

END OF PROJECT EVALUATION

FACILITATING ACCESS TO SEXUAL AND REPRODUCTIVE JUSTICE FOR ORPHANED AND VULNERABLE ADOLESCENT GIRLS IN KISUMU AND HOMA BAY COUNTIES



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TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
ACKNOWLEDGEMENTS.....	4
EXECUTIVE SUMMARY.....	6
CHAPTER ONE:INTRODUCTION.....	11
1.1 Background.....	11
1.2 Contextual Analysis - Sexual and reproductive health justice for adolescent girls and young women the global context.....	12
1.3 Contextual Analysis - Sexual and reproductive health Justice for Adolescent Girls and Young Women in Kenya.....	14
1.3.1 Contextual Analysis - Sexual and reproductive health Justice for Adolescent Girls and Young Women in Kisumu and Homa Bay Counties.....	19
1.3.2 Homa Bay County profile.....	19
1.3.3 Kisumu County profile.....	21
CHAPTER TWO: END-LINE EVALUATION APPROACH AND METHODOLOGY	24
2.1 The Purpose of the End-line Evaluation.....	24
2.2 Evaluation Methodology.....	24
2.2.1 Research design.....	24
2.2.2 Sampling frame.....	25
2.2.3 Sample size determination.....	25
2.2.4 Cluster intake.....	25
2.2.5 Sample allocation.....	25
2.2.6 Selection of clusters and households.....	26
2.2.7 Sampling of key informant and focus group discussion participants.....	26
2.2.8 Key Sampling Considerations.....	29
2.2.9 Replacement Strategy.....	29
2.2.10 Key Evaluation Questions.....	29
2.2.11 Methodology for measuring sustainability.....	34
2.2.12 End-line Data Collection Process.....	38
2.2.13 Challenges in End-Line Data Collection and Limitations of the Evaluation Design.....	40
CHAPTER THREE: EVALUATION FINDINGS.....	43
3.1 Project Beneficiaries.....	48
3.2 Relevance.....	50
3.3 Effectiveness.....	61
3.4 Impact.....	87
3.5 Sustainability.....	100
CHAPTER FOUR: SUMMARY, CONCLUSION AND RECOMMENDATIONS.....	107
4.1 Introduction.....	107
4.2 Summary.....	107
4.3 Conclusion.....	107
4.4 Recommendations.....	108
4.4.1 Recommendations for Policy and Programmes.....	108
4.4.2 Recommendations for Further Research.....	109

LIST OF FIGURES

- Figure 1: Use of modern contraceptives and unmet needs
- Figure 2: HIV Prevalence
- Figure 3: Use of modern contraception
- Figure 4: Teenage Pregnancy
- Figure 5: Highest Level of school attained
- Figure 6: Discussion of sexual related matters
- Figure 7: challenges facing AGYW at different levels
- Figure 8: Sexual practices amongst AGYW
- Figure 9: Access to family planning services by AGYW
- Figure 10: Condom knowledge and attitudes
- Figure 11: Branded sanitary pads and information cards
- Figure 12: Knowledge on SGBV laws

LIST OF TABLES

- Table 1: HIV prevalence in Kenya against Homa Bay and Kisumu Counties
- Table 2: Kenya AIDS strategic framework- M&E framework
- Table 3: Distribution of the project sample size among the districts
- Table 4: Outcomes of the measurements
- Table 5: Measuring the sustainability
- Table 6: Sustainability outcome for measurement
- Table 7: Summary of tools
- Table 8: Methodological challenges and mitigation
- Table 9: Risk and mitigation
- Table 10: Socio demographic information on respondents
- Table 11: Description of current relationship with partner
- Table 12: Sexual intimacy experience
- Table 13: Job status of sexual partners to AGYW
- Table 14: Summary of beneficiaries reached for different services through Outreaches from April 2017 to December 2018
- Table 15: Knowledge received and behaviour change
- Table 16: Spontaneous and prompted knowledge of method of contraception (baseline vs end-line)
- Table 17: Access to pep in Kisumu and Homa Bay
- Table 18: Discussion on contraception _baseline and end-line)
- Table 19: Current (most regular/steady/stable) boyfriend
- Table 20: Perception of AGYW on condom use
- Table 21: Source of contraceptives for AGYW
- Table 22: Perception of AGYW regarding HIV and AIDS
- Table 23: Condom use and condom break/split
- Table 24: Indicator comparison (baseline and end-line) on condom indicators.
- Table 25: Indicator comparison (baseline and end-line) on hiv indicators.
- Table 26: Indicator comparison (baseline and end-line) on sexual and gender based violence
- Table 27: Attitude towards SGBV
- Table 28: Avenues for seeking justice reported by respondents
- Table 29: Summary of project performance on srhr and land/property trainings
- Table 30: Summary of project performance on soccer activities.
- Table 31: Summary of project performance on theatre activities.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome	MoH	Ministry of Health
AGYW	Adolescent Girls and Young Women	MoE	Ministry of Education
CBO	Community Based organizations	M&E	Monitoring and Evaluation
CHVs	Community Health Volunteers	NACC	National AIDS Control Council
CUCs	Court Users Committees	NASCOP	National AIDS and STI Control Programme
DREAMS	Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe	NGOs	Non-Governmental Organizations
FGDs	Focus Group Discussions	OVCs	Orphaned and Vulnerable Children
FGM/C	Female Genital Mutilation/Cutting	PEP	Post Exposure Prophylaxis
GBV	Gender Based Violence	PEPFAR	President's Emergency Plan for AIDs Relief
FGDs	Focus Group Discussions	PrEP	Pre-exposure prophylaxis
FP	Family Planning	RH	Reproductive Health
GoK	Government of Kenya	SGBV	Sexual and Gender Based Violence
HF	Health Facility	SRH	Sexual and Reproductive Health
HIV	Human Immunodeficiency Virus	SRHR	Sexual and Reproductive Health Rights
ICPD	International Conference on Population and Development	STD	Sexually Transmitted Disease
KAIS	Kenya Aids Indicator Survey	STI	Sexually Transmitted Infection
KDHS	Kenya Demographic Health Survey	UNICEF	United Nations Children's Fund
KIIs	Key Informant Interviews	UNFPA	United Nations Population Fund
KNBS	Kenya National Bureau of Statistics	WHO	World Health Organization
KNCHR	Kenya National Commission on Human Rights	YFS	Youth Friendly Services

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We are enthusiastic that the results of this end term evaluation will inform future programs seeking to address sexual and reproductive health and rights and justice for orphaned and vulnerable adolescents and young people.

Alex Muthui

Director-QuadExcel Research, Training and Consulting Ltd.

FOREWORD

Facilitating Access to Justice for Orphaned and Vulnerable Adolescent Girls and Young Women was a two-year project undertaken by KELIN, with financial support from ViiV Healthcare and in partnership with the community and various county based stakeholders, seeking to address the individual, societal and structural barriers that render adolescent girls and young women (AGYW) vulnerable to HIV. This project undertook two key surveys that can serve as resource materials for governments and organisations in developing interventions for HIV programming for adolescent girls and young women.

The Baseline Survey provided invaluable information on the barriers of access to health services and information for AGYW, their vulnerabilities and the structures and institutions aiming to address these. Following our two year-project where interventions were tailored to address the gaps that were noted in the Baseline Survey, this End-line Survey is an assessment of the relevance, effectiveness, efficiency, impact and sustainability over the last two years, noting the areas of programming that excelled, best practices in project implementation, lessons learnt, and key recommendations to address the existing gaps. