



Meta-Assessment of Project Evaluations (2020 – 2023)

HIAS Kenya

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Research, Development, and MEAL

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The results of the evaluation and the report are the sole responsibility of the author and can in no way be taken to reflect the views of HIAS Kenya.

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ACRONYMS

ALNAP	Active Learning Network for Accountability and Performance
CBO	Community Based Organization
DAC	Development Assistance Committee
DRC	Danish Refugee Council
EHA	Evaluation of Humanitarian Action
GBV	Gender Based Violence
GERAAS	Global Evaluation Report Assessment and Analysis System
GSLAs	Group Savings and Loans Associations
IPV	Intimate Partner Violence
KII	Key Informant Interview
KISEDPP	Kalobeyei Integrated Social and Economic Development Programme
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
MEAL	Monitoring Evaluation Research and Learning
MHPSS	Mental Health and Psychosocial Support
OECD	Organization for Economic Co-operation and Development
PoC	Persons of Concern
SMART	Specific, Measurable, Attainable, Realistic, Timely
ASRHR	Adolescent Sexual Reproductive Health and Rights
ToC	Theory of Change
UNHCR	The UN Refugee Agency
WASH	Water Sanitation and Hygiene

EXECUTIVE SUMMARY

Introduction

HIAS Kenya, established in 2002, is a humanitarian organization providing protection to Refugees and Asylum Seekers. HIAS Kenya work with refugees through community-based protection to implement programs in Mental Health, and Psychosocial-Support (MHPSS), Economic Inclusion, Gender-Based Violence, Child Protection, and Legal Protection to provide durable solutions.

The purpose of this meta-assessment was to conduct an extensive literature review, review project evaluations (baseline, mid-term, and endline) and project performance reports conducted between 2020 and 2023 to identifying gaps among refugees across the HIAS signature programs and localization. To also synthesize evidence from the evaluations conducted in the past to determine the effectiveness, relevance, and impact of HIAS work and areas of strengthening. Further, to determine the overall quality, credibility, and use of evaluations to provide advice on improvements and adjustments to existing and future evaluations. Crucially, the meta-assessment aimed at appraising the capacity building and training activities offered by HIAS Kenya to refugee CBOs, to assess their relevance and effectiveness to address the needs of the vulnerable refugees and asylum seekers.

Findings and Conclusions

The meta-Assessment included 11 evaluations (5-Baseline; 5-Final; 1-Midtem), and 5 project performance reports conducted between 2020 and 2023. Programming areas of the project evaluations included SRHR, legal protection and social inclusion, gender equality, and economic inclusion. Findings from the literature review indicate that HIAS Kenya refugee programs were coherent with other stakeholders implementing refugee programs both in camps and urban areas including UNHCR, USAID's BHA, and implementing partners. The focus on refugees living in urban areas was found to be relevant, as they face enhanced challenges in access to food and health, as compared to refugees in the camps. However, the findings point to a strong bias for SRHR within HIAS Kenya programs, while other partners agencies had a wider scope of programs including peacebuilding, legal protection, livelihoods and economic inclusion, and WASH. Both UNHCR and RefugePoint reported clear strategies for engaging with refugee and asylum seekers, using input from affected community members to estimate vulnerabilities that informed their tailored responses.

Assessing the OECD - DAC criteria for relevance, effectiveness, coherence, efficiency, sustainability and impact, the review of reports primarily identifies that project adhered to the evaluation criteria.

- i. **Relevance:** HIAS Kenya programs clearly demonstrate a high level of relevance as they targeted vulnerable refugees particularly LGBTQ who have pronounced barriers in accessing protection and SRHR services.
- ii. **Coherence:** The projects also demonstrate coherence with other projects implemented by UNHCR, county and national governments, and partners. This was strongly evidenced by the collaborations with county government policies. However, a thorough integration of the project with County structures would have been beneficial especially to improve access to SRHR services.
- iii. **Effectiveness:** The evaluations observed significant improvements in the targeted beneficiaries' outcomes. These were mainly benchmarked with baseline findings, with changes in attitude observed in women and girls, to recognize IPV and GBV, and their ability to report such abuses were observed. Findings further indicate increased access to SRHR by LGBTQ refugees comparing baseline and endline.
- iv. **Efficiency:** Despite sometimes witnessing slow start to the project activities, HIAS uses a robust financial management and tracking system facilitating programmatic and financial accountability. Using HIAS Kenya office spaces to meet beneficiaries also saved on costs. However, cost and time savings were sub-optimal as most training venues were not located near the beneficiaries.
- v. **Sustainability:** The evaluation indicates that effort to collaborate with the national and county governments, and other local organizations, during project implementation improve on sustainability. For example, the ASRHR project had actively involved local refugee-led organizations and local partners such as Nairobi Metropolitan Services (NMS), which had health structures for youth to continue accessing SRH services. Capacity building

activities empowered refugees, CBOs, and partners. Training of CBOs on fundraising further enhanced their capacity funding proposals

- vi. **Impact:** The evaluation observed that the SRHR projects significantly contributed towards the reduction of violence against women, gender equality, and women’s empowerment by challenging systematic issues and discourses that underpin IPV. The ASRHR increased knowledge of SRHR issues (e.g., how to protect oneself, where to report abuse and the effects of child marriage).

The meta-assessment further aimed to review reoccurring findings and recommendations. Based on the provided evaluation reports, the projects had these positive findings:

- i. Improvement in SRHR Access and knowledge for vulnerable refugees including women, girls, and LGBTQI+. Improved knowledge on IPV, GBV, and recognizing sexual violence.
- ii. Community Engagement and Alignment with Local Needs – HIAS Kenya engaged communities extensively making their projects relevant and accepted.
- iii. Legal Protection and Resettlement Support – HIAS Kenya has supported the referrals and assessment of vulnerable refugees for resettlements and legal protection services -

Some of the reoccurring recommendations include;

- i. **Inclusive Project Design** - To enhance the relevance of its programs, HIAS should ensure the inclusion of various marginalized groups such as youth with disabilities, parents of young at-risk individuals, and host communities in project interventions.
- ii. **Integration and Collaboration** - Integrate projects with existing county and sub-county structures. Strengthen partnerships with refugee-led organizations and other stakeholders for effective implementation and sustainability.
- iii. **Capacity Building and Training** - Provide adequate time for training and develop youth user-friendly communication materials. Conduct capacity assessments and stakeholder mappings to tailor support and strengthen referral mechanisms.
- iv. **Advocacy and Awareness** - Design advocacy strategies to prioritize target group needs and engage with local authorities for legal redress and support. Conduct advocacy campaigns to address stigma, discrimination, and resistance to SRHR services.
- v. **Refugee-Friendly Services:** Make services refugee-friendly and consider employing refugees or LGBTQ+ individuals as staff to enhance comfort and trust.
- vi. **Sustainability and Empowerment** - Support income-generating activities and livelihood programs for self-reliance. Strengthen the capacity of refugee-led organizations and community members for long-term impact.
- vii. **Gender Sensitivity and Norms** - Address gender dynamics, norms, and power relations within communities. Engage men and boys in IPV prevention programs and challenge violence-supportive attitudes.
- viii. **Community Engagement and Support:** Promote community involvement, peer education, and support networks. Strengthen referral systems and coordination among stakeholders to maximize impact and avoid duplication of resources.
- ix. **Training and Awareness Materials:** - Contextualize training materials and utilize social media for awareness campaigns. Ensure the availability of LGBTQ+ friendly SRHR services and sensitization of healthcare workers. Work with healthcare facilities for LGBTQ-friendly contact person, training medical facilities staff on LGBTQ+ SRH needs and services.
- x. **Knowledge Management and Learning:** - Enhance knowledge management efforts and preserve knowledge products for future use. HIAS should strengthen systematic process of data collection and analysis, continuous learning, and use evidence to inform programs adaptations, and future designs

The second objective was to assess the quality of the external evaluations and internal project performance reports. Findings from the review indicate that the quality of reports overall was acceptable. As observed by the text analysis

and HIAS project staff, the weakest point in the evaluation reports was the methodology sections as these were not sufficiently detailed, with 12.5% of the reports having inadequate description of methodologies to answer key study objectives. Findings indicate that HIAS staff have an overall positive perception of the quality of the evaluation processes and the utility of evaluation reports. Some elements of the evaluation outcomes, however, still have the potential to improve; for example, the quality of recommendations which are sometimes perceived as too vague and not sufficiently feasible, implementation of recommendations by HIAS Kenya, and scrutiny of evaluation methodology and the data collection processes.

HIAS Kenya also aimed to determine the performance of institutional capacity building and capacity enhancements of local community led CBOs on their capacity to serve refugee beneficiaries. All the CBO leaders had benefited from HIAS Kenya trainings and reported that these were highly relevant to their needs as they strived to serve urban refugees. The training provided the opportunity for CBO leaders to network with other CBOs implementing related activities for urban refugees. However, they cited that the training duration was inadequate, leaving them loaded with content, while also they did not have access to the training materials after the training. They also regularly cited the low budget set by HIAS for transport reimbursement to the which made them prefer to skip trainings. They preferred to have training conducted in accessible locations so that more of the target beneficiaries could be in attendance.

1.0 INTRODUCTION

1.1. Background

HIAS operation in Kenya was established in 2002 to provide protection to refugees plagued by conflict, to advocate on their behalf, and to resettle the most vulnerable. HIAS Kenya work with refugees through community-based approach to offer Legal Protection, Mental Health, and Psychosocial Support (MHPSS), Economic Inclusion, Gender-Based Violence (GBV) Risk Reduction, and Child Protection to provide provision of durable solutions to affected persons.

This meta-assessment was commissioned by HIAS Kenya for evaluation reports conducted in the period 2020-2023. This Meta-Assessment presents some common lessons learned, to inform the design and implementation of future projects. This meta-assessment was conducted by an independent evaluator in the months of February and March 2024 through a participatory process involving various HIAS Kenya staff, refugee CBO leaders, and program stakeholders, partners, staff, and beneficiaries.

1.2. Context

HIAS Kenya implements projects for vulnerable refugees (including LGBTQI+) and asylum seekers within various themes such as protection and resettlement, sexual reproductive health, and rights (SRHR), and economic inclusion. In addition, safety and wellbeing, prevention of gender-based violence, mental and psychosocial support, and more recently promoting the localisation agenda touch on programs implemented by HIAS Kenya and its partners. HIAS Kenya works in core areas using a community-based protection to work in:

1. Legal Protection
2. Gender-Based Violence Response and Risk Reduction
3. Community-based Mental Health and Psychosocial Support
4. Economic Inclusion

Legal Protection: In legal protection, refugees and other people forcibly displaced from home are fleeing prosecution and violence, need to safely cross borders into countries where their lives are not in danger. HIAS Kenya's legal protection programs create partnerships to protect the rights of refugees and promote community-based protection by educating refugees and empowering them to speak up for their legal rights. Partners include refugee community leaders, refugee organizations, faith leaders, civil society groups, government agencies, UNHCR, hospitals, schools, universities, lawyers, and other professionals. **Gender-Based Violence Response and Risk Reduction:** For the GBV Response and Risk Reduction addresses women, girls, and LGBTQI+ populations, HIAS empowers by engaging the whole community to reduce the risk of harm from GBV. HIAS Kenya's GBV programming helps forcibly displaced women, girls, and LGBTQ individuals pursue their potential, free from violence and gender-related oppression. **Community-based Mental Health and Psychosocial Support:** HIAS promotes mental health and well-being of refugees and displaced persons by facilitating community support groups and psychological support from both lay and professional providers and ensure access to services for more intensive mental health support. **Economic Inclusion:** HIAS also supports refugees on their road to self-reliance, helping them to find programs focused on poverty eradication, employment, entrepreneurship, and financial services. HIAS advocates for the rights of both refugees and local host communities to access dignified, sustainable, and safe work, alongside economic development. HIAS Kenya's economic inclusion programming promotes financial literacy and expands entrepreneurship opportunities and skills development for refugees, LGBTQ communities, and GBV survivors.

Occasionally, independent evaluators have been invited to conduct baseline, mid-term, and end of project evaluations, to determine the relevance, effectiveness, efficiency, impact, and sustainability of the project activities. According to the UNHCR FRAME Toolkit¹ for evaluating in refugees-related operations, evaluations are useful and important for

¹ Framework for Assessing, Monitoring, and Evaluating the environment in refugees-related operations
<https://data.unhcr.org/en/documents/download/64635>

informing on the usefulness and relevance of projects, however, they can easily be misused for various reasons including justifying decisions taken, postponing, or delaying actions.

1.3. Purpose of the Meta-Assessment

HIAS Kenya view evaluation as playing a critical role in the program cycle, providing evidence to support program and project design decisions, and guiding the implementation of ongoing activities. The purpose of the meta-assessment was to review external evaluation reports (baseline, mid-term and endline) and internal project performance reports for the period 2020-2023 to assess for the overall quality and adequacy of methods, findings, and recommendations.

The main purpose of the meta-Assessment was to:

1. Carry out an extensive literature review from HIAS reports, journals, periodicals, and online reviews.
2. Use the assessment to identify programming and capacity building gaps among refugees across the HIAS signature programs and localization.
3. Synthesize evidence from the evaluations conducted in the past to determine the effectiveness, relevance, and impact of HIAS work and areas of strengthening.
4. Determine the overall quality, credibility, and use of evaluations to provide advice on improvements and adjustments to existing and future evaluations.

The specific objective of the meta-assessment were to determine:

1. To what extent these evaluations carried between 2020 and 2023 fulfil widely accepted standards in terms of quality and develop recommendations on what aspects to improve and how to increase the usefulness of HIAS Kenya project evaluations?
2. What were the key findings, recommendations and lessons learnt to improve the performance of HIAS institutional capacity-building and productive capacity enhancement projects?
3. Provide a consolidated assessment on the performance of HIAS projects, particularly in relation to its relevance, efficiency, effectiveness, impact, and sustainability.

1.4. Structure of the report

Chapter 2 details the evaluation methodology, as formulated jointly in the inception phase indicating the mixed methods approach adopted, sampling strategy, survey, and qualitative data collection approaches. Further detailing desk review of documents, data collection, data analysis plans, ethical consideration, and the general approach to reporting.

Chapter 3 presents the findings from the literature review, assesses programs implemented by HIAS Kenya, and presents gaps observed. Further presenting the OECD-DAC criteria assessment², major findings, and key recommendations. Chapter 4 reviews the quality and utility of the evaluation reports related to accuracy, utility, feasibility, and fairness of the evaluation and project performance reports. Chapter 5 details effectiveness of the HIAS Kenya capacity building provided to the local refugee led CBOs. Chapter 6 provides the conclusions and recommendations.

² OECD DAC Evaluation Criteria. <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

2.0 METHODOLOGY

2.1. Approach

The purpose of the meta-assessment was to provide a learning opportunity for HIAS Kenya, with a mixed methods approach that encouraged participation of all stakeholders in the meta-assessment. At the inception phase, tools were designed to address the multifaceted nature of the meta-assessment, and detailed feedback was provided by HIAS Kenya on the sufficiency of the data collection tool content and additional relevant information that could improve the tools. Combining desk review with qualitative and quantitative data collection methods as a basis for the meta-assessment to allow for methodological triangulation. This made it possible to use their comparative strengths while compensating for their respective weaknesses.

The following steps were used in the mixed methods approach:

1. Extensive review of literature of documents related to refugees and asylum seekers
2. Desk review of HIAS Kenya project documents and related material
3. Content analysis of the reports to identify reoccurring findings and recommendations
4. The use of the screening tool for quality review of evaluation reports,
5. Online survey interviews with HIAS Kenya staff and partners on the usefulness and quality of evaluations
6. Key informant interviews with refugee-led CBOs on relevance of HIAS Kenya capacity building activities

Literature Review

An extensive review of literature on global and national trends in refugee and asylum seekers programming, practices and approaches was conducted. This presented results for current refugee and asylum seekers situation, needs, and how these have been addressed in different context including encampment and urban programming by various partners. Further, a review of different actors' approaches to refugee and asylum seekers programming was presented with best practices identified. This primarily reviewed UNHCR mode of operations and included partners and stakeholders providing humanitarian response to the refugee crisis.

Desk Review

A desk review of HIAS Kenya programming was conducted using project documents, specifically 16 reports from external evaluations and internal performance reports. This reviewed the performance of the key signature approaches implemented through a community-based protection model. Using both the evaluation and project performance reports, findings were grouped in themes of Legal Protection, Economic Inclusion, community-based Mental Health, and Psychosocial Support (MHPSS), Gender-Based Violence and Risk Reduction, child protection and provision of durable solutions. The desk review identified the gaps in programming, compared to the literature review findings, to propose potential areas for programming, and practices that could improve the HIAS Kenya programs. An evaluation of the programs using the OECD – DAC assessed whether the projects overall were relevant, coherent, effective, efficient, sustainable, and if they had achieved long term impact for the target beneficiaries.

Content analysis

Mayring's content analysis was used across all 16 evaluations' reports to identify patterns of reoccurring findings and recommendations that could be relevant beyond the project context and that could bear learning potential for HIAS Kenya³. This method was characterized by three basic steps: i) all statements (in this case all findings and recommendations) were listed and grouped along defined topics; ii) the statements were generalized; and iii) the findings and recommendations were summarized and reduced to common statements on the topic.

Online survey

An online survey was conducted with HIAS Kenya project staff and partners regarding the quality of the evaluation process, utility, MEAL support, and stakeholder engagements in utilizing findings. The focus of the survey was on

³ [\(PDF\) Qualitative Content Analysis \(researchgate.net\)](#)

quality of the evaluation process and the three evaluation standards 'utility, fairness and feasibility', which could not be explored through the text analysis of the evaluation reports. Specifically, sampling was conducted from the following:

1. HIAS Kenya staff
2. Partner agency staff (UNHCR/NGOs)

The survey questionnaire was mailed to 22 HIAS Staff and 10 Partner Agency staff.

Key Informant Interviews

Key informant interviews with refugee-led CBOs on relevance of HIAS Kenya capacity building activities. Respondents were purposively selected from CBO leaders who had benefited or collaborated with HIAS Kenya in the training programs, balancing on gender and age, to achieve a wider representation of the study findings. Interviews were particularly relevant for providing insights on the perceived relevance, quality, gaps, and areas of improvement for the training process and on learning through evaluations at different levels.

2.2. Data Management and Analysis

An online database was designed in Google Documents for the abstraction of data from the evaluation and project performance reports for both quality assessment and content analysis. The online survey among HIAS Kenya staff and partner agency staff was implemented by sending links on email with the questionnaire, with timelines for returning the completed survey. Responses were automatically captured into a MS Excel spreadsheet for cleaning. Data analyses for the survey and content analysis was conducted in both MS Excel and STATA. For the quantitative data analysis, tables were developed in a structure that answers the objectives of the meta-assessment, with graphical representation where appropriate. Description of the evaluation reports was conducted to include gender of the evaluators, length in pages, and the programmatic areas covered by the project evaluated.

Findings from the literature review were presented as summaries on refugees and asylum seekers needs for programs, current HIAS Kenya programs, identifying potential gaps and best practices. For identifying patterns of reoccurring findings and recommendations, the conclusions, and recommendations from all 11 evaluation reports, and 5 project performance reports under assessment were clustered across different topics and analyzed using Mayring's approach to content analysis. The most frequently reoccurring recommendations were clustered to generate themes with related recommendations and conclusions.

The overall quality of each evaluation was determined by the overall scores across the various sections of the assessed reports. Similarly, for utility, feasibility, and fairness in the conduct of the evaluation was based on overall scores from the Likert like statements. These were presented as the overall experiences and opinions of the inclusivity of stakeholders, usefulness of findings, and biases present in evaluators during the evaluation conduct.

Qualitative data from KIIs was in the form of notes and audio recordings. Both the notes and recordings were transcribed verbatim, where rapid thematic analysis was used to analyze the data thematically guided by the objectives. Inductive thematic analysis of the verbatim transcripts of the interviews was conducted.

2.3. Data quality control measures

The data quality measures for the meta-assessment included;

1. Review of the data collection tools to ensure that all objectives of the meta-assessment were included.
2. Pretesting and simulation of data collection tools to improve the quality of data collected.

2.4. Ethical considerations

The meta-assessment with survey among project staff, implementing partners, CBO leaders, and other stakeholders was conducted in strict adherence to ethical norms and standards for research and evaluation. The data collection adhered to all HIAS Kenya policies.

1. **Protecting human subjects in research and evaluation:** The consultant team strived to minimize the harm and risk they may inadvertently cause through interviewing, especially refugees and accord the study subjects the respect, beneficence, and justice.
2. **Informed consent and voluntary participation:** Data was only solicited from consenting adults who were eligible to participate. The study was conducted in a language respondents understand, and they were informed of the purpose of the study, how data were to be protected, how findings were to be used, who was to utilize them, and that they may choose whether to participate or withdraw from study at any time without repercussions.
3. **Confidentiality:** The survey design prevented traceability of survey participants, by minimizing the collection of personal details that may provide unique identities of the participants. During analysis, data were anonymized, and no specific statements were to be attributed to any respondent.
4. **Appropriateness:** Use of right methods for data collection – a variety of methods to address objectives
5. **Triangulation:** Different sources of data were used to increase the credibility and validity of findings
6. **Data sharing:** Transparency and accountability was exercised to all meta-assessment stakeholders, by making the evaluation as participatory as possible, ensuring replicability.

2.5. Limitations

There were several methodological limitations to the meta-assessment.

1. Text analysis is subject to a certain degree of subjectivity. Having two people assess each report could have reduced this aspect, but resources did not allow it. However, the evaluator tried to minimize subjectivity as much as possible by defining comparable and traceable judgement criteria.
2. For the DAC criteria, it was difficult to measure the quality of the analysis, for lack of primary data. Therefore, the assessment focused on the question of if certain key elements of the DAC criteria had been covered at all.
3. Because of the high deviations caused by the wide range of results and themes, findings should therefore be interpreted as trends, as they could not be backed up by statistical inference.
4. It was not possible to include all stakeholder groups (e.g. project staff and partner organizations who should be using the recommendations and therefore have an opinion on the utility of the evaluation). This led to low response rates and implied that the report relied heavily on the opinions of some stakeholder groups.
5. Further, the assessment of recommendation patterns was limited by the wide variety of projects from different sectors.
6. Technical challenges while conducting virtual interviews with CBO leaders.

3.0 REFUGEE PROGRAMMING

3.1. Refugees Context

Kenya was hosting an estimated 744,747 refugees and asylum seekers as at the end of February 2024, with refugees forming 74% of the total, according to statistics from the UNHCR⁴. In terms of host locations, Daadab accounted for 364,432 (49%), with 279,452 (38%) residing in Kakuma, and 100,863 (14%) of the refugees and asylum seekers living in urban areas. Refugee and Asylum seekers numbers have been declining, partly because of fewer conflicts, and the increasingly restrictive measures States have imposed to curb irregular immigrations.

Governments have been increasingly implementing restrictive asylum policies in response to concerns over their citizens welfare whose issues of economic migration and asylum seem to be blurred. Based on the 1951 Geneva Refugee Convention, the international refugee law provides a specific definition of a refugee, safeguarding the right to seek asylum, and protects against being forcefully returned to a country where one would face persecution. The UNHCR promotes basic human rights advocating for repatriation to their homeland when conditions permit, integrate into states of asylum, or resettle in third countries. Protection is commonly defined as “all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and spirit of the relevant bodies of law, namely human rights law, international humanitarian law and refugee law” (Source). Hence, it is correct to assume that protection covers all activities and projects implemented by the different agents working with refugees, and this does not only include legal protection such as provision of refugee documents, but also everyday tasks such as casework and recreational activities⁵. This can be related to all sorts of protection issues like Gender-Based Violence, Child Protection, Health issues, education.

This raises the need to preserve the asylum space to ensure vulnerable and genuine refugees get the support and resettlement they need, by establishing respect for the international law, and providing support to States to ensure they have the necessary framework to ensure compliance. Collaborating with States to enhance protection of refugees and asylum seekers, by building the capacity of law-enforcement officials, border guards, and those in charge of identifying who is, or maybe a refugee, is deemed crucial. Additionally, increasing public awareness and sensitization will create tolerance for refugees, by countering misinformation and misperceptions.

UNHCR currently supports 283,969 refugees and asylum seekers residing both in Kakuma and the Kaloyebai Integrated Settlement offering refugee services including protection, education, food security, health, access to energy, shelter, WASH, and livelihood. Further, supporting 381, 217 refugees in the Dadaab refugee camps. Figure 1 shows the UNHCR basic needs approach model adopted.

⁴ <https://www.unhcr.org/ke/wp-content/uploads/sites/2/2024/03/Kenya-statistics-Package-as-of-February-29-2024.pdf>

⁵ <https://www.humanrightscareers.com/magazine/what-is-refugee-protection/>

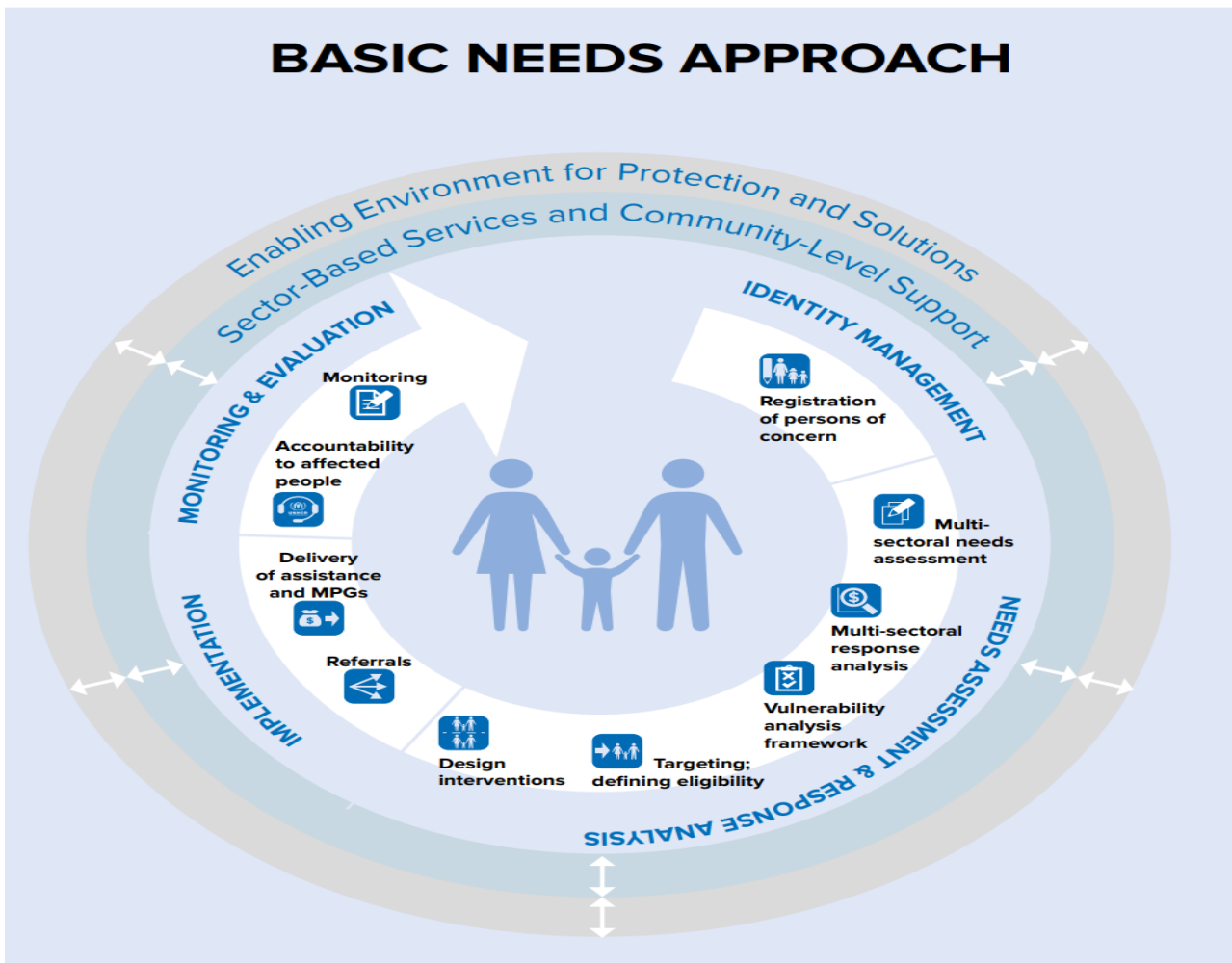


Figure 1: The UNHCR Basic Needs Approach

The UNHCR has defined a basic needs approach to enable refugees to meet their basic needs and achieve long-term well-being based on their socio-economic vulnerabilities⁶. This approach is human rights-based and forms an integral part of refugees' protection, utilizing the poverty lens, and consist of elements such as identity management, multisectoral needs assessment, response analysis, delivery of assistance and services, referrals, and accountability to affected people. This principle identifies refugee needs, analyzing their economic vulnerability based on a context-specific minimum level of expenditure per month to meet the cost of food, basic household items, rent and water, and facilitates the delivery of a minimum safety net. The multisector response to refugees' emergencies and cash assistance. The following are the basic elements of the basic needs approach:

- 1) **Identity Management:** Registration of persons of concern – by providing a record of their status, registration helps protect refugees and give them access to services and assistance.
- 2) **Needs Assessment & Response Analysis:** Multi-sectoral needs assessment involving refugees and partner agencies in participatory and joint assessments, capturing additional socio-economic and protection data is defined to define vulnerability and result in referral based on individual needs.
- 3) **Implementation:** after thorough analysis of vulnerability, appropriate interventions are designed, based on individual needs that include referrals of persons with protection needs to appropriate service providers. This includes referral of refugees to national systems; further assistance may be delivery of cash transfers.
- 4) **Monitoring and Evaluation:** To enhance accountability to affected people, refugees are provided with regular updates and information, on how and when to receive the assistance, complaints, and appeals, and feedback

⁶ <https://www.unhcr.org/blogs/wp-content/uploads/sites/48/2018/05/Basic-Needs-Approach-in-the-Refugee-Response.pdf>

mechanisms in place. Further, monitoring the performance and impact enables understanding of the effectiveness of the strategy.

Figure 2 shows the UNHCR Refugee coordination model, indicating different levels and stakeholders.

Refugee Coordination Model

*The structures may be adapted and replicated based on context and need.

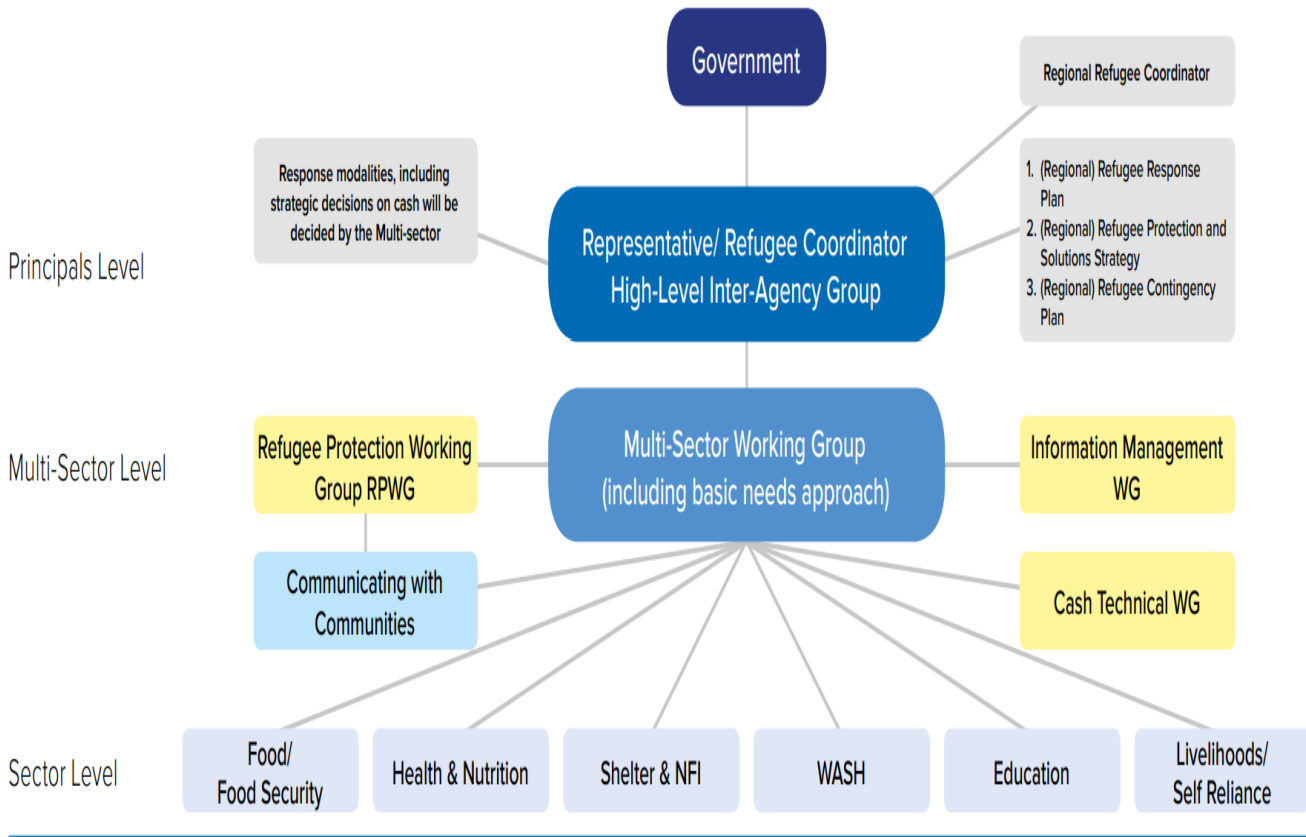


Figure 2: UNHCR refugee coordination model

USAID’s Bureau of Humanitarian Assistance (USAID/BHA) through its partner, the UN World Food Program (WFP), provides emergency food and nutrition assistance to refugees living in the Dadaab and Kakuma refugee camp complexes and the Kalobeyi settlement. USAID/BHA assists refugees and vulnerable members of host communities with direct food distributions, voucher programs, cash transfers, and maternal and child health support and nutrition activities, including supplementary feeding support to vulnerable populations. USAID/BHA also provides a midday meal to school-going children in the camps. Despite being dehumanizing, the camp-based care and maintenance model may not be financially sustainable⁷, due to challenging global environment with new conflicts depleting once available humanitarian resources.

DRC also has been implementing in Kenya since 2005, and partners with UNHCR to implement refugee programs., providing humanitarian, development, peace-building programs. Such activities have been supplemented efforts in addressing livelihoods and economic recovery, voluntary repatriations, WASH, humanitarian disarmament, child protection, and gender-based violence (GBV) in refugees and communities. DRC also champions the special needs of LGBTI+ refugees. For Protection interventions, DRC aims to protect conflict- and displacement-affected people and communities from violence and / or the fear of violence, coercion, and deliberate deprivation. Overall aiming to achieve results in the reduction of protection risks for affected persons and communities, including decreasing threats they are

⁷ <https://blogs.worldbank.org/en/dev4peace/using-socio-economic-analysis-inform-refugee-programming-turkana-kenya>

exposed to, reducing their vulnerabilities, and increasing their capacities for self-protection. This is achieved through changes in behavior, attitudes, knowledge, policies, and practices on the part of relevant stakeholders. On economic recovery, DRC focuses on supporting people’s capacity to subsist (produce for self-consumption) or generate income and other economic assets in a safe, dignified, and resilient manner. This necessitates the consideration and incorporation in programme design of various social, cultural, political, environmental, and other relevant factors that influence an individual or household’s economic recovery.

The Kenya Comprehensive Refugee Programme (KCRP 2019-2020) envisions inclusive solutions, sustainable development, and comprehensive response to the refugee movements and protracted solutions⁸. The plan also highlights the need to find durable solutions to the problem of forced displacement including voluntary repatriation, local integration in the country of first asylum, and resettlement in a third country⁹. The camp-based protection and humanitarian assistance model has been the default response to the often-protracted forced displacement. Camps offer the possibility to provide effective and efficient health and nutritional interventions to refugees and asylum seekers in dire health and nutritional needs. However, camps can encourage aid dependency making the affected populations unable to fend for themselves, resulting in disparities between refugees and host communities. Dadaab is in Garissa County, while Kakuma and Kalobeyi are in Turkana County, two of Kenya’s most marginalized and underdeveloped counties, which suffer from long-standing poverty, food insecurity, elevated malnutrition rates, and limited access to social and economic opportunities. While the Refugee Act²⁰²¹, establishes a progressive framework to foster social-economic integration of refugees into Kenya, refugees and asylum seekers in Kenya continue to face challenges with work authorization, backlog in registrations. Refugees in Kenya continue to be restricted to their camps or settlements and with limited work opportunities, leaving them largely dependent on humanitarian support for basic needs¹⁰. Malnutrition is elevated in the camps, and the provision of food assistance, nutritional support, and access to a diversified diet remains a priority.

