

MONITORING AND EVALUATION FRAMEWORK

DRAFT REPORT



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Table of Contents

Abbreviations and Acronyms	4
Executive Summary	5
1.0 Background	7
1.1 Rationale for M& E Framework	8
1.2. Purpose and Objectives of the M&E Framework	9
2.0 M&E Audience Information Needs Analysis	10
3.0 Overview outlining the functionality, strengths, and weaknesses of M&E system and chart a course for its future development..	13
4.0 KELIN's Theory of Change (ToC).....	14
5.0 GOAL and Outcomes.....	17
6.0 Results Framework	18
7.0 Key Performance indicators, reporting requirements and schedule, data sources, staff responsibility and Targets	21
7.1 Reporting Requirements and Schedule	21
7.2 Key Performance indicators, Data sources, collection timing, roles and responsibilities of staff and Targets	23
8.0 Project Monitoring Tools	56
8.1 The operational Plan/Work Plan	56
8.2 ANNUAL WORKPLAN REPORTING TEMPLATE	57
8.5 Analysis of Planned Versus Actual Activities.....	60
8.6 Budget Tracking Tool.....	61
8.7 Deliverables Schedule	62
8.7 Indicator Tracking Table.....	62
8.8 Activity monitoring schedule.....	64

8.9 Dissemination of results to internal external audience.....	65
8.10 STAKEHOLDERS ROLES AND RESPONSIBILITIES	69
9.0 Reviewing of the M&E Framework.....	71
10.0 Evaluation Plan	71
GLOSSARY.....	73
BIBLIOGRAPHY	75

Abbreviations and Acronyms

AIDS Acquired Immune Deficiency Syndrome
CBO Community-Based Organization
CSOs Civil Society Organizations
CSP Cultural Structures Project
EAC East African Community
GBV Gender Based Violence
HIV Human Immunodeficiency Virus
IDLO International Development Law Organization
KAP Key and Affected Population
KELIN Kenya Legal and Ethical Issues Network on HIV and AIDS
LSK Law Society of Kenya
M&E Monitoring and Evaluation
MoH Ministry of Health
MoU Memorandum of Understanding
MSM Men Who Have Sex With Men
NEPHAK National Empowerment Network of People Living with HIV/AIDS in Kenya
NGO Non-Government Organisation
NGO Non-Governmental Organization
OSF Open Society Foundation
PEPFAR President's Emergency Plan for AIDS Relief
PLHIV People Living with HIV and AIDS
PWIDS People Who Inject Drugs
SRH Sexual and Reproductive Health
SRHR Sexual and Reproductive Health Rights
SWOT Strengths, Weaknesses, Opportunities and Threats
TB Tuberculosis
ToR Terms of Reference
UNAIDS United Nations Programme on HIV/AIDS

Executive Summary

The monitoring and evaluation framework has been reviewed as a first step in a series of interventions aimed at strengthening the M&E capacity of KELIN. The organization underscores the vital role of a strong and robust monitoring and evaluation system that generates useful information to measure performance and facilitate organizational growth and learning. The M&E framework will facilitate an integrated and common approach to systematically track performance across all programs and ensure that all programs and projects contribute to the overall results of the organization as reflected in the Strategic Plan 2015-2019. Thus, Monitoring and evaluation will be integrated into the daily work of all KELIN's staff and other relevant stakeholders. Monitoring and evaluation systems will generate data and information promoting greater accountability and transparency and help in identifying lessons learned. These insights will then be used in modifying the existing approach in order to make it more effective and efficient. Monitoring and evaluation are valuable tools to support the learning process within organizations and beyond as it will help us to understand what works and why. Therefore, it is of vital importance that lessons learned and derived from monitoring and evaluations are shared both, within the organization and externally: with practitioners, policy and decision makers, and, if applicable, donors. Consequently, Monitoring and Evaluation will be an integral component of results and performance-based programming; a powerful tool for systemic measurement of changes in laws and policies that have a rights based approach; and an important element in work plan tracking, consistency and accuracy in both implementation and reporting of activities.

The review of the M& E Framework 2013 is informed by various pertinent issues like the organization's decision to move away from a narrow focus on HIV and AIDS towards wider issues of health and human rights which is aimed to deepen the original focus. The ultimate Vision of KELIN is to ensure full enjoyment of health related human rights for all. The Mission is to promote and protect health related human rights for all. The right to health is enshrined in various international and local treaties and agreements. The Article 25 of the Universal Declaration of Human Rights-UDHR- recognizes the right of all persons to an adequate standard of living, this includes guarantees for health and well-being. Health is linked with well-being and with other rights, such as the right to food and the right to housing. The right to health is a human right. In addition, the country is currently undergoing a transition in governance following the promulgation of the new Constitution in 2010. The Constitution, in Article 43, recognizes health as a human right, while Article 2 recognizes ratified international treaties as part of Kenyan law. Furthermore, Article 10 obligates duty bearers to integrate key values and principles in service delivery. The right to access information, key to achieving the right to health, is also recognized in Article 35. The current constitutional dispensation in the Kenyan Constitution which recognizes health as a human right together with the domestication of ratified international treaties on the right to health calls for the need to incorporate the rights based approach, advocacy for rights of key populations and legislation into the revised M& E Framework. In addition, the devolution of governance in Kenya to the 47 counties brings a unique diversity of duty bearers to the implementation of the right to health necessitates the review to incorporate the roles of the county level actors in enhancing delivery on HIV related issues. This M& E Framework will also recognize the new global direction with the adoption of the Sustainable Development Goals, the global strategies on health and how these impact the rights relating to HIV and TB, women's land and property rights, reproductive health rights, and the rights of key and affected populations namely persons living with disability (PWDs), women,

children, adolescents and youth; sex workers; injecting drug users (IDUs); and men who have sex with men (MSM). The M&E Framework has been reviewed to ensure it is in line with international treaties and standards, SDGs, rights enshrined in the new constitution and addresses the performance indicators in all the four thematic areas and five outcome areas in which KELIN currently operates.

The overall purpose of the Participatory Review of M&E Framework is to align it to the revised 2015-2019 Strategic Plan. The revised M&E framework is intended to be alive to the growing and changing aspects of M&E for Human Rights and be significant to the organization; and a critical communication tool in relation to measurement. The M&E framework will facilitate the institutionalization of M&E principles and practices to support decision making and adaptive learning, planning and management across all projects and programs. It will also serve as a vital tool for timely and systematic data collection, analysis and reporting thereby improving overall performance and accountability to all stakeholders and beneficiaries. The M&E framework provides a detailed analysis of the M&E audience information requirements to facilitate effective and responsive data collection and reporting procedures. An organizational level results framework that illustrates the causal chain of inputs/processes, outputs and outcomes that ultimately lead to achievement of the overall goal of KELIN.

Quantitative and qualitative performance indicators that measure the attainment of results at output, outcome and impact level have been selected and will guide the data collection, analysis and reporting process for the organization. A summary of the reporting requirements and schedule has been included in the M&E framework to promote timely reporting both internally and externally to partners and donors. Accompanying monitoring and reporting tools and templates have also been prepared. An evaluation plan with clear guidelines of the various types of evaluation that will be carried out has been developed. The plan envisages three critical types of evaluation to be undertaken. These are baseline evaluation, midterm evaluation and end of project evaluation.

1.0 Background

KELIN is a human rights Non-Governmental Organization (NGO) or more currently, a Public Benefit Organization (PBO) working to protect and promote HIV-related human rights in Kenya. Since her establishment in February 1994, KELIN served as the Kenya Chapter of the legal, ethical and human rights focal point on issues related to HIV until December 2001 when she became a recognized Non-Governmental Organization (NGO) under the NGO Act of 1990.

KELIN has since 2001 become a key player in addressing the legal, ethical and human rights issues relating to health and HIV both locally and internationally. KELIN has been at the forefront of championing the rights of persons living with and affected by HIV in Kenya through provision of free legal services and support, training professionals on human rights, conducting research and influencing policy that promotes evidence-based change, engaging in advocacy campaigns that promote awareness of human rights issues and lobbying for policies that facilitate realization of health and other related rights. KELIN believes that that the promotion and protection of human rights are necessary to empower individuals and communities to respond to HIV and AIDS, to reduce vulnerability to HIV infection and to lessen the adverse impact of HIV and AIDS on those affected. To do this, it currently organizes its work in 4 thematic areas:

KELIN works in four key thematic areas.

1. **HIV and TB:** KELIN works to ensure that health human rights on HIV, AIDS and TB are integrated into policies, laws, and regulations. This is attained through interrogating current laws and policies on HIV, and TB, examining gaps at the county and national level and prepare recommendations for how to integrate relevant human rights.
2. **In Women, Land, and Property Rights:** to address the needs of Kenyan widows and their children who have been disinherited and left homeless due to the denial of their lawful rights to inherit and own property. It has been recognized that securing interests in land and property rights serve as a cornerstone for the realization of human rights and poverty reduction as these underpin social inclusion and economic development. KELIN recognizes cultural barriers that impact changing attitudes. Women are discriminated against because of patriarchal attitudes, misunderstood cultural practices, and limited awareness of human rights and this is worsened by their HIV positive status.
3. **Sexual and Reproductive Health Rights:** KELIN works to ensure that human rights on reproductive health are integrated into policies, laws, and regulations. This is done by examining gaps at the county and national level and prepare recommendations for how to integrate relevant human rights. SRHR are human rights. They are a public health concern that all governments must strive to fulfill.
4. **Key and Affected Populations:** KELIN works with key populations, which are groups of people who are 10-20 times more likely to become infected by HIV & TB than the rest of the population. These key populations include sex workers, lesbian, gay, bisexual and transgender (LGBT) people, and people who use drugs. In Kenya there are laws, regulations, and policies in place that stringently restrict access to health and legal services for these groups

1.1 Rationale for M& E Framework

The review of the M& E Framework 2013 is informed by various pertinent issues like the organization's decision to move away from a narrow focus on HIV and AIDS towards wider issues of health and human rights which is aimed to deepen the original focus. The ultimate Vision of KELIN is to ensure full enjoyment of health related human rights for all. The Mission is to promote and protect health related human rights for all. The right to health is enshrined in various international and local treaties and agreements. The Article 25 of the Universal Declaration of Human Rights-UDHR- recognizes the right of all persons to an adequate standard of living, this includes guarantees for health and well-being. Health is linked with well-being and with other rights, such as the right to food and the right to housing. The right to health is a human right.

Other international instruments also provide for the right to health: the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention relating to the Status of Refugees, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, the Geneva Conventions, the Declaration on the Protection of Women and Children in Emergency and Armed Conflict, the Standard Minimum Rules for the Treatment of Prisoners, the Declaration on the Rights of Disabled Persons, and the Declaration the Rights of AIDS Patients. The International Covenant on Economic, Social and Cultural Rights (art. 12) recognizes "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." The Sustainable Development Goals (SDG 3) is also part of the international framework of the right to health internationally. Article 16 of the African Charter on Human and Peoples' Rights enshrines the right to the highest possible level of health. The African Charter on the Rights and Welfare of the Child also includes recognition of the right to health. The main components of the right to health are Accessibility, Quality, Acceptability and Availability¹.

In addition, the country is currently undergoing a transition in governance following the promulgation of the new Constitution in 2010. The Constitution, in Article 43, recognizes health as a human right, while Article 2 recognizes ratified international treaties as part of Kenyan law. Furthermore, Article 10 obligates duty bearers to integrate key values and principles in service delivery. The right to access information, key to achieving the right to health, is also recognized in Article 35. The current constitutional dispensation in the Kenyan Constitution which recognizes health as a human right together with the domestication of ratified international treaties on the right to health calls for the need to incorporate the rights based approach, advocacy for rights of key populations and legislation into the revised M& E Framework. In addition, the devolution of governance in Kenya to the 47 counties brings a unique diversity of duty bearers to the implementation of the right to health necessitates the review to incorporate the roles of the county level actors in enhancing delivery on HIV related issues. This M& E Framework will also recognize the new global

¹ . General Comment no.14 on the Right to Health, UN Committee on Economic, Social and Cultural Rights. 2000.
http://www.nesri.org/sites/default/files/Right_to_health_Comment_14.pdf Accessed on 1/8/17

direction with the adoption of the Sustainable Development Goals, the global strategies on health and how these impact the rights relating to HIV and TB, women's land and property rights, reproductive health rights, and the rights of key and affected populations namely persons living with disability (PWDs), women, children, adolescents and youth; sex workers; injecting drug users (IDUs); and men who have sex with men (MSM). In view of all this emerging trends there is a need to review the M&E Framework to ensure it is in line with international treaties and standards, SDGs, rights enshrined in the new constitution and addresses the performance indicators in all the four thematic areas in terms of performance indicators, results and M&E information needs.

1.2. Purpose and Objectives of the M&E Framework

The overall purpose of the Participatory Review of M&E Framework is to align it to the revised 2015-2019 Strategic Plan. The revised M&E framework is intended to be alive to the growing and changing aspects of M&E for Human Rights and be significant to the organization; and a critical communication tool in relation to measurement. The M&E framework will facilitate the institutionalization of M&E principles and practices to support decision making and adaptive learning, planning and management across all projects and programs. It will also serve as a vital tool for timely and systematic data collection, analysis and reporting thereby improving overall performance and accountability to all stakeholders and beneficiaries.

