Cultural Norms) to Prevent and Respond to GBV including HTPs.

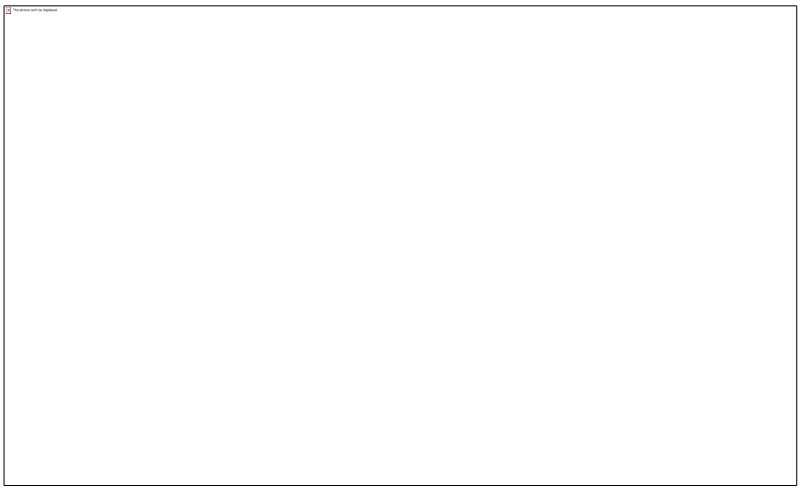
Output 3.1- Improved knowledge, Attitudes, Gender and Social-Cultural Norms and Behaviours on Human Rights (Women and Girls' Rights)

The program engaged women, girls and men on SRH, Rights and GBV through print materials, social media and community based interpersonal sessions. 264,324 WRAs and 145,936 men/boys were reached with inte- grated messages; including female genital mutilation and harmful tradition practices by 16 CBOs, 400 CHVs and 390 duty bearers through community interpersonal sessions. 76,200 WRAs and 126,548 men and boys were also reached through social media.

1. Marking GBV and SRHR Calendar Events (16 Days of Activism, WCD, International Women's Day- IWD).

Commemorating GBV and SRHR themed International days is important because it helps to raise height- ened awareness about the issue and the impact it has on individuals and communities around the world. It is also an opportunity for people to come together and show solidarity in the fight against GBV. Additionally, commemorating these days can help to put pressure on governments, organizations, and institutions to take action to address and prevent GBV. By marking these days, accelerate showed support for survivors and aided in promoting a culture of respect, equality, and non-violence both at the county level and at the national level.

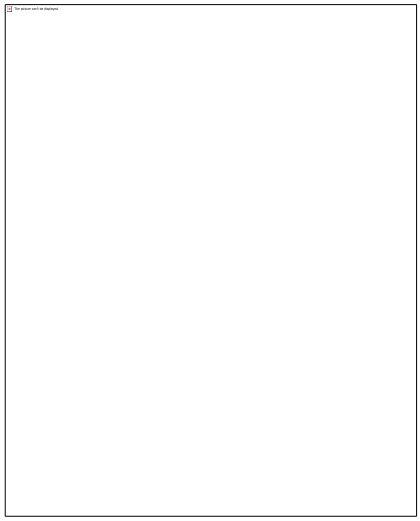
Marking 16 Days of Activism

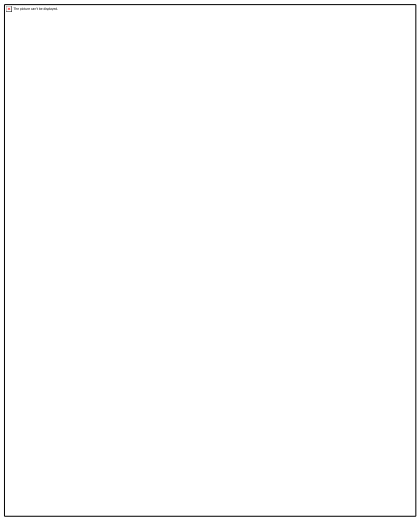


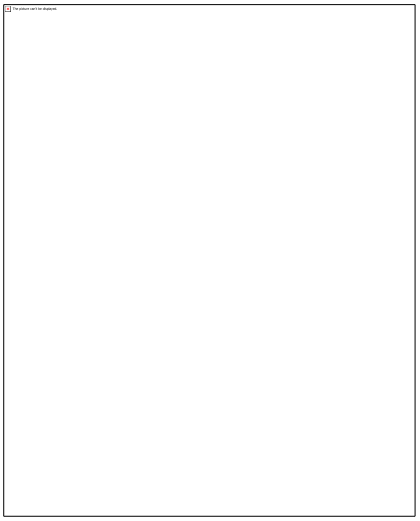
At the national level, accelerate supported the planning and execution of the national launch of 16 Days of Activism in Kilifi. This event called for concerted efforts for the prevention and elimination of violence among women and girls. The participation of high-level government officials at this event enabled the identifi- cation of shortcomings in the prevention and management of GBV, as well as the opportunity to highlight the government's commitment to eradicating this issue.

The program conducted both on-ground and social media engagements. On the ground the CBOs, in partnership with NCPD Regional team and Community Health Strategy engaged the community with targeted cohort specific messages. On Social media, the program designed stills and videos carrying similar messages and did one post per day for a month. Social media posts were done through Facebook, twitter, Instagram and LinkedIn, and attracted many positive reactions. Important to note from the reactions is that GBV and Human rights campaign must be seen to be inclusive and well balanced (addressing women, girls and even men) for community wide support, lest it is seen to be biased and rated pro-one gender.

Sample social media post done during 16 days of activism







Accelerate participated in a campaign that brought together 16 civil society organizations such as Better4Kenya, YWLI, KEWASNET, ICRW Kenya and influencers to amplify the importance of addressing Gender Equality Forum commitments during the 16 Days of Activism against GBV. We also contributed to a Twitter space podcast on a range of topics, including the 'Girl's Generation space' where an Accelerate representative shared the program's efforts towards eradicating FGM.

Accelerate published a letter to the president in the Star newspaper on November 27, 2022, with the goal of making GBV mitigation a part of universal health care. This letter was one of 16 letters written by different civil society organizations (CSOs) that addressed various Global Environment Facility (GEF) commitments. The intended outcome of accelerates letter was to raise awareness about the importance of addressing gender-based violence as a critical component of comprehensive healthcare and to advocate for its inclusion in universal healthcare efforts.

Accelerate also supported the commemoration of the Day for Persons with Disabilities in Narok. These events provided an opportunity to raise mass awareness about the connections between sexual and reproductive health and rights (SRHR) and gender-based violence, as well as the need for specialized care for survivors of GBV who Persons with Disabilities (PWDs) Nairobi. Supported celebration of international day for persons with disability in Baringo and E. Marakwet. The program also provided support at the county level to commemorate international days such as World AIDS Day in Narok and Day of The African Child in Kajiado.

Accelerate also held graduation ceremonies for survivors of support groups in various parts of Kenya, including Nairobi and Kajiado, who had completed a 10-month program. This event

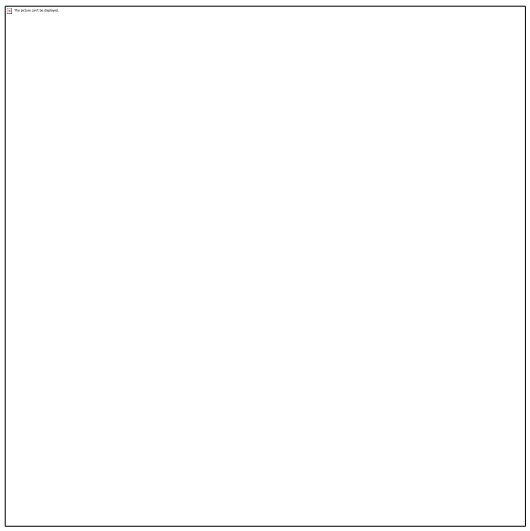
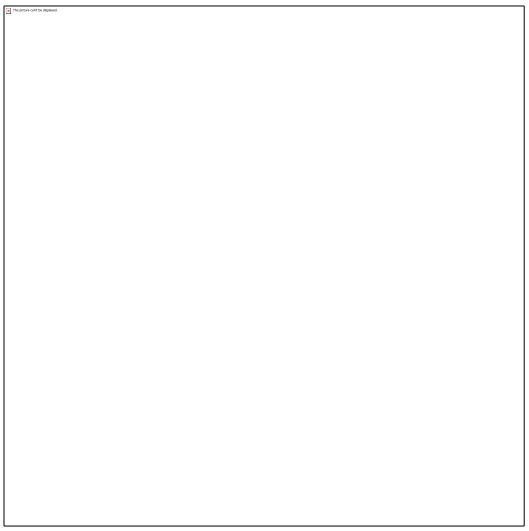


Figure 18: An Accelerate representative demon- strates the use of an IEC to law enforcement officers during the International Day for Persons With Disability.



recognized the progress and hard work of the survivors as they completed their journey towards healing and recovery. It also provided them with the opportunity to reintegrate into their communities and equipped them with knowledge about gender-based violence and sexual and reproductive health rights. The survivors were also encouraged to use their experiences to become advocates for change in their own communities

1. : Training of Duty Bearers and Stakeholders on their Roles and Accountability

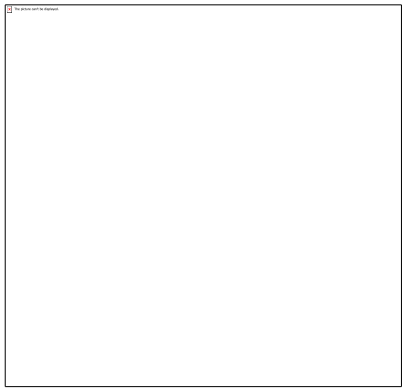


Figure 19: Participants watch a video-graphic presentation during a training in Samburu County.

Strategic engagement with national and county stakeholders in the health sector assures sustainable solutions to identified gaps in service delivery and demand creation. Successful involvement with health care providers, community members, religious leaders, law enforcement agencies, local administration and other key stakeholders contributes to the change in atti- tudes towards GBV and FP and the eventual reduction in human right viola- tions within the society.

Accelerate organized a discussion with **390 duty bearers** selected stakeholders in 13 counties County to enhance their knowledge and skills on gender-based violence (GBV). The goal was to help participants better understand GBV, identify survivors, and provide them with the care, support, and referrals they need. The discussion focused on improving participants' understanding of GBV and their ability to support survivors of this type of violence. It is important to provide education and training on GBV to stake-holders in order to raise awareness and understanding of the issue and empower individuals to take action to prevent and address it. Ensuring that survivors have access to appropriate care and support is also crucial in addressing GBV.

2. : Training of Relevant County Government Departments on National GBV Policy for Domestication.

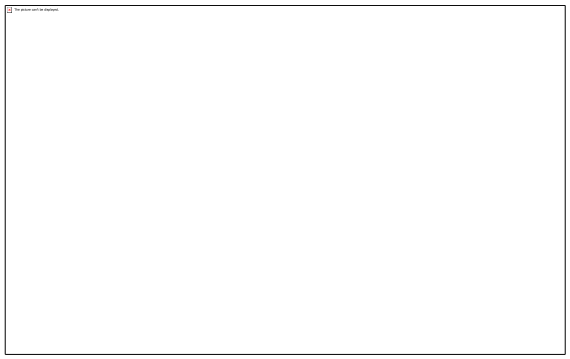


Figure 20: Members of the County Assembly and other stakeholders during the GBV policy develop-ment meeting in Baringo County

The National Gender and Equality Commission (NGEC) created a prototype for addressing gender-based violence (GBV) that county governments can use as a reference for devel- oping their own policies on gender. This prototype is intended to serve as a guide for counties as they work to address GBV and promote gender equality in their communities. By referencing the NGEC's prototype, county governments can ensure that their policies are based on best practices and are effective in addressing GBV and promoting gender equality.

During the reporting period, accelerate sought an opportu- nity with the political leadership of Baringo County to discuss the existing County GBV Bill and the development of the Gender Policy for the county. The Baringo County has kicked off this process in collaboration with the Accelerate and other stakeholders will be able to have a policy in place by end of March 2023.

The consultative meeting between the Baringo County Assembly Committee on Gender and that of health services in collaboration with the Baringo County Reproductive Health Coordinator and the Baringo County Director of Gender was insightful and a conversation around developing a Gender policy for the County was initiated. It is important to note that the 2nd Assembly of Baringo passed the Baringo County Gender Based Violence Bill, 2022 and subsequently assented to by H.E. the Governor. The said Bill is at gazettement stage after which it shall be fully recognized as an Act of Baringo County on Gender Based Violence.

Baringo County was able to domesticate the NGEC Prototype proposed sexual and Gender Based Violence Bill, to suit the Baringo Context. Accelerate will support this contextual process for the rest of the project life

Outcome 4: Strengthened Learning and Adaption through Evidence Generation, Use and MEAL

Output 4.1 Strengthen Research for Improved Program Learning

1. Development of learning agenda

In the reporting period, we developed and made several changes to strengthen the learning agenda research protocol. These modifications were subsequently reviewed and approved by the Institutional Research Board (IRB), including some which are listed here below.

1. Census approach will be undertaken to sample health facilities participating in this research component. The facility sample, across the four learning sites, was extended from the previously approved 30 health facilities (purposively selected) to 124 health facilities (proposed census approach). We believe the proposed sample size will be sufficient to detect facility-level changes over time and will also make it possible to produce more reliable estimates stratified by county (county specific measures).

2. A review of hospital charts will be undertaken up to a period of 6 months preceding the survey visit at each sampled health facility. We proposed this change based on preliminary field observations which indicated that very few cases of SGBV are managed/reported at the sampled facilities on monthly basis. Extending the review period from 3 months to 6 months, preceding date of the assessment, will ultimately increase the number of charts reviewed (sample size) for robust reporting of SGBV case-management indicators at the county level.

3. Scope for the health provider in-depth interviews (IDIs) was increased from the previously approved sample of 21-35 to 35-52 interviews for richer data. Increasing the number of provider interviews will help capture diversified experiences across different counties, facility levels of care, and by sector.

4. Sample for male engagement research was increased from 2 to 4 FGDs per county. Increasing the number of FGDs will help the study to reach the required saturation while also collecting rich and diversified perspectives from different cohorts of participants including younger males and females, and older males and females.

5. Various changes were made to the study questionnaires to ensure its more comprehensive and clear

Following dissemination of Round 1 research findings conducted in year two, the program team and county stakeholders proposed expanding the current scope of learning agenda. Contingent on available financial resources, and with guidance from the donor, the learning agenda will be reviewed in Q1/Q2 of 2023 to incor- porate the following components:

1. Social inclusion research to collate evidence related to persons with disability (PWD) and the LGBTQ+ community.

2. Increase the number of learning sites to include Nairobi and Homabay counties given these two counties are culturally different from the four selected learning sites/counties i.e., Garissa, Kwale, Narok, and West Pokot.

3. Expand the sample of health facility research, to study more hospitals, within the selected learning county, from the current census sample of 13 to at least 30 for robust reporting of this facility type.

4. Explore possibilities of conducting joint research among DANIDA supported partners.

Contingent on available financial resources, and with guidance from the donor, the learning agenda will be reviewed to see what is feasible to implement.

Output 4.2 Strengthened Research for improved programming - Number of studies completed.

During the reporting period, as outlined here below, the program successfully implemented Round 1 of learning agenda research studies in additional to the Outcome 3 monitoring research.

Outcome 3: Monitoring Research

In line with the approved protocol, this research component is implemented routinely to provide cross-sec- tional measurement data related to strengthened respect for human rights (Outcome 3) indicators amongst indi- viduals reached by the program through the channel of local structure (i.e., CBO led SBCC dialogue meetings). In 2022, the project managed to sample 1,326 out of the expected 1680 respondents. Of these, 235 (18%) were men, 465 (35%) women, and 626 (47%) adolescents – boys and girls. While the overall coverage of the sample size was 79%, this ranged from 38% in Upper Eastern, 51% in North-Eastern, 68% in Coastal to 100% in other clusters. The main reasons for inadequate sample size were due to insecurity in some of the counties and lack of adequate CBO activities.

While a report summarizing key findings is attached to this report, among the key findings include.

1. Majority of respondents were single (49%), while 38% were married, 7% were currently living with a partner, 6% were formerly married.
2. Overall, 46% of respondent who were currently in a sexual relationship reported contraceptive use at last sexual activity.
3. Only 37% of respondents agreed that a woman has a right to refuse sex for all these circumstances if male partner refused to use condom, she doesn't desire, she was ill, had menses, she was pregnant or she was nursing.
4. Overall, 92% of the respondents did not intend to have their daughters or female relatives to undergo FGM/C in the future. However, only one-half (51%) of the interviewed respondents in North-Eastern cluster did not intend their daughters or female relatives undergo FGM/C in the future.
5. Overall, 95% of the respondents support that child marriages should be discontinued.
6. Overall, 45% of the respondents supported IPV (if a women went out without telling him, neglected chil- dren, argued with him, refused to have sex with him or burned food). Endorsement of IPV was highest in Homabay (62%) and lowest in Nairobi (20%).
7. Overall, 54% of female respondents knew a place by name where survivors of GBV can locally seek support and care. Among those who named a place, majority named a health facility (48%), police station (46%), and Chief's office (32%), while other sources were CHV (11%), religious leader (9%), hot line (4%), and cultural leaders (3%)
8. Recommendations
9. • Continue with SBCC activities to continue influencing the community against HTP
10. • Strategically placing hotline numbers in schools, health facilities and any other public places accessible by the community

Rights-holders' and Male Engagement Research

Qualitative interviews are conducted with purposively selected duty bearers and members of the commu- nity to complement quantitative evidence generated from Outcome 3 Monitoring Research. These qualitative research activities are aimed at generating contemporary evidence related to the following three learning objectives/questions.

11. To explore experiences regarding shifts in individual attitudes, perceived social norms, and practices of GBV, female genital cutting and early child marriage, among targeted population reached by Accelerate SBCC messaging (girls and women, boys, and men).

12. To explore changes in the ability to exercise sexual reproductive health rights, among girls and women reached by Accelerate SBCC messaging

13. What are effective strategies for involving men and boys in SRHR agenda and GBV/HTPs prevention and response?

Over the life of the program, three rounds of learning agenda studies are planned across the four learning counties including Round 1 (early intervention in 2022), Round 2 (mid-intervention in late 2023), and Round 3 (late intervention in 2024/2025). Between the months of July and September 2022, the program successfully implemented the first round of data collection, including the following activities.

14. Conducted 37 focused group discussions with male and female members of the community to generate insights around SRHR, GBV prevention and response and male engagement strategies. Approximately, 300 individuals participated in the research.

15. Conducted in-depth interviews (IDIs) among 34 stakeholders.

While the research findings are attached to this report, among the key insights from the data are summarized as follows.

16. We observed high knowledge about modern contraceptive methods across the four learning counties. However, contraceptive use was impeded by several factors as outlined below.

17. Across all the learning counties, IUCD was the least preferred method as they are widely perceived to interfere with sexual activity by hurting the male partner. Future research should seek to understand if this concern is related to propagated myth or lack of provider skill.

18. Across all the learning counties, many married women lack contraceptive autonomy given that they rely on male partner for approval to adopt or use a method. Discreet use of modern contraception was not uncommon and was reported to be a contributor of domestic violence when male partners discover their partners use methods without their approval. Scale up and redesign of existing male involvement inter- ventions is necessary to increase effectiveness and the reach among male partners.

19. Contraception discontinuation of a contraception method was motivated by individual reasons (e.g., side effects, avoiding conflicts with male partners, desire to conceive); health facility factors (e.g., long queues and waiting times, stock-out, cost and distance to the provider); social norms which promote negative narratives around contraceptive use; and religious beliefs particularly among Catholics and Muslim communities.

20. Most experienced forms of GBV in the study communities included, IPV, sexual violence (rape/defilement), early marriages, and FGM/C.

21. Across all the learning counties, participants reported health facility challenges affected community access to quality GBV services due to lack of essential treatments, lack of medical equipment for examination and specimen collection, and providers lack basic trauma counselling skills.

22. Other obstacles faced by GBV survivors include lack of financial resources as they are required to make multiple journeys when seeking services at the police station, health facilities, and court.

23. Participants reported observable changes in GBV prevention and response due to the ongoing SBCC campaigns and community outreach through the CBOs and CHVs.

Recommendations

24. Scale up and redesign of existing male involvement interventions is necessary to increase effectiveness and the reach among male partners as well as FP uptake among their female partners.

25. Address the health facilities barrier like stock outs that leads to FP discontinuation

26. Advocate to county government to have health facilities equipped to be able to provide comprehensive GBV services

Health Facility Research

Similarly, this research component will be implemented, thrice over the life of the program, to provide evidence related to the following learning question.

27. How can we remove facility-level constraints which hinder client's uptake of GBV services, including integration of GBV into routine SRH services?

Between the months of July and September 2022, the program successfully implemented the first round of data collection to achieve the following.

28. Conducted health facility assessment survey among all 123 program supported health facilities within the four learning counties to assess readiness to provide quality and integrated SRH and GBV services.
29. Conducted 46 provider interviews to gather experiences and insights related to offering SRH/GBV services.
30. Completed 285 facility chart reviews to assess quality and timeliness of SGBV health services.
31. Additionally, in 2023, the program will co-create GBV care pathways or "swim lane" diagrams highlighting current "pain-points" and potential solutions along the care pathways. Developed "swim lanes" will be discussed with a small group of front-line health workers in Q1 of 2023.

While the research findings are attached to this report, among the key insights are summarized as follows.

32. Overall, 95% and 69% of facilities stocked 3+ and 5+ choices of modern method of contraception, respectively. However, only 1 in 4 facilities (41%) could offer all procedure services concurrently (IUD insertion/removal, implant insertion/removal, and injectable) at the time of the assessment.
33. There was sub-optimal implant service readiness, particularly in Narok and West Pokot mainly due to stock-outs and lack of equipment.
34. We observed sub-optimal IUD service readiness (insertion and removal), across all learning counties. Service readiness was particularly lower among level 3 &2 facilities which reported higher rates of commodity stock-outs, lack of equipment, and skill gaps among providers.
35. We observed, majority of facilities have a dedicated GBV/SRH room for client privacy (85%) and were offering routine GBV services, including STI treatment with antibiotics (county range: 80%-100%)
36. Of concern, overall, there was sub-optimal availability of emergency therapies including PEP for adult (59(%), PEP for children (40%), and Emergency Contraceptive Pill (15%)
37. We observed sub-optimal laboratory capacity, particularly among level 2 and 3 facilities, to provide all essential testing services to a SGBV survivor such as haemoglobin (HB) test, high vaginal swab (HVS) and spermatozoa tests.
38. Of concern, overwhelming majority of GBV offering facilities did not have or had never stocked MOH approved SGBV reporting tools (i.e., PRC forms and SGBV registers).
39. A considerable proportion (35%) of GBV offering facilities reported their services were little or not at all integrated with routine SRH services. Lack of equipment, lack of training among providers, and low staffing levels were cited as the most common impediments to service integration.

40. Overall, 63% and 54% of facilities had at least one of the staff receive any in-service training in the last 12 months on FP and GBV, respectively.

41. Overall, 68% of facilities were exposed to routine quarterly support supervision. However, over the same period, only a third of the supervision visits covered a component of SRH (36%) or GBV (31%).

42. Compared with hospitals and health centers, dispensary/clinics typically received the least SRH/GBV support including, training, supervision, guidelines, and job-aids.

43. Of the 285 reviewed cases of sexual violence, 76% of the perpetrators were reportedly known by the survivor and 93% involved penetrative sexual violence.

44. 83% of the penetrative sexual violence was unprotected sex.

45. 94% of the survivors reported violence to the police prior to seeking health care.

46. About 60% of SGBV survivors sought medical care in time to be eligible for emergency treatments – 27% presented on the same day when the violence occurred, 32% in 1–3 days, 5% in 4-5 days, and 37% sought care after 5 days.

47. When documented at the facility, psychosocial assessment was not completed for 61% of SGBV survi- vors; 1 in 5 eligible survivors for emergency treatments failed to receive ECP (25%); PEP (29%) and antibiotics against STIs (21%)

Recommendations

48. Dissemination and sensitization of adequate GBV reporting tools in all counties

49. Capacity building/mentorship of health care providers to be able to offer services like (IUD insertion/ removal, implant insertion/removal, and injectable) at the time of the assessment.

50. Scale up integrated supervision, with GBV and SRH components.

51. Advocacy to both national and county government, as well as partners to improve laboratory capacity, particularly among level 2 and 3 facilities that are closer to the community, to provide all essential testing services to a SGBV survivor such as hemoglobin (HB) test, high vaginal swab (HVS) and spermatozoa tests etc.

Local Structure Research

This research component is implemented, among program supported CBOs and CHVs, to provide evidence related to the following two learning questions.

52. What are specific facilitators and barriers to active engagement of local structures in SRHR/GBV commu- nity-based campaigns?

53. How are local structures maintaining quality and intensity of SBCC activities for promoting SRHR and GBV prevention and response?

Between the months of July and September, the program successfully implemented the first round of data collection with the following audiences. While the research findings are attached to this report, among the key insights are summarized as follows.

54. Participants reported that consortium mode of communication was viewed as effective. Through the creation of WhatsApp groups, Accelerate has been able to pass information more effectively and conveniently.

55. The majority of the local structure participants reported receiving training support from Accelerate to conduct community activities. However, across all the counties, participants strongly expressed a need for further training, including communication skills, to enable them create rapport with the community and to avoid rejection and hostility given local communities lack knowledge on SRH/GBV issues. These topics were viewed as a taboo and are against their traditions and cultural beliefs.

56. In some of the counties, participants reported that other local stakeholders received support from the local structures including the chiefs, village elders and the community health assistants who help with the mobilization of community members during the outreach meetings.

57. Participants reported that Accelerate had supported them with training manuals and IEC materials which facilitate community based SBCC activities. However, participants raised concerns that these materials were not sufficient, they had experience stock-out (including reflectors and lesos)and recommended that materials be translated into local dialect such as Somali language to encourage message delivery and

uptake.

58. In one of the counties, participants raised a concern that phones given by Accelerate for data collection and reporting are not sufficient.

59. Participants acknowledge that they have received logistical support from Accelerate including stipend and facilitated transport to reach communities when conducting dialogue events. However, participants widely expressed an opinion that a stakeholders' meeting should be convened to address logistical challenges which negatively affect morale of community stakeholders including recent change in transportation cost due to increased fuel prices.

60. Participants also reported other logistical constraints, including unfavorable climatic condition of the regions coupled with the impassable road network during rainy seasons, and households in rural areas are sparsely populated making it difficult for community stakeholders to offer intervention activities.

61. Participants reported that it's not uncommon for community elders to interfere with the justice process. It was further reported that grassroot stakeholders work in fear specifically when GBV perpetrators opt to seek revenge on the known community stakeholders who took up the case.

62. Participants reported key stakeholders have effectively carried out community sensitization program campaigns. The community has gained information and knowledge on contraceptive use and reported that GBV campaigns have resulted in many people being linked to the appropriate authorities to access justice and healthcare.

63. Participants reported that there has been improved collaboration among stakeholders such as the duty bearers, police, chiefs. They also reported that the hostility from the community has reduced. They attributed this change due to effective information flow from the program to other stakeholders.

Recommendations

64. More CBOs training, including communication skills, and other relevant topics

65. Ensure enough IEC materials

66. Translation of IEC material to local dialect

67. Engage the CBOs to discuss practical logistical measures with them

68. Engage relevant authority to address issues of hostility to community members who report GBV related issues

Baseline Evaluations

Apart from Desk Research, which was completed in Year 1, no other baseline evaluation activities are planned in the project period.

Output 4.3 Number of joint learning conferences/forums to collaboratively develop learning agenda, make inputs along the learning journey, to reflect on program performance, and to disseminate learnings.

Joint research, learning and stakeholder dissemination meetings.
Consortium Research and Learning (RLA) Meetings

During the reporting period, several consortium-wide meetings were convened to advance the Research and Learning agenda, including the following.

69. Between January and April, we convened several meetings among key consortium participants to align, and refine RLA approaches, and data collection instruments. With inputs from the program team, we reached at a decision to select four learning counties for deep dive research activities. These counties included West Pokot County to represent pastoralist Kalenjin communities in the North Rift; Narok County to represent nomadic Maasai community; Kwale County to represent coastal Mijikenda community; and Garissa County to represent a North-Eastern area dominated by Muslim and nomadic Somali community.

70. Disseminated Outcome 3 monitoring report (January-June) among all staff directly involved in Accelerate SBCC activities, including HQ and field-based personnel.

71. A review meeting of Outcome 4 indicators which was attended was attended by key consortium members and DANIDA team. The meeting was held on 28th September to discuss research and learning including completed and planned activities since inception of the program. We also disseminated preliminary find- ings from Round 1 of health facility and community-based research and discussed dissemination strategy.

72. Disseminated research findings from Round 1 of learning agenda studies in two separate meetings consortium meetings. The first dissemination event was conducted during the annual program review and planning meeting (November 2nd to 4th) and targeted consortium program managers and the donor. While the second dissemination meeting was conducted online (November 30th) and targeted all relevant PS Kenya and GVRC staff.

Joint Research and Learning

During the reporting period, Accelerate program successfully held several meetings to coordinate research and learning among county level and other stakeholders. First, between March and May 2022, Accelerate conducted in-person engagement meetings with stakeholders from the four counties selected as the learning labs. In each learning county, we invited key actors who were drawn from county and sub-county MOH and Accelerate supported CBOs. The overall goal of the county meetings was two-fold: first, the meeting was used to disseminate key findings from desk review and Outcome 3 monitoring research, and secondly, we used the meeting to highlight the proposed research and learning agenda. We sought county feedback to revise the proposed learning agenda and research tools. Secondly, in November 2022, we successfully disseminated findings from Round 1 of learning agenda studies among two

research clusters, including North Rift and Coast. Among the participants included stake- holders who were drawn from County Commissioner, MOH, Department of Gender, National Council for Population and Development (NCPD), Police department, Office of the Director of Public Prosecutions (ODPP), Teachers Service Commission (TSC), local CBOs and NGOs including DESIP partners, Deutsche Stiftung Weltbevölkerung (DSW) and Stawisha Pwani. In Q1 of 2023, the program will disseminate findings in the two remaining clusters (South-West and North-Eastern) and at a national event which will target national level SRH

and GBV policy makers and other key stakeholders. A summary of pertinent issues, resolutions, and recommendations from the county stakeholders' meeting, included.

73. Health providers are reluctant to fill PRC forms for many reasons, including they are not facilitated to attend court session and face police harassment while providing care to survivors. Solutions: Program to strengthen the link between health-workers and police/prosecution – including sorting out the whole issues of misunderstanding between the two players. Judiciary has funds for the witnesses which health workers should benefit from. ODPP is more than willing to support trainings/capacity building on forensic GBV component - West Pokot stakeholders.

74. Evidence shows women lack contraceptive autonomy. Beyond health facility interventions, male engage- ment is extremely crucial to ensure West Pokot community is embracing contraception. This is where the problem lies to break the pattern of low acceptance and some forms of IPV - West Pokot stakeholders

75. Stakeholders acknowledged that GBV documentation is very poor in the counties. Also, counties have limited copies of new reporting tools which were yet to be distributed to the facilities (at the time of dissemination). Partners were invited to support dissemination and printing of enough copies - West Pokot stakeholders.

76. Need for focused research on marginalized populations such as PWDs on SRHR/GBV - West Pokot stakeholders.

77. Qualitative findings indicate IUDs are viewed negatively by the community across the counties in that they cause injury or discomfort to male partners during sexual intercourse. What does evidence point at, is it a myth in the community or something related to provider lack of skill such that devices are not inserted appropriately? Future research is needed - Kwale stakeholder.

78. Qualitative evidence indicates low use of FP among young girls in Kwale, leading to unwanted pregnancies with most young girls procuring abortion services. What can the health workers do to prevent teenage pregnancies and improve access to FP services among adolescents? We should not live in denial, Ministry of Health to provide directives - Kwale stakeholder.

79. Kwale communities are complaining that the "Red" male condom, which is distributed free of charge, is laced with HIV virus and is of poor quality. These claims are starting to propagate negative narrative to the extent of affecting male condom use. What can we do to validate or disapprove this claim before is too late? - Kwale stakeholder.

80. Although, facilities do not typically stock P2 products, providers should be made aware that they can still use other pills such as COCs in their right dosage to serve as emergency contraception - Kwale stakeholder.

81. We should also report CHV led community dialogue meeting have worked well whereby they hold GBV meetings in the community- Kwale stakeholder.

82. Qualitative data indicates SGBV is associated with shame and stigma. Could this be the reason why dispensaries are recording low caseloads as survivors are compelled to seek services elsewhere and far from their homes (in towns/hospitals)? - Kwale stakeholder.

Dissemination event, North-Rift cluster

Dissemination event, Coastal cluster

Output 4.4 Number of learning products developed, including research reports, research briefs, research posters, and manuscripts submitted for publication in peer reviewed journals.

During the reporting period, Accelerate delivered the following learning products which targeted different audiences to promote joint-learning, including consortium partners, national and county level stakeholders, and international community.

83. Compiled two reports summarizing key findings from Outcome 3 monitoring research. We have attached these two reports.

84. Compiled two research reports and two PowerPoint slide decks detailing evidence from Round 1 of learning agenda, including findings from health facility research and community/duty bearers' qualitative research. We have attached these reports.

85. Accelerate poster was presented in December at the second Annual Conference on Public Health in Africa (CPHIA 2022). The poster is attached to this report.

86. Submitted one conference paper which was accepted for poster presentation at the Annual Meeting of The American Population Association (PAA 2023). The conference paper is attached to this report.

Output 4.5 Routine monitoring for performance and enhanced learning.

1. Printing of data capture and reporting tools in implementation counties (GBV and SRHR)

To ensure timely and complete reporting by health facilities, *Accelerate* printed the updated version of GBV and SRHR tools. Dissemination of the new tools was done in Baringo, Homabay and Narok counties. Training workshop for the same was done in Homabay county for the GBV focal people. However, there is still a challenge with some facilities adapting to use of the new tool hence continuous training for the service providers across all implementation counties is recommended.

2. Routine data quality audits and supportive supervision for SRHR and GBV

The Accelerate M&E team worked together with the county, sub-county, and facility teams to conduct 169 RDQAs and 108 supportive supervision visits in Accelerate counties. The aim of the DQA visits was to review data quality and check compliance with MoH reporting requirements and consistency in reporting between the source tools, the summary tool, and data in the KHIS system. During the RDQAs and supervision visits, health providers received on job training (OJT) and mentorship to bridge identified gaps on data management and reporting.

Summary findings

1. FP data is well captured in the FP registers and reported consistently in the majority of the facilities visited. Providers are also using the revised MOH 512 and MOH 711 to capture and report FP data.

2. Several facilities are unable to manage SGBV clients since health care workers have not been trained in the comprehensive clinical management of SGBV clients. The

Accelerate team has however trained more providers on the basic management of GBV cases. Providers have also been encouraged to refer clients they are unable to treat to identified facilities and document referrals made.

3. Lack of SGBV register (MOH 365) and the summary form (MOH 364) is still affecting GBV reporting to KHIS. This is due to the delay in the dissemination of the revised GBV tools by MoH. The program is working with the national team to fast-track dissemination and distribution of the tools. The program has also printed the SGBV tools and is in the process of distributing them to the facilities.

4. Service providers in Kilifi, Garissa and West Pokot reported that clients rarely come to the facility for SGBV services. This is due to community stigma associated with SGBV hence the need for community sensitization on SGBV services and SRHR in the community.

5. Data integrity issues were noted in several facilities as there were lots of cancellations in GBV register. OJT was conducted on proper documentation to avoid issues which compromise data integrity.

6. For several facilities in Elgeyo Marakwet and Homabay, there was a challenge with documentation whereby the Daily activity register (DAR) was not well populated, page summaries and commodity balances were not done. Mentorship was done on the same and providers encouraged to ensure proper documentation. This also saw the recommendation to conduct quarterly data review meetings and strictly adhere to the Quarterly RDQA schedule.

7. With the new MOH 365 tools introduction, there has been a challenge with some facilities adopting it for use before the service providers are trained on how the tools are completed. Thus, there is need to conduct training to health care providers on the use of new SGBV reporting tool.

8. GBV data inconsistency between the register and KHIS where for example there is no GBV Data in the register, but in KHIS data was reported under the period under review. Some providers reported to have also misplaced the GBV summary forms during the RDQAs session making it difficult to verify the data reported in KHIS. The providers were taken through lessons on proper documentation entailing documentation of source documents, transfer of data to summary tools and KHIS and data verification before submission to correct entry errors.

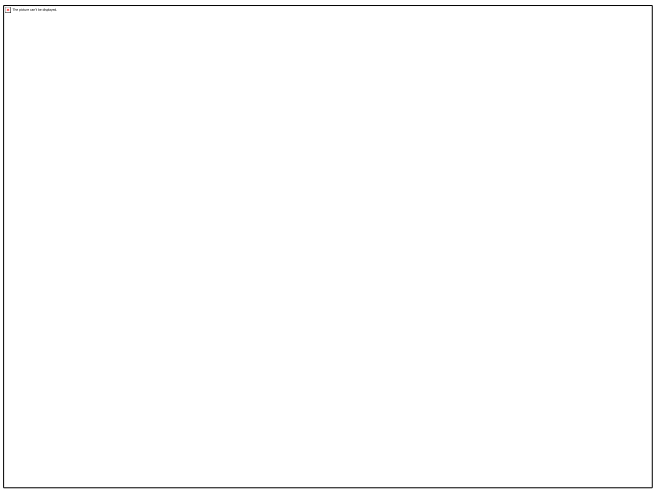
Support Supervision Summary

No.	County	No. Of facility support supervision visits concluded
1	Baringo	32
2	Elgeyo Marakwet	25
3	Garissa	5
4	Kajiado	6
5	Marsabit	6
6	Nairobi	5
7	Narok	3
8	Samburu	10

RDQA Summary

	County	No. Of facilities	Average of Data Quality Score
1	Baringo	28	84%
2	Garissa	10	100%
3	Kajiado	20	86%
4	Homabay	5	88%
5	Kwale	26	86%
6	Kilifi	38	89%
7	Samburu	11	94%
8	West Pokot	27	79%
9	Nairobi	9	79%
10	Elgeyo Marakwet	24	92%
11	Marsabit	2	97%

Homabay County FP tools dissemination Meeting



SGBV Tool dissemination Training group work

M&E Team data review meetings / technical trainings on MEAL

The M&E Team held quarterly (Q3 & Q4) departmental meetings where the performance of project Accelerate was discussed. The team focused on key areas of improvement as observed from year 1. Action points around sensitization of providers on SRHR and SGBV indicators, data management and reporting were made.

The M&E Team conducted trainings in all the Accelerate counties on the data capture app on DHIS2 for on-boarded CBOs. SBCC data is now being captured electronically on the DHIS2 app making it easy to track reach data collected during outreaches and community sensitization forums.

During the gender meetings that took place across project supported counties for the planning for the **16 days of activism**, the project committed to support outreach activities and ensure proper documentation of the same.

Data Verification, Collection and Entry for SRHR

The M&E team supported data capture for outreaches conducted across the Accelerate counties. The project engaged data clerks to support with data entry and verification. The program also engaged data clerks to install the data capture app for the CBOs.

Project Level MIS Support (Including Digital Reporting Platforms)

The PSK M&E team worked together with the PSI M&E team to unpack the indicators in the Data to Action (D2A) framework for easier development of the dashboards on DHIS2. Dashboards for routine FP and SGBV data have been set up on the DHIS2 platform. Data sets for program indicators have also been developed to allow for entry directly into the platform.

Gender Mainstreaming

In 2022, Accelerate program participated in FP and GBV TWGs, AWPs, Court Users meetings and FGM committees in all 13 counties, where the project staff continued to advocate for more resource allocation and attention to gender-based violence and sexual reproductive health and rights services, not just at the county and sub-county level, but also to be devolved further to the last mile; health centres and dispensaries.

Contextual Analysis for the Reporting Period Factors Affecting Project Delivery / Challenges

1. *Team work*- between gender office and RHC office, especially during field supportive supervision is yielding quick results.

2. Incorporation of CHEWs and CHAs during in charges meetings provides a window to experience what is happening at the community level and what the community expects from health care providers.

3. *RH Policy*; Guardian consent provisions in the just launched RH policy document continues to elicit mixed reaction at the county level, and lack of clear cut way-forward may derail gains made on adolescent and youth RH rights and equity.

4. *SRH Commodity stock*-outs; Commodity stock-outs is still a common setback during the quarter, causing outreach postponement and client rescheduling. Stock-outs also affected method choice for clients. The program responded by engaging the county on commodity management through county TWG meetings, supporting counties on commodity reporting trainings and commodity redistribution.

5. *Severe drought*: Many of the program 13 counties continued to experience severe drought during the quarter, leading to shifting of priorities from primary health to survival, especially in upper eastern, north eastern and north rift counties, which usually increase random migration this affects CBO session and outreach schedules

6. Security Threats; Some of the areas where the Accelerate project is being implemented, such as Mandera South, Samburu, Garissa and Marsabit are known to be high-risk areas prone to various security threats. These security threats led to the rescheduling of certain activities such as training of Health Care Providers and training of teachers in the Mandera South Sub-county, to ensure the safety of staff and participants. The project team closely monitored the security situation and adjusted as necessary to ensure the safety of all stakeholders.

7. *Fuel Shortage;* During the reporting period, the country experienced a severe shortage of fuel which had a significant impact on the implementation of the project. The project staff had to restrict their movement from various activity locations in order to minimize fuel usage and keep costs low. Facilitators also had to adjust their implementation time for certain activities due to lack of fuel such as the training of HCPs in Samburu County. This shortage of fuel caused some disruptions in the project's activities, but the team was able to find alternative solutions and continue the implementation of the project.

8. *Change of National and County leadership structures;* Due to leadership changes after the National general election, there were changes in key positions at the National and County level including County

Directors for Health, County Reproductive Health Coordinators, County GBV Focal Persons etc….. There arose a need for re-introduction of the project and its proponents to the new leaders to ensure sustainability and continuity.

Lessons Learned

1. *More duty bearers*; Assistant chiefs, chiefs and local police post have a lot to do in facilitating access to SRHR and GBV medical legal services. Cultural and religious leaders also play a crucial role not just in facilitating access to services, but also in re-absorption of the isolated victims back into their communities and families.

2. *Collaborative Efforts with Government Officers;* During the reporting period, it became clear that the effective execution of planned activities heavily relies on coordination with the National and County level personnel. This was particularly evident during the implementation of trainings for Health Care Providers (HCPs), where Sub-County Directors of Health and Sub-County Reproductive Health Coordinators actively participated in the sessions, leveraging them as an opportunity to share information with the participants on other areas of service delivery. The support from the county officials was crucial to the success of the activities, as it helped to ensure that the information and training provided was relevant and applicable to the specific needs of the communities.

3. *Joint Implementation:* To ensure complete integration of SRHR and GBV and to save on costs such as transport costs, accelerate partners aligned their activities within the same region. This approach helped to ensure that the various activities being implemented by different partners were complementary and reinforced each other, rather than duplicating efforts or working at cross-purposes. By coordinating and cooperating in this way, the partners were able to achieve more impactful and sustainable results.

Opportunities

1. Many counties are currently conducting CIDPs, it's an opportunity to strategically anchor GBV and RH priorities in the county next 5 years planning tool.

2. There is a current debate on facility financial autonomy; it's an opportunity to push for facility based CHV support, from the revenues generated by NHIF at level 2 and 3.

3. Accelerate has participated in Technical Working Group forums in the project counties in order to share knowledge and experiences with other organizations. By participating in these forums, accelerate can align its activities with the same objectives and outcomes as other organizations, which enables a more collabora- tive and efficient implementation. Additionally, these forums provide an opportunity for Accelerate to access and utilize the networks of other TWG members within the community, which can facilitate the execution of activities.

4. Accelerate participated in a joint work planning session for activities to maximize on the budget allocated to the project. This positions the implementing partners in drawing joint plans for value of money and oppor- tunities to learn

Activity Plan for the first half of 2023

PERIOD	FOCUS AREA	ACTIVITY DESCRIPTION
JANUARY	**Service Delivery**	» Provide integrated medical and psychosocial support for survivors of gender- based violence. » Maintenance of Toll-free systems and tele-counseling Services » Joint visits to schools for technical support » Give survivors of gender-based violence access to justice services. » Conduct Joint supportive supervision/mentorship sessions » Carry out an integrated SRHR/GBV CMES at county and sub-county hospitals.
	Demand Creation	» CBO and Duty Bearers Community Sessions » Support the commemoration of International Day of Education » Mass media (Social media/Local FMs) engagement to reach adolescents /WRA with GBV/SRH
	M&E	» Continue with Routine M&E activities (RDQA, Support Supervision, Review Meetings and on job trainings, quarterly meeting, data verifications)
	Research	» Data analysis, reporting, and dissemination of Outcome 3 monitoring research. » Develop "swim lane" diagrams for provider process mapping workshop. » Review learning agenda protocol and tools based on stakeholders' feedback and budget availability. » Dissemination of Round 1 findings at national level. » Dissemination of Round 1 findings in Garissa and Narok
FEBRUARY	**Service Delivery**	» Carry out an integrated SRHR/GBV CMES at county and sub-county hospitals. » Conduct joint supportive supervision/mentorship sessions. » Support provider In Charge's review meetings. » EMONC TOT Training » EMONC mentorships » Support for county level Technical Working Groups. » Provide integrated medical and psychosocial support for survivors of gender- based violence. » Give survivors of gender-based violence access to justice services. » Maintenance of Toll-free systems and tele-counseling Services. » Joint visits to schools for technical support. » Support NCPD in commemorating ICPD25+3

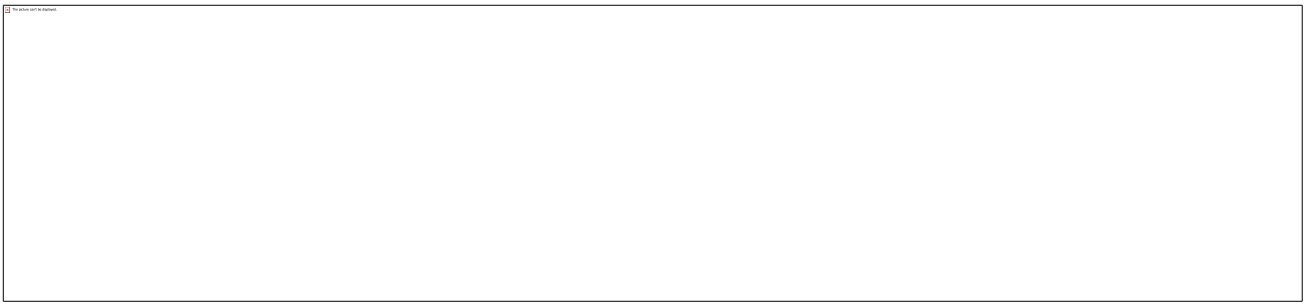
	Demand Creation	» CBO and duty bearers' community sessions. » Support the commemoration of international days i.e., International Day of Zero Tolerance to FGM, International Day of Women and Girls in Science, World Day of Social Justice. » Mass media (Social media/Local FMs) engagement to reach adolescents /WRA with GBV/SRH. » Support Beacon teachers to conduct awareness and education sessions through KQ clubs.
	M&E	» Data verification and reporting for GBV and SRHR.
	Research	» Data analysis, reporting, and dissemination of Outcome 3 monitoring research. » Develop "swim lane" diagrams for provider process mapping workshop. » Review learning agenda protocol and tools based on stakeholders' feedback and budget availability. » Dissemination of Round 1 findings at national level. » Dissemination of Round 1 findings in Garissa and Narok.
MARCH	**Service Delivery**	» Carry out an integrated SRHR/GBV CMES at county and sub-county hospitals. » Conduct Joint supportive supervision/mentorship sessions. » Support provider In-Charge's review meetings. » EMONC mentorships » Support for county level Technical Working Groups. » Provide integrated medical and psychosocial support for survivors of gender- based violence. » Adoption of GBV rooms for psychosocial support services in West Pokot, Baringo, Elgeyo Marakwet, and Narok. » Give survivors of gender-based violence access to justice services. » Maintenance of Toll-free systems and tele-counseling Services. » Support Continuous Medical Education sessions at county and sub-county referral hospitals in Kajiado, West Pokot, Baringo. » Conduct cluster meetings. » Project Management: Consortium partners/Program review meetings- Quarterly. » Joint visits to schools for technical support.

	Demand Creation	» Training of patron teachers in Kajiado, Nairobi and Narok. » Marking GBV calendar events. » Support the commemoration of international days i.e., UN Zero Discrimination Day, International Women's Day, International Day for the Right to Truth concerning Gross Human Rights » Support Beacon teachers to conduct awareness and education sessions through KQ clubs. » Outreach mobilization by CHVs. » Mass media (Social media/Local FMs) engagement to reach adolescents /WRA with GBV/SRH. » Conduct training of relevant county government departments on national GBV policy for domestication. » CBO and duty bearers' community sessions.
	M&E	» Data verification and reporting for GBV and SRHR. » Data quality audits and support supervision.
	Research	» Data analysis, reporting, and dissemination of Outcome 3 monitoring research. » Develop "swim lane" diagrams for provider process mapping workshop. » Review learning agenda protocol and tools based on stakeholders' feedback and budget availability. » Dissemination of Round 1 findings at national level. » Dissemination of Round 1 findings in Garissa and Narok.
APRIL	**Service Delivery**	» Carry out an integrated SRHR/GBV CMES at county and sub-county hospitals. » Conduct Joint supportive supervision/mentorship sessions. » Support provider In-Charge's review meetings. » EMONC mentorships » Support for national and county level Technical Working Groups. » Provide integrated medical and psychosocial support for survivors of gender- based violence. » Adoption of GBV rooms for psychosocial support services. » Give survivors of gender-based violence access to justice services. » Maintenance of Toll-free systems and tele-counseling Services. » Conduct cluster meetings. » Sensitization of relevant county departments, DBs and relevant county departments). » Joint visits to schools for technical support.

	Demand Creation	» Training of patron teachers in Kajiado, Nairobi and Narok » Support the commemoration of international days i.e., World Health Day. » Support Beacon teachers to conduct awareness and education sessions through KQ clubs » CBO and duty bearers' community sessions. » Development and Dissemination of IEC Materials. » Mass media (Social media/Local FMs) engagement to reach adolescents /WRA with GBV/SRH. » Radio and Social media campaign placement.
	M&E	» Data quality audits and support supervision. » Data verification and reporting for GBV and SRHR. » Conduct M&E Data review meetings / technical trainings on MEAL. » Conduct county / facility M&E data review meetings on GBV and SRHR.
	Research	» Write 1-2 manuscripts with key findings from Round 1 of learning agenda studies. » Support implementation of Round 2 of learning agenda studies » Continue with Routine M&E activities (RDQA, Support Supervision, Review Meetings and on job trainings, quarterly meeting, data verifications)
MAY	**Service Delivery**	» Carry out an integrated SRHR/GBV CMES at county and sub-county hospitals. » Conduct Joint supportive supervision/mentorship sessions. » Support provider In-Charge's review meetings. » EMONC mentorships » Support for national and county level Technical Working Groups. » Provide integrated medical and psychosocial support for survivors of gender- based violence. » Adoption of GBV rooms for psychosocial support. » Give survivors of gender-based violence access to justice services. » Maintenance of Toll-free systems and tele-counseling Services. » Conduct cluster meetings. » Sensitization of relevant county departments, DBs and relevant county departments). » Joint visits to schools for technical support.

	Demand Creation	» Support the commemoration of international days i.e., International Day of Families. » Radio and social media campaign placement. » Mass media (Social media/Local FMs) engagement to reach adolescents /WRA with GBV/SRH. » CBO and duty bearers' community sessions. » Development and Dissemination of IEC Materials. » Support Beacon teachers to conduct awareness and education sessions through KQ clubs.
	M&E	» Data quality audits and support supervision. » Data verification and reporting for GBV and SRHR. » Conduct M&E Data review meetings / technical trainings on MEAL. » Conduct county/ facility M&E data review meetings on GBV and SRHR.
	Research	» Write 1-2 manuscripts with key findings from Round 1 of learning agenda studies. » Support implementation of Round 2 of learning agenda studies. » Continue with Routine M&E activities (RDQA, Support Supervision, Review Meetings and on job trainings, quarterly meeting, data verifications).
JUNE	**Service Delivery**	» Carry out an integrated SRHR/GBV CMES at county and sub-county hospitals. » Conduct Joint supportive supervision/mentorship sessions. » Support provider In-Charge's review meetings. » Support for national and county level Technical Working Groups. » Provide integrated medical and psychosocial support for survivors of gender- based violence. » EMONC mentorships » Adoption of GBV rooms for psychosocial support services. » Give survivors of gender-based violence access to justice services. » Maintenance of toll-free systems and tele-counseling services » Conduct cluster meetings. » Sensitization of relevant county departments, DBs and relevant county departments). » Project Management: Consortium partners/Program review meetings- Quarterly. » Joint visits to schools for technical support.

	Demand Creation	» Coordination of communication placement in radio and digital space. » CBO and duty bearers' community sessions » Support the commemoration of international days i.e., International Day of the African Child. » Marking GBV calendar events. » Mass media (Social media/Local FMs) engagement to reach adolescents /WRA with GBV/SRH. » Development and Dissemination of IEC Materials. » Support Beacon teachers to conduct awareness and education sessions through KQ clubs.
	M&E	» Data quality audits and support supervision. » Data verification and reporting for GBV and SRHR. » Conduct M&E Data review meetings / technical trainings on MEAL. » Conduct county / facility M&E data review meetings on GBV and SRHR.
	Research	» Write 1-2 manuscripts with key findings from Round 1 of learning agenda studies. » Support implementation of Round 2 of learning agenda studies » Continue with Routine M&E activities (RDQA, Support Supervision, Review Meetings and on job trainings, quarterly meeting, data verifications)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