For refugees and asylum seekers who have been authorized to reside in urban areas of Kenya, protection environment remains complex, especially due to the insecurity associated, and the encampment policy still in place. Community-based protection has been identified as essential requiring continuous enhancement to ensure refugees have access to existing services and facilities within their host communities. Access to monthly financial stipend for the most vulnerable is essential to provide for life-saving needs. After extended periods of being away from home, refugees, and asylum seekers desire to work, to earn money and rebuild their lives, even though authorization to work is a constant challenge in their new places of settlement¹¹. Without livelihood opportunities, refugees struggle to purchase even the most necessities, including food which severely affects their ability to rebuild their lives. After fleeing home and leaving everything behind, even the most basic household tasks can feel impossible. Refugees must wash, clothe, shelter, and feed their families with limited resources.

More than 100,863 refugees in Kenya live in urban areas, with the majority in the capital of Nairobi¹². It has been reported that refugees living in urban areas often have access to fewer protections than refugees living in camps. The referral networks have been identified as inefficient, exposing urban refugees to unmet health and livelihoods needs. The UNHCR and partners including HIAS Kenya continue to enhance community engagement in all aspects of sexual and gender-based violence prevention and response, including exploring community safe housing and livelihoods safety nets. RefugePoint also implements programs that enhance the protection of urban refugees reaching about

⁸ <https://globalcompactrefugees.org/sites/default/files/2019-12/Kenya%20Comprehensive%20Refugee%20Programme%20%282019%29.pdf>

⁹ <https://www.unhcr.org/sites/default/files/legacy-pdf/4565a6bb2.pdf>

¹⁰ <https://www.usaid.gov/sites/default/files/2023-05/Kenya%20Refugee%20Program%202023.pdf>

¹¹ <https://www.mercycorps.org/blog/what-refugees-need-after-leaving#:~:text=After%20fleeing%20home%20and%20leaving,and%20uncertainty%20are%20already%20overwhelming.>

¹² <https://www.unhcr.org/ke/wp-content/uploads/sites/2/2024/03/Kenya-statistics-Package-as-of-February-29-2024.pdf>

10,000 refugees annually¹³. The general process of responding to urban refugee needs involve according to the RefugePoint involves the following phases.

Phase 1: Identification and Assessment. First, identify vulnerable refugee households. These families may face homelessness, food insecurity, health problems, and inadequate income. A needs assessment is conducted for these households using the Self-Reliance Index (SRI) tool. The assessment guides RefugePoint caseworkers and the members of the household as they collaboratively outline a plan for how the family can work toward self-reliance.

Phase 2: Stabilization. In Phase 2, households are helped to stabilize. This includes supporting refugees with housing, food assistance, household items, medical care, mental health counseling, and school fees. These are time-limited services to ready households for Phase 3.

Phase 3: Empowerment/graduation. Once refugees' basic needs are met, RefugePoint provides livelihood support. The support is focused on micro-business development. This includes business training, business plan development, and microgrants.

RefugePoint combination of services and supports is refugee-centered, tailored to each household's needs, desires, and capacity. Households are reassessed every six months using the Self-Reliance Index to determine when they are self-reliant enough to graduate from the program. On average, this takes two years.

In summary, literature indicates that investing in Livelihood activities helps reduce the cost associated with provision of aid and protection and allows people to secure the necessities of life such as food, water, shelter, and clothing. Building self-reliance is essential throughout all phases of displacement; during emergencies, following emergencies, and towards durable solutions. Self-reliance will enable refugees to live with dignity and create a future for themselves and their families¹⁴.

3.2. HIAS Programs in Kenya

According to the review of HIAS Kenya project documents, various projects have been implemented targeting urban refugees, mainly in areas of GBV prevention, for women and girls. Most of the projects focused on GBV prevention, with aspects of the HIAS signature programs, including legal protection, economic inclusion, and MHPSS integrated. The following is a summary of the reports and projects in the period 2020-2023.

1) **Community Based Prevention of Women and Girls funded by the United Nations Trust Fund.** This aimed at improving the knowledge and attitudes of refugees in recognizing sexual abuse specifically Intimate Partner Violence (IPV), improve health seeking behaviors, and sensitize service providers on the GBV needs for vulnerable refugees. At baseline, evaluation findings indicate that moderate knowledge on IPV was observed, with financial stress identified as the most common reason why men were violent towards women. Gender norms and attitudes further identified that violence against women was still tolerated within the refugee communities, with little interventions when men beat their wives in family settings. Also, knowledge on where to report incidences of IPV was observed to be low. Endline findings of the same project indicates that the project was highly relevant to the needs of refugees, as IPV was a persistent problem with the refugee communities, with women acknowledging that their attitudes to IPV had changed following participation in the project. Women and girls expressed appreciation to HIAS for enlightening them on human rights violations, which even though were oppressive, were widely accepted in their communities. Further, they were more aware of where to, and ways to seek help if they were subjected to domestic violence. The project further, was found to be highly effective, with significant changes in attitudes (from 25% at baseline to 17% at endline) on negative masculinity, including beliefs that violence between a husband and a wife is a private matter and others should not interfere, gender roles, and decision-making powers. The change in attitudes was because of participating in HIAS facilitated trainings that increased their awareness knowledge on human rights violations. The project also ensured

¹³ <https://www.refugepoint.org/our-work/urban-refugee-protection/>

¹⁴ <https://www.unhcr.org/ke/livelihoods>

sustainability by strengthening and working with locally established structures including local government and refugee led CBOs. Overall, the project significantly contributed to the reduction of violence against women and girls.

2) The Increasing Protection for Vulnerable Refugees and Host Communities in Nairobi, Kenya Project. This was a one-year project funded by the Bureau of Population, Refugees, and Migration (PRM). The project's goal was to improve the safety and well-being of vulnerable refugees and host communities living in Nairobi through community-based protection and capacity building. Through implementation of the project, it was envisioned that the following outcomes would be achieved (i) Improved safety and well-being of survivors of GBV and vulnerable women and girls at risk of GBV through risk reduction and response services, (ii) Strengthened safety of unaccompanied and separated children (UASC) and other 16 children-at-risk by facilitating access to community based safe living arrangements and appropriate support services, (iii) Improve mental health and psychosocial wellbeing of vulnerable refugees through expanding the provision of integrated MHPSS interventions. Baseline findings indicated that the affected population targeted by the project reported to be highly vulnerable (65%) with 51% reporting safety and well-being concerns, suggesting that GBV occurrence was frequent but not openly discussed. Notably, the project was implemented at the time of COVID-19 outbreak, with the pandemic highly impacting on the project activities and implementation. This was met with marked adaptations to the project design, including budget realignment, use of data to inform decision-making and program adaptations, to ensure the needs of the vulnerable groups were addressed especially during COVID-19 period. The project team monitored the external environment in the ever-changing pandemic situation and used external and internal data sources to identify the need for modification. The original project annual operations plan was revised to articulate the changing context and emerging beneficiary needs, clearly stating the activities that were adjusted downward and where the targets remained the same. Senior management team had regular meetings to review the project performance with the use of M&E feedback to inform project changes and adaptations. The evaluation found that active stakeholder involvement in identification of needs, targeting, and service delivery ensured that program adaptations were relevant. Adapting technology to work remotely, and the use of virtual platforms for meetings, and conducting refugee assessment ensured the project activities were resilient against the COVID-19 pandemic. Overall, the project activities achieved the desired outcomes despite the challenging environment.

3) The Adolescent Sexual and Reproductive Health and Rights (ASRHR) project was implemented in Nairobi from 2021 – 2022. The project, funded by HIVOS Southern Africa, was to be implemented over one year, aiming at increasing awareness of and access to SRHR services for at least 1,000 refugees in Nairobi County. At baseline, refugee-led and focused community organizations were observed to have capacity gaps, including linkages to facilities that offer health services; lack of sufficient capacity to allow them to receive donor funding; lack of proper M & E systems; and high attrition of members due to lack of proper documentation. Further, the community support system to enhance increased health seeking behaviors among refugees were found to be lacking, with an observation that refugee-led CBOs were working in isolation. At the endline, remarkable improvements were observed among the youth ability to advocate for their SRHR, as the project empowered YAR to be confident in accessing SRHR services and women and girls to become powerful advocates of SRHR issues. The project was found to be relevant to the needs of the youth and adolescent refugees (YARs) in the project locations. However, some people (e.g. host communities, youth with disabilities, law enforcement, and parents of YAR) who could have benefitted were left out. In addition, the language barrier in some locations and the inadequate use of media in passing information to the youth were challenges. The project's coherence was evidenced by its alignment with the county policies on youth-friendly SRH services and the mission and vision of the refugee-led organizations. However, a thorough integration of the project with County structures would have been beneficial. The project effectively empowered YAR to be confident in accessing SRHR services and women and girls to become powerful advocates of SRHR issues. Though the training content was generally relevant, the sessions were rushed, and the posters were in languages not well understood by YARs. In terms of efficiency, despite witnessing a slow start to the project activities, HIAS employed a robust financial management and tracking system facilitating programmatic and financial accountability. However, cost and time savings were sub-optimal as most training venues were not located near the beneficiaries, and the project did not collaborate with organizations that carried out outreach. The project made a verifiable impact on the lives of YAR, evidenced by increased knowledge of ASRHR issues (e.g., how to protect oneself, where to report abuse and the effects of child marriage). However, the lack of action on SGBV cases reported to the Police and the non-availability of a forum to interact and commune with peers and friends were key challenges to be addressed in future. The project to some degree

was deemed sustainable given the active involvement of existing local refugee-led organizations and HIAS collaborating with local partners such as Nairobi Metropolitan Services (NMS), which had health structures for YARs to continue accessing SRH services. However, the lack of direct links between the refugee-led CBOs and Nairobi County Government departments hindered effective networking.

4) The Enhancing protection and inclusion for vulnerable refugees, including LGBTQI+ persons and host community in Nairobi project was implemented by HIAS Kenya and partner organizations between January 2023 to January 2024. The project aimed at improving knowledge, attitudes, and practices of LGBTQ+ refugees on GBV issues and increase the capacity of refugee-led CBOs to provide services enhancing protection and inclusion of refugees. Baseline findings indicated that there was limited access to appropriate community-based mental health and psychosocial support (MHPSS) services among the refugees. At endline, significant progress in enhancing the protection of vulnerable refugees, including women, men, children at-risk, Persons with Disabilities, and LGBTQI+ persons were documented. Linkages between beneficiaries and service providers were streamlined, with improved skills for the beneficiaries from the HIAS Kenya training effort. The evaluation revealed positive impact of Psychological First Aid (PFA) and psychosocial support skills training, with 90% of surveyed respondents acquiring sufficient knowledge post-training. The project was evaluated to be highly relevant especially the aspect of facilitating registration for refugees, documentation, collaborating with authorities, which facilitated their movements without fear of harassment. The initiative also addressed critical issues such as limited access to essential services for LGBTQI+ individuals, discrimination, lack of child welfare support, and educational challenges for refugee youths. The findings highlighted the project's indirect contributions to reducing discrimination and creating a safer environment through training and awareness initiatives. The report also identifies that 91% of refugees living in Nairobi are at high risk of dealing with mental issues with 57% of the refugees feel unsafe (unprotected) regarding the MHPSS services available to them. Further, 50% opined the staff of CBOs that provide essential MHPSS support has the appropriate knowledge and skills to support people in need, and 57% noted the staff handles them professionally. LGBTQI+ feel unsafe (unprotected) despite accessing MHPSS support. LGBTQI+ are extensively affected in GBV matters since they mostly do not know facilities supporting LGBTQIs, services are not accommodating/ friendly, and they lack finances. Also, 80% do not feel safe and protected socio-economically. Additionally, 81% either have temporary, irregular, and seasonal employment or no employment source. 52% live in a house that is not adequate, 56% have struggled to pay rent in the previous three months, and 70% are not able to meet their healthcare needs.

This project also supported community groups to achieve financial stability and independence through group savings and loans associations (GSLAs), providing seed capital, to increase self-reliance through beneficiaries engaging in income-generating activities. The formation of Group Savings and Loans Associations (GSLAs) exceeded targets, fostering inclusivity and diversity. GSLAs played a key role in achieving financial stability for 33.3% of households, and vocational training skills were successfully utilized for income generation by 80% of beneficiaries. The study also assessed satisfaction levels, with high rates reported for services related to Legal Protection, Mental Health & Well-being, addressing Gender Based Violence, and Economic Well-being.