Specific objectives of the framework are to:

1. Expedite an integrated and mutual approach to systematically track performance across all programs and ensure that all programs and projects contribute to the overall results of the organization as reflected in the Strategic Plan 20015-2019.
2. Define the data requirements and assign responsibilities for effective tracking of intervention implementation at all levels.
3. Strive to document progress, enhance performance and ensure continuous organizational learning, sharing and improvement.
4. provide reporting requirements and schedule, data sources, methods and tools, roles and responsibilities of staff and other stakeholders, dissemination plan, reporting format needed to promote timely reporting both internally and externally to partners and donors.
5. To define data feedback mechanisms and utilisation for decision making internally and among stakeholders.

2.0 M&E Audience Information Needs Analysis

This section details the M&E Needs analysis for all KELIN Stakeholders which the Framework must address.

M&E Audience	What data/information do they need from KELIN	Why do they need the data/information	When do they need the data/information and in what form
STAFF	<p>Project progress and achievements Challenges and lessons learned Financial and budget projections Needs assessment report Baseline, midterm, end-line and impact evaluation results Operations research</p>	<p>To understand what the project is doing and increase ownership To ensure complimentary and learning across projects Enhance project implementation and increase ownership To support the resource mobilization efforts and increase the profile of the organization</p> <p>To understand the felt needs in the community in order to devise targeted interventions to address them To understand the status at project inception and check achievements made and areas that need refocussing to meet the project goals</p> <p>The intent is to understand the bottlenecks to effective implementation or factors that could be tested to drive insights into new, more effective approaches to programming. It also aims to establish the acceptability, feasibility and utilization of the program intervention</p>	<p>Regular staff meetings/updates (monthly or quarterly) Quarterly and annual progress reports Project inception reports at the onset of each project Project implementation plans/schedules Field visit reports Needs assessment reports before the project inception Baseline, midterm, end term and impact Project evaluation reports Periodic program review meetings Operations research at the beginning of each new project to inform programming</p>
Board Members	<p>Background to the project and information about funders and key stakeholders. Project progress and impact based on key thematic areas as per</p>	<p>Promote the profile of KELIN and support resource mobilization activities Assess progress in implementing the strategic plan and make any necessary adjustments Beware of incoming funds and absorption capacity</p>	<p>General online updates e.g. emails Specific updates from director and project leads. Quarterly board meetings and annual retreats</p> <p>Summarized quarterly</p>

	<p>the strategic plan Financial and budget projections Internal project operational mechanisms/ capacity assessment reports Stakeholder analysis reports</p>	<p>To know whether KELIN has the capacity to deliver on its mandate and what can be done if the capacity is not adequate</p> <p>To map the stakeholders KELIN works with and their role in the project and what support they can provide to the organization</p>	<p>organizational report with a simple checklist or graph to indicate progress Bi-annual capacity assessment reports to indicate KELIN capacity to meet its mandate</p> <p>Bi-annual stakeholder analysis reports</p>
EXTERNAL AUDIENCE			
Donors	<p>Regular updates on project/programme performance including challenges and lessons learned Case studies and success stories</p> <p>Outputs (numbers reached etc.) as well as outcomes Relevance and Impact of the project</p> <p>Proposed areas of interest by indicating additional needs</p>	<p>To ensure increased accountability on resource use and allocation To track the performance of the organization in realizing set objectives, targets and results</p> <p>To justify allocation of more resources to support KELIN's work</p> <p>To assess the absorption capacity of KELIN and capacity to implement agreed activities</p> <p>For fundraising purposes To track progress towards global and regional goal attainment</p>	<p>Quarterly financial reports</p> <p>Regular project updates</p> <p>Quarterly and annual progress reports</p> <p>Final baseline, midterm, end-line and impact project reports,</p> <p>Case studies and success stories</p>
Partners	<p>Updates about all of KELIN's work – particularly when partner organizations have a stake in that work (i.e. joint advocacy/campaign issues)</p>	<p>To increase partnership, collaboration and institutional networking</p> <p>To support KELIN's advocacy agenda To track progress towards global and regional goal attainment To share lessons learnt in programming</p>	<p>Synthesized reports and presentations in conferences, workshops, trainings and meetings.</p> <p>Articles in KELIN's website Invitation to results dissemination forums</p>

Government Agencies	<p>Information on specific issues, as well as good practice guidance.</p> <p>Information about our advocacy campaigns</p> <p>Progress reports on attainment of national goals</p>	<p>To communicate to government about the beneficiaries and remain our position as a 'critical friend'.</p> <p>Government can become a key funder of KELIN's work, or at least a customer of KELIN's professional training</p> <p>To track progress towards national goal attainment</p> <p>To forge partnerships in delivery of services like health care</p> <p>To share lessons learnt in health care service delivery</p> <p>For advocacy purposes</p> <p>To tap on government resources</p>	<p>Annual review, bi-monthly updates</p> <p>Specific project updates where the government has a stake in the work</p> <p>Invitation to results dissemination forums where the government has a stake</p> <p>Baseline, midterm, end line and impact summary reports</p> <p>Advocacy materials like policy briefs, advocacy asks</p>
Beneficiaries	<p>The scope and focus of KELIN's activities</p> <p>Key challenges facing the communities</p> <p>Key results from surveys on the beneficiary</p>	<p>To increase project ownership and participate effectively in various activities</p> <p>To support KELIN's resource mobilization by becoming volunteers, campaigners or donors in the future.</p> <p>To understand the context of the health issues in their communities</p>	<p>Leaflets, newspaper articles, brochures and TV and radio shows/documentaries</p> <p>Invitation to results dissemination forums</p>

3.0 Overview outlining the functionality, strengths, and weaknesses of M&E system and chart a course for its future development

Functionality of the current M&E Framework 2013

- Generates useful information to measure performance and facilitate organizational growth and learning
- The M&E framework facilitates an integrated and common approach to systematically track performance across all programs and ensure that all programs and projects contribute to the overall results of the organization as reflected in the Strategic Plan
- Provides a platform for enhancing partnership, networking and collaboration with key stakeholders in monitoring and evaluation.
- Strives to address both internal and external reporting requirements to multiple stakeholders.
- The M& E Framework facilitates the collection of data on health rights for evidence informed interventions.
- Lessons learned from M& E work will inform the progressive steps in developing of a holistic framework that spans all the five outcome areas currently being focused on by KELIN.

The review identified the following as the key weakness areas in the 2013 M&E Framework. These include:

- The M& E Framework 2013 focused on the narrow focus on HIV and AIDS. However, the organization has moved towards wider issues of health and human rights which is aimed to deepen the original focus and thus the current framework does not adequately address this.
- Does not clearly specify what the M&E information is to be used for and by whom.
- The M& E Framework 2013 did not focus on the rights based approach in health service access and delivery
- The introduction of more partnerships and focus on advocacy programming in the current organizational activity needs a new focus on the policy, laws and bills and advocacy to promote a rights based approach.
- The promulgation of the new Constitution in 2010 brings in new dispensations not adequately addressed in the 2013 M&E Framework. The Constitution, in Article 43, recognizes health as a human right, while Article 2 recognizes ratified international treaties as part of Kenyan law. Furthermore, Article 10 obligates duty bearers to integrate key values and principles in service delivery. The right to access information, key to achieving the right to health, is also recognized in Article 35. The current constitutional dispensation in the Kenyan Constitution recognizes health as a human right together with the domestication of ratified international treaties on the right to health calls for the need to incorporate the rights based approach, advocacy for rights of key populations and legislation into the revised M& E Framework.
- The devolution of governance in Kenya to the 47 counties brings a unique diversity of duty bearers to the implementation of the right to health necessitates the review to incorporate the roles of the county level actors in enhancing delivery on HIV related issues.
- This M& E Framework will also recognize the new global direction with the adoption of the Sustainable Development Goals, the global strategies on health and how these impact the rights relating to HIV and TB, women's land and property rights,

reproductive health rights, and the rights of key and affected populations namely persons living with disability (PWDs), women, children, adolescents and youth; sex workers; injecting drug users (IDUs); and men who have sex with men (MSM).

The reviewed M&E framework aims to meet the following objectives.

- Inclusion of to focus program monitoring of progress in the five outcome areas
- Standardization of age, sex and key population disaggregation across prevention and clinical cascades to monitor which populations are being reached with high quality evidence-based services, and to identify which populations are not being reached
- Continuous alignment of indicators with the different outcome areas to avoid duplication of data collection where possible and to focus on improved data quality and programmatic quality
- Aligned frequency of reporting across indicators to ensure that results are actionable within the period that they are reported
- Participatory process including input from community stakeholders, board members, technical experts, implementing partners, and KELIN staff
- Focus on the rights based approach in health service access and delivery
- A greater focus on advocacy programming in the current organizational activity needs a new focus on the policy, laws and bills and advocacy to promote a rights based approach
- Focusing on monitoring KELINS capacity to deliver on its mandate

4.0 KELIN's Theory of Change (ToC)

KELIN adopts the theory of Change in its programming. This is fundamentally an inclusive description and illustration of how and why a desired change is expected to happen in a particular context. It is dedicated in particular on mapping out or “filling in” what has been described as the “missing middle” between what programs or change initiative does (its activities or interventions) and how these lead to desired goals being achieved. It does this by first identifying the desired long-term goals and then works back from these to identify all the conditions (outcomes) that must be in place (and how these related to one another causally) for the goals to occur. These are all mapped out in an Outcomes Framework².

The Outcomes Framework then provides the basis for identifying what type of activity or intervention will lead to the outcomes identified as preconditions for achieving the long-term goal. Through this approach the precise link between activities and the achievement of the long-term goals are more fully understood. This leads to better planning, in that activities are linked to a detailed understanding of how change actually happens. It also leads to better evaluation, as it is possible to measure progress towards the achievement of longer-term goals that goes beyond the identification of program outputs³.

² <http://www.theoryofchange.org/what-is-theory-of-change/>

³ <http://www.theoryofchange.org/what-is-theory-of-change/>

The TOC process hinges upon defining all of the necessary and sufficient conditions required to bring about a given long term outcome. TOC uses backwards mapping requiring planners to think in backwards steps from the long-term goal to the intermediate and then early-term changes that would be required to cause the desired change. This creates a set of connected outcomes known as a “pathway of change”. A “pathway of change” graphically represents the change process as it is understood by the initiative planners and is the skeleton around which the other elements of the theory are developed.

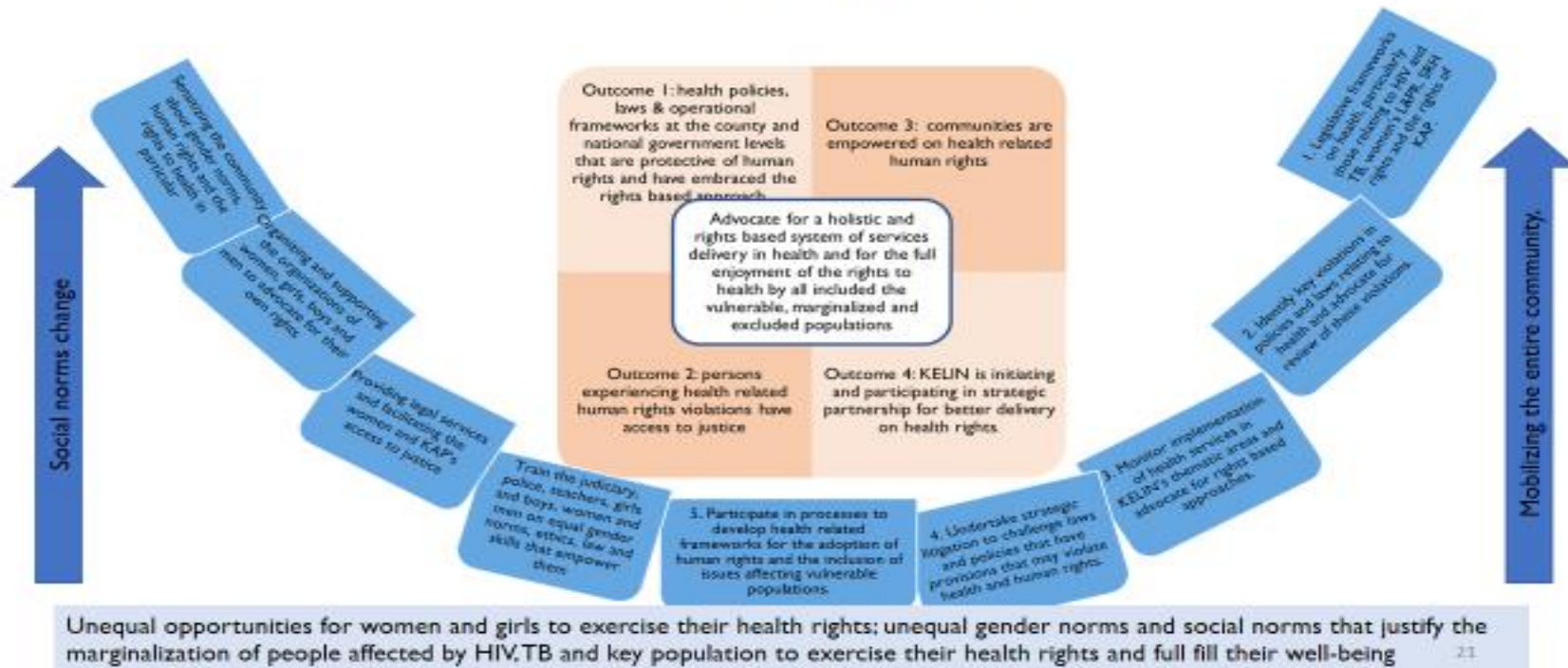
During the process of creating the pathway of change, assumptions about the change process are articulated so that they can be examined and even tested to determine if any key assumptions are hard to support (or even false). Assumptions considered include:

- (a) Assertions about the connections between longterm, intermediate and early outcomes on the map;
- (b) Substantiation for the claim that all of the important preconditions for success have been identified; and
- (c) Justifications supporting the links between program activities and the outcomes they are expected to produce.
- d) The contextual or environmental factors that will support or hinder progress toward the realization of outcomes in the pathway of change.

A theory of change can be used for strategic planning or program/policy planning to identify the current situation (in terms of needs and opportunities), the intended situation and what needs to be done to move from one to the other. This can help to design more realistic goals, clarify accountabilities and establish a common understanding of the strategies to be used to achieve the goals. A theory of change can also be used during implementation to identify which indicators must be monitored, and to explain to staff, funders and partners how the program or policy works. In an impact evaluation, a theory of change is useful for identifying the data that need to be collected and how they should be analyzed. It can also provide a framework for reporting. A theory of change explains how activities are understood to contribute to a series of results that produce the final intended impacts.⁴ The figure below presents KELIN Application of Theory of change in its programming.

⁴ Rogers, P., (2014), *Theory of Change*, UNICEF. Retrieved on 23rd October, 2017
from: http://devinfohive.info/impact_evaluation/img/downloads/Theory_of_Change_ENG.pdf

Figure 1: KELIN Theory of Change



Theories of Change (ToC) are vital to evaluation success for a number of reasons. Programs need to be grounded in good theory. By developing a theory of change based on good theory, managers can be better assured that their programs are delivering the right activities for the desired outcomes. And by creating a theory of change programs are easier to sustain, bring to scale, and evaluate, since each step – from the ideas behind it, to the outcomes it hopes to provide, to the resources needed – are clearly defined within the theory. Within this wider framework logic or outcomes models are very closely related, often being used to take a more narrowly practical look at the relationship between inputs and results⁵

⁵ <http://learningforsustainability.net/theory-of-change/>

5.0 GOAL and Outcomes

KELIN adopts the Theory of Change to influence both policies and service delivery processes and outcomes. It adopts the human rights based approach that recognizes that citizens need to be actively involved in their own development, rather than just being passive beneficiaries of services. In the same vein, institutional actors like governments, non-governmental organizations have an obligation to respect, protect and fulfill every right, by taking active steps to put in place laws, policies, institutions and procedures, which enable people to enjoy their rights. Thus, programs and policies based on a human rights based approach encourage rights holders to claim their rights, while enhancing the capacity of duty-bearers to meet their obligations. The latter in turn affects accountability. To do this KELIN works in four main outcome areas.

- **Outcome 1: Health policies, laws & operational frameworks at the county and national government levels that are protective of human rights and have embraced the rights based approach.**

This is informed by the need to adhere to national policies and international human and health rights agreements and accords; existence of persistent barriers to full realization of health rights for TB, HIV affected widows, orphans and Key population. In addition even though rural communities in Kenya are organized at different levels and through several institutions, together they have not been able to articulate discourses and demands that are effectively addressed by authorities and duty bearers. Marginalized groups lack the support of the local and national authorities to their demands. This, results into lack of participation of communities in decision making processes. Staff at county and national public health centers lack of resources in terms of assets, skills and knowledge to put into practice current policies. Addressing this outcome is thus premised to lead to *health policies, laws & operational frameworks at the county and national government levels that are protective of human rights and have embraced the rights based approach* and ultimately enjoyment of rights to health by all including KAP.

- **Outcome 2: persons experiencing health related human rights violations have access to justice:**

Marginalized groups need to strengthen their voice and their ability to advocate for themselves. This will ensure full enjoyment of the rights to health by all including the vulnerable, marginalized and excluded populations. However, this ability is limited by the unequal awareness of the provisions of the law, lack of knowledge of the law and skills to interpret it. The legal framework governing women's land and property rights in Kenya has been undergoing significant changes since the promulgation of the Constitution in 2010. Moreover, the legal system consists of a mix of Kenya statutory law, common law and customary and Islamic law, the fact that key populations are often abused and experience higher rates of violence against them than other sub-populations, Service provision agents, the judiciary system and police are often involved in actions that lack transparency. In this outcome therefore KELIN aims to improve the ability of clients to know the system and know where to denounce corruption and human rights violations and claim their rights and justice.

- **Outcome 3: communities are empowered on health related human rights**

Despite a progressive legal framework, the land rights of Kenyan women continue to lag behind those of men. This affects widows mainly because customary laws that regulate inheritance often limit inheritance rights to men; the brothers, fathers or sons of the deceased. Consequently, many widows and orphans become homeless when their husbands and fathers die, due to disinheritance by their families and communities. This is exacerbated by the high HIV prevalence rate in Kisumu (19.3%), which is way higher than the national prevalence of 6.04%. Many are threatened by forced evicted from their rural homes and flee to urban areas where they find themselves vulnerable to physical and sexual abuse, increasing their vulnerability to HIV. Often they resort to high-risk behavior, such as polygamy or involuntary sex work in order to earn enough money to survive which puts them at risk of HIV infection, re-infection and inability to access consistent treatment and affecting their general health.

- **Outcome 4: KELIN is initiating and participating in strategic partnership for better delivery on health rights.**
KELIN appreciates that sustainable change cannot be achieved by one organization alone. Research shows that interventions working with individuals, groups and institutions in a community over time to support them in making knowledge, attitude and behavioral changes ultimately affects change in community norms. Gender and equality biases, reflected in gender roles and expectations contribute to the unequal treatment of women in Kenya. These inequalities limit most women’s ability to decide their sexual and reproductive health rights. Young women and women in marginalized groups are vulnerable to rape, defilement, incest and female genital mutilation. To address this KELIN requires interventions at the individual, household, community and national level.
- **OUTCOME 5: KELIN is a strong institution that is effectively and efficiently delivering on its mandate**
KELIN acknowledges that to be able to deliver on its mandate it has to continuously monitor, review, and revitalize the institutions capacity to deliver on its goals and objectives. This means working on reviewing of operational manuals, strategies, quality control mechanisms to ensure that the activities are effectively and efficiently performed. The staff capacity should also be monitored and enhanced so that they can adequately perform their duties. In addition the communication plan needs to be vibrant to increase visibility of the organization and communicate relevant information with key stakeholders including donors. Finally, KELIN needs to review and develop vibrant resource mobilization strategies to amass enough resources needed to implement all these activities. 6

6.0 Results Framework

The Results Framework below illustrates the causal chain of inputs/processes, outputs and outcomes that ultimately lead to achievement of the overall goal of KELIN – To promote and protect health-related human rights. Inputs and processes are the resources or methods employed to bring about change while outputs are the direct result of expenditure of resources. Outcomes on the other hand are contributions to the overall objectives of KELIN, usually reflecting a permanent change in systems and institutions, behaviors, attitudes and practices accomplished by partners. Impact is the long term change arising from the interventions put in place by KELIN and other actors over an extended period of time.

TABLE 6.1 KELIN Results Framework

IMPACT/	To advocate for a holistic and rights based system of service delivery in health and for full enjoyment of the rights to health by all
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GOAL	including the vulnerable, marginalized and excluded populations.				
OUTCOMES	Outcome 1: Health policies, laws and operational frameworks at the county and national government levels that are protective of human rights and embraced the rights-based approach.	Outcome 2: Persons experiencing health related human rights violations have access to justice.	Outcome 3: Communities are empowered on health related human rights.	Outcome 4: KELIN is initiating and participating in strategic partnership for better delivery.	OUTCOME 5: KELIN is a strong institution that is effectively and efficiently delivering on its mandate.
OUTPUTS	<ol style="list-style-type: none"> 1. Legislative frameworks on health, particularly those relating to HIV and TB, women's L&PR, SRH rights and the rights of key and affected populations in Kenya. 2. Identify key violations in policies and laws relating to health, especially on HIV and TB, women's L&PR, SRH rights, and the rights of key and affected populations and advocate for review of these violations. 3. Monitor implementation of health services in KELIN's thematic areas and advocate for rights based approaches. 4. Undertake strategic litigation to challenge laws and policies that have provisions that 	<ol style="list-style-type: none"> 1. Training lawyers on health and human rights that serve affected individuals and communities. 2. Organizing legal aid clinics to provide advice and opportunities to represent individuals and communities that experience human rights violations. 3. Providing legal aid for individuals whose health rights have been violated. 4. Engaging in public interest litigation to shape public policy for greater access to health and human rights for all and for protection against systemic health related human rights violations. 5. Working with 	<ol style="list-style-type: none"> 1. Capacity building for civil society organizations (CSOs), especially those working on HIV and TB, women's land and property rights, sexual and reproductive rights and on the health and human rights of key and affected populations. 2. Organizational mentoring for community based organizations to increase community sensitization on health and human rights. 3. Sensitization of community 	<ol style="list-style-type: none"> 1. Improving our community maps to better identify organizations and groups working with key and affected populations at the county and national level to identify the barriers to health and human rights. 2. Taking advantage of the constitutional requirement of all state organs to facilitate public participation to engage in strategic partnerships with national and county executives in Kenya, judiciary and the national and county legislatures and independent public institutions. Advocacy will be undertaken with these duty bearers for the inclusion of rights in the implementation of health services. 3. Partnering with 	<ol style="list-style-type: none"> 1. Review KELIN's institutional policies, Constitution, to align them to the new strategic framework 2. Review KELIN's Human resource, Board, Communication, Human Resource, Resource Mobilisation Manuals reviewed and aligned to the revised strategic framework. 3. KELIN M&E, implementation and recruitment strategy reviewed and aligned to the revised strategic framework. 4. Preparing and submitting financial accounting, NGOs Council reporting and preparation of Technical reports. 5. Evaluation mechanisms initiated

	<p>may violate health and human rights.</p> <p>5. Participate in sub-regional, regional and global processes to develop health related frameworks, including resolutions, declarations, conventions/treaties in order to advocate for the adoption of human rights and for the inclusion of issues affecting vulnerable, marginalized and the most affected populations.</p>	<p>traditional dispute resolution mechanisms and widows' support groups to redress rights of widows whose land and property related human rights have been violated.</p> <p>6. Work with judicial officers and Court Users Committees (CUCs) to safeguard the protection of property rights of widows and their children.</p>	<p>organizations to support their improved participation in the public processes that shape or influence health issues that affect them.</p> <p>4. Development of capacity building, training and sensitization materials on health and human rights.</p>	<p>academic and international institutions and public implementation bodies to organize high level consultative and capacity building forums for implementers and other actors.</p> <p>4. Working with intergovernmental, regional & global NGOs to advocate for rights compliant global, regional & sub-regional health frameworks & instruments.</p>	<p>to include Developing a Guideline on Quality Control; Conduct baseline, midterm and end line surveys to obtain data that will be used to evaluate the outcomes on all thematic areas</p> <p>6. Provision of needed administrative, capacity development and communication support for KELIN staff</p>
<p>INPUTS/ PROCESSES</p>	<ol style="list-style-type: none"> 1. Legislative frameworks on health, particularly those relating to HIV & TB, Women's land and property rights, SRH rights and the rights of Key and Affected Populations (KAP). 2. Identify key violations in policies and laws relating to health & advocate for review of these violations 3. Monitor implementation of health services in KELINs thematic areas & monitor for rights based approaches. 4. Undertake strategic litigation to challenge laws & policies that have provisions that may violate health & human rights. 5. Participate in processes to develop health related frameworks for the adoption of human rights & the inclusion of issues affecting vulnerable populations. 6. Train the judiciary, police, teachers, girls & boys, women & men on equal gender norms, ethics, law & skills that empower them. 7. Provide legal services & facilitating the women & KAPs access to justice. 8. Organizing & supporting the organization of women, girls, boys & men to advocate for their own rights 9. Sensitizing the community about gender norms, human rights & rights to health in particular. 10. Continuously Build the staff capacity to enable them deliver on their mandate 11. Review KELIN operational strategies, working manuals, financial accounting procedures, implementation plan, and M&E framework to effectively implement the revised 2015-2019 Strategic Framework. 12. Develop evaluation mechanisms to enable KELIN track Progress towards the attainment of its goals and targets. 				

7.0 Key Performance indicators, reporting requirements and schedule, data sources, staff responsibility and Targets

This section presents Key Performance indicators, reporting requirements and schedule, data sources, staff responsibility and Targets.

7.1 Reporting Requirements and Schedule

Regular reporting of progress in implementation of planned activities and the extent to which KELIN achieves its results is an integral component of this M&E Framework. This will serve as a mechanism of sharing KELIN's story both internally and externally. Apart from activity based reports, quarterly reports will be prepared for all projects and thematic areas to generate a consolidated organizational level annual report that encompasses all projects at the end of each calendar year. The reports will capture the progress made in project implementation, challenges; lessons learned and proposed interventions to address any gaps in project implementation. A comparative analysis of the planned versus actual activities will also be included in the reports to track project progress against set targets and timelines. All quarterly reports will be due within 15 days after end of the reporting period. The annual report will be due within 30 days after end of the year.

Table 7.1 Summary of types of reports to be collected

Type of Report	Scope	Responsibility
Activity Based Reports	These will include workshop/training reports, Field Reports, consultancy reports etc.	Activity Managers
Quarterly Report	The reports will include programmatic and financial information. Each active project will be required to prepare quarterly reports highlighting key achievements, challenges, lessons learned and planned activities for the next quarter. A consolidated report for the entire organization will be desirable in the long term.	Designated M&E Person
Annual Report	This will serve as the key communication tool for the organization at the end of each year. The annual report should provide highlights of key achievements for the year against the set targets.	Program Coordinator
Annual Work Plan/Operational Plan	At the end of each year, each project will develop an operational plan that outlines keys activities and deliverables, expected outputs, timelines and budget. These will then be consolidated into an organizational work plan.	M&E Officer
Evaluation Reports	These will include baseline, mid-term and end of project evaluation reports Impact Monitoring: Impact monitoring is a type of monitoring which	consultant in collaboration with relevant M&E Officer, KELIN staff, board members, beneficiaries

	<p>continually assesses the impact of project activities to the target population. Indeed, impacts are usually the long term effects of a project. However, for projects with a long life span or programs (programs have no defined timelines) there emerges a need for measuring impact change in order show whether the general conditions of the intended beneficiaries are improving or otherwise². In this case, the manager monitors impact through the pre-determined set of impact indicators. Monitoring both the positive and negative impacts, intended and un-intended impacts of the project/program becomes imperative⁶</p>	
<p>Financial Monitoring reports</p>	<p>Financial Monitoring refers to monitoring project/ program expenditure and comparing them with the budgets prepared at the planning stage. The use of funds at the disposal of a program/project is crucial for ensuring there are no excesses or wastages. Financial monitoring is also important for accountability and reporting purposes, as well as for measuring financial efficiency (the maximization of outputs with minimal inputs).</p>	<p>Financial Manager in collaboration with the program officers, ED and board members</p>

7.2 Key Performance indicators, Data sources, collection timing, roles and responsibilities of staff and Targets

KELIN will use the performance indicators listed in Table 7. 2 below to measure achievement of the results at each level of the Results Framework, i.e., the (1) input/process (2) output, (3) outcome, and (4) impact/goal levels. These indicators will provide a clear basis for assessing KELIN's performance, reporting progress and achievements, and informing management when performance does not reach expected levels. The performance indicators are presented per each outcome and result area.

Table 7.2 Key Performance indicators, Data sources, collection timing, roles and responsibilities of staff and Targets

Result level	Performance Indicator	Data values	collection timing,	Data sources	Role and responsibilities for KELIN staff	Person/staff responsible for reporting	Indicator target	Progress towards target
Goal: To advocate for a holistic and rights based system of service delivery in health and for full enjoyment of the rights to health by all including the vulnerable, marginalized and excluded populations								
Impact	Percentage reduction of health and HIV related human rights violations	% reduction health and HIV related violations	Baseline, midterm, end term and impact evaluations	Questionnaires, Field activity reports; quarterly and yearly reports	validating results, mapping and linking the consultant to respondents, logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Impact	Case studies and/or success stories that indicate increased enjoyment of rights to health and HIV related human rights ⁷	Content analysis of case studies	Midterm, end-term and impact evaluations	Case studies	Field staff in each result area identify and follow up to compile stories of change from beneficiaries	Field staff, program officer & verified by KELIN M&E Officer, board members		

⁷ Case studies are important tools because they provide rich descriptive information and analyses on multiple themes. Information from case studies is not only relevant to impact evaluation, but also monitoring of program implementation. The aim of the case studies is to provide qualitative in-depth information to help explain some of the findings from the baseline and post-pilot evaluation surveys and regular reporting data.

Outcome	Advocacy results measurements	Content review of advocacy log entries	Baseline, Midterm, end-term and impact evaluations	Advocacy logs and plan analysis	Advocacy logs filled monthly by field staff validating results, mapping and linking to relevant documents and logistical support	Consultant analysis the advocacy logs, plan and reports at midterm, end-line and impact evaluation		
Outcome	Proportion of people among the targeted groups seeking health services that are satisfied with the quality of services	% of KAP satisfied with health services received	Baseline, midterm, end term and impact evaluation	Questionnaires, Field activity reports; quarterly and yearly reports	validating results, mapping and linking the consultant to respondents, logistical support	Consultant, in collaboration with relevant KELIN staff, board members, beneficiaries, ED & M&E Officer		

THE HIV & TB THEMATIC AREA

Outcome 1:1 policies on administering HIV & TB treatment and services *at the county and national government levels that are protective of human rights and have embraced the rights-based approach*

Outcome	Number of policies, Laws, and operational frameworks on administering HIV & TB treatment and services are reviewed/developed and have integrated human rights principles	#number HIV & TB policies/operations frameworks reviewed/developed	Baseline, Mid-term, end-term and impact evaluations	Policy report analysis; quarterly and yearly reports	Field staff and program officer SRHR collect data and prepare quarterly and yearly reports in collaboration with KELIN M&E Officer	consultant in collaboration with relevant KELIN staff, board members, beneficiaries and M&E Officer		
Outcome	% of KAP reporting no discrimination in accessing HIV/TB health care treatment and management in health care settings	% of KAP reporting no discrimination in accessing HIV/TB health care treatment and management	Baseline, Mid-term, end-term and impact evaluations	Questionnaires FGDs; quarterly and yearly reports	Field staff and program officer SRHR collect, analyses, collate and prepare quarterly & yearly reports in collaboration with KELIN M&E Officer, program officer &	consultant in collaboration with relevant KELIN staff, board members, beneficiaries		

					board members			
Output	Number of national/county meetings to review or develop rights based HIV/TB related policies, laws and frameworks with stakeholders and policy makers held	# of national/county policy development and review meetings	Quarterly	Field activity reports; quarterly and yearly reports	Field staff + program officer SRHR + M&E Officer collect and prepare quarterly and yearly reports.	consultant in collaboration with +M&E officer, Program officer, field staff, board members, beneficiaries		
	Percentage of people in targeted groups that demonstrate increased knowledge, awareness and appreciation of HIV & TB related laws, policies and practices	% aware of related HIV and TB related laws, policies and practices	Baseline, Midterm, end-term and impact evaluations	KAP assessment questionnaires	validating results, mapping and linking consultant to respondents, logistical support, tool development	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Output	Number of HIV-TB related discriminatory laws, regulations and policies retracted or repealed	# of laws retracted /repealed	Midterm, end-term and impact evaluation	Policy analysis	Field staff collect data, analyze, collate and prepare yearly reports	Consultant in collaboration with relevant M&E Officer, KELIN staff, board members, beneficiaries		
Outcome 1.2: Persons experiencing HIV/TB related human rights violations have access to justice.								
Outcome	Number of persons experiencing TB/HIV related human rights violations have comprehensive knowledge, awareness and appreciation on HIV/TB related laws, policies.	# of persons experiencing TB/HIV related human rights violations with comprehensive knowledge, on HIV related laws, policies.	Baseline, midterm, end-term and impact evaluations	Survey questionnaires; Field activity reports; quarterly and yearly reports	Quarterly and yearly data collected and filled by KELIN Field staff + M&E officer; tool development, validation and logistical support	consultant in collaboration with relevant M&E Officer, KELIN staff, board members, beneficiaries		

Outcome	% of KAP who report experiencing health related violations in HIV-TB treatment and management have access to justice and can challenge violations.	% of KAP seeking legal redress on HIV/TB related human rights violations	Baseline, midterm, end term and impact evaluations	Questionnaires Field activity reports; quarterly and yearly reports	Field staff +program officer SRHR + M&E Officer collect and prepare quarterly and yearly reports, Support tool development, results validation & logistical support	consultant in collaboration with relevant M&E Officer, KELIN staff, board members, beneficiaries		
Output	Number of strategic public interest litigation to challenge HIV &TB related laws and policies that do not protect human rights approach	# strategic public interest litigation to challenge HIV &TB related laws and policies done	Quarterly	Analysis of Field activity reports	Collected by field officer in collaboration with program officer in each result area for quarterly and yearly activity reports	Quarterly and yearly reports collected and filled by KELIN Field staff and M&E officer		
Output	Number of people receiving affected by HIV/TB violations receiving legal aid services through KELIN's support network	# of people receiving legal aid	quarterly	Annual and quarterly Field activity reports	M& E officer + relevant KELIN staff, collect and analyze data for field activity reports	KELIN Field staff + program + M&E officer prepare quarterly/yearly reports		
Output	Number of lawyers trained on HIV/TB rights that serve affected individuals and communities	# of legal officers trained	quarterly	quarterly and yearly reports Field activity reports;	M& E officer + relevant KELIN staff, collect and analyze data for field activity reports	KELIN Field staff and M&E officer for activity monitoring reports;		
Output	Number of legal aid clinics done to provide advice and opportunities to represent individuals and communities experiencing HV/TB	# legal aid clinics organized for individuals and communities experiencing HV/TB related rights violations	quarterly	Field activity reports; quarterly and yearly progress reports	M& E officer + relevant KELIN staff, collect and analyze data for field activity reports	KELIN Field staff and M&E officer for activity monitoring reports;		

	related rights violations							
Outcome 1.4 <i>Communities are empowered on HIV/TB related human rights</i> PBOS, CBOS and affected communities are effectively demanding respect, protection and implementation of their TB and HIV and related human rights								
Output	Number of CBOs sensitized to support their improved participation in the public processes that shape or influence health issues affecting them.	# of CSOs & PBOs participating in the public processes that influence their HIV/TB issues	quarterly	Field activity reports; quarterly and yearly reports	M& E officer in collaboration with relevant KELIN staff, board members, beneficiaries	Quarterly and yearly reports collected and filled by KELIN Field staff, program officer, and M&E officer		
Output	Number of people living with HIV-TB who have wills/estate planning documents in place.	# of people living with HIV-TB have wills/estate planning documents	Quarterly	Field activity reports; quarterly and yearly reports	M& E officer in collaboration with relevant KELIN staff, board members, beneficiaries	Field activity reports; quarterly and yearly reports		
Output	Number of CBOs receiving organizational mentoring to increase community sensitization on health and human rights.		quarterly	Field activity reports; quarterly and yearly reports	M& E officer in collaboration with relevant KELIN staff, board members, beneficiaries	Field staff, program officer & verified by KELIN M&E Officer, board members		
Output	Number of capacity building, training and sensitization materials on health and human rights developed	# Of sensitization materials on HIV/TB rights related issues developed	quarterly	Field activity reports; quarterly and yearly reports	M& E officer in collaboration with relevant KELIN staff, board members, beneficiaries	Field staff, program officer & verified by KELIN M&E Officer, board members		

Output	Number of civil society organizations (CSOs) & PBOs working on HIV and TB that have their capacity built	# of CSOs & PBOs working on HIV& TB capacity built	quarterly	Field activity reports; quarterly and yearly reports	M& E officer in collaboration with relevant KELIN staff, board members, beneficiaries	Field staff, program officer & verified by KELIN M&E Officer, board members		
Outcome 1. 4: KELIN is initiating and participating in strategic partnership for better HIV-TB service delivery								
Output	Number of organizations and groups working with KELIN at the county/national mapped to identify HIV-TB human rights related barriers	# of organizations working in HIV-TB service delivery mapped	quarterly	Field activity reports; quarterly and yearly reports	M& E officer in collaboration with relevant KELIN staff, board members, beneficiaries	Quarterly and yearly reports collected and filled by KELIN staff in quarterly and yearly progress reports;		
Output	Number of strategic partnerships with national and county executives in Kenya, judiciary and the national & county legislatures & independent public institutions established for advocacy on the inclusion of rights in the implementation of HIV-TB health services	# of strategic partnerships with national and county executives in Kenya, judiciary established	Quarterly	Field activity reports; quarterly and yearly reports	M& E officer in collaboration with relevant KELIN staff, board members, beneficiaries	Quarterly and yearly reports collected and filled by KELIN Field staff and M&E officer for activity monitoring reports and quarterly and yearly reports;		
Output	Number of academic and international institutions and public implementation bodies engaged in organization of high level consultative and	# of academic, international & public bodies engaged in organization of consultative & Capacity	Quarterly	Field activity reports; quarterly and yearly progress reports	M& E officer in collaboration with relevant KELIN staff, board members, beneficiaries	Quarterly and yearly reports collected and filled by KELIN Field staff and M&E officer and quarterly and		

	capacity building forums for HIV-TB implementers & actors.	building forums for HIV-TB actors.				yearly progress reports;		
Output	Number of intergovernmental, regional and global alliances/networks forged to advocate for rights compliant global, regional and sub-regional health HIV-TB frameworks and instruments related to	# of intergovernmental, regional and global alliances/networks forged to advocate for rights compliant HIV-TB frameworks	Semi-annual	Field activity reports; quarterly and yearly reports	M& E officer in collaboration with relevant KELIN staff, board members, beneficiaries	Quarterly and yearly reports prepared by KELIN Field staff and M&E officer for activity monitoring reports and quarterly and yearly reports;		
Output	Changes in policymakers' knowledge and attitudes toward the effective control, management and care of TB and HIV	Changes in policy makers knowledge & attitude on human rights approaches in TB-HIV control, management and care	Baseline, midterm, end-term and impact evaluation	KAP questionnaire; KIIs, FGDs	Support tool development, results validation & logistical support	consultant in collaboration with relevant KELIN staff, board members, beneficiaries and M&E Officer		

LAND AND PROPERTY RIGHTS RESULTS AREA

Outcome 2.1 Land and property policies, laws and operational frameworks at the county and national government levels that are protective of women's land and property rights and have embraced the rights-based approach

Output	Number of existing Land and property policies, laws and operational frameworks at national/county level analyzed	# of National and county Land and property policies, laws and operational frameworks analyzed	Monthly	Desk review policy analysis reports	M& E officer in collaboration with relevant KELIN staff, board members	Monthly review reports filed by M& E officer, program officer & KELIN staff		
Output	Number of policies, Laws, and operational frameworks affecting Land and property	Number of land and property policies, Laws, and operational	Monthly	Checklist and Desk review policy analysis	M& E officer in collaboration with relevant KELIN staff, board members	Monthly policy desk review reports filed by M& E officer,		

	reviewed/developed and have integrated human rights approach at national/county level	frameworks reviewed/developed		reports		program officer & KELIN staff		
Outcome	Proportion of women and girls reporting no land and property rights violations	% of women and girls reporting no land and property rights violations	Baseline, midterm, end term and impact evaluation	survey questionnaire; FGDs and Field activity reports; quarterly and yearly reports analysis	Support tool development, results validation & logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Output	Number of national/county meetings to review or develop rights based land and property policies, laws and frameworks with stakeholders and policy makers	# national/county meetings to review/develop rights based land and property policies done	monthly	Monthly Activity log forms and reports	M& E officer in collaboration with relevant KELIN staff, board members	Monthly review reports filed by M& E officer, KELIN staff on land and property policies, laws		
Output	Number of discriminatory Land and property related laws, regulations and policies retracted or repealed	# of discriminatory Land and property laws, regulations & policies retracted or repealed	monthly	Monthly Activity monitoring log forms and reports	M& E officer in collaboration with relevant KELIN staff, board members	Monthly reports filed by M& E officer, KELIN staff		
Output	Number of strategic public interest litigation to challenge Land and property related laws, regulations and policies	# strategic public interest litigation challenging land and property related laws	monthly	Monthly Activity monitoring log forms and reports	M& E officer in collaboration with relevant KELIN staff, board members	Monthly reports filed by M& E officer, KELIN staff on public interest litigations supported		

	that do not protect human rights approach conducted	done						
Outcome 2:2 Persons experiencing land related human rights violations have access to justice								
Judiciary								
Output	Number of Judges/magistrate/prosecutors trained in land and property rights	Number of judiciary service staff trained in land and property rights	monthly	Monthly Activity monitoring log forms and reports	M& E officer in collaboration with relevant KELIN staff, board members	Monthly reports filed by M& E officer, KELIN staff on judicial officers trained		
Output	Proportion of land and property rights violations cases facilitated by KELIN successfully resolved prosecuted by law	Number of land related disputes successfully resolved in	Monthly	Monthly field Activity monitoring log forms and reports	M& E officer in collaboration with relevant KELIN staff, board members	M& E officer, Program officer, KELIN field staff		
Output	Average time spent to conclude land and property rights violations cases facilitated by KELIN	Average time spent on a case	Monthly	Monthly Activity monitoring log forms and reports	M& E officer in collaboration with relevant KELIN staff, board members	M& E officer, Program officer, KELIN field staff		
Police								
Output	Number of police who have been trained to respond and investigate cases of land and property rights violations	# of police trained to respond and investigate land & property rights cases	monthly	Monthly Activity monitoring log forms and reports	M& E officer in collaboration with relevant KELIN staff, board members	Monthly reports filed by M& E officer, KELIN staff on police officers trained		
Women and girls								
Outcome	Proportion of women and girls who report experiencing Land and property rights violations have access to justice and can challenge violations.	% of women and girls who report experiencing Land and property rights violations have access to justice	Baseline, midterm, end term evaluation	survey questionnaire; FGDs and Field activity, quarterly and yearly	Support tool and result validation and development, mapping and community entry	Consultant in collaboration with M& E officer relevant KELIN field staff, board members, beneficiaries		

		and can challenge violations		reports analysis				
Outcome	Proportion of women and girls in the communities facilitated to obtain legally recognized evidence of tenure	% of women and girls in the communities facilitated to obtain legally recognized evidence of tenure	Baseline, midterm, end term and impact evaluation	survey questionnaire; FGDs and Field activity quarterly & reports analysis	Support tool and result validation and development, mapping and community entry	Consultant in collaboration with M& E officer relevant KELIN field staff, board members, beneficiaries		
Output	Number of women and girls who have wills/estate planning documents in place.	# of women and girls with wills/estate planning documents	Baseline, midterm, end term and impact evaluation	survey questionnaire; FGDs and Field activity, quarterly and yearly reports analysis	Support tool and result validation and development, mapping and community entry	Consultant in collaboration with M& E officer in collaboration with relevant KELIN staff, board members, beneficiaries		
Organizational								
Output	Number of legal aid clinics organized for women and girls whose Land and property rights have been violated.	# of legal aid clinics organized for women and girls	Monthly	Monthly Activity monitoring log forms and reports	M& E officer in collaboration with relevant KELIN staff, board members	Monthly reports filed by M& E officer, KELIN staff on legal aid clinics		
Output	Number of lawyers Trained on Land and property rights that serve affected individuals and	Number of lawyers trained	Monthly	Monthly Activity monitoring log forms and reports	M& E officer in collaboration with relevant KELIN staff, board members	Monthly reports filed by M& E officer, KELIN staff on lawyers trained		

	communities.							
Outcome 2.3: Communities are empowered on land and property rights								
Output	Number of civil society organizations (CSOs) working on land and property rights protection capacity built	Number of CSOs receiving related land rights training	Monthly	Monthly Activity monitoring log forms and reports	M& E officer in collaboration with relevant KELIN staff, board members	Monthly reports filed by M& E officer, KELIN staff on lawyers trained		
Output	Number of capacity building, training and sensitization materials on land and property rights developed	Number of capacity building materials developed	Monthly	Monthly Activity log forms and reports, materials developed	M& E officer in collaboration with relevant KELIN staff, board members	Monthly reports filed by , KELIN field staff & verified by M&E officer		
Output	Number of community sensitization meetings held on land and property rights	# community sensitization meetings held	Monthly	Monthly Activity log forms and reports, materials developed	M& E officer in collaboration with relevant KELIN staff, board members	Field staff, program officer & verified by KELIN M&E Officer, board members		
Output	Number of functional community dispute resolution mechanisms established	# community dispute resolution mechanisms	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, KELIN staff, traditional resolution groups and widow support groups	Field staff, program officer & verified by KELIN M&E Officer, board members		
Output	Number of Judicial officers and Court Users Committees (CUCs) working to safeguard the protection of property rights of Widow's and their Children	# Of judicial officers and CUCs working to safeguard the protection of the property rights of Widow's and their Children	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, KELIN staff, traditional groups and widow support groups	Field staff, program officer & verified by KELIN M&E Officer, board members		

Output	Number of functional widow support groups supported to carry out community based advocacy forums	# Of widow functional widow support groups	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, KELIN staff, widow support groups	Monthly reports filed by KELIN staff., program manager & verified by M& E officer		
Output	Number of youth led advocacy forums on land and property rights organized in the community area	# of functional youth support groups	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, KELIN staff, widow support groups	Monthly reports filed by KELIN staff., program manager & verified by M& E officer		
Output	Number and results of media advocacy forums organized on land and property rights	# and results of media advocacy forums on land and property rights	Monthly	Media content analysis and monthly Activity monitoring log forms and reports	M& E officer, KELIN staff, media contact persons	Media content analysis reports, Monthly reports filed by M& E officer		
Outcome 2.4: Women's land and property rights regimes are increasingly improving at the national, regional and global levels due to the improved strategic partnerships initiated on addressing current land and property rights								
Output	Number of meetings with county officials organized to discuss ways of improving implementation of WPR agenda	# of meetings with county officials organized to discuss strategies of enhancing improving WPR agenda implementation	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, KELIN staff, widow support groups	Monthly Field reports done by field staff, program officer & verified by KELIN M&E Officer, board members		
Output	Number of cases on WPR referred to relevant departments.	# of WPR cases referred to relevant departments	Monthly	Monthly Activity monitoring log forms	M& E officer, KELIN staff, widow support groups	Monthly Field reports done by field staff, program officer &		

				and reports		verified by KELIN M&E Officer, board members		
Output	Number of partnerships with the judiciary and parliament established to develop policies and laws for ADR and traditional mechanisms	# of partnerships with judiciary and parliament established to develop policies and laws for ADR and traditional mechanisms	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, KELIN staff, widow support groups	Monthly Field reports done by field staff, program officer & verified by KELIN M&E Officer, board members		
Output	Number of meetings organized or attended by other stakeholders to strengthen partnerships	# of meetings organized to strengthen partnerships	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, KELIN staff, widow support groups	Monthly Field reports done by field staff, program officer & verified by KELIN M&E Officer, board members		
Output	lessons learnt, case stories and opinion shared at global level with partners on WLR mailing list	Case stories and opinions shared with partners on WLR mailing list	Literature review, midterm, end-term evaluation	survey questionnaires; FGDs and Field activity reports; quarterly and yearly reports analysis	Support tool development, validation of results, mapping and linking consultant and respondents	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		

SEXUAL AND REPRODUCTIVE HEALTH THEMATIC AREA

Outcome 3.1: SRH POLICIES, LAWS AND OPERATIONAL FRAMEWORKS AT THE COUNTY AND NATIONAL GOVERNMENT LEVELS THAT ARE PROTECTIVE OF HUMAN RIGHTS AND HAVE EMBRACED THE RIGHTS BASED APPROACH

Outcome	Number of pertinent	# of pertinent	midterm, end-	Thematic	Results validation,	Consultant in		
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	national and County Bills aimed at promoting laws and policies on safe abortion practices that conform to international standards analyzed	bills on safe abortion laws that meet international standards analysed	term evaluation	content analysis guide; quarterly and yearly progress reports analysis	mapping and respondents identification, community entry and logistical support	collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Output	Number of reports on analysis of the pertinent bills reviewed/ developed	# policies or bills developed or reviewed	Midterm, end-term evaluation	Thematic analysis guide; quarterly and yearly reports analysis done by consultant	Results validation, mapping and respondents identification, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Output	Number of meetings with like-minded CSOS and key actors in SRHR organized to agree on report and desired bills	# of meetings with like-minded CSOs organized	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Proportion of people in targeted groups that demonstrate increased knowledge on SRHR bills, laws and policies	% of people targeted with increased knowledge on SRHR	Midterm and end term evaluation	Survey questionnaire at midterm, end-term evaluation	Results validation, mapping and respondents identification, community entry & logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
OUTCOME 3.2 : Persons experiencing SRHR related violations have access to justice								
Output	Number of strategic public interest litigation to challenge laws and policies that do not protect SRHR	# of strategic public interest litigations organized	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members,		

	approach					ED		
Output	Number of persons experiencing related SRHR violations have comprehensive knowledge, awareness and appreciation on related laws, policies.	# of the affected populations with comprehensive knowledge, awareness and appreciation on related laws, policies	midterm, end term evaluations	Survey questionnaire at midterm, end-term evaluation	Results validation, mapping and respondents identification, community entry & logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	Proportion of KAP who report experiencing SRHR related violations have access to justice and can challenge violations	% of KAP experiencing SRHR related violations have access to justice	midterm, end term and impact evaluations	Survey questionnaire at midterm, end-term evaluation	Results validation, mapping and respondents identification, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Output	Number of legal aid provided for individuals whose SRHR have been violated organized.	# of legal aid clinics organized	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED	Monthly	
Output	Number of lawyers that serve affected individuals and communities trained on SRHR.	# of lawyers trained on SRHR	monthly	Monthly Activity monitoring log forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of health care providers and teachers that serve affected individuals and communities trained on SRHR.	# of health care providers and teachers trained on SRHR	monthly	Monthly Activity monitoring log forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		

Output	Number of community sensitization and awareness creation meetings on violations held in the community.	# of people in the targeted groups receiving SRHR awareness	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Outcome 3.3: Communities are empowered on SRHR								
Output	Number of CSOs working on SRHR protection that have their capacity built and sensitized to support their improved participation in the public processes that shape/influence community SRHR issues	# of CSOs working on SRHR capacity built and sensitized to participate in public processes that shape or influence SRHR issues in the community	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number and type of capacity building, training and sensitization materials developed on SRHR for community	# of community capacity building materials developed	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of community sensitization meetings on SRHR held	# of community sensitization meeting on SRHR held	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of functional traditional dispute resolution mechanisms and widows support	# Functional traditional dispute resolution	Monthly	Monthly Activity monitoring log forms	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by		

	groups working with KELIN to redress rights of KAP whose SRHR have been violated.	mechanisms and widows support groups working to redress rights of KAP experiencing SRHR violations		and reports		M& E officer, board members, ED		
Output	Number of Judicial officers and Court Users Committees (CUCs) working to safeguard the protection of the SRHR	Number of Judicial officers and Court Users Committees (CUCs) working to safeguard the protection of the SRHR established	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by KELIN field staff and SRHR program manager and verified by M& E officer,		
Output	Number of youth and widow support groups supported to carry out community based advocacy forums on SRHR	# of youth and widow support groups supported to carry out SRHR advocacy forums	Monthly	Monthly Activity monitoring log forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Outcome	Percentage of the targeted population completing an intervention pertaining to gender norms that meets minimum criteria	% of the targeted population completing an intervention pertaining to gender norms that meets minimum criteria	Midterm, Endline and impact assessment	Survey questionnaire s, training manuals content analysis and attendance registers	Results validation, mapping & respondents identification, community entry and logistical support	Consultant in collaboration with M& E officer, Program officer, relevant KELIN field staff, board members		
Output	Number of activities implemented for men and boys that include examining gender and culture norms related	# of activities implemented for men/boys that include gender and cultural	Monthly	Monthly Activity monitoring log, forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members,		

	to SGBV	roles related to SGBV examination				ED		
Outcome	Proportion of police stations that have a functional gender desk	% of police stations with a functional gender desk	Midterm, Endline and impact assessment	Survey questionnaires, training manuals content analysis and attendance registers	Results validation, mapping & respondents identification, community entry and logistical support	Consultant in collaboration with M& E officer, Program officer, relevant KELIN field staff, board members		
Output	Number of police who have been trained to respond and investigate cases of SGBV	# of police trained to investigate cases of SGBV	Monthly	Monthly Activity monitoring log, forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of legal officers working with KELIN to safeguard the protection of the SRHR	# of legal officers working with KELIN in SRHR protection	Monthly	Monthly Activity monitoring log, forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number and results of media advocacy forums organized on SRHR	# and results of media advocacy forums organized on SRHR	Monthly	Monthly Activity monitoring log, forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of cases successfully resolved through the traditional dispute resolution	# cases successfully resolved through traditional	Monthly	Monthly Activity monitoring log, forms	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer,		

	mechanisms	dispute resolution mechanisms		and reports		board members, ED		
<i>Outcome 3.4: Health rights are increasingly improving at the national, regional and global levels due to the improved strategic partnerships initiated on addressing current SRHR</i>								
Output	Number of strategic partnerships at the national, regional and global levels initiated and participated to enhance the respect and protection of SRHR	# of strategic partnerships at national, regional and global levels initiated or participated in	Monthly	Monthly Activity monitoring log, forms and reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of strategic legal, advisory and advocacy partnerships on SRHR initiated or engaged in	# of strategic legal, advisory and advocacy partnerships on SRHR initiated or engaged in	Semi-annually	Annual progress reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of awareness creation on safe abortion and sensitizing meetings for police officers held	# awareness creation on safe abortion and sensitizing meetings for police officers	Semi-annually	Annual progress reports	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number and content of staff trainings carried out on SRHR	# and content of staff SRHR training	Semi-annually	Annual progress reports; staff training manuals desk review	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of existing KELIN partnerships	# existing KELIN	Semi-annually	Annual progress	M& E officer, Program officer,	Yearly progress reports filed by		

	with the judiciary utilized to protect SRHR	partnerships with the judiciary utilized to protect SRHR		reports	relevant KELIN field staff	KELIN field staff and SRHR program manager and verified by M& E officer,		
Output	Number and type of capacity building trainings held beneficiary trainings carried out on SRHR that meet the minimum threshold	# and type of beneficiary capacity building trainings done	Quarterly	Quarterly activity progress reports	M& E officer, Program officer, relevant KELIN field staff	Quarterly progress reports filed by KELIN field staff and SRHR program manager and verified by M& E officer,		
Output	Results of beneficiary SRHR capacity building trainings	Content of feedback reports from SRHR capacity building efforts	Quarterly	Content analysis of quarterly activity feedback reports	M& E officer, Program officer, relevant KELIN field staff	Quarterly progress reports filed by KELIN field staff and SRHR program manager & verified by M& E officer		
Output	Number and outcome of engagements with the Ministry of Interior and Co-ordination of National Government for sensitization and trainings for the police.	# and outcome of engagements with Ministry of interior and c-ordination of national government on police sensitization	Semi-annually	Annual progress reports; Content analysis	M& E officer, Program officer, relevant KELIN field staff	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Outcome	Capacity assessment of KELIN/RHRA technical working group	Capacity assessment of KELIN/RHRA technical working group	Annual	SWOT analysis	Results validation, mapping and respondents identification, community entry and logistical support	SWOT analysis report by consultant in collaboration with M& E officer, Program officer, relevant KELIN field staff, board		

						members and		
Outcome	In-depth Organization Capacity Assessment of the current RHRA partners and their contribution of each of the organizations involved	Organization Capacity assessment (OCA) of KELIN/RHRA technical working group	Annual	OCA assessment tool	Results validation, mapping and respondents identification, community entry and logistical support	OCA report by consultant in collaboration with M& E officer, Program officer, relevant KELIN field staff, board members		
KEY AND AFFECTED POPULATIONS								
<i>Outcome 4.1: Outcome Policies have integrated human rights of key and affected populations including IDUs, PWDs, Prisoners, and Sex workers in health policies, laws and operational frameworks/regulations.</i>								
Outcome	Number of existing health policies, laws and operational frameworks affecting KAP at national/county level analyzed	#number of policies/ operations frameworks affecting KAP analyzed	midterm, end term and impact evaluation	Survey questionnaires, policy content analysis reports	Results validation, mapping and identification of review materials, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	Number of policies, Laws, and operational frameworks affecting KAP reviewed/developed	#number of policies/ operations frameworks	Baseline, midterm, end term and impact evaluation	Survey questionnaires, policy content analysis reports	Results validation, mapping and identification of review materials, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	% of KAP reporting no discrimination in accessing health care treatment and management in health care settings	% reporting no discrimination	Baseline, midterm, end term and impact evaluation	Survey questionnaires, content analysis of annual progress reports	Results validation, mapping and identification of review materials, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		

Output	Number of national/county meetings organized to review or develop rights based KAP related policies, laws and frameworks with stakeholders and policy makers	# of policy development workshops/meetings held	Quarterly	Desk review, quarterly progress reports	Collect, analyse and prepare the quarterly progress report	Quarterly reports filed by field staff and verified by M& E officer, board members, ED		
Outcome	levels of knowledge, awareness and appreciation of health related laws, policies and practices by KAP	% of KAP reporting increase knowledge and awareness of health related laws, policies and practices	Baseline, midterm, endterm and impact evaluations	Survey questionnaires, content analysis of annual progress reports	Results validation, mapping and identification of review materials, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	Number of HIV-TB related discriminatory laws, regulations and policies that are retracted or repealed	# of laws retracted /repealed	Baseline, midterm, endterm and impact evaluations	Survey questionnaires, content analysis of annual progress reports	Results validation, mapping and identification of review materials, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
<i>Outcome 4:2 KAP experiencing human rights violations have access to justice</i>								
Outcome	Number of strategic public interest litigation to challenge health laws and policies that do not protect human rights approach for KAP analyzed	# of litigations challenging KAP unfriendly laws/policies	Baseline, midterm, endterm and impact evaluation	Survey questionnaire s, content analysis of annual progress and policy review reports	Results validation, mapping and identification of review materials, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	Number of KAP	% of KAP whose	Baseline,	Survey	Results validation,	Consultant in		

	experiencing health related human rights violations have comprehensive knowledge, awareness and appreciation on HIV related laws, policies.	rights violated with increased knowledge of HIV and TB related laws, policies	midterm, end term and impact evaluations	questionnaire s, content analysis of annual progress and policy review reports	mapping and identification of review materials, community entry and logistical support	collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	% of KAP who report experiencing health related violations treatment and management have access to justice and can challenge violations.	% of those whose rights have experience health rights violations violated access justice	Baseline, midterm, end term and impact evaluations	Survey questionnaire s, content analysis of annual progress and policy review reports	Results validation, mapping and identification of review materials, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Output	Number and result of legal aid for KAP whose health rights have been violated organized.	Percentage of the KAP satisfied with the results of the legal provided	Baseline, midterm, endterm and impact evaluations	Survey questionnaire s, content analysis of annual progress and policy review reports	Results validation, mapping and identification of review materials, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Output	Number of lawyers hat serve KAP trained on health and human rights	# of lawyers trained/sensitized	quarterly	Field Activity monitoring log, forms and reports	Collect, analyse, collate and prepare the quarterly progress report	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of legal aid clinics organized to provide advice and opportunities to represent KAP that experience health	# of legal aid clinics conducted	quarterly	Field Activity monitoring log, forms and reports	Collect, analyze, collate and prepare the quarterly progress report	M& E officer, Program officer, relevant KELIN field staff		

	related rights violations							
Output	Number of civil society organizations (CSOs) working on with KAP that have their capacity built	# of CSOs trained on KAP health rights	Quarterly	Field Activity monitoring log, forms and reports	Collect, analyze, collate and prepare the quarterly progress report	M& E officer, Program officer, relevant KELIN field staff		
Outcome 4.3: Communities are empowered on health related human rights affecting KAP								
Output	Number of CBOs sensitized to support their improved participation in the public processes that shape or influence health issues that affect KAP.	# of CBOs trained/sensitized on KAP health rights	Quarterly	Field Activity monitoring log, forms and reports	Collect, analyze, collate and prepare the quarterly progress report	Quarterly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of capacity building, training and sensitization materials on KAP health and human rights developed	# of materials developed on KAP health rights	Quarterly	Field Activity monitoring log, forms and reports	Collect, analyze, collate and prepare the quarterly progress report	Quarterly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of CBOs receiving organizational mentoring to increase community sensitization on KAP related health and human rights.	# of CBOs mentored on KAP health rights	Quarterly	Field Activity monitoring log, forms and reports	Collect, analyze, collate and prepare the quarterly progress report	Quarterly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of CBOs receiving organizational mentoring to increase	# of CBOs mentored to increase sensitization on	Quarterly	Field Activity monitoring log, forms	Collect, analyze, collate and prepare the quarterly progress report	Quarterly reports filed by field staff and verified by		

	community sensitization on health and human rights affecting KAP.	KAP health rights		and reports		M& E officer, board members, ED		
Output	Number of CBOs sensitized to support their improved participation in the public processes that shape or influence health issues that affect KAP.	# of CBOs trained/sensitized	Quarterly	Field Activity monitoring log, forms and reports	Collect, analyze, collate and prepare the quarterly progress report	Monthly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of capacity building, training and sensitization materials on KAP related health and human rights developed	# of materials on health rights of KAP developed	Quarterly	Field Activity monitoring log, forms and reports	Collect, analyze, collate and prepare the quarterly progress report	Quarterly reports filed by field staff and verified by M& E officer, board members, ED		
<i>4.4 KAP health rights regimes are increasingly improving at the national, regional and global levels due to the improved strategic partnerships initiated on addressing current KAP rights</i>								
Output	Number of strategic partnerships at the national, regional and global levels for delivery of different results to enhance the respect and protection of the rights of KAP including IDUs, PWDs, and Prisoners Sex workers organized	# of strategic partnerships at the national, regional and global levels developed	Quarterly	Field Activity monitoring log, forms and reports	Collect, analyze, collate and prepare the quarterly progress report	Quarterly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of Meetings With Various Stakeholders to Discuss a Legal	# of stakeholder meetings held	Quarterly	Field Activity monitoring log, forms	Collect, analyze, collate and prepare the quarterly progress report	Quarterly reports filed by field staff and verified by M& E officer,		

	Strategy to Decriminalize Sex Work carried out			and reports		board members, ED		
Output	Number of inter County Dialogue forum, Human Rights, Harm Reduction and documentation of human rights violations organized	# of inter County Dialogue forum on human rights violations of KAP organized	Quarterly	Field Activity monitoring log, forms and reports	Collect, analyze, collate and prepare the quarterly progress report	Quarterly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of strategic partnerships with like-minded organizations willing to undertake public interest litigation to influence policy and provide long term redress on KAP health related human rights violations	#strategic partnerships with organizations willing to undertake public interest litigation to influence policy on health related human rights violations relating to KAP organized	Quarterly	Field Activity monitoring log, forms and reports	Collect, analyze, collate and prepare the quarterly progress report	Quarterly reports filed by field staff and verified by M& E officer, board members, ED		
Output	Number of strategic partnership with research institutions on research on key populations forged	# of strategic partnerships with research institutions	Quarterly	Field Activity monitoring log, forms and reports	Collect, analyze, collate and prepare the quarterly progress report	Quarterly reports filed by field staff and verified by M& E officer, board members, ED		
Outcome	Number and content of advocacy plans for KAP devised	# and content of KAP advocacy plans	Baseline, midterm, end line, impact	Survey questionnaire s content analysis of advocacy reports and	Results validation, mapping and identification of review materials, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and		

				plans, annual progress		M&E Officer		
OUTCOME 5: <i>KELIN is a strong institution that is effectively and efficiently delivering on its mandate.</i>								
Outcome	Review KELIN's institutional policies to align them to the new strategic framework that is aligned with the new constitutional framework in Kenya and the devolved system of governance.	KELIN's institutional policies aligned to the new strategic framework	Whenever the strategic plan is revised or on a needs basis	Interview guide, FGDs, Desk review, Review report with recommendations	Results validation, mapping and identification of review materials, respondents mapping and identification, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	KELIN Constitution revised to align it with the new strategic framework	KELIN's constitution aligned to the new strategic framework	Whenever the strategic plan is revised or on a needs basis	Interview guide, FGDs, Desk review, Review report with recommendations	Results validation, mapping and identification of review materials, respondents mapping and identification, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	KELIN's Board Manual revised to align it with the new strategic framework	KELIN's Board manual aligned to the new strategic framework	Whenever the strategic plan is revised or on a needs basis	Interview guide, FGDs, Desk review, Review report with recommendations	Results validation, mapping and identification of review materials, respondents mapping and identification, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	KELIN's Human resource manual reviewed and is aligned to the revised strategic framework.	KELIN's Human Resource Manual aligned to the new strategic framework	Whenever the strategic plan is revised or on a needs basis	Interview guide, FGDs, Desk review, Review report with recommendati	Results validation, mapping and identification of review materials, respondents mapping and identification,	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and		

				ons	community entry and logistical support	M&E Officer		
Outcome	Internal review process to build consensus on the revised KELINs' Constitution initiated	KELIN's internal review process done to reach consensus	Whenever the strategic plan is revised or on a needs basis	Interview guide, FGDs, Desk review, Review report with recommendations	Results validation, mapping and identification of review materials, respondents mapping and identification, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	Review of relevant governance document and operational documents	KELIN's institutional policies aligned to the new strategic framework	Whenever the strategic plan is revised or on a needs basis	Interview guide, FGDs, Desk review, Review report with recommendations	Results validation, mapping and identification of review materials, respondents mapping and identification, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	Review of KELIN,s Finance manual to align it to the New Strategic Framework	KELIN's Finance manual reviewed and aligned to revised strategic framework.	Whenever strategic plan is revised or on a needs basis	Interview guide, FGDs, Desk review, Review report with recommendations	Results validation, mapping and identification of review materials, respondents mapping and identification, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	KELIN's Resource Mobilization (RM) manual reviewed and is aligned to the revised strategic framework	KELIN's Resource Mobilization (RM) aligned to the revised strategic framework	Whenever the strategic plan is revised or on a needs basis	Interview guide, FGDs, Desk review, Review report with recommendations	Results validation, mapping and identification of review materials, respondents mapping and identification, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	KELIN's Communications	KELIN's Communications	Whenever the strategic	Interview guide, FGDs,	Results validation, mapping and	Consultant in		

	manual reviewed and is aligned to the revised strategic framework.	manual reviewed and aligned to the revised strategic framework	plan is revised or on a needs basis	Desk review, Review report with recommendations	identification of review materials, respondents mapping and identification, community entry and logistical support	collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	KELIN M&E strategy reviewed and is aligned to the revised strategic framework	KELIN M&E strategy reviewed and is aligned to the revised strategic framework	Whenever the strategic plan is revised or on a needs basis	Interview guide, FGDs, Desk review, Review report with recommendations	Results validation, mapping and identification of review materials, respondents mapping and identification, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	Staff who are competent and able to deliver on the strategy recruited	Competent staff recruited	Whenever the strategic plan is revised or on a needs basis	Interview guide, FGDs, Desk review, Review report with recommendations	Results validation, mapping and identification of review materials, respondents mapping and identification, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	Job evaluation for the restructuring of KELIN for effective delivery on its strategy done	Job evaluation done	Whenever the strategic plan is revised or on a needs basis	Interview guide, FGDs, Desk review, Review report with recommendations	Results validation, mapping and identification of review materials, respondents mapping and identification, community entry and logistical support	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	Restructuring KELIN and recruitment for positions that need recruitment	Staff appraisal done	Whenever the strategic plan is revised or on a needs basis	Staff appraisal report and recommendations, Staff	Participate in staff appraisal exercise	Human resource manager, Program managers, ED, KELIN Staff, director and board		

						members prepare Evaluation feedback reports		
Outcome	Train KELIN staff on the reviewed procedures and manuals	Operations and procedures manuals Staff training manuals developed and implemented	Whenever the strategic plan is revised or on a needs basis	Interview guide, FGDs, Desk review, Review report with recommendations	Participate in training and capacity building exercises	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	Financial statements prepared for Financial Audit and donors	Financial Audit reports prepared	Annually	Policy and financial manuals, Activity expense reports	Financial statements prepared by the finance management team in collaboration with program officers in each result area, director and board members	Final financial audit done by external consulting firm		
Outcome	Returns to the NGO council filled	NGO Council reports filled	Annually	Policy and financial manuals	Returns Financial statements prepared by the finance management team in collaboration with program officers in each result area, ED, and board members	ED, M& E officer, KELIN staff, Board members, beneficiaries		
Outcome	Returns for Kenya Revenue Authority (KRA) filled	KRA returns prepared	Annually	Policy and financial manuals, Activity expense reports	Returns Financial statements prepared by the finance management team in collaboration with program officers in each result area, ED,	ED, M& E officer, KELIN staff, Board members, beneficiaries		

					and board members			
Outcome	Number of periodic training and updates on Resource Mobilization	# of trained staff	Annually	Resource Mobilization manual, KELIN Policy manual	Participate in development of resource mobilization manual and training activities	Workshop reports prepared by Consultant, ED, M& E officer, KELIN staff, Board members		
Outcome	Implementation of the Strategic Plan reviewed	Number of strategic plan items implemented	Semi Annually	Strategic plan, Implementation plan, M&E plan	Progress reports prepared by KELIN staff with supervision from the M&E officer	Consultant in collaboration with relevant KELIN staff, board members, ED, beneficiaries and M&E Officer		
Outcome	Continuous Institutional Capacity building on M&E and Statistical Programs done	# trained on M&E	Semi-annually	Strategic plan, Implementation plan, M&E plan, statistical software, staff training needs assessment	Participate in identification of staff training needs, development of resource mobilization manual and training activities	Consultant, ED, M& E officer, KELIN staff, Board members prepare the staff needs training assessment report and implement		
Outcome	Interim and technical project reports prepared	# and content of reports	Annually	Project proposals, implementation plans, M&E plans	Collection, discussion and preparation of project implementation plans	Project technical reports developed by ED, M& E officer, KELIN staff, Board members		
Outcome	Evaluation mechanisms initiated to include Developing a Guideline on Quality Control; Conduct baseline, midterm and	quality control guide developed and surveys conducted	Beginning, midway through the project and at the end of the project	project proposals, goals and M&E plans, Project quality	Results validation, mapping and identification of review materials, respondents mapping and identification,	Consultant, ED, M& E officer, KELIN staff, Board members		

	end line surveys to obtain data that will be used to evaluate the outcomes on all thematic areas;			control documents	community entry and logistical support			
Output	Administrative Support provided to include adequate office space, board meetings	Nature of administrative support provided	Quarterly	Project M&E plans, policy and operations documents, administrative support needs analysis	Collection, discussion and preparation of project implementation plans	Reports on administrative support, new office spaces prepared by ED, M& E officer, KELIN staff, Board members		
Output	Communication support provided to include Providing editorial, communication and technical support across different projects; Revamping KELINs' website in line with the new Strategic Plan; Reworking KELINs' Social Sites i.e. Facebook and Twitter Accounts; Rebranding KELIN after change of strategy; Continuous update and follow up on social media platforms	Number of items reviewed by communications department	Quarterly	Project M&E plans, policy and operations documents	Collection, updating the social media sites, monitoring the visibility, discussion and preparation and follow up on social media platforms	Reports on communications support and visibility instruments on social media by KELIN communications officer, ED, M& E officer, KELIN staff, Board members		
Output	Feedback from the Board and approval on	Feedback Report from the board	Whenever reviews of	Project M&E plans, policy,	ED Present the reviewed strategies,	Reports on approvals and		

	the reviewed documents done		KELINs manuals, strategies and procedures are done	manuals and operations documents	manuals, constitution, reports and TOR to KELIN Board for review	recommendations and finalized policy and operations documents.		
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8.0 Project Monitoring Tools

In addition to the performance indicators that have been set out in this framework, the organization will employ other tools and approaches to effectively track the progress of implementation and provide the necessary information for decision making on a timely basis. The monitoring tools to be used will have to capture the inputs and processes employed to deliver on results and serve as a basis of tracking how efficiently the organization is promoting change. The following are some of the key monitoring tools to be used.

8.1 The operational Plan/Work Plan

The operational / work plan lays out the goal, objectives and activities to be undertaken over a given time frame and within a given budget. It is a key tool for monitoring progress since it allows the organization to compare what it planned to do over a given time period with what was actually done in the same period. The implementation plan will be used together with the budget and updated financial information to assess efficiency. To achieve this, each project will be required to prepare a detailed implementation plan/work plan at the beginning of the project or year. This will be reviewed on a quarterly basis and updated where necessary and will be the basis for analyzing the timeliness and efficiency in project implementation. The template for preparing operational /work plans per each area of focus is provided below and includes main activities, sub-activities and short-term outputs expected from each activity.

8.2 ANNUAL WORKPLAN REPORTING TEMPLATE

Below is a matrix template for preparing the Annual work plan per each result area and Outcome.

Area of focus	ACTIVITIES UNDERTAKEN	Achievements	Challenges experienced	Lessons learnt	Next steps
THE HIV & TB THEMATIC AREA					
Outcome 1:1 <i>Laws, Policies and regulations affecting the management and treatment of HIV & TB are reviewed/ developed and have integrated human rights principles.</i>					
Outcome 2:1 <i>Human rights violations of persons affected by HIV & TB are redressed and persons violated have access to justice</i>					
Outcome 3:1: <i>PBOs, CBOs and affected communities are effectively demanding respect, protection and implementation of their TB and HIV and related human rights.</i>					
Outcome 4.1: <i>PBOs and CBOs working with and communities of IDUs, are effectively demanding respect, protection and implementation of their health related human rights.</i>					
WOMEN LAND AND PROPERTY RIGHTS (WLPR) THEMATIC AREA					

Outcome 1:2 Land and property policies, laws and operational frameworks at the county and national government levels that are protective of women's land and property rights and have embraced the rights-based approach					
Outcome 2:2 Persons experiencing land related human rights violations have access to justice					
Outcome 2.3: Communities are empowered on land and property rights					
Outcome 2.4: Women's land and property rights regimes are increasingly improving at the national, regional and global levels due to the improved strategic partnerships initiated on addressing current human rights concerns.					
SEXUAL AND REPRODUCTIVE HEALTH RIGHTS (SRHR) THEMATIC AREA					
Outcome 3.1: <i>Laws, Policies and regulations affecting SRHR are reviewed/ developed and have integrated human rights principles.</i>					

OUTCOME 3.2 : Persons experiencing SRHR related violations have access to justice					
OUTCOME 3.3: COMMUNITIES ARE EMPOWERED ON SRHR					
OUTCOME 3.4: KELIN IS INITIATING AND PARTICIPATING IN STRATEGIC PARTNERSHIP FOR BETTER SRHR OUTCOMES					
KEY AND AFFECTED POPULATIONS RESULTS AREA					
Outcome 4.1: <i>Laws, Policies and regulations affecting KAP health rights are reviewed/ developed and have integrated human rights principles</i>					
Outcome 4.2: <i>KAP experiencing health rights related violations have access to justice</i>					
outcome 4.3: <i>KAP are empowered on Health related rights</i>					
OUTCOME 4: 4: <i>KELIN is initiating and participating in strategic partnership for better delivery on health rights of KAP</i>					
OUTCOME 5: KELIN is a strong institution that is effectively and efficiently delivering on its mandate.					

8.6 Budget Tracking Tool

The rate of absorption of resources is a proxy measure of the extent of project implementation. Slow pace of resource utilization serves as an early warning that things are not progressing as they should and therefore prompt the need for corrective measures to streamline project implementation. Each project will be required to provide an analysis of planned expenditure against actual expenditure on a quarterly basis and provide an explanation on any variance greater than 10%. The analysis will be provided along the set budget lines as provided in the financial system.

Tracking planned versus Actual expenditure per each project

Budget Line	Planned Expenditure (USD)	Actual Expenditure (USD)	Variance
Salaries and benefits			
Equipment			
Travel costs			
Operations and maintenance			
Travel costs			
Project implementation			
TOTAL			

Financial status

This section should provide a concise overview of the project/programme's financial status based on the project/programme's monthly finance reports for the reporting quarter. When completing this section, secretariat-funded projects/programmes should refer to the monthly project/programme financial management report which the business objectives system delivers to each project/programme manager's inbox. It is important that this report is aligned with and reflects the information in the project financial management report (which is usually completed on a monthly basis). Staff are encouraged to use the project quarterly finance status table below to summarize key financial data. Particular attention should be given to spend rates and forecasts for the current reporting period.

Project quarterly Finance status

Total Budget to date	Total Expenses to date	% of the total budget	Annual Budget	Annual Expenses	% of budget

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Financial status explanation.

Each staff completing the financial status template should also answer the following questions in your financial analysis:

- If there have been any budget revisions greater than ten per cent from the original plan, please give reasons.
- If implementation rate looks like it will be less than 80 per cent of the budget by the end of the year, give reasons.
- If the project/programme’s budget versus actual variance is more than 20 per cent at the cost category level (supplies, personnel, workshop, etc), please explain.
- If the project/programme is not fully funded for the year, how will this affect the project/programme’s implementation and what is being done to address this issue?

8.7 Deliverables Schedule

To track key project deliverables, a deliverables schedule will be used to capture all key deliverables, due dates and the actual dates of delivery

Table on Deliverables schedules

Deliverable	Date Due	Actual date of delivery	Person(s) responsible	Comments

8.7 Indicator Tracking Table

Quarterly tracking of indicators data will be undertaken to assess the progress in realizing set indicator targets. The designated M&E staff will ensure that data on all indicators is collected, reviewed and analyzed and presented in all quarterly reports and annual report.

This should be filled and accompany the Quarterly and yearly reports to indicate progress towards the set targets and show work completed to date of reporting.

Table on Project indicator tracking Table per each quarter

Project Name		Reporting period		Field officer	
Project Location		Project starting date		Program officer	
Results Area		Project Expiry Date		Reporting to	
Indicator	Annual Target	Achieved this Quarter	Cumulative to Date	Variance	Reasons for Variance

Indicator Target achievement tracking table

	Indicator	Baseline data	3 months		6 months		9 months		12 Months		Explanation for variance	Way Forward
			Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved		
	Indicator											
Activity1												
Activity 2												
Objective 2												
Objective 3												
Objective 4												
Objective 5												
Outcomes												
Goal												

8.8 Activity monitoring schedule

The template below presents the Activity monitoring schedule. This will be customized per each results area.

Results area:

Staff responsible:

Date:

Time and year:

Location of project:

Activity timing (Start and end date)

Activity description	
Target population/size/composition	
Activity rationale (Contribution of the activity to the overall objective-goal)	
Activity geographic coverage (Include a map)	

Activity local context (local partners; county governments, local authority)	
Activity associated assumptions (risks associated with success of activities)	
Lessons learned	

8.9 Dissemination of results to internal external audience

The template below presents the dissemination plan for the M&E information generated in the organization by the different audience. It includes the dissemination forums, time of dissemination and person responsible for the dissemination.

Table on Dissemination of M&E information in the organization by target audience

Audience	Information disseminated	Time of dissemination	Dissemination Forums	Person responsible
STAFF	Project progress and achievements	Monthly, Quarterly and annually	Regular staff meetings/updates (monthly or quarterly) Quarterly and annual progress reports Project inception reports at the onset of each project Field visit reports	Field officers, Program officer +M&E officer
	Project schedules	At beginning of projects and quarterly, yearly	Project implementation plans/schedules Emails	Field officers, Program officer +M&E officer
	Challenges and lessons learned from programming	Monthly, Quarterly and annually	Regular staff meetings/updates (monthly or quarterly) Quarterly and annual progress reports Project inception reports at the onset of each project Field visit reports	ED+ Field officers, Program officer +M&E officer
	Target needs and context	At Project	Regular staff meetings/updates (monthly or quarterly)	ED+ Field officers,

		inception	Quarterly and annual progress reports Project needs assessment reports Field visit reports Media shots and reports circulated on relevant events to each staff email Social sites like wassup, Facebook for regular staff updates	Program officer +M&E officer
	Financial and budget projections	Monthly, Quarterly and annually	Regular staff meetings/updates (monthly or quarterly) Quarterly and annual financial reports	ED+ Finance team in collaboration with program officers
	Baseline, midterm, end-line and impact evaluation results Operations research	At beginning, Midday and end of projects	Needs assessment reports before the project inception Baseline, midterm, end term and impact Project evaluation reports Periodic program review meetings Operations research findings at the beginning of each new project to inform programming Results dissemination forums	Consultant in collaboration with the M& E officer
Board Members	Background to the project and information about funders and key stakeholders	Monthly, Quarterly and annually	General online updates e.g. emails Specific updates from director and project leads. Quarterly board meetings and annual retreats Summarized quarterly organizational report with a simple checklist or graph to indicate progress Website and social media updates	
	Project progress and impact based on key thematic areas as per the strategic plan	Monthly, Quarterly and annually	Summaries of annual and quarterly progress reports Website and social media updates	Program managers + M&E officer, ED
	Financial and budget projections	Monthly, Quarterly and annually	Quarterly board meeting, Financial expenditure and projections reports Specific updates from director and project leads. Quarterly board meetings and annual retreats	ED+ Finance manager
	Internal project operational mechanisms/ capacity assessment reports	Quarterly and annually	Bi-annual capacity assessment reports to indicate KELIN capacity to meet its mandate Specific updates from director and project leads.	

			Quarterly board meetings and annual retreats	
	Stakeholder assessment	Quarterly	Bi-annual stakeholder analysis reports Specific updates from director and project leads. Quarterly board meetings and annual retreats	
EXTERNAL AUDIENCE				
Donors	Regular updates on project/programme performance including challenges and lessons learned Case studies and success stories Outputs (numbers reached etc.) as well as outcomes Relevance and Impact of the project Proposed areas of interest by indicating additional needs	Monthly, Quarterly and annually	Quarterly Progress reports Regular project updates on KELINs' Websites Final baseline, midterm, end-line and impact project reports, Case studies and success stories compilations Direct inter agency emails communications	ED + M&E officer and communications Manager
Partners	Updates about all of KELIN's work – particularly when partner organizations have a stake in that work (i.e. joint advocacy/campaign issues)	Specific updates from director and project leads. Quarterly board meetings and annual retreats	Synthesized reports and presentations in conferences, workshops, trainings and meetings. Articles in KELIN's website Invitation to results dissemination forums Stakeholder meetings and workshops Conference and seminars attendance Periodic publications from KELIN	ED + M&E officer and communications Manager
State Agencies	Information on specific issues, as well as good practice guidance. Information about our advocacy campaigns Progress reports on attainment of national goals	Specific updates from director and project leads. Quarterly board meetings and annual retreats	Annual review, bi-monthly updates Results dissemination forums Specific project updates where the government has a stake in the work Invitation to results dissemination forums where the government has a stake Baseline, midterm, end line and impact summary	ED + M&E officer and communications Manager

			reports Advocacy materials like policy briefs, advocacy asks	
Beneficiaries	The scope and focus of KELIN's activities Key challenges facing the communities Key results from surveys on the beneficiary	Monthly, Quarterly, annually, during special events, during field activities	Leaflets, newspaper articles, brochures and TV and radio shows/documentaries Invitation to results dissemination forums Theatre forums-edutainment Seminars and workshop Special events like National AIDS day Sports activities like football matches	

8.10 STAKEHOLDERS ROLES AND RESPONSIBILITIES

The matrix below presents the roles and responsibilities of different stakeholders.

Table on stakeholder roles and responsibilities per each thematic area

THEMATIC AREAS: HIV & AIDS; SEXUAL & REPRODUCTIVE HEALTH RIGHT; WOMEN & PROPERTY RIGHTS; KEY & AFFECTED POPULATIONS												
STAKEHOLDER	Position (Internal/External)	ROLES/RESPONSIBILITY										
		Project Implementation & administration	Data Collection and management	Data reporting	Capacity enhancement	Legal aid and assistance	Project funding	Policy and laws	Advocacy	Outreach & Dissemination	Partnerships & networks	Research
Beneficiaries	external	I	C	C	I	C		C	C	C	C	C
KELIN staff	Internal	i	R	R	R	C	C	C	R	R	R	R
KELIN Board of Directors	Internal	R	C	C	C	C	R	C	C	C	R	R
Elders of Cultural Structures Program	external	I	C	I	R/C/I	R	C	C	R	R	C	C
KELIN Widows representatives	external	I	C	I	R	C		C	R	R	C	C
Local Authority	external	I	C	C	C	C		C	C	C		
Civil societies	external	I	C		R	C	I	C	R	R		
National government	external	I		I	C	C	R	R			R	C
Ministry of health	External	I	C	C	C			C	R	C		C
County government	External	I	I		C	C	R	R	C	C		C

Judiciary	External	I	C	C	R	R		R	C			
Lawyers	Internal/ external	I	C	C	R	R		R	C			C
Law enforcement	external	I	C			R		C	C	C		
CBO's	external											
International institutions	external	I					R	C	R			R
Academic institutions	external	I									C	R
Regional agencies	external	I			C	C	R	C	R	C	C	C
EAC	external	I					R		R		C	C
AU	external	I					R	C	R	C	C	C
Special Rapporteur	external	I						R	R		C	C
ACHR	external	I						R	R	R	C	CC

Legend-

R-Responsible, A-accountable, C-Contributing, I-informed

EAC-East Africa Community, A.U-Africa Union,

ACHR-Africa Commission on Human Rights

CBO'S-Community Based Organizations

9.0 Reviewing of the M&E Framework

The M&E framework will serve as a “living document” that the KELIN management team will use to guide overall organizational and program performance. One of the key principles of the M&E framework is that it should be a useful tool for management and organizational learning. In this respect, it will be updated as necessary to reflect changes in KELIN’s strategy and ongoing and/or upcoming project activities.

Implementation of the M&E framework is therefore not a one-time occurrence, but rather an ongoing process of review, revision, and implementation. The framework will be reviewed and revised annually. It will also be re-examined to ensure that all M&E elements remain relevant and effectively support program management and organizational learning. When reviewing the framework, the following issues shall be taken into account:

- Are the performance indicators adequate and relevant?
- Are the data management processes effective?
- Are the performance indicators providing the information needed to properly measure results?
- How can the project performance be improved?
- Are the indicator targets realistic given resource availability and other program constraints and opportunities?

10.0 Evaluation Plan

Performance evaluation is an integral component of the overall implementation of this M&E Framework. Periodic assessment of the extent to which KELIN is realizing the expected results will be an essential process for ensuring accountability to stakeholders, improve effectiveness and efficiency in implementation and supporting learning. The following principles will serve as a guideline to our evaluation approach:

- Integration of evaluation in future design of projects and redesign of ongoing projects;
- Design of evaluations that are unbiased in measurement and reporting;
- Evaluations that address the most important and relevant questions about project performance;
- Evaluations that use methods that generate high quality and credible evidence corresponding to the research evaluation questions being asked;
- Evaluations that help reinforcing local capacity through participatory methodologies; and
- Evaluations that are transparent.

In tandem with the above principles, we intend to undertake 3 types of evaluation for all our projects: baseline evaluation, mid-term evaluation and end of project evaluation.

- A. **Baseline Evaluation:** Clear and precise baseline data is a very critical element in any effective M&E system since it provides the vital benchmark upon which future measurement of the outcome and impact of the projects will be undertaken. KELIN will strive to ensure that baseline data is put in place for all performance indicators as part of the target setting process and in guiding future evaluations. In cognizance of the fact that obtaining accurate and reliable baseline data requires a rigorous data collection approach, which may be very expensive, use of available secondary data or estimates will be considered as an option when putting together baseline data. Use of cost-effective methodologies such as FGDs and expert panels will be utilized in response to any budgetary constraints.
- B. **Mid-term Evaluation:** Internal mid-term reviews or evaluations will be carried for each project to answer the following overarching questions:
- What has a particular project achieved?
 - How well is it being implemented?
 - Are the planned activities on schedule?
 - Are the inputs sufficient to produce the desired outputs, outcome and impact?
 - How is it perceived and valued?
 - Are expected results occurring or likely to occur?

The mid-term reviews will essentially be in the form of process evaluation and will be critical in enhancing project performance and serving as an early warning in case things are not working as expected. Lessons learned from the midterm review will be used in redesigning the project, where necessary and feasible, to increase chances of meeting expected results.

- C. **End of Project Evaluation:** This will essentially be an external evaluation with a more rigorous approach to establish the cause-effect relationship between the project interventions and the final outcome and impact of the project. The evaluations will be designed around five key evaluation criteria i.e. impact, effectiveness, efficiency, sustainability and relevance.

GLOSSARY

Assumptions: critical assumptions are those key things we assume will or will not take place that are likely to affect results.

Baseline: is a record of what exists in an area prior to an action or a benchmark upon which future performance will be measured.

Data management: refers to the standard operation procedures/routines and actions put in place to track data flow and reduce risk/probability of errors.

Data quality: refers to the accuracy or worth of the information collected.

Effectiveness: measures the degree to which results/objectives have been achieved.

Efficiency: measures how productively inputs (money, time, equipment, personnel etc.) were used in the creation of results.

Evaluation: is a systematic process of collecting and analyzing information to assess the effectiveness of an organization in the achievement of results.

Impact: is the overall and long term effect of an intervention

Indicator: is specific information that provides evidence on the achievement (or lack of) results and activities. They can be quantitative (number related) measures or qualitative (narrative related) observations).

Inputs: are the physical (e.g. equipment), material (e.g. supplies and provisions), human (personnel) or financial (e.g. travel costs, per diem etc.) resources required to create change.

Learning: the process through which knowledge is expanded.

M&E system: is a tool that organizations and managers use to see if they are achieving change.

Monitoring: is a systematic process of collecting and analyzing information to track the efficiency of the organization in achievement of results.

Outcomes: are the broad changes in development conditions, answering the “so what” questions (so... we trained 100 people and increased their capacity to advocate for increased respect to the right to own property but did those improved skills result in more widows being allowed to own property?). Outcomes reflect behavior or attitudinal changes. Outcomes on the other hand are contributions to the overall objectives of KELIN, usually reflecting a permanent change in systems and institutions, behaviors, attitudes and practices accomplished by partners.

Output: is information, products or results produced by undertaking activities or projects. They relate to the completion of activities and reflect what you hoped to achieve from a particular input. For example: you decide the process you want to use is train people, thus people trained is the result at input/process level while knowledge level increased would be the result at output level.

Processes: are the methods employed (e.g. training, capacity building, service provision, message promotion) to create change.

Inputs and processes are the resources or methods employed to bring about change while outputs are the direct result of expenditure of resources.

Impact is the long term change arising from the interventions put in place by KELIN and other actors over an extended period of time.

Reporting: is the systematic and timely provision of essential (useful) information at periodic intervals OR process of providing regular feedback to help organizations inform themselves and others (stakeholders, partners, donors etc.) on the progress, challenges, successes and lessons of program/project implementation.

Result: is a consequence of a particular activity, project or program that an organization can effect and for which it is willing to be held accountable OR a change in condition attributable in whole or part to your organization.

Target: magnitude or level of outputs expected to be achieved OR values against which the actual program/project achievements are measured.

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