SECURING ACCESS TO JUSTICE FOR HIV RELATED HUMAN RIGHTS VIOLATIONS IN KENYA

MIDTERM PROJECT REVIEW REPORT

NOVEMBER 2014

Review funded by Aids Fonds
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ACKNOWLEDGEMENT

This mid-term review would not have been successful without, support and collaboration from many individuals and Institutions; as a result we are grateful to all who contributed in various ways towards the success of this mid-term project review exercise.

First and foremost, we wish to acknowledge the support of Aids Fonds for ensuring that all financial requirements for the review exercise were put in place. Our thanks also go to the Law Society of Kenya (LSK) and NEPHAK without whom, as Implementing and Technical Partners, the relevant pieces of information and documentation would not have been available to make this review a success.

Secondly, we would like to extend our deepest appreciation to the review team; comprising of Mr. Mungumi Chongwa Bakari, Mr. Nassir Rajab, Mr. Habil Olembo and Mr. Edgar Makona; we note with gratitude their unrelenting spirit, hard work and contributions towards this review.

We would also like to especially thank the Project Staff for their assistance during the mid-term review. In particular, we would like to express our appreciation of the support and guidance given to the Review Team by Ms. Melba Katindi and Ms. Tracy Mwikali.

Finally, we would like to thank all the community leaders together with the respondents we visited; County Government officials, community members, healthcare workers, lawyers, elders, other significant opinion leaders, PLHIV, Elected legislators at the county levels for their cooperation during the review. Their willingness to participate in the assessment and critical insights helped to shape our findings. We reiterate that the findings have been handled as confidential and were only used for purposes of statistical compilation of this report.

Allan Maleche, Executive Director
KELIN
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<tr>
<th>Acronym</th>
<th>Abbreviation</th>
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<tr>
<td>ARV</td>
<td>Anti Retroviral drugs</td>
</tr>
<tr>
<td>CLE</td>
<td>Continuing Legal Education</td>
</tr>
<tr>
<td>CME</td>
<td>Continuing Medical Education</td>
</tr>
<tr>
<td>CUCs</td>
<td>Court User Committees</td>
</tr>
<tr>
<td>FGDs</td>
<td>Focus Groups Discussions</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IEC</td>
<td>Information and Education Communication materials</td>
</tr>
<tr>
<td>LSK</td>
<td>Law Society of Kenya</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MCAs</td>
<td>Members of County Assembly</td>
</tr>
<tr>
<td>MDR</td>
<td>Multi Drug Resistant</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have Sex with Men</td>
</tr>
<tr>
<td>NACC</td>
<td>National Aids Control Council</td>
</tr>
<tr>
<td>NALEAP</td>
<td>National Legal and Awareness Programme</td>
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<tr>
<td>NEPHAK</td>
<td>National Empowerment Network of People living with HIV &amp; AIDS in Kenya</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
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<td>PLHIV</td>
<td>Persons Living with HIV</td>
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<tr>
<td>PWDs</td>
<td>Persons with Disabilities</td>
</tr>
<tr>
<td>SW</td>
<td>Sex Worker</td>
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<td>TB</td>
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EXECUTIVE SUMMARY

This is the mid-term review report for the “Securing Access to Justice for HIV related human rights violations in Kenya” project; a legal and community-driven project funded by Aids Fonds for a period of three years. The project is being implemented by KELIN in partnership with National Empowerment Network of People living with HIV and AIDS in Kenya (NEPHAK) and Law Society of Kenya (LSK) in five counties of Nakuru, Uasin Gishu, Kisumu, Homabay and Nairobi. In the project implementation, there was provision for trainings, community dialogue forums, legal aid clinics and general capacity building geared towards creating awareness on human rights of Persons Living with HIV (PLHIV) among other target groups. The project is being implemented through targeted community groups which participate in the trainings, dialogue forums, and legal aid clinics.

The overall goal of project is to contribute towards improved consciousness and awareness of the rights and obligations enjoyed by persons with disability, widows, elders, and persons living with HIV.

The midterm evaluation assessed the project overall performance against set out objectives using specific evaluation criteria as laid out on KELIN’s evaluation guidelines and as outlined in the terms of references (T.O.Rs).

The review assessed the appropriateness of the overall project objectives, priority needs of the target groups and the beneficiaries in the five target counties in Kenya. Efficiency was assessed against funding/costs and how they were utilized and the results achieved and whether costs were reasonable. According to the effectiveness criteria, the review found out that the project is on course to achieving the project results against the project purpose. The review was keen to document the impact, and effect the project had on its beneficiaries and the wider society, improvements and changes in solving the people’s problems especially where rights are violated. The project was assessed on sustainability so as to gauge the likelihood that the benefits of the project would continue to flow during the second half of the project implementation and also after the closure of the project as intended later in 2015.
In general, the interventions were highly relevant and effective in highlighting access to justice by PLHIV and building up a referral system in the case of violations of these rights by using the pro-bono lawyers whose capacity had been built by KELIN. The project was efficient in use of funds and was on point to achieving set out results with the set budget. The cash flows, reporting and accounting for the same were satisfactory but more could have been/will be achieved if KELIN set out a budget to support their trained target groups trainer of trainers (T.O.Ts) so that they are able to carry on the work even after the project comes to a close. This pool of trained "experts" would continue with the project objectives long after closure of project and guarantee project outcome sustainability. This approach ensures continued flow of benefit streams long after commissioning of the project.

The project made use of the cordial relations between LSK and NEPHAK and National Aids Control Council (NACC) to implement the project through the existing structures of LSK, NACC, National Legal and Awareness Programme (NALEAP) and NEPHAK on the ground to get to the target beneficiaries. The remarkable extensive network of NACC at the District and County Hospitals readily available to accommodate referrals of PLHIV and also understand and respect their rights as espoused during the trainings.

Throughout the half life project implementation period, regular reports on updates, training reports, dialogue forum reports and financial expenditure reports were prepared by the Programme Officer, Monitoring and Evaluation (M&E) Officer and the Finance and Admin Officer.

At the midpoint of the project implementation, it had achieved the following as shown in the table;

<table>
<thead>
<tr>
<th>Category</th>
<th>Target Number</th>
<th>Target Achieved</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawyers</td>
<td>20</td>
<td>Yes</td>
<td>Lessons coming out of the project so far are that</td>
</tr>
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</table>
The review findings shows that the formal justice systems is still viewed by the majority of members of the society with contempt as it takes longer and more resources as opposed to the Informal Justice System (IJS). The Informal Justice System/Alternative disputes resolution mechanisms have been successful. The Capacity Building programme for Elders and Widows in Kisumu and Homabay Counties has recorded progress with aggrieved parties preferring to settle their disputes in these forums.

In conclusion, the intervention was timely in addressing the felt needs of the target groups and in particular the PLHIV by providing them with training on their rights, culture and constitutionalism and how to claim those rights if they were infringed upon. This intervention allows PLHIV, Persons with Disabilities (PWDs), women, orphans and vulnerable in society to live like other Kenyans knowing their rights are deeply enshrined in the constitution and any violations of the same can lead to offenders serving time in jails.

Overall the midterm review found out that the project was effective in meeting its intended objectives and was on course to achieving the set targets. The review team recommends KELIN to take advantage of the overwhelming support and good will of the trained target beneficiaries and support them further to sustain results like case referrals, prosecutions and synergize the link between pro-bono lawyers as well complainants in communities and encourage disclosures.
1.0 KELIN: BACKGROUND INFORMATION

Securing Access to Justice for HIV related human rights violations in Kenya is a legal and community-driven project funded by Aids Fonds for a period of three years. This project addresses the legal environment, law enforcement and justice systems as potential tools to better the lives of Persons living with HIV (PLHIV). It’s evident, that the law and its institutions can protect the dignity of PLHIV and in so doing fortify those most vulnerable to Human Immunodeficiency Virus (HIV).

The project was rolled out to address the following objectives;

1. To provide education on HIV related human rights to healthcare workers, lawyers, elders, Persons living with HIV including widows and Persons with disability
2. To provide HIV related legal information, advise, and representation to PLHIV including widows and Persons with disability
3. To engage in advocacy with elected lawmakers at the county and national level for the enforcement of HIV related laws, policies and practices.

For the service providers and community members, the project sought to build the capacity around human rights, the law and the role they can play in preventing violence, challenging the stigma and discrimination within families, communities and workplaces. The project provided legal advice and litigation services, to those who had faced human rights violations by linking them with the trained lawyers. The project engaged lawmakers at both Government levels through community dialogue forums that allowed networks of PLHIV to deliberate human rights issues affecting them with their legislators.

The project was carried out in five counties in Kenya namely Nakuru, Uasin Gishu, Homa Bay, Kisumu and Nairobi. The mid-term review team comprised an external consultant facilitated by KELIN and its M&E staff. This project demonstrated the strong role of rights based advocacy and building partnership between critical groupings of the society like the Law Society of Kenya (LSK), NEPHAK and the County management
which had been growing since the first HIV and AIDS case was reported in Kenya. The project is being implemented over a three year period that begun in 2013 to date.

According to the project work plan, this midterm review exercise fits into an in built Monitoring and Evaluation (M&E) system aimed at ensuring the project sticks to the objectives. It is a feedback mechanism to KELIN, and its partners on whether the project is on course to achieving its intended goal and objectives.

1.1 Purpose of the Review
The objective of the midterm project review was to assess the progress of the project against stated outputs as of the midpoint (October 2014), as well as identify issues and recommend course corrections. The midterm review was to highlight issues and challenges affecting effective and efficient implementation of the project outputs and their contribution to project outcomes and impact and recommend results.

1.2 Scope of the Evaluation and key questions
The midterm review covered the criteria of relevance, effectiveness, efficiency, impacts, sustainability and cross-cutting issues such as institutional and stakeholder collaboration across partners and the general coordination of the project implementation.

1.3 Description of the Project being review
This project addressed the legal environment, law enforcement and justice systems as potential tools to better the lives of Persons living with HIV (PLHIV). It’s evident, that the law and its institutions can protect the dignity of PLHIV and in so doing fortify those most vulnerable to HIV.

The target group consisted mainly of Persons living with HIV in various categories like widows, PWDs, health care workers, elders, and included judiciary staff, elected leaders (MCAs), police and lawyers who can help escalate and advocate for the upholding of the dignity of these people living with HIV as they are most affected by the impact of continued HIV pandemic, discrimination in society and violations of rights of these PLHIV.
The target Counties of Nakuru, Uasin Gishu, Homa Bay, Kisumu and Nairobi are home to millions of people in this country. The project trained 25 lawyers in the counties of Nakuru and Uasin Gishu, 25 healthcare workers from the counties of Nakuru and Uasin Gishu, 20 elders from the counties of Kisumu and Homa Bay, 20 widows in the counties of Kisumu and Homa Bay and 25 Persons with disability (PWDs) in the county of Nairobi on HIV related human rights and legal rights of the above categories of people in the society. The police, judiciary staff and lawyers are critical in upholding the rights of these groups hence the reason for the training. KELIN particularly targeted lawyers so that they can represent cases of rights violations among the PLHIV.
2.0 EVALUATION METHODOLOGY AND DESIGN

2.1 Approach
The midterm review was conducted in consistency with best practices and application for conducting project monitoring, evaluations and assessments. Comprehensive literature review was conducted and field work was undertaken. Baseline data according to the three year work plan alongside activity completion reports for the half life project implementation so far were used. The midterm review used both qualitative and quantitative data to gather adequate information for the review. Other approaches used included participatory approaches like; focus group discussions (FGDs) especially among lawyers, elders and widows, observations and case studies.

2.2 Methodology and sampling design
Given the nature of the target population under this study, a combination of probability and non probability sampling techniques and methods were deemed to be most appropriate. A purposive sampling technique was largely employed in the selection of respondents across the counties and as guided by the initial groups that were involved in the implementation of the project. Various assessment techniques were applied to selected parameters to determine project achievements, and status in addition to demonstrating change and impact.

It is noteworthy that background desktop review was also conducted to understand the project rationale, thematic areas and also determine the extent to which planned outputs had been achieved. Respondents were interviewed using a structured questionnaire. Visits were made to the KELIN offices in Nairobi and Kisumu, to project implementation sites in the counties where further interviews were held with key project beneficiaries. Responses were then classified and processed into various variables, and key relationships obtained that then assisted in establishment of our conclusions and recommendations.

2.3 Sample size Selection
According to Glesne and Alan (1992) survey research is probably the best method available to social scientists who are interested in collecting data for purposes of
describing a population which is too large to observe. Since the project is/was being implemented in counties in Kenya, the populations were initially stratified into the counties of Nakuru, Uasin Gishu, Homabay, Kisumu and Nairobi.

The target populations were further stratified per various target groups that included Lawyers, Elders, and Persons living with HIV, Healthcare workers, Persons living with Disabilities and Elected Legislators. In each of the populations a sample of at least 15% was targeted. This represented a figure slightly higher than the 10% of the total population but fitting in the larger sampling frame as proposed by Mugenda and Mugenda (2003) who concur that thirty observations are sufficient to represent a large population. Mugenda and Mugenda (2003), aver that while surveys are costly and time consuming, they are beneficial when investigating more than one study unit due to the comparisons within the sample and generalization of the results with the entire population.

The review used both primary data and secondary information that was collected through administered questionnaires and literature review, interviews on key KELIN management personnel (Programme officer, M&E officer, and Finance and Admin Officer) to qualify the primary data and information gathered.
3.0 PROJECT EVALUATIONS AND KEY RESULTS/FINDINGS

This section presents the Midterm Review Report and results from the analyzed field survey done using questionnaires, literature and desk top reviews, focus group discussions, observations and case studies from the sampled respondents of the target population. The midterm review was conducted through cross-sectional survey, and the review focused on representative of the target populations and groups across the five counties of Nakuru, Uasin Gishu, Kisumu, Homabay and Nairobi. The results of the review are outlined as follows;

**Figure 1:** Bar graph showing distribution of respondents across counties

A total of 48 respondents were interviewed. Most Respondents were drawn from Uasin Gishu and Homabay Counties. Nakuru County had a response rate of 25%. The Respondents were made up of 9 categories. Health Care Workers, Lawyers and PLHIV formed the majority groups.
The distribution was as follows;

**Figure 2:** Pie chart showing distribution of respondents per category

![Distribution of respondents per category](image)

It was not easy to interview Members of the County Assembly, MCAs. Most of those who were approached did not honor the interview schedules due to the nature of their work.

### 3.1 Findings on Attainment of Project Objectives

#### 3.1.1 Objective One: To provide education on HIV related human rights to healthcare workers, lawyers, elders, Persons living with HIV including widows and Persons with disability

In addressing this objective, the number of participants in the forums and training sessions was used as a measure of achievements. KELIN organized three main types of educational forums namely;

2. Legal Aid Clinics (LACs)

3. Community Dialogue Forums (CDFs).

This was complimented by advocacy forums through Radio talk shows, Community Barazas and other post educational follow up activities especially for the Elders and Widows and for PLHIV especially in Kisumu, Homabay and Nakuru Counties.

Observation by the review team revealed that most of the respondents attended at least one forum organized by KELIN, and as can be seen from table 1 below most of the respondents found the forums useful and attested that it improved their knowledge of human rights by a large extent. Some of the respondents admitted that the trainings enabled them view ‘the human element in sex workers’ (SW); Police/ Law Enforcers interviewed confirmed that they now understand the special needs of PLHIV and observe their rights; for example the right to take medication even when in confinement.

**Table 1: Extent of influence of training/forums**

<table>
<thead>
<tr>
<th>Valid</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Extent</td>
<td>43</td>
<td>89.6</td>
<td>89.6</td>
<td>89.6</td>
</tr>
<tr>
<td>Not sure</td>
<td>5</td>
<td>10.4</td>
<td>10.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>100.0</td>
<td>100.0</td>
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</table>

89.6% (43) of respondents admitted to finding the forums highly influential in terms of improving their knowledge on human rights for PLHIV as shown in Table 1 above while 10.4% (5) were not sure. None of the respondents indicated that the forums had absolutely no influence on them.
This particular objective was achieved although with huge potential for improvement. The achievements as currently are were more tangible at output levels but the targets should be improved in terms of numbers of target groups reached and more numbers of ‘repeat’ targets (same groups of individuals engaged in these forums more than once). The potential of alternative outreach methods including mass media, continuing medical education (CMEs), and continuing legal education (CLEs) should be explored. Also explore opportunities for engaging schools (colleges, law school, medical schools should be explored).

3.1.2 Objective Two: To provide HIV related legal information, advice, and representation to PLHIV including widows and persons with disability.

KELIN organized Two Legal Aid Clinics aimed at providing legal aid services for individuals facing violations of their Health and HIV related human rights; identify cases for possible resolution through mediation and arbitration or ultimately litigation; and promote comprehensive rights of persons living with HIV (PLHIV) and utilize the available redress mechanism.

The mobilization of the legal aid clinics were done with PLHIV, including: NEPHAK, Women Fighting AIDS in Kenya (WOFAK) and Love and Hope Centre, some of who had participated in the know your rights trainings by KELIN. The health care workers and palliative care service providers also informed their clients of the legal aid clinics. KELIN lawyers worked closely with pro bono lawyers; who are trained on HIV and the law, to offer free services at the site. The event was structured in a way that general information on HIV related human rights as well as personalized consultations were availed to the clients who were in attendance. Many of the cases reported were on land and property ownership, discrimination, succession, custody and maintenance. Majority of the clients received satisfactory advice on how to advance their rights in the cases presented.

One of the respondent interviewed, a PLHIV who is also a Member of County Assembly (MCA) narrated how her rights were violated when she went to get Anti Retroviral (ARV) drugs from a health center in Homa Bay. Given her busy schedule she
had not come for them as scheduled. She was denied the drugs. She had to go to a nearby private hospital for the same drugs. This showed lack of understanding, care and compassion on the part of care-givers that can easily constitute human rights violations as observed and established during the field surveys. The need for continued awareness creation through focused training and mass media cannot be overemphasized.

**Table 2: Participation in Legal Aid Clinics**

<table>
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<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
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<td>Total</td>
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</table>

As shown in the table above a cumulative 31.3 percentage of respondents attended the legal aid clinics. The unique nature of the clinics meant that they bring together mainly lawyers to help understand rights issues and PLHIV whose rights might (would)/have been violated. The graph below gives more insights;

**Figure 3: Proportion of Respondents who had handled Human Rights Violations**
81% of respondents alluded to either being victims of violation of human rights as PLHIV, or handling cases of victims of human rights violation who were affected by HIV and AIDS.

**Figure 4:** Bar graph showing respondents participation in Legal Aid Clinics.

From the graph, Lawyers, PLHIV, and MCAs, attended the forums where lawyers acted as facilitators and in some cases as participants too. The Legal Aid Clinics were extremely useful in providing a platform for advice and building a case for the pursuance of justice for victims of human rights violations.

Improvement in seeking Justice of PLHIV: - the project main outcome/impact was to increase access to justice for PLHIV. The graph below showed how the respondents viewed how important persons/organizations or systems contribute to the access of justice to PLHIV.

**Figure 5:** Bar graph showing respondents rating of players in ensuring access to justice especially PLHIV.
There was overwhelming agreement that the environment for provision of justice for Persons living with HIV had improved, albeit to various degrees depending on the areas under consideration. In the Nyanza region for example, widows who were living with HIV had seen improvement in justice systems to a large degree. In other areas like Nakuru and Eldoret, the fact that there was improved awareness of the rights of PLHIV was considered an improvement in the human rights environment of PLHIV. See bar graph below.

**Figure 6:** Bar graph showing respondents assessment of improvement in seeking justice for PLHIV.
The HIV and AIDS Tribunal: - the HIV AIDS tribunal was set up several years ago to ensure the upholding of rights for PLHIV. It is therefore an integral part of the justice system for PLHIV. 60% of the respondents had heard of the tribunal, though less than 5% claimed to have referred any case to the tribunal. Respondents’ recommended the decentralization of the Tribunal’s services and increased awareness created to explain and enlighten on its role.

**Figure 7: Awareness about HIV and AIDS Tribunal**

Other examples of violations that were shared during the midterm review include; Overwhelming demand for CD4 Count Services against low personnel numbers and equipment especially in public hospital in Nakuru had led to services being provided to only a few clients at a time leading to denial of rights to many more. Personnel in these facilities were/ are in most cases overworked leading to fatigue, and in some instances mistakes that lead to violation of rights.

Violations of human rights by majority of other stakeholders due to ignorance are still rampant. A case of a youngster in a children’s home who was a PLHIV, who is summoned regularly to take ARVs in the presence of the other healthy children leading to the child being shunned by the rest; a case of health care workers who test clients for HIV without their knowledge; cases of subordinate health care workers who are usually drawn from the same communities that clients come from making it easy for them to breach client confidentiality and spreading rumors on who the latest ‘victims’ are in the
community; and cases of chiefs who view community health workers and elders creating awareness on human rights for PLHIV as rivals.

3.1.3 Objective Three: To engage in advocacy with elected lawmakers at the county and National level for the enforcement of HIV related laws, policies and practices.

Major Activities that were undertaken under this objective was the convening of County Dialogue forums in which elected Lawmakers were invited. Three such forums were held in Nakuru, Eldoret and Kisumu. The Nakuru event seemed to have been the most successful, followed by Kisumu and the Eldoret forum according to respondent feedback, and reports availed to the review team).

The three half-day dialogues forums sought to provide a platform for open discussion between county officials and the relevant stakeholders working on HIV issues affecting PLHIV, including women and children, as well as key and affected populations; and also to provide a platform for partnership building among the different stakeholders for promotion of a rights-based multisectoral county response to HIV.

Among the issues discussed were challenges, opportunities and the way forward in regard to effective HIV responses, in the context of the current legal environment. The Nakuru County Dialogue for instance addressed the inadequacy of CD4 and viral load machines, which are crucial in HIV management; Explored a suitable community model for TB management that looks at the underlying factors of treatment default as opposed to imprisonment, in the absence of a proper isolation facility; Need for dialogue with national policy makers and law enforcement agencies to ensure laws are not enforced in a way that negatively impacts the rights of TB patients, PLHIV and key populations; Need for civic education that will include awareness on basic health issues, human rights and sensitization of county policies, laws and opportunities for public participation; and the Involvement of stakeholders in the development of county budgets and the health bill.

The dialogue offered a unique opportunity for the county government to interact with other stakeholders to identify critical areas that require immediate attention, due to the recent devolution of the provision of health services.
Table 3: Had respondents participated in county dialogue forums

<table>
<thead>
<tr>
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<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
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<td>Total</td>
<td>48</td>
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KELIN has planned to organize a capacity building meeting for 25 elected Members of Parliament (MPs) in the second half of the Project.

Weaknesses in the Current Legal Environment: - Respondents were asked to list gaps in the current legal environment that are exploited to perpetuate violation of human rights for PLHIV;

1. Respondents, mainly elders, cited a clash between culture and the law. While the law reigns supreme ‘in theory’, in practice, culture reigns supreme. It was suggested that when writing policies and laws, it is important to engage proponents of various cultures to understand the basis of these cultures.

2. Most respondents cited ‘grey areas in the law’ including whether prostitution was legal.

3. Other conflict resolution mechanisms established by the law, including the HIV tribunal seem to escape the minds of respondents. Most respondents had heard of the tribunal through the training and capacity building workshops but did not know the work the tribunal was formed for. This could be partially due to the centralized positioning of the tribunal and partially due to lack of awareness on
the existence of same hence the intervention knowledge creation by KELIN on stakeholders and the target populations through the project.

4. Respondents also cited the fact that cases take too long in courts- Given the circumstances of PLHIV. Some do not live to see justice served. In areas where Alternative dispute resolution mechanisms have been put in place- there was great relief as justice was served relatively faster.

Developments in the Legal Environment: - Developments in the legal environment are important to note as they can be used as a platform to ensure that human rights for PLHIV are embedded in law or policy. The following opportunities for policy advocacy and policy developments were noted;

1. Development of the National legal Aid Bill
2. Rift Valley Provincial Hospital working on policy for MSM rights
3. An early Marriage Bill is being developed in Homa Bay County
4. A county Bill for the protection of Children rights in Homa Bay County
5. NACC is developing a strategic Plan
6. The National Strategic Plan on TB is also being formulated

3.2 Project Impacts and Success Stories
The impacts of the project were surveyed from respondents as significant changes in their lives due to the trainings, community dialogue forums and the general awareness that was created by KELIN regarding rights, obligations and duties of PLHIV under the constitution of Kenya. When this question was put to respondents 81% of the respondents concurred that they had experienced some significant changes in their outlook of rights and obligations as PLHIV, while 19% said that no significant changes had been realized so far. See the figure below.
**Figure 8:** Pie chart graph showing significant changes in respondents’ perceptions and understanding of rights.

Some of the significant changes experienced by respondents through the trainings, community dialogue forum, and legal aid clinics included:

1. Opportunities to obtain free legal advice and representation
2. Elders spoke of having resolved more than 300 cumulative cases in Homa Bay and Kisumu counties.
3. Elders also spoke of having convinced parties in court to withdraw some cases and give the dispute resolution mechanism led by the elders in the counties a chance.
4. Widows spoke of having obtained justice, reunited with their in-laws, and having been resettled or that they knew of somebody who had been resettled amicable through dispute resolution mechanisms other than court cases.
5. Health care workers spoke of being more conscious of their decisions with regards to whether they violate the human rights of PLHIV.
6. Lawyers spoke of an awakening and the fact that they could see the ‘human beings’ in SWs, PLHIV etc.
7. The police realized that PLHIV have special rights including basic requirements like taking drugs at specified times.
8. PLHIV have seen their windows open- and society embrace them to a given extent- They are handled with relatively more respect and dignity than was the case in the past.

9. PWDs like Angela Nzilani (blind) who is a social worker was able to understand more with the information of HIV and AIDS was in braille, a form that she was able to read. She has used that training to educate fellow community members on how to live positively and still participate in nation building activities.

Some of the success stories as a result of KELIN project interventions were as follows;

Mzee Kasuku Kalolo an elder from Nyando Constituency has attended a number of forums organized by KELIN. He even participated in the capacity building workshop for elders from Kisumu and Homabay counties on culture and HIV related human rights Held in Kisumu from 25 to 27 November 2013. He has seen considerable successes in his community with regards to dispute resolution especially for Widows. “So far we have solved more than 100 cases in Nyando” he says, and adds that the advantage of this system is that it’s a win-win for both the complainant and the accused as they agree amicably.

A case of a vegetable seller in Nakuru defaming an HIV positive mother. The PLHIV mother reported case to the police through NEPHAK. The Accused was arrested and investigations launched. The Accused later apologised and requested for an out of court settlement. It is noteworthy that the NEPHAK representatives attended the KELIN forums in Nakuru.

An MDR PLHIV in Eldoret was absconding on his prescribed medicine. He was taken to court. The Judge, before passing a judgement consulted the Doctors on the best way forward. The judge ruled that the accused be confined at the District hospital until he has completed the prescribed dosage. Prison officers were required to watch over him. This was done and he finally completed his dosage.

Caroline, A teacher from Mbita had been disinherited off her property through a dispute with her in Laws. Through legal support from KELIN the matter was resolved
and she got her land back. Apart from her role as a teacher, Caroline has become a rights champion and paralegal advising and assisting many other women who fall in a similar situation.

Hesham Saidi: - A Lawyer Attended one of the training sessions by KELIN- She later got an opportunity to participate in a radio show organized by another organization (Love and Hope Worldwide) on aspects of Human Rights for PLHIV. She was able to articulate on these issues courtesy of the knowledge she acquired during training by KELIN. Another lawyer being interviewed at a separate location on a different day actually admitted to being enlightened when she tuned in to the radio programme on human rights that was 'hosted' by lawyer Saidi.

Mzee Vincent Obura is also an elder from Kabondo Constituency. He says that apart from having resolved cases and settled more than 150 Widows, he has managed to convince the courts to allow for the withdrawal of two cases so that they could be resolved by the elders.

A PLHIV widow from Homabay County was sent away from her home by her in-laws after her husband had died. They accused her of causing the death of ‘their relative’ she contacted elders who started ‘proceedings’ where by they approached one of the most vocal in-laws and talked to him. As elders they are bestowed with two kinds of ‘powers’; they either curse or bless, and they made this clear to the ‘in-law’. They finally reached an amicable settlement with the widow and convinced all the others that she should go back to her matrimonial home. She was warmly accommodated and later a house built for her.

Angela Nzilani (PWDs due to blindness) in Nairobi County who is a social worker was able to understand more with the information of HIV and AIDS was in braille, a form that she was able to read. She has used that training to educate fellow community members on how to live positively and still participate in nation building activities.
3.3 Project Outputs

KELIN organized a series of forums to address the various target groups. These forums were held in Nairobi, Nakuru, Eldoret, Kisumu, Homabay and Oyugis. The progress of achievement was measured against KELINs work plan set at the beginning of the project lifecycle. The Tables below give the current status of planned activities including comments/recommendations for the way forward. The comments have been coded with RED indicating potential gaps, Green indicating high successes worth emulating and yellow indicating Good work with opportunity for improvement. The tables below on capacity building forums as well as legal aid forums were used to show project outputs.

Capacity Building forums

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<th>Category</th>
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<th>Target Achieved</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawyers</td>
<td>20</td>
<td>Yes</td>
<td>Lessons coming out of the project so far are</td>
</tr>
<tr>
<td>HealthCare Workers</td>
<td>20</td>
<td>Yes</td>
<td>that the target groups/ participants were critically and charily selected; undoubtedly they will achieve the desired changes</td>
</tr>
<tr>
<td>Elders</td>
<td>20</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>PLHIV</td>
<td>20</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Widows</td>
<td>20</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Disabled Persons</td>
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Other Forums

<table>
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<th>Category</th>
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<th>Target Achieved</th>
<th>Recommendations/comments</th>
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<tr>
<td>Conduct 1 day Legal AID forum with trained lawyers in the counties of Eldoret and</td>
<td>2 forums</td>
<td>Yes</td>
<td>The mobilization strategy should be reviewed. Focus should be more on the number of PLHIV reached so that a significant proportion is educated by the lawyers on basic rights and how to use the constitution to</td>
</tr>
<tr>
<td>Nakuru</td>
<td></td>
<td>address human rights violations.</td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>Support the conduct of 20 Arbitration forums</strong></td>
<td>20</td>
<td>Target achieved.</td>
<td>This was the most successful intervention. Opportunities for replication in other counties should be explored.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Elders have been able to convince courts in a number of instances to ‘drop’ cases/refer cases back to them for arbitration.</td>
<td></td>
</tr>
<tr>
<td><strong>Support two public interest litigation cases to shape law and policy affecting PLHIV</strong></td>
<td>2</td>
<td>Unclear whether this was achieved and these have influenced change or development of policies or laws.</td>
<td>Efforts should be made to publicize such events. Apart from having a contribution to Policy and Law, they also shape public perceptions and opinions and in most cases become case studies for future references in Law.</td>
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<tr>
<td></td>
<td></td>
<td>Materials produced and disseminated.</td>
<td>Material should be disseminated further especially to the public- to continually provide awareness creation bases even when KELIN is not actively organizing forums.</td>
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<tr>
<td><strong>Develop and disseminate IEC material</strong></td>
<td>No clear Target</td>
<td>Materials produced and disseminated.</td>
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<tr>
<td><strong>Conduct Community Dialogue forums</strong></td>
<td>15 representatives from 5 counties and 10 MPs</td>
<td>Forums conducted, however no evidence seen of participation by MPs.</td>
<td>More forums should be organized. Especially to ensure accountability and follow-up on issues raised and actions taken by various stakeholders.</td>
</tr>
<tr>
<td><strong>Conduct 1 radio talk show per year</strong></td>
<td>3</td>
<td>Achieved</td>
<td>KELIN should effectively engage the communication consultant/ expert(s) in the project to determine the optimal media exposure to generate greater impacts.</td>
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</table>
3.4 Addressed Needs of Target Groups
The target populations were further stratified per various target groups that included Lawyers, Elders, and Persons living with HIV, Healthcare workers, Disabled persons and Elected Legislators. In each of the populations a sample of at least 15% was targeted. Specifically the following was achieved according to each category.

3.4.1 Health Care Workers
Capacity building workshop for 20 Health Care Workers (HCW) from the counties of Uasin Gishu and Nakuru was held as per the work plan. It informed the HCWs on rights based approach, the Kenyan constitution and human rights in the context of culture. It was also an eye opening session for the health care workers to try and treat PLHIV with respect, dignity as well as compassion since they were human beings and that their rights are enshrined in the constitution like all other Kenyans. Violations of these rights can lead the offender, if successfully prosecuted, to jail. The midterm evaluation sampled 15 of the 25 health care workers and the results concurred with the project report that the training took place and was successfully completed. However much more needs to be done for the health care workers in terms of awareness creation on the rights of PLHIV.

The trainings provided opportunities to demystify these initiatives from being perceived as activist by the healthcare workers; making health care workers appreciate the place of law/human rights as a fundamental aspect of the healthcare regime, and avoid the obvious and at times 'silly' mistakes that can easily lead to otherwise good intentions landing one on the wrong side of the law.

3.4.2 Lawyers
Capacity building workshop for 20 Lawyers from the counties of Uasin Gishu and Nakuru was held as per the work plan. The lawyers were informed on rights based approach, the Kenyan constitution and human rights in the context of culture. KELIN also was targeting to build a pool of lawyers who could be used on pro-bono basis so that they can represent PLHIV in the event the rights of such persons have been violated contrary to the provisions of the Kenya constitution. The midterm evaluation sampled 10 of 25 lawyers and confirmed the training took place and was successfully completed. There is a need to train more lawyers. A key recommendation was the need
to train paralegals, and community rights monitors and PLHIV on basic fundamentals of self representation and other rights issue.

3.4.3 Elders
Capacity building workshop for 20 Elders from the counties of Kisumu and Homabay was held as per the work plan. The elders were informed on the rights based approach, the Kenyan constitution and human rights in the context of culture. The elders have been instrumental in solving domestic problems using out of court settlement and where family disputes were concerned. The midterm evaluation sampled 30% of the trained elders under this project and confirmed the training took place and was successfully completed. The impact resulting from the training on the elders and subsequent community dialogue forums was phenomenal and that elders had been successful in resolving disputes among community members.

This was one of the groups that showed high levels of organization, ownership and success in achieving desired outputs and outcomes. Results, challenges and opportunities could be quantified and articulated by any of the sampled respondents. A lot can be learnt and replicated across the country from this success and experience from Kisumu and Homa Bay Counties.

3.4.4 PLHIV
Capacity building workshop for 20 PLHIV from the counties of Uasin Gishu and Nakuru was held as per the work plan. The PLHIV were informed on rights based approach, the Kenyan constitution and human rights in the context of culture. PLHIVs were informed of their rights under the constitution of Kenya and that they deserve respect, to be served with dignity as well as compassion while seeking medical, legal and judicial services in the country just like all other Kenyans. Violations of these rights can lead the offender if successfully prosecuted to jail. The midterm evaluation sampled 25% of the PLHIV and confirmed the training took place and was successfully completed. The PLHIV became aware of their rights and were challenged to demand what is constitutionally theirs.
There is still a lot that needs to be done to finally ensure that human rights violations on PLHIV are reduced. Awareness creation activities for various interest groups including health care workers, Lawyers, Judges/Magistrates and the general public/communities are critical. The PLHIV thrive much better within support groups and these groups should be encouraged. Awareness creation for the PLHIV should also continue especially on possibilities of having some of them become paralegals, and for most to have capability for self representation in simpler matters.

3.4.5 Elected Legislators (MCAs)
This targeted members of county assemblies (MCAs) and members of parliament (MPs) but had not taken place by the time of midterm review. Two MCAs, one each from Nakuru and Homa Bay counties were interviewed during the midterm review and confirmed having participated in the dialogue forms hence were very actively involved with the initiative that KELIN had began. KELIN needs to complete the awareness capacity building to this very critical group of society in the second half of the project life cycle.

3.4.6 PWDs
Capacity building workshop for 20 Persons with disability (PWDs) from the counties of Nairobi and was held as per the work plan at Kasarani Sports View Hotel. This workshop informed the PWDs on rights based approach, the Kenyan constitution and human rights in the context of culture. Majority of the PWDs were happy to be informed of their unalienable rights that were part and parcel of the constitution of Kenya. It was also an awakening session for the PWDs and who the majority were also PLHIV to PWDs rights were also human rights. Violations of these rights were violations against the constitution and also against human rights and that they can seek legal redress to prosecute an offender to their rights. The midterm evaluation sampled 15% of the PWDs and confirmed the training took place and was successfully completed.

3.4.7 Widows
From 19 to 21 of November 2013, KELIN held a three day training workshop on Human Rights for 20 widows from Homabay and Kisumu counties supported by a grant from
Aids Fonds. The training was aimed at enhancing the participants understanding on the link between Human rights, HIV and Culture; share experiences and challenges faced in the enjoyment of legal rights by widows in cultural settings with a focus on Luo cultural practices; enhance the participants understanding of the legal provision that promote the rights of widows and children in Kenya in the context of HIV; and to understand the available options for enhancement of rights and the relevant procedures

Major outcome of the workshop was the empowerment of the women such that many of them were confident their rights as widows living with HIV. It was inspiring to hear that the majority of these beneficiaries experience greater contentment in their lives and live a better quality life having been resettled. Despite the high poverty level that persists, they testify that they are able to provide basic necessities for their families and appear to be happier and are certainly healthier. At the end of the workshop the widows resolved to be actively involved in community awareness on human rights and hoped that the Luo cultural practices would be reviewed by the council of elders as they had recommended.

3.5 Assessment on Utilization of Project Funding
The project was efficient in use of funds and was on point to achieving set out results with the set budget. The cash flows, reporting and accounting for the same were satisfactory but more could have been/will be achieved if KELIN set out a budget to support their trained target groups trainer of trainers (T.O.Ts) so that they are able to carry on the work even after the project comes to a close.

Figure 9: Pie chart showing percentage utilization of project funding.
At the midpoint of the project, KELIN had spent 45% of the Budget, with 60% going into Programs and the remaining 40% into Administrative related expenses. The Organization had made some savings through;

1. Subsidized rates for accommodation and conference packages, for instance in Eldoret (46% saving on overall activity)
2. Relatively low accommodation rates in Homabay, as the Widows training was done in an area considered non-urban

Generally KELIN’s big saving has been on accommodation and conference packages even for Elders and Health care trainings.

3.6 Factors/Constraints Hindering Project Implementation
Project implementation most times is riddled with challenges. These challenges can either be inherently from within the project set up or can be external owing to external environment, players, and target groups dynamics and to some extent, donor preferences. The following specific challenges were examined to demonstrate their influence on the outcomes of the project.

3.6.1 Technical
Technically KELIN had the right group of staff to execute the project. (repetition)from the Executive Director of the project, the Programme Officer, the M&E Officer, and
Finance and Admin Officer. Outsourcing of some services like consultancies to carry out various aspects of the project (M and E) was used to enhance the third eye approach as well as enrich the technical aspects of KELIN as an organization.

3.6.2 Organizational

KELIN as an organization set out to create awareness among targeted community segments. This was/is a very good idea of sensitizing the community and especially PLHIV on their rights and obligations under the constitution. However KELIN did not carry out a baseline surveys to establish status, ascertain numbers of target populations as well as determining intervention target scales for proper match between inputs and expected outputs.

3.6.3 Institutional

Various agencies and categories of professionals involved in the justice delivery system were rated by respondents. This was with regards to their abilities to identify and facilitate the handling of cases of human rights violations for PLHIV.

Police: - police were rated by most respondents as either ‘Fair’ or ‘Poor’. Some of the reasons were as follows;

a. They require bribes so as to facilitate any processing of the complaints. One of the respondents interviewed mentioned that they consider rape and other cases of violations as lucrative in the sense that these fetch the highest bribe levels.

b. Police are ‘humans’ and most of the time are overwhelmed by the myriad cases brought to them. These cases are so vast that they can lead to display of extreme emotions including ‘numbing’ of these emotions which is interpreted by the public as rudeness. This is a capacity and welfare issue for the police that needs to be sorted out for them to serve these special cases better.

There might be need to involve the police more in these forums. Specialized training should be advanced to Police groups. It was suggested that this should start with senior officers as police follow a command structure with which orders are given
hierarchically. A junior police officer who has been trained has less ability to influence change when compared to a senior officer according to feedback from the Police respondents.

**Lawyers:** - Lawyers seem to have been fairly rated by respondents. Upon further elaboration however, it was noted that despite there being opportunities for offering free legal services in support of PLHIV and especially with the Pro-bono lawyers, there was a perception of lawyers being generally expensive, and the legal process too ‘energy sapping’. Continued awareness creation will help demystify access to legal advice and services. There were however other recommendations with regard to legal advice from respondents;

a. The need to continue the recruitment and training of community rights monitors
b. The need to continue recruitment and training of Paralegals.
c. The need to create awareness and provide basic training to communities with a view of making them practice self representation in some less complex matters in court.

**Judges:** - Judges were rated almost similarly as lawyers. The respondents in Nakuru and Eldoret hailed the establishment of Court User Committees (CUCs) that periodically review performance of the judiciary. There were cases where judges had cooperated and sought the advice of doctors when determining sentences for multi drug resistant (MDR) patients who had absconded treatment. The consequent sentences were satisfactory and took care of both patient and public interest.

**Prisons:** - Respondents recommended more engagement of prison authorities- they require training on the Rights of PLHIV. Most violations of rights of PLHIV were due to ignorance by the prison caretakers.
Overall there was need to actualize the creation a common platform as had been envisioned by KELIN whereby awareness was created on the targeted groups and in particular lawyers, healthcare workers as well as judicial staff so that they can support the access of justice by PLHIV whose rights had been violated.

3.7 Project Results Sustainability
From desk reviews, to interviews with respondents and project managers and implementers and some of the success stories shared to the review team, there was unanimity in the fact that this project intervention was timely and very relevant. The Figures below illustrate the findings;
Table 4: Relevance of KELIN interventions by quality and time

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<th>Frequency</th>
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Table 5: was the timing of project implementation ok

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<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
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<td>Total</td>
<td>48</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

One of the biggest challenges (worries) was the ability of KELIN to satisfy the huge demand for the many community needs and priorities related to justice delivery including awareness creation, and influence on policy and law in the five targeted counties. The following ratings on organizational capacity were tested;

Figure 11: Bar graph showing performance rating of KELIN by respondents
KELIN was rated highly respondents with cumulative score rating of 83.4%, disaggregated as excellent by 29.2% and good by 54.2% of the respondents.

Rating of the organizational capacity of KELIN: - despite various areas that were recommended for polishing, respondents rated KELIN's organizational capacity highly. The idea of addressing aspects of human rights for PLHIV was a real felt need, and as we interviewed respondents across the counties we could feel the relevance and importance of this intervention.
4.0 RECOMMENDATIONS FOR SUSTAINABILITY

KELIN needed to establish the baseline status of the target populations so as to enhance tracking of changes. As a recommendation for future activities it is important to establish the base status of key variables at the onset of a project in order to:

1. Establish optimal levels of interventions for various activities that will realize expected outcomes and to;
2. Effectively determine progress or the lack of it.

It is however noted that a major study that served to confirm issues related to human rights violations for PLHIV was conducted before the interventions were made.

Government: - for purposes of ensuring sustained upholding of human rights for the vulnerable groups, there should be sustained lobbying to ensure that policies and laws touching on the rights of the target groups are either drawn or upheld by various government agencies. While the government has been involved, this had been at minimal level mainly in county dialogue forums with no clear frameworks for follow up. Chiefs, the police, county governments and the national government need to be more involved in these programmes.

Health care workers: - as witnessed in the review, a substantial proportion of human rights violations are made in the health facilities. KELIN sought in a geographical scope that comprises of more than 100,000 health care workers by training not more than 30 health care workers. Most of them only underwent one training session. More efforts should be made to intensify awareness scope (Number of health care workers trained, number of training sessions received per health care worker).

Media: - Some local media outlets were engaged during the programme. But more needs to be done in intensifying media engagement. Right use of media and media personalities is one of the surest ways to get the message across to the masses.

The project Result Chain analysis: - relationship between project inputs and outputs on the one hand and expected outcomes and impacts on the other hand. This relationship needs to fit seamlessly between the inputs and the expected outputs. It was further
observed that while the project objectives were relevant and timely, the project interventions so far do not seem to have achieved many outcomes. The most likely reason is that implemented activities so far when compared to target population sizes and needs were very low. Majority of respondents allude to being invited ‘once’ to training sessions or dialogue forums that they thought was meant to set the stage for further engagement which has not been forthcoming. For some respondents no additional follow-ups were made.

Implementation gaps as exemplified by the following;

**Output A;** Lawyers had been trained and signed to providing pro-bono Services to PLHIV with reported rights violations,

**Output B;** Awareness had been created among PLHIV on availability of legal services literally ‘for free’ on any of their rights violations due to their conditions,

**OUTCOME:** - there was still minimal access to legal services by PLHIV on the one hand and ‘complaints’ from lawyers of not having any cases referred to them by either the PLHIV and or by KELIN. This created a gap of expectation and KELIN need to close this gap to ensure the completion of the chain.

Project Focus: - as mentioned elsewhere in this document, there are groups that were relatively on the periphery of KELINs intervention scope. These include the Police and Prisons Authorities. These have been rated poorly by respondents in the review. There is need for the design of more intensive awareness programmes for these groups, as they have potential to negatively affect the current project Outcomes and impacts.

Project Follow up: - The review clearly showed that most respondents would like to have KELIN follow up on the activities of the trained persons and link them up so that there was a working relationship among the target groups in order to ensure guaranteed access to justice by PLHIV.

Ownership: - there is an overwhelming perception among various target groups that this is a ‘KELIN project’. While this is good for building ‘KELIN’ as a brand, it kills creativity and initiative among stakeholders to move the projects forward. KELIN should come up with a clear exit strategy in the second half of the project for this project
before it finally lapses. Clear strategies to ensure that activities continue beyond the project life should be put in place.

Funding and support for implementing persons: - there seems to exist a misunderstanding on the extent of KELIN’s funding under the programme. Elders for example requested for more funding to facilitate running of the Alternative Dispute Resolution mechanisms. Widows also asked for funding to facilitate outreach programmes. There was also a request by some leaders for KELIN to provide food programmes for PLHIV, while others requested for the resettlement programme (Building houses for widows) to be enhanced. KELIN needs to clarify the scope of its capability and in the course seek partnerships with agencies that could provide other forms of support as requested by the respondents. But most importantly there is need to clarify that the project only intervenes to trigger sustained programme implementation by the community.

- It might be necessary to initiate consultations in and outside government to find ways of establishing some funding mechanisms to ensure sustenance of activities beyond the project life

Training and other forums: - there is need for further/additional training/forums and awareness creation among the target groups. Especially
- The local Communities
- Health Care Workers
- Government officials, chiefs, police, prisons, and counties
- Facilitating training of more paralegals in communities
- Train and strengthen more PLHIV support groups- As witnessed these are strong networks that are at times required to maintain the ‘sanity’ of PLHIV. They can offer social and legal support among others.

Project Replication- the Elders system can be replicated in other similar areas in Nyanza or across the country where the elders still are perceived as an authority, as it has proven to be very effective in the Nyanza Region.
Policy and legal frameworks - the following developments are ongoing and it will be important if KELIN could influence inclusion of activities to support upholding of Human rights for PLHIV

1. HIV AIDS Strategic plan
2. Homabay County Health Strategy
3. National TB strategy
4. National legal Aid bill

Other recommendations include;

- There is need for KELIN to train more core Persons especially at the grassroots/community level and move into the sub-counties, possible targets include the in-laws as Perpetrators of violence, Local Administration, Religious Institutions.
- Establish a good network for stakeholders and trained specialists /volunteers where by contacts can be shared for continued liaison and partnerships.
- KELIN should do follow ups with the trained persons and can use them as TOTs in order to keep the momentum going.
- Facilitation (financial) of trained specialist/volunteers to train others at local level.
- Increase the frequency of trainings, forums and legal aid clinics.
- Devolve KELIN offices to counties, or have focal points/persons.
- The need for KELIN to update and feedback on referral cases.
5.0 LESSONS LEARNT

From the implementation of the KELIN project, the following were noted and can be picked as lessons for further strengthening of the project implementation in the second half of the project life;

1. Some of the respondents recommended a review of the Legal Aid Clinic model in order to take care of the special interests of PLHIV. These include;
   a. Privacy- Most PLHIV would prefer divulging their status to as few individuals as possible- there is need to find ways of shortening the referral chains as much as possible.
   b. Effort Vs Ill health- The quest for justice requires a lot of vigor especially from the complainant (follow up with lawyers, court mentions etc). A number of PLHIV and support group representatives interviewed alluded to preferring to give up on the course of justice because of ‘lacking on the strength of pursuit’ especially when compared to accused persons who in a number of cases were ‘more able physically, emotionally and financially.

2. From available reports, a total of 18 cases were handled during the Nakuru Legal Aid Clinic. It is however not clear if any has been concluded so far, although this is affected by many other factors beyond KELIN.

3. Gaps- There seemed to be some ‘communication gap’ between potential pro bono lawyers and potential clients in PLHIV. Although violations were evident, cases did not reach the lawyers;
   a. A number of Lawyers interviewed said they had signed up as pro bono lawyers but had not had any cases referred to them so far.
   b. A number of PLHIV interviewed alluded to being victims of violation of rights.

Trained volunteers with good contextual knowledge: - the high levels of knowledge among the trained volunteer on local issues, community priorities, social and cultural constraints and realities is a great asset for community assessment, project design and evaluation as well as project implementation. This knowledge should be used more effectively.
Increasing interest and commitment: - throughout the area of coverage by KELIN, interest to acquiring skills by target groups and in particular PLHIV in order to help in securing access to justice for HIV related human rights violations skills, developing networks, improving the quality of service provision and lesson sharing appear to be increasing. Country volunteers and other stakeholders are willing to devote more time and effort to securing access to justice at local, national and regional levels. For example, some of the volunteers have gone ahead and trained in other forums (refer to case in Uasin Gishu and Homabay) after the KELIN forums and training.

Sincere desire to improve: - most specialist/volunteers we came across expressed interest in more training, becoming TOTs, learning through exchanges and other means through which they can improve their own skills.
6.0 CONCLUSIONS

Project Effectiveness: - Overall the project has shown high levels of effectiveness with regards to utilization of inputs in planned activities and attained desired outputs. It must however be noted that effectiveness in this case has only been assured as far as output achievement is concerned. A lot however needs to be done with respect to achievement of desired outcomes and impacts. Specifically as mentioned earlier there needs to be review of desired outcomes vis-à-vis committed inputs/resources into the system.

Efficiency: - the project utilized its resources (personnel, equipment and finances well in the desire to deliver on the objectives of the project to the target groups.

Sustainability: - as mentioned in the main body of the document, the potential for sustainability of this project exists. KELIN should in consultation with other partners also see whether ideas such as that of setting up a fund to sustain some elements of the justice system will work.

Networking: - Networking with both Government and Non Governmental bodies will ensure the project is sustained, scaled up and even replicated in other situations. Networking is also important at this point in time to learn from similar experiences in order to help refine some of KELIN’s models. A good example is the direct Litigation model that is practiced by LACE (AMPATH Eldoret) which seems to offer more privacy and efficiency in addressing Violations of Human rights for PLHIV.
ANNEXES

Annex I: Midterm Review Individual Questionnaire

MID-TERM REVIEW: INDIVIDUAL QUESTIONNAIRE
Securing access to justice for HIV related human rights violations in Kenya

Hello. My name is ___________________ and my colleague(s) is ________. I have been engaged by KELIN, a human rights NGO working to protect and promote HIV related human rights in Kenya. KELIN is carrying out a Mid-term evaluation to review a legal and community-driven project funded by Aids Fonds titled Securing Access to Justice for HIV related human rights violations in Kenya. This project is being implemented in five counties (Nakuru, Nairobi, Uasin-Gishu, Kisumu and Homa Bay). I would like to ask you some questions regarding this project. If you agree to be interviewed, I will be asking you about your ideas, attitudes and opinions on various aspects of the projects. There is no right or wrong answers to the questions I will ask you. Your opinions and experiences are important to us and so we want you to be honest and truthful in answering our questions. The interview will take about 1 and half hours. If you do not want to answer any question, you do not have to and you can stop the interview at any time. I would like to take notes of the discussion. Your name will NOT be used in the notes. The notes will be kept safely and will be considered private and confidential. They will be used for this study only and the notes will be destroyed afterwards. Do you have any questions about participating in the interview? If you have any questions after the discussion, you may contact Mr. Edgar Makona, at KELIN, Kisumu offices.

1.0 General Information

<table>
<thead>
<tr>
<th>County</th>
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<tbody>
<tr>
<td>Nakuru</td>
<td></td>
</tr>
<tr>
<td>Uasin Gishu</td>
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<tr>
<td>Kisumu</td>
<td></td>
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<tr>
<td>Homabay</td>
<td></td>
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<tr>
<td>Nairobi</td>
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Interview Time:  

<table>
<thead>
<tr>
<th>Start time:</th>
<th>End time:</th>
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1.1 What is your Gender?

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</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
</tr>
</tbody>
</table>

1.2 What is your age?

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<tr>
<td>18 – 25 years</td>
<td>1</td>
</tr>
<tr>
<td>26 – 30 years</td>
<td>2</td>
</tr>
<tr>
<td>31 – 35 years</td>
<td>3</td>
</tr>
<tr>
<td>36 – 40 years</td>
<td>4</td>
</tr>
<tr>
<td>41 years or more</td>
<td>5</td>
</tr>
</tbody>
</table>
1.3 What is your religion?

- Christian ☐ 1
- Muslim ☐ 2
- None/no confession ☐ 3
- Do not want to disclose ☐ 4
- Other_____________________ ☐ 5

1.4 Where do you live?

_________________________________________

1.5 Please check what applies to you.

- Elder ☐ 1
- Widow ☐ 2
- Law Enforcers: Police/Prison ☐ 3
- Health Care Worker ☐ 4
- PWDs ☐ 5
- Judiciary Staff ☐ 6
- Lawyer ☐ 7
- PLHIV ☐ 8
- MCA/MPs ☐ 9
- Other (Please specify) ☐ 10

1.6 Highest Education Level

- KCPE (Primary Level) ☐ 1
- KCSE/GCE (Secondary Level) ☐ 2
- College Level ☐ 3
- University Degree ☐ 4
- Other( Please specify) ☐ 5

1.7 Are you affiliated to any Group or network?

Yes ☐ No ☐

If Yes, NEPHAK   LSK,   NACC, Other…………………………..

1.7 Have you ever attended a forum organised by KELIN? Yes ☐ No ☐

If so, what was the type of activity you participated?

☐ Training Forum ☐ Dialogue Forum ☐ Legal aid Clinic ☐ Other

What was the title of the activity and where was it held?

* * * * *
## SECTION 2: FOR ALL THE CATEGORIES (Lawyers, HCWs, PLHIV, Elders, Widows, Disabled, MCAs, Police, Judiciary staff, Counsellors, Social workers, etc.)

### 2.1 PROJECT RELEVANCE, DESIGN AND FORMULATION

<table>
<thead>
<tr>
<th>2.1.1 How were you involved in the design and implementation of this project?</th>
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</table>

<table>
<thead>
<tr>
<th>2.1.2 Who were the partners involved in the formulation of the project?</th>
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<table>
<thead>
<tr>
<th>2.1.3 Did these partners adequately represent all potential stakeholders in the formulation process?</th>
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<table>
<thead>
<tr>
<th>2.1.4 How effective was the project design in facilitating implementation of the project?</th>
</tr>
</thead>
</table>

| 2.1.5 Project goal and aim: Are you aware of the project Goals and Objectives? | Yes [ ] No [ ] |
| --- |

Please elaborate

| 2.1.6 Have you received any form of training on the aspects of Human Rights for PLHIV? | Yes [ ] No [ ] |
2.1.7 Was the training adequate/relevant? (Time/Quality)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Please elaborate</th>
</tr>
</thead>
</table>

2.1.8 What were the sources of knowledge on rights of HIV and Aids before this project was implemented?

2.1.9 To what extent has the training improved your knowledge on the aspects of Human Rights for PLHIV? Large Extent | Not Sure | No Extent | Please elaborate |

2.1.10 Apart from the training you obtained from KELIN, have you ever received similar information through; Radio, IEC material? Yes | No | Please elaborate |

2.1.11 Have you received/handled/reported/presided over any cases of violation of rights for PLHIV? Yes | No | Please elaborate |

2.2 PROJECT RELEVANCE TO THE TARGET GROUPS

2.2.1 Was the timing of the project design and formulation relevant to you as a person?
<table>
<thead>
<tr>
<th>2.2.2 Have you participated in the KELIN County dialogue forums?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No □ If Yes Where and when?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.2.3 Have you participated in any legal aid clinic organized by KELIN?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No □ If Yes, Was the Legal Aid Clinics Useful? (Please explain)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>2.2.4 After the Training, What initiatives have you undertaken with regards to addressing the rights of PLHIV</th>
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</table>

<table>
<thead>
<tr>
<th>2.2.5 Have you handled any special groups of PLHIV in matters related to violation of Human Rights?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No □ Please elaborate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.2.6 Have you ever heard of the HIV and AIDS Tribunal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No □ Please elaborate</td>
</tr>
</tbody>
</table>
2.2.7 Have you ever referred a case/been referred to the HIV AIDS Tribunal?
Yes ☐ No ☐ Please elaborate

2.2.8 Are there any weaknesses in the current legal environment that encourage infringement of rights of PLHIV? Yes ☐ No ☐ Please elaborate

2.2.9 Do you know of any developments so far to change policy and legal documentation to better cater for PLHIV? Yes ☐ No ☐ Please elaborate

2.2.10 How do rate the following aspects of the justice delivery system with regards to securing access to justice for PLHIV?

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Police</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to legal advise</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Judicial system</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Prison system</td>
<td></td>
<td></td>
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</table>

2.3 PROJECT EFFICIENCY SCORE

2.3.1 Has it been easy to achieve positive changes as envisaged by the project objectives?
Yes ☐ No ☐ Please elaborate
2.3.2 Please state whether there are any challenges experienced during project implementation
How have you tackled these challenges?

2.3.3 Do you feel that you now have the capacity to create awareness about HIV AIDS, Rights?
Yes [ ] No [ ] Please elaborate

2.3.4 Rate the organizational capacity of KELIN on creating awareness, in the community about HIV AIDS, Rights and obligations under the new constitution
Excellent [ ] Good [ ] Average [ ] Below Average [ ]

2.4 PROJECT EFFECTIVENESS

2.4.1 Is there any improvement in securing justice for PLHIV?
Yes [ ] No [ ] Please elaborate

2.4.2 Has there been any effort to provide special treatment for PLHIV/TB? Yes [ ] No [ ]
Please elaborate
2.4.3 Are there any other organizations/stakeholders that you are collaborating with in securing access for Justice for PLHIV? Yes ☐ No ☐ Please elaborate

2.5 PROJECT IMPACTS

2.5.1 Did you realize any significant changes due to the implementation of the project?
Yes ☐ No ☐

Are there any negative issues that have arisen as a result of project implementation?
_____________________________________________________________________________________

2.5.2 How have the local communities benefitted from the project?
_____________________________________________________________________________________

2.5.3 How has the project contributed to alleviating of suffering of PLHIV?
_____________________________________________________________________________________

2.6 PROJECT SUSTAINABILITY

2.6.1 Do you think the interventions of the project are sustainable?
Yes ☐ No ☐

Please elaborate______________________________________________________________

2.6.2 In your own opinion, what needs to be done to enhance long term sustainability of the current projects?
_____________________________________________________________________________________

_____________________________________________________________________________________

2.6.3 Are you actively sharing and disseminating knowledge?
Yes ☐ No ☐

Please elaborate______________________________________________________________

2.6.4 Overall, do you think the project results are beneficial for implementation in other Counties in Kenya?
Yes ☐ No ☐

Please elaborate______________________________________________________________

2.6.5 Does the project have any visible environmental impacts?
Yes ☐ No ☐

Please elaborate______________________________________________________________

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SECTION 3: LAWYERS/JUDICIARY STAFF ONLY

3.1 Has there been an increase in the number of PLHIV reporting violations and seeking legal redress?
Yes ☐ No ☐
Please elaborate__________________________________________________

3.2 Are you better empowered to handle litigation that relates to PLHIV’ rights violations?
Yes ☐ No ☐
Please elaborate__________________________________________________

3.3 Have you referred any cases to the HIV AIDS tribunal?
Yes ☐ No ☐
Please elaborate__________________________________________________

SECTION 4: PLHIV ONLY

4.1 Have your Rights ever been violated due to your condition as a PLHIV?
Yes ☐ No ☐
Please elaborate__________________________________________________

4.2 Are you willing to seek redress from authorities if confronted with legal issues/ discrimination/ wrong doing on the basis of your status?
Yes ☐ No ☐
Please elaborate__________________________________________________

4.3 As a person affected by HIV AND AIDS have you had any legal support or representation to help you overcome that challenge?
Yes ☐ No ☐
Please elaborate__________________________________________________

4.4 Are you better aware of your rights as a person living with HIV especially in the following circumstances?

<table>
<thead>
<tr>
<th>CIRCUMSTANCE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.4.1 When seeking medical care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4.2 When seeking legal redress</td>
<td></td>
<td></td>
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<tr>
<td>4.4.3 In employment</td>
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<tr>
<td>4.4.4 Special circumstances eg prison</td>
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4.5 As a result of the training from KELIN please answer yes or no to the following statements

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.5.1 I am handled with better dignity and respect when I visit the health center</td>
<td></td>
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<tr>
<td>4.5.2 I know where to report cases of mistreatment as relates to my condition</td>
<td></td>
<td></td>
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<tr>
<td>4.5.3 The courts more aware human rights issues as regards to PLHIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5.4 Communities don’t discriminate against me as a result of my condition</td>
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<td></td>
</tr>
<tr>
<td>4.5.5 I know of a person who has received legal advise assistance</td>
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</table>
SECTION 5: COUNTY REPRESENTATIVES

5.1 Does the county have any laws that safeguard the rights of PLHIV?
Yes ☐ No ☐
Please elaborate_____________________________________________________

5.2 As a result of the training by KELIN- In your view, what actions should be taken by the county to prevent Human Rights violations for PLHIV?
_____________________________________________________________________
Which of these actions have you effected? ___________________________________

SECTION 6: HEALTH WORKERS

6.1 On average how many cases of PLHIV do you encounter (in a month)?

6.2 Are you aware of the rights of PLHIV?
Yes ☐ No ☐
Please elaborate_____________________________________________________

6.3 What circumstances do you think might result in the infringement of the rights of PLHIV?
_____________________________________________________________________

Please state any additional recommendations

Thank you for taking the time to respond to the Questions above.