5) Improved Access and Uptake of Sexual and Reproductive Health Services (SRHR) for the LGBTQI+ Refugees of Reproductive Age in Nairobi project was funded by the Swedish Association of Sexuality Education (RFSU) and implemented by HIAS Kenya in a two-year and four months period. The project aimed at supporting an enabling environment for LGBTQ refugees in Nairobi, enhanced capacity of LGBTQ refugees to advocate for their SRHR issues, and enhanced capacity for LGBTQ CBOs to advocate for their SRHR in Nairobi. At midterm, the project was demonstrating good progress to obtain the overall outcomes and objectives, as per the theory of change. At mid-term, up to 88% of the respondents knew where to get SRHR services, compared to 76% at baseline indicating a significant shift in knowledge on where to receive 9 SRHR services. Partner agency staff, healthcare workers, were also demonstrating a higher capacity to offer SRHR services to LGBTQ refugees, with target beneficiaries further reporting improved experiences while dealing with healthcare staff. At the endline, substantial shifts in knowledge of SRHR among beneficiaries was observed. However, respondents noted limited support from local organizations and the government while accessing health for LGBTQI+ refugees.

6) Persons of Concern (PoCs) can safely realize their basic rights and needs – the project was funded by HIAS Inc to address activities aligned to Pillar 1 cognizant of the Somalia Situation during the budget year 2022. It also aimed at

facilitating all persons of concern to access asylum in line with national, regional, and international standards. In terms of output, the project facilitated PoC with the intention to return to their country of origin, facilitated access to territory, and initial reception. Also, improved knowledge on GBV prevention, including for LGBTQ+ persons, identifying and minimizing risk of violence and exploitation. Also, serving persons with disabilities, GBV survivors, unaccompanied and separated children. However, risks to serving the affected population were identified, including

1. PoCs changed their contact details and locations.
2. If security controls at the safe houses were inadequate to control PoCs
3. Unethical behavior of partner or by its personnel such as fraud, abuse of authority, sexual abuse, harassment of PoCs or project staff

Part of the lessons learnt included the need to foster partnerships with UNHRCR, other agencies, and stakeholders formed the greatest pillar to success. Through partnership and coordination, HIAS was able to identify and provide the most vulnerable and at risk PoCs for protection assistance and response. Further, teamwork, adaptability, innovation, and accountability also played a key role in the successful delivery of the project. Also, benchmarking with partners and stakeholders was an important aspect to ensure beneficiaries received the support they needed. In terms of sustainability, client participation in decision-making gives them ownership and fosters sustainability of the project. However, a lack of exit strategy was identified as a potential threat to sustainability.

7) Referrals of vulnerable persons in Africa for consideration under Canada’s Refugee Resettlement Program – the project implemented between April 2023 and March 2024 aimed at processing referrals of vulnerable PoCs for potential resettlement purposes to Canada. HIAS Kenya received referrals from its external referral partners, conducted further interviews, to complete Resettlement Referral Forms for interviews with potential beneficiaries. Feedback from PoCs access to the service include

1. POCs recommended HIAS to consider setting up a physical office in Mombasa to facilitate timely access of services and information.
2. POCs also urged HIAS to coordinate with the Department of Refugee Services (DRS) to resolve the long processing period for Refugee Status Determination (RSD) in Mombasa. Some of the POCs expressed to have resided in Kenya for almost ten years without being granted refugee status which entails concluding the RSD process.
3. HIAS should partner with other humanitarian organizations to help in offering protection services such as increased access to education opportunities for POCs in Mombasa. The POCs expressed the lack of educational support from organizations has resulted in their children engaging in criminal activities and substance abuse.

Gaps in HIAS Kenya programming

Overall, gaps in HIAS Kenya programming were identified, including:

1. Strong focus on GBV Prevention and Risk Reduction in most of the programs leaving out potential areas of PoCs needs unaddressed. Such areas may include WASH programs, education, peace-building programs, and increased focus on economic inclusion and livelihood programs to provide more sustainable/durable solutions to PoCs. Continuous capacity building of the PoCs is critical for economic inclusion and livelihood programs, such as small businesses, financial management, creating budgets, and expanding businesses
2. In terms of geographical locations, PoCs in other urban areas including Mombasa or Nakuru, who may need HIAS services, may not be well attended, especially for the lack of physical presence in terms of office in these urban areas. HIAS may consider ways to include other urban areas refugees and asylum seekers and offer effective services.
3. Due to the persistent challenges faced by refugees and asylum seekers in the registration and documentation of their status, HIAS may have programs that enhance the efficiency of these services, whether in liaison with the DRS or other partners.

4. In the referral for resettlement projects, potential fraud from referring NGOs, put the HIAS Kenya program at risk of suspension from the refugee receiving agencies. HIAS could conduct organizational capacity assessments with potential partner NGOs to ensure credible identification of refugees and verification of related claims. This may include a review of the organizational structure, culture, workloads, governance, processes, knowledge, and skills.
5. Due to the persistent difficulty in obtaining registration documents, challenges with economic inclusion, sub-optimal access to health and education services, HIAS to enhance sensitization with relevant government departments to advocate for streamlined registration processes and advocate for the integration of health/education of PoCs into government (national/county) policies. PoCs especially LGBTIQ+ reported a higher risk of mental issues, therefore upscaling the Mental Health and Psychosocial Support component is critical. Advocating for improved security in public transport and health facilities may improve health outcomes and social well-being.
6. There was evidence that HIAS Kenya incorporated training and capacity building of local CBOs and NGOs for them to implement activities with the target beneficiaries. These trainings were especially for referral and resettlement cases, economic inclusion, and legal protection. However, the organizational capacity of CBO and local NGOs may not be adequate to support effective service delivery. Challenges including money and facilities, governance, culture, may have made the localization not be as effective.

Programs OECD/DAC assessment

Relevance: From the project evaluations, HIAS Kenya programs clearly demonstrate a high level of relevance. Vulnerable refugees particularly LGBTQ have pronounced barriers in accessing SRHR services including. The SRHR projects aiming to increase access and uptake of SRHR responds to specific gaps that exist among refugee response programmes. Further, refugees, particularly women and girls face elevated risk to IPV and GBV, because of societal norms from their countries of origin, and the lack of knowledge of in-country regulations that outlaw GBV and any forms of IPV. HIAS Kenya programming that include capacity building among women and girls, community leaders, and CBOs shows a high level of relevance. Also, the economic inclusion activities, that included cash transfers to vulnerable children without families, were observed to be highly relevant. Also, economic inclusion activities, including GSLAs enabled beneficiaries to be self-reliant through the provision of seed capital for small business start-up. However, other beneficiaries, including the elderly, persons with disabilities, and the host community members could also benefit from similar services. Generally, refugees had limited knowledge on availability of services, assistance, and access to protection services. HIAS Kenya programming facilitated the sensitization, enhanced referrals, and generally addressed felt need by conducting needs assessment with target beneficiaries to ensure the programs were responsive.

Coherence: The projects demonstrated coherence with other projects implemented by UNHCR, county and national governments, and partners. This was strongly evidenced by the collaborations with county government policies on youth-friendly SRH services and the mission and vision of the refugee-led organizations. However, a thorough integration of the project with County structures would have been beneficial.

Effectiveness: The evaluations observed significant improvements in the targeted beneficiaries' outcomes. These were mainly benchmarked with baseline findings, with changes in attitude observed in women and girls, to recognize IPV and GBV, and their ability to report such abuses were observed. Findings on knowledge on different forms of VAW/G show increased substantially comparing baseline and endline studies with improved access to GBV services from 29% at the baseline to 41.1% at the end line. Refugees' effort to integrate with host communities could substantially improve the effectiveness of HIAS Kenya programs, especially vulnerable refugees need to access SRHR services. Overall, projects succeeded in empowering vulnerable refugees, to be confident in accessing SRHR services and women and girls to become powerful advocates of SRHR issues. Though the training content was generally relevant, the sessions were rushed, and the posters were in languages not well understood by YARs.

Efficiency: Despite sometimes witnessing slow start to the project activities, HIAS uses a robust financial management and tracking system facilitating programmatic and financial accountability. However, cost and time savings were sub-

optimal as most training venues were not located near the beneficiaries. Also, improved collaborations with other organizations could improve the overall efficiency. and the project did not collaborate with organizations that carried out outreach. The use of online meetings and holding meetings in the HIAS Kenya office spaces saved on the costs of project, to reduce the project operational costs. A review of the project reports against the plans indicated that the project activities were implemented promptly.

Sustainability: The evaluation indicates that effort to collaborate with the government and other local organizations, during project implementation overall improve on sustainability. For example, the ASRHR project had actively involved local refugee-led organizations and HIAS collaborated with local partners such as Nairobi Metropolitan Services (NMS), which had health structures for YARs to continue accessing SRH services. HIAS Kenya capacity building activities empowered refugees and CBOs, and partners. Notably, project strengthened and worked with locally established structures including local government and refugee leaders, and CSOs/FBOs such as NCCK, which have continued implementing the activities beyond the project period. Moreover, the implementing officials requested their office to help them mobilize funds for the second phase of the project. Training of CBOs on fundraising further enhanced their capacity to write proposals that could be funded.

Impact: The evaluation observed that the SRHR projects significantly contributed towards the reduction of violence against women, gender equality, and women’s empowerment by challenging systematic issues and discourses that underpin IPV. Women gained knowledge about their right to not be subjected to any form of GBV, including physical, psychological, and economic. The ASRHR project made a verifiable impact on the lives of YAR, evidenced by increased knowledge of ASRHR issues (e.g., how to protect oneself, where to report abuse and the effects of child marriage). However, the lack of action on SGBV cases reported to the Police and the non-availability of a forum to interact and commune with peers and friends were key challenges to be addressed in future. Women and girls who were supported with economic wellbeing services no longer tolerate abusive partners. The evaluation further observed that while the project was intended to help refugees, women in the host communities also acquired protection against IPV through increased knowledge of its causes, support, and redress systems in their communities.

Patterns of findings

The meta-assessment further aimed to review reoccurring findings and recommendations from the external evaluation and internal project performance reports. For identifying patterns of findings and reoccurring recommendations, conclusions, and recommendations of all 16 evaluations were clustered according to different topics and analyzed with Mayring’s content analysis. Based on the provided text, here are broader categories of positive findings:

1. **Improvement in SRHR Access and knowledge:** There was a general increase in knowledge and access to SRHR among LGBTQ, youth, and adolescent refugees. A positive change in access to SRHR services observed and a rise in hospital usage and decline in clinic usage noted.
2. **Empowerment of Marginalized Groups:** Promising results towards empowering LGBTQ refugees and refugee-led community-based organizations (CBOs). Positive impact observed on Psychological First Aid (PFA) and psychosocial support training. Financial stability and vocational training utilization for income generation among beneficiaries, including Gender and Sexual Minority Leaders and Advocates (GSLAs).
3. **Gender-Based Violence (GBV) Reduction and Empowerment:** Reduction of gender-based violence through training and community dialogues. Increase in awareness and attitude change towards negative masculinity and gender equity. Significant contribution towards reducing violence against women, promoting gender equality, and women's empowerment.
4. **Community Engagement and Alignment with Local Needs:** Participation of diverse groups, including persons of all ages, genders, and diversity. Alignment of project with community felt needs. Strengthened partnerships with local structures and organizations for sustained impact.
5. **Legal Protection and Resettlement Support:** Legal protection programs and services provided to beneficiaries, including GBV survivors. Support for resettlement processes and interviews, with cases submitted for resettlement consideration.

6. **Outreach and Support Services:** Provision of MHPSS services, including case management for GBV survivors. Assistance provided to vulnerable children and individuals, including alternative care placement. Conduct of vulnerability assessments and outreach activities to address protection needs.
7. **Resettlement Consideration and Processing:** Processing of resettlement cases and interviews for individuals, with referrals made for resettlement consideration. Training conducted for Resettlement Referral Partners (RRPs) to facilitate the resettlement process.

Some of the negative/mixed findings highlight challenges in health service uptake, resettlement processes, empowerment, safety, legal knowledge, attitudes towards violence, child protection, and support structures among refugee communities.

1. **Health Service Uptake and Awareness:** Decrease in uptake of HIV testing and management services. Also, limited access to sexual and reproductive health (SRH) information among LGBTQ refugees.
2. **Resettlement Processes and Referral Systems:** Challenges in the resettlement process, including pauses in referrals and submissions. Further, suspension of referral of cases to various organizations for resettlement consideration.
3. **Empowerment and Safety Concerns:** Findings indicate refugees' lack of empowerment to address protection needs. Further, limited access to community-based mental health and psychosocial support (MHPSS) services. Also, feelings of insecurity and lack of socio-economic protection among refugees.
4. **Legal Knowledge and Attitudes:** Low knowledge of Kenyan domestic violence law, especially among women. Negative attitudes and tolerance towards violence against women within refugee communities.
5. **Child Protection and Support Structures:** Lack of capacity and essential tools among child protection monitors.
6. **Enhancement of Multi-Intervention Approach:** Need for strengthening the multi-intervention approach by linking information, services, and environment, particularly for LGBTQ-friendly services. Importance of involving LGBTQ persons and refugee-led Community-Based Organizations (CBOs) in the project.
7. **Gender Dynamics and Roles:** Gendered household roles and decision-making dynamics persist, but gradual changes may be occurring.
8. **Impact of COVID-19 Pandemic:** Substantial impact of the COVID-19 pandemic on service delivery to target beneficiaries. Challenges in providing planned activities virtually, especially for vulnerable refugees without access to online applications.

Reoccurring recommendations

Recommendation 1: Inclusive Project Design:

- To enhance the relevance of its programs, HIAS should ensure the inclusion of various marginalized groups such as youth with disabilities, parents of young at-risk individuals, and host communities in project interventions.
- Use appropriate languages and media for information sharing to enhance accessibility.

Recommendation 2: Integration and Collaboration:

- Integrate projects with existing county and sub-county structures.
- Strengthen partnerships with refugee-led organizations and other stakeholders for effective implementation and sustainability.

Recommendation 3: Capacity Building and Training:

- Provide adequate time for training and develop youth user-friendly communication materials.
- Conduct capacity assessments and stakeholder mappings to tailor support and strengthen referral mechanisms.

- Build the capacity of the local institution (CBOs and other organizations suitable to implement the different programs) to deliver the needed services with the appropriate quality standards. Measures of sustainability can be incorporated in the capacity building

Recommendation 4: Advocacy and Awareness:

- Design advocacy strategies to prioritize target group needs and engage with local authorities for legal redress and support.
- Conduct advocacy campaigns to address stigma, discrimination, and resistance to SRHR services. Refugee-Friendly Services: Make services refugee-friendly and consider employing refugees or LGBTQ+ individuals as staff to enhance comfort and trust.

Recommendation 5: Sustainability and Empowerment:

- Support income-generating activities and livelihood programs for self-reliance. This could be seed capital for small businesses for individual, CBO empowerment in growing cash crops and keeping animals that can be traded for income, and CBO business ventures such as a bakery or shops
- Strengthen the capacity of refugee-led organizations and community members for long-term impact. This could be training on financial management, keeping records, drawing budgets, and generally financial education that supports financial decision making

Recommendation 6: Gender Sensitivity and Norms:

- Address gender dynamics, norms, and power relations within communities by educating women and girls on identifying sexual violence, aspects of GBV, acceptable norms, and sexual offences that are criminal under the Kenyan Sexual Offences Act.
- Engage men and boys in IPV prevention programs and challenge violence-supportive attitudes. Specially to change their views on what is acceptable as socio-norms, perpetrating sexual violence, and related consequences under Kenyan Sexual Offences Act legislation.

Recommendation 7: Community Engagement and Support:

- Promote community involvement, peer education, and support networks.
- Strengthen referral systems and coordination among stakeholders to maximize impact and avoid duplication of resources.

Recommendation 8: Training and Awareness Materials:

- Contextualize training materials and utilize social media for awareness campaigns.
- Ensure the availability of LGBTQ+ friendly SRHR services and sensitization of healthcare workers.
- Work with healthcare facilities to make sure there is an LGBTQ-friendly contact person, training medical facilities staff on LGBTQ+ SRH needs and services

Recommendation 9: Knowledge Management and Learning:

- Enhance knowledge management efforts and preserve knowledge products for future use. HIAS should strengthen systematic process of data collection and analysis, continuous learning, use evidence to inform programs adaptations, and design of future programs
- Facilitate continuous learning, adaptation, and improvement through feedback mechanisms.

These recommendations emphasize the importance of inclusive, collaborative, and sustainable approaches to address the diverse needs of refugee populations, particularly concerning sexual and reproductive health rights, gender dynamics, and psychosocial support.

Lessons Learnt

Projects implemented during the COVID-19 pandemic demonstrated a high degree of adaptability, enabling changes in project designs, to suit the new realities. Such adaptations included realignment in budgets, adopting virtual meeting and remote working. This clearly demonstrated the need for ongoing planning of project activities and the use of MEAL data to inform project decisions.

Further, continued partnerships with like-minded organizations are critical for successful project implementation and increased potential for realized impact. The referrals and partnerships compliment services for meeting beneficiaries needs, increasing the overall efficiency of organization effort.

4.0 QUALITY OF EVALUATIONS

4.1. Evaluation Characteristics

The meta-assessment included 11 evaluations (5-Baseline; 5-Final; 1-Midtem), and 5 project performance reports conducted between 2020 and 2023. In terms of the gender of evaluators, 3 evaluations were conducted by individual males, 5 by mixed gender, while 8 did not indicate their gender as these were mainly reported internally by HIAS or registered companies. Half of the reports also reported on the names of the evaluators.

The report length ranged from 10 pages to 89 pages, with some of the reports including the annexes with data collection tools, and list of participants for some of the qualitative data as indicated. As per the ToRs, reports in the range of 20 to 40 pages were regarded as acceptable and adequate to cover the major aspects of the evaluation while also being economic to read, indicating that only 38% of the reports were in the acceptable range. The main stakeholders involved in the evaluations were the target beneficiaries, representatives from refugee led CBOs, and partners.

4.2. Evaluations Accuracy

Evaluation Description

The quality of the evaluation reports and project performance were assessed through a series of statements with the scale ranging from very poor, poor, fair, good, and excellent. Of the four statements to assess the completeness of the introduction section, the reports were found to be generally of good quality. Combining good / excellent scores indicate that the scores of the introduction section of the evaluation reports ranged from 81% to 94% as indicated in Table 1.

Table 1: Introduction section of the evaluation/project performance reports

Criteria assessed	Very Poor	Poor	Fair	Good	Excellent	Good / Excellent (%)
The executive summary contains the key elements of the report subject and objectives of the evaluation, methodology, key findings, conclusions, and recommendations.	0%	0%	6%	75%	19%	94%
The report specifies the subject of the evaluation	0%	0%	6%	63%	31%	94%
The report specifies the purpose and the objectives of the evaluation	0%	0%	6%	13%	81%	94%
The report specifies what the evaluation does and does not cover (scope of the evaluation)	0%	0%	19%	81%	0%	81%

Additional criteria screening for the reporting requirements for an evaluation also indicates that majority of the reports were including these indicators. However, it was observed that only 44% of the reports described in any way the underlying theory of change and logical framework of the project activities,

Methodology

The methods as described by the evaluators were assessed to be good (43.8%) and excellent (31.3%). However, 18.8% and 6.1% of the reports were assessed to be fair and poor respectively in their description of the methods, making it difficult to determine the appropriateness of the methods employed in the evaluation as in Figure 3.

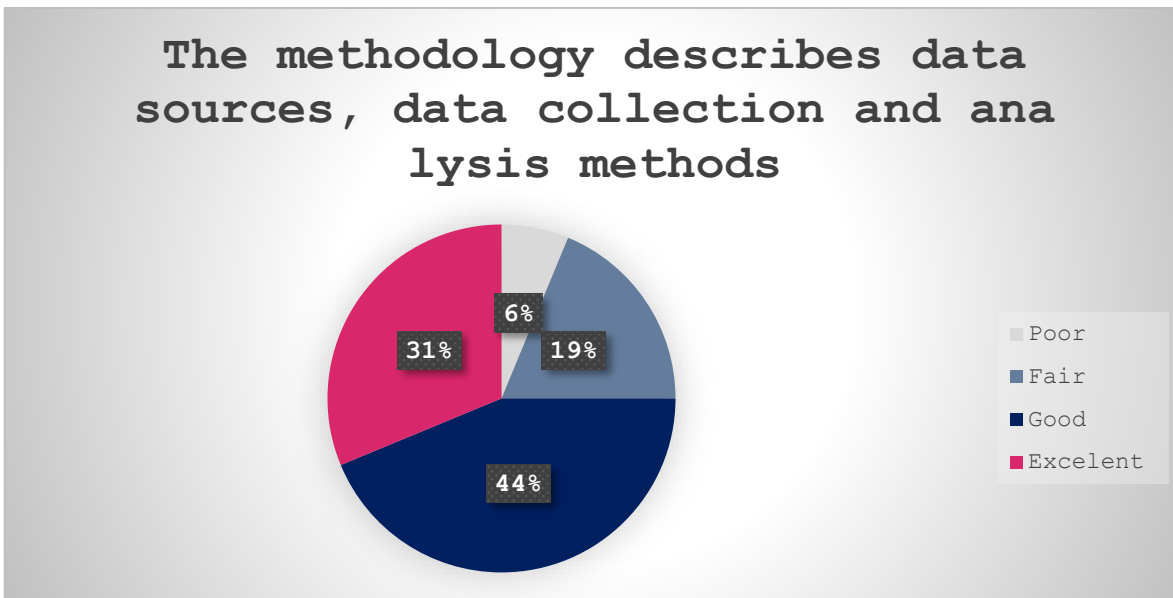


Figure 3: Data sources, collection, and analysis

Further assessment of the reports indicates that some of the methodologies employed may be inadequate to answer key evaluation questions and did not consider some of the challenges associated with such methodologies. Similar findings were cited by the HIAS staff where the quality of evaluation was determined as highly dependent on the sufficiency of the methodology used as indicated in Figure 4. This was related to the competence of the consultant, the methods selected and employed, particularly for the sampling of respondents and data collection modes. Even though evaluators had a good understanding of the evaluation technicalities, project staff cited lack of familiarity with HIAS programming, and the time needed to orientate evaluators to some of the data collection design.

Project staff further cited incompetence of data collection staff that may impact on the quality of data collected and potential to mislead in the findings and recommendations from the evaluation.

OECD DAC Evaluation

An assessment on whether the evaluation reports had considered the OECD DAC evaluation criteria for the project activities, 67% reported to have reported the findings along these guidelines as indicated in Figure 4. Furthermore, 69% of the reports had an assessment of the impact the project activities on their target beneficiaries.

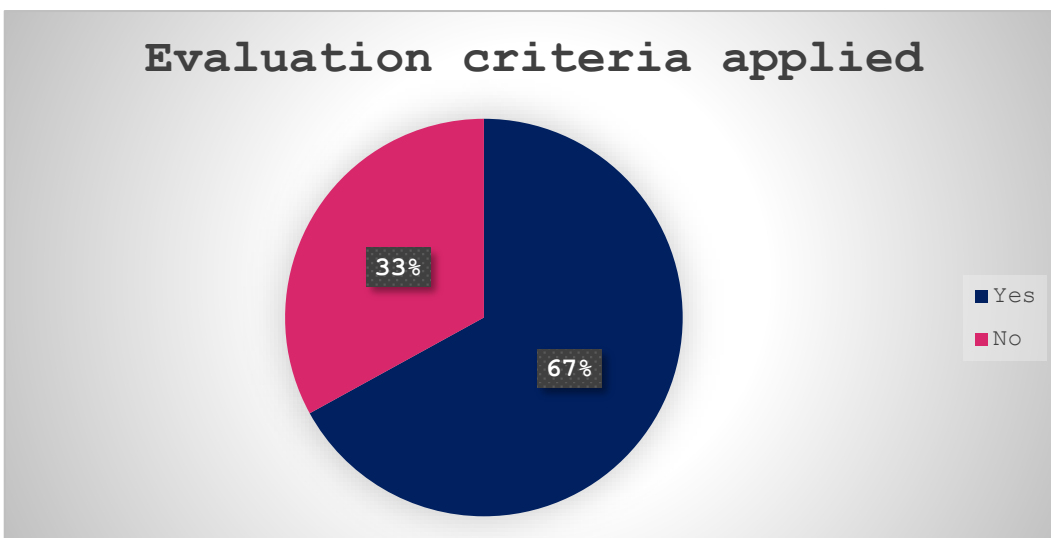


Figure 4: Evaluation reports considered OECD DAC criteria

For the reports highlighting the evaluation criteria, the majority had sufficient details to determine whether the project had reported on the aspects of relevance, effectiveness, efficiency, and sustainability. Internal project reports especially had sufficient details to determine how well the project served the beneficiaries. Evaluation Utility

Results section

For the results section, all reports had identifiable findings from the data collected and analyzed, related to the evaluation purpose and objectives. Reports were assessed as good (75%) and excellent (19%) in terms of relating results to the evaluation objectives and questions as indicated in Figure 5.

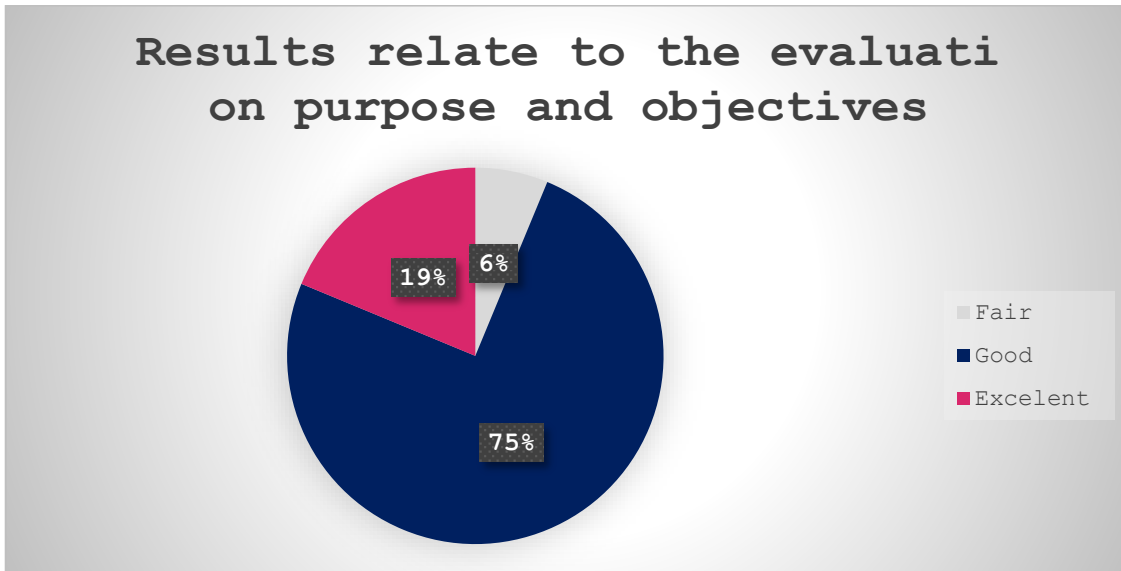


Figure 5: Evaluation objectives reported

Generally, the results were well linked to the evaluation objectives, especially the internal project performance reports that clearly supported with outcomes indicators evidence.

Project staff also reported that evaluations results were relevant to the evaluation purpose with 75% and 25% reporting to agree or rather agree with the statement reporting that evaluation outcomes aligned well with the purpose of the assessment. They noted that evaluations addressed indicators for measuring project success and provided comparisons for baseline and endline thus benchmarking on the project achievements. However, internal project performance reports may have been biased to report mainly favorable findings and achievements of the project, with some of the evaluators also overemphasizing on the project achievements sometimes not highlighting any mixed or negative findings.

Conclusions

The assessments further showed that majority of reports conclusions were mainly arrived at in separate chapters of the reports. All the baseline, midterm, and endline reports had separate chapters for the conclusions while the internal project performance reports did not report any conclusions.

Recommendations

For recommendations, mixed findings were observed, indicating potential for improvement in achieving project objectives. All the external evaluation reports had a recommendations section, while internal project performance reports barely reported on any recommendations from their results. Some of the recommendations were extensive, lacking clear and actionable details to inform implementation, without specifying which party was responsible to action the recommendation as in Table 2.

Table 2: Rating on the evaluation reports recommendations.

Criteria assessed	Very Poor	Poor	Fair	Good	Excellent
Recommendations clearly and directly relate to the results and conclusions.	0%	0%	31%	50%	19%
Recommendations are limited to a manageable number of key ones (avoid “laundry lists” of too prescriptive recommendations).	0%	0%	44%	44%	13%
Recommendations are realistic (actionable).	0%	0%	25%	69%	6%
Recommendations are realistic (actionable).	0%	0%	25%	69%	6%

Figure 6 indicates that the most problematic aspect of the recommendation was the lack of clarity and specificity regarding the institution tasked with actioning the recommendation as these were mainly vague with 12.5% of the report’s recommendations poorly guiding on who was tasked.

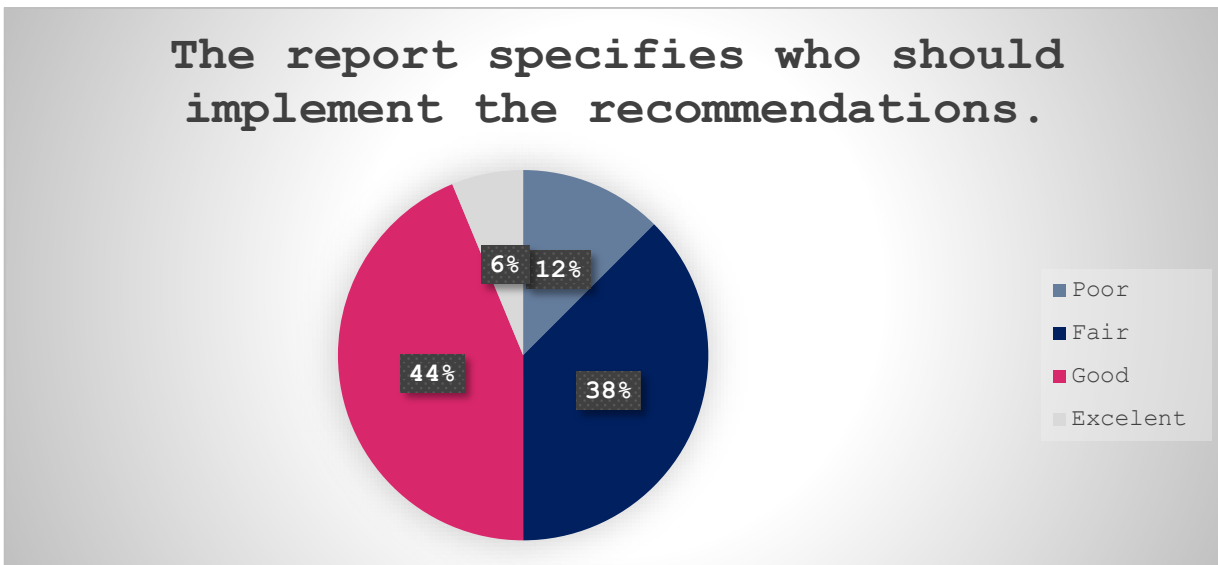


Figure 6: Implementation of recommendations

Project staff further provided information on the usefulness of the recommendations. Some used recommendations to identify gaps that informed program activities and were used to implement and scale-up activities that brought benefits to the targeted population.

Report Format

In terms of the overall formats of the report, the reports were easy to read and understand, and did not feature complex language and unclear acronyms. Generally, all reports were rated as excellent (6.2%) or good (93.8%). The overall flow of the reports was logical, building on the various sections, in the standard format enhancing a cohesive flow of the report. Most importantly, graphs and tables were used appropriately, to demonstrate important points and snapshots of the findings in a more appealing way.

5.0 CBO TRAININGS

Introduction

HIAS Kenya has been collaborating with local refugee-led CBOs to build their capacities to support urban refugees improve their skills and knowledge specific to legal protection, GBV prevention and responses, MHPSS, SRHR, and Economic inclusion. Interviews with leaders of refugee led CBOs provided insights on training received from HIAS, relevance and efficiency of the training exercise to their needs, and current capacity building needs. Further, challenges with implementing skills and knowledge obtained, to improve and sustain services to their target beneficiaries with an aim to inform HIAS on potential programs to improve CBOs capacity to serve the urban refugees and improve their livelihoods.

Eight interviews were conducted using key informant approach with the CBOs that provided a range of services to urban refugees including LGBTQ and asylum seekers. Such services included capacity building [management, leadership, proposal writing, grants application, resource mobilization, and financial literacy], advocacy, livelihoods, security awareness, legal protection, SRHR, GBV, MHPSS, and economic inclusion. These CBOs had programs like providing safe shelters, emergency housing, livelihoods support, SRHR, GBV awareness and sensitization, hormonal therapy treatment, cash assistance, food, rent relief to vulnerable refugees and asylum seekers.

Relevance

CBO leaders highly cited the training and capacity building activities as highly relevant to their work, as they built their capacity to serve their beneficiaries better, as the training equipped them with skills and knowledge. For instance, clarification on GBV abuse and rights challenged accepted norms and capacitated the beneficiaries to distinguish between abuse, violations, sexual rights, rape, defilement, and what was acceptable. With SRHR training, CBO leaders improved knowledge on sexual and reproductive rights, violations, and seeking redress through reporting as highly relevant vulnerable refugees.

"This time around, somebody knows if somebody has violated my rights, maybe it is rape or defilement. Or maybe it is another, you know, where to start from. And this all we learned from the convenings we had with the HIAS."

...

"Yes, this has totally helped us as CBOs and as a community leader to better serve my community and my transgender community. Things around security and sexual reproductive health. But if I've been able to learn that in one of the meetings, there is another, friendly, health facility that I can visit and there is no discrimination. So having learned that, in a meeting, you know, or in a training is very important."

KII with CBO leaders

Training on grants applications enabled CBOs to fundraise and sustain services to target beneficiaries. Additionally, training sessions offered opportunities for CBOs to network and collaborate with other CBOs working in similar spaces, sometimes offering opportunities for joint project proposals and collaborations among CBOs on programming without duplicating efforts. This also facilitated peer-to-peer learnings, helping CBOs solve challenges they face using other CBOs' experiences in the same situations. This saved time and resources HIAS needed to build CBOs capacity to resolve related challenges.

Effectiveness

Respondents noted that the training met the set objectives and provided adequate learning and capacity building opportunity for participants. HIAS also convened meetings that brought together different stakeholders like the national and county governments, and community representatives. These increased awareness of refugee needs and protection among government agencies and improved access to better services including health facilities. Access to friendly LGBTQ health services particularly improved following such sensitization and awareness from government stakeholders. Further, HIAS trainings improved CBOs ability to refer refugees for services with the right partners and

stakeholders, thus improving overall services received by refugees. Some of the community members were cited as having started their own business projects following the HIAS training, increasing their economic wellbeing. This improved the way refugees' needs were addressed as necessary referrals were directed to the more efficient partner.

"Yeah, the trainings, of course, did, connect the trained members to many service providers, especially for the sexual reproductive health and gender-based violence, so that, you know, if you have someone who needs, urgent response, they know who to contact. They don't have core units here, you know, this hospital here, so they got that information."

...

"Yes, they benefited because after the training, some of the people, they were able to start their own projects and, they had knowledge and skills from the training, so they benefited."

...

"Okay before I used to have (safe shelter), especially people used to fight almost every two days, you get a fight and there is a time they themselves, they took their case to the police. So, from that time when I told them in the several meetings, told them of the effects and of that. So, I never had any fight, at least even if I'm not around, I can get a call."

KII with CBO leaders

The SRHR programs increased the access of health services and information on STIs, that ultimately improved health outcomes among refugees and LGBTQ refugees. CBO leaders reported reduced cases of STIs among their members because of trainings HIAS provided and increased sensitization on services available to the vulnerable refugees. However, the respondents suggested that providing training materials such as presentation slides or booklets could have more lasting learnings for the participants. Furthermore, respondents cited the tight training schedule convened sometimes for just a day to cover important topics such as proposal writing as inadequate, making this training ineffective. To ensure that CBOs benefited from the training, periodic checks, and follow-up by HIAS, while assessing their capacity in the topics trained and their implementation, was suggested.

Efficiency

The training was held in conducive venues within HIAS offices or hotels within Nairobi, providing a safe and conducive environment for learning, with training with no disruptions for attendants, allowing attendants to focus on the content. The trainings were offered in English or Kiswahili languages that most CBO leaders and members understood at least one of the languages. The presenters were also observed to be well versed with the topics they trained on, and were engaging actively with the participants, making learning sessions more participatory.

However, to ensure more members of the CBOs were benefiting from the training, respondents suggested making the training more community based rather than centralized. They noted some members of the refugees and asylum seekers or those identifying as LGBTQ could be nervous while attending trainings in hotels. Further, the reimbursement provided by HIAS to cover transportation costs was observed to be insufficient and made members of CBOs skip some crucial training, making members feel HIAS is more accountable to the funders than to the community they serve.

Even though CBO leaders preferred physical meetings, they repeatedly noted that important training was usually rushed, with a day of training on crucial topics which made it difficult for attendants to grasp much of the content. This made it difficult for them to train community members as they did not master the content. The suggested that training should be conducted for more than a day or repeating the training sessions every few weeks to ensure effective learning, Further, targeting of attendants should have been considered, to ensure attendants have the capacity to benefit from trainings. Additionally, providing training materials in soft copies would be good reference to attendants for future reference.

"I usually ask, try to ask them, how did you find the training for today? Everyone will say that it is just one day thing. How can you grasp everything that was taught before you even reflect on the first unit, they are bringing in a second unit, which kind of brain is that that can conceive everything in one day."

KII with CBO leaders

Transportation reimbursement from HIAS was frequently identified as an important hinderance for CBO leaders and members from attending training. All respondents noted that transport reimbursements were inadequate and sometimes attendants had to supplement the cost of transportation. Compared to reimbursements from other NGOs, HIAS rate was significantly lower, and sometimes not sufficient to cater for their transportation needs.

"In our previous meeting we had suggested that, if we can have this meeting in our CBOs, because you find that we spend many resources in acquiring those venues."

...

"On logistics? Probably to be providing maybe, adequate transport to leaders who are going to be attending this training."

KII with CBO leaders

Sustainability

The training offered opportunities for collaboration between different stakeholders, thus boosting peer-to-peer learning and joint programming, which made the benefits of capacity building longer term. The training offered on resource mobilization enhanced CBOs capacity to write proposals and look for relevant donors for funding to run activities, making them more sustainable and resilient. Some ToTs were able to organize internal CBO meetings to communicate training content to members, especially at the level of safe shelters.

However, other ToTs did not have the resources to train CBO members, especially when they were spread within the community. This was mainly associated with the high cost of hosting training for members including transport reimbursement and providing meals during the sessions.

"Yes, the challenge you find, after having all those trainings, as we are engaged when we are many, a venue organized and given everything this, breakfast, lunch, you know, and maybe sometimes evening tea. So, you find that it is well prepared. But me engaging on the ground, you find I must engage one by one. I cannot call a meeting as we are being called."

...

"I think they've had the TOT, trainer for trainees, it is very good. But then the problem is, you've given us the skills, which is good, you're putting us at the center of leadership, you know, orchestrating these trainings. But then the problem is, we also need resources."

KII with CBO leaders

Also, CBOs leaders observed that training need to be frequently provided as existing members leave the community for resettlement, while new untrained members keep joining the community. Additionally, including more CBO members to training sessions may help sustain information in case one or two of the members are no longer part of the CBO for any reason including resettlement. Further, CBO leaders cited a difficult operating environment regarding access to donor funding, emerging pocket CBOs that may have conflicting interests with staff from NGOs, and the need to strengthen leadership to steer CBOs focused on core activities.

Lessons Learnt

From their experiences attending other organizations' training sessions, they observed CBOs may learn better from other CBOs sharing their experiences, referring to peer-to-peer learning. In this approach, the main NGO would convene CBOs and they can share their experiences, best practices, challenges while serving the vulnerable refugees and asylum seekers. Also, respondents identified the need for the training to be offered by their members, or a person identifying as LGBTQ member to enhance the effectiveness of the trainings.

"I would be happy to see we as displaced individuals, you know, leading some of these training sessions. You understand together. We've one of us contracted personnel that is facilitating this training so that people get to see, you know, if most of the time English is our second language coming from Uganda. And you know, having someone that articulates also in language, like your language or, you know, how you speak, you know, so it's a really very good and I think inclusivity also around language that people are not left."

KII with CBO leaders

Other technological innovations cited to ensure trainings were more effective was to employ mobile apps designed to be interactive than the traditional handbooks and brochures disseminated during trainings.

Localization

Most of the respondents were unaware of localization principles and were yet to receive relevant training or incorporate these principles in their programming. This highlighted a gap that can be addressed in future training and programs from HIAS. The few CBO leaders aware of the localization approach to programming highlighting the importance of localization especially for shifting resources from established NGOs to grassroots CBOs that are directly interacting with the end beneficiaries.

Training needs

For the beneficiaries including vulnerable refugees and asylum seekers, CBOs leaders identified empowering vulnerable refugees and asylum seekers in areas of livelihoods and economic inclusion as urgent priorities. Continued training on financial literacy will empower refugees and asylum seekers to livelihood avenues in urban areas. Because of potential for depression, drug abuse, drug addiction, empowerment through MHPSS was also a priority for continued training, among affected populations. Further, CBO leaders identified legal protection, prevention, and response to GBV as more critical training they needed, to especially empower their beneficiaries in terms of their rights as refugees or asylum seekers, what they are entitled to at different stages of the registration process.

"If we can have training on how people can survive within Nairobi and avoiding being drug addict, mental health, which is a bit killing the community mental health, drug addiction. Specifically, drug addiction and drug abuse, you know, it has affected most of the community, especially LGBT cases. And this is raising concerns, in number of deaths, like last year we lost many people, about six people lost in our community. And this was about all mental health. Mental health has become a very big, big problem to our community."

"Mostly, business skills, yes, or financial management. Because where we are, we are just surviving on businesses."

...

"Training on rights and legal protection, because, because that a lot of people even fear to go to the police, you know, because they don't know how protected they are as refugees"

...

"Training around the laws that are protecting us, like, even the current, you know, a lot that are coming up that are going to affect us, not also leaving them up"

KII with CBO leaders

For the organizations, CBOs leaders identified training on resource mobilization and fundraising as urgent priorities. Additionally, training on management, organizational leadership, governance, and financial accountability were

identified as important areas for capacity building to ensure that CBOs were well managed and accountable, while also setting them up for success.

"In terms of training, capacity building on resource mobilization. Fundraising strategies to be used and ways on how to search and look for different donors. And then, proposal writing, like I said, wasn't here. That it is tailored to our needs, rather to our vision, our ambition, our focus.

...

Basically, it's about management and leadership. That one is so crucial because it has kept almost a lot of CBOs in kind of confusion.

...

I had a coalition, but it simply went tremendously falling until it is no longer in existence. Because of not understanding the management structure and the role separation.

...

Firstly, the best that is required is knowledge of how to operate. Secondly, resource mobilization, because as CBOs at the same time, what makes them to survive, there must be some funding, because without funding, of course, you can't run a CBO, you can't have an office, you can't maintain a safe shelter to help others."

KII with CBO leaders

6.0 CONCLUSIONS AND RECOMMENDATIONS

Conclusions

HIAS Kenya programs were observed to be coherent with other stakeholders implementing refugee programs including the UNHCR and were well aligned with other stakeholders' activities in the refugee humanitarian sphere. Findings also suggest a strong bias for SRHR programs from HIAS Kenya, while partners organizations had wider scope of programs including peacebuilding, livelihoods and economic inclusion, and WASH. The focus on urban refugees was also deemed more relevant as urban refugees face more challenges with accessing health and food services as compared to the refugees in campos. However, borrowing from UNHCR and Refugee Point has clear strategy on engaging with refugees with reliance on refugee registration data to determine their vulnerabilities and the level of benefits to receive. Assessing the OECD criteria for relevance, effectiveness, coherence, efficiency, sustainability and impact, the review of reports primarily identifies that project adhered to the project criteria.

1. HIAS Kenya programs clearly demonstrate a high level of relevance as they targeted vulnerable refugees particularly LGBTQ who have pronounced barriers in accessing SRHR services.
2. The projects also demonstrate coherence with other projects implemented by UNHCR, county and national governments, and partners. This was strongly evidenced by the collaborations with county government policies. However, a thorough integration of the project with County structures would have been beneficial.
3. The evaluations observed significant improvements in the targeted beneficiaries' outcomes. These were mainly benchmarked with baseline findings, with changes in attitude observed in women and girls, to recognize IPV and GBV, and their ability to report such abuses were observed. Findings on knowledge on different forms of VAW/G show increased substantially comparing baseline and endline.
4. Despite sometimes witnessing slow start to the project activities, HIAS uses a robust financial management and tracking system facilitating programmatic and financial accountability. However, cost and time savings were sub-optimal as most training venues were not located near the beneficiaries.
5. The evaluation indicates that effort to collaborate with the government and other local organizations, during project implementation overall improve on sustainability. For example, the ASRHR project had actively involved local refugee-led organizations and HIAS collaborated with local partners such as Nairobi Metropolitan Services (NMS), which had health structures for YARs to continue accessing SRH services. HIAS Kenya capacity building activities empowered refugees and CBOs, and partners. Training of CBOs on fundraising further enhanced their capacity to write proposals that could be funded.
6. The evaluation observed that the SRHR projects significantly contributed towards the reduction of violence against women, gender equality, and women's empowerment by challenging systematic issues and discourses that underpin IPV. Women gained knowledge about their right to not be subjected to any form of GBV, including physical, psychological, and economic. The ASRHR project made a verifiable impact on the lives of YAR, evidenced by increased knowledge of ASRHR issues (e.g., how to protect oneself, where to report abuse and the effects of child marriage).

The meta-assessment further evaluated the quality and utility of the evaluation reports were well structured and comprehensive, meeting most of the specified assessment criteria. The methodology section had the most varied findings, with a significant proportion of 18.8% and 6.1% reported rated as inadequate or poor, making it challenging to determine the appropriateness of the methods employed in the evaluation. While most methodologies adequately described data sources, collection, and analysis methods, there were shortcomings in addressing methodological challenges and ensuring robustness to answer key evaluation questions. These findings were further collaborated by staff raising concerns of the competence of consultants and data collection staff, particularly regarding methodology employed, and familiarity with the organization's programming.

In terms of the evaluation reports using the OECD DAC criteria, 67% of the evaluation reports were assessed to have considered the OECD DAC evaluation criteria for project activities. For the results section, reports had identifiable findings related to the evaluation purpose and objectives. Results were well-linked to evaluation objectives, especially in internal project performance reports, which provided clear support with outcome indicators evidence, supported by sufficient evidence. Regarding the general structure of the report, most reports had conclusions presented in separate chapters, with baseline, midterm, and endline reports all following this format.

HIAS staff have an overall positive perception of the quality of the evaluation processes and the utility of evaluation reports. To them, evaluations are to a high degree fair, feasible and useful. However, some of the recommendations were cited to be too generic to be implemented and project staff observed that HIAS Kenya has not well used recommendations at sufficient levels of the organization.

HIAS Kenya's capacity building efforts have been instrumental in enhancing the skills and knowledge of refugee-led CBOs, particularly in areas crucial for serving urban refugees. While the training was generally relevant and effective, there is room for improvement in terms of training duration, venue accessibility, and reimbursement policies to ensure broader participation and sustainability. Sustainability was also a concern due to high turnover among trained CBO members and the need for ongoing capacity building.

Recommendations

Recommendation 1: HIAS Kenya to consider widening the scope of their refugee programs to address other vulnerable refugee needs including peacebuilding and WASH.

Recommendation 2: The MEAL evaluation advisors should assume the responsibility for the (coordination of) quality assurance of evaluation management. This would include:

1. Defining evaluation report quality criteria which are key for HIAS.
2. Clarifying quality assurance processes and responsibilities.
3. Carrying out quality checks of evaluation reports and providing feedback to evaluators.
4. Monitoring quality development of evaluation reports.
5. Ensure that introduction sections incorporate aspects of theory of change; while the methodology sections are elaborate and sufficient to address study objectives.

Recommendation 3: Program managers and HIAS leadership should strengthen the strategic use of evaluations at country level and seek to improve the evaluation management processes in their respective programs. This would include:

1. Communicating evaluation requirements to staff.
2. Making sure that evaluations are already planned for and budgeted during the development of the project proposal.
3. Reference and follow-up on the implementation of recommendations by participating in one discussion on the operationalization of recommendations immediately after the evaluation and participate in a second discussion several months later on the implementation status.

Recommendation 4: Program managers should proactively seek to know which evaluations are planned within their programs, offer advice for designing evaluation questions and seek to include a few strategic sector evaluation questions in the evaluation's Terms of Reference. They should further seek to have a debriefing to get details on the evaluation results. Also, encourage active participation of program stakeholders and partners in the evaluation to improve the buy-in of evaluation findings.

Recommendation 5: Trainings for CBOs trainer-of-trainees could be more coordinated and facilitated: sufficient duration of training to be determined between the trainer and representatives of CBOs, sufficient transport reimbursements for trainees, and when possible, conduct the trainings in locations most accessible to the refugees leaders as this is likely to attract more participants to benefit from the training enhancing the sustainability of CBOs operations.

7.0 APPENDICES

Appendix 1: Evaluation Quality Screening Tool



Annex 1 -
Evaluation Quality Sc

Appendix 2: Reoccurring Findings and Recommendations Tool



Annex 2 -
Reoccurring Recomm

Appendix 3: Survey Questionnaire - Utility and Feasibility of Evaluations Tool



Annex 3 - Survey
Questionnaire - Utilit

Appendix 4: KII CBO Leaders - Capacity Building Tool



Annex 4 - KII CBO
Leaders - Capacity Bt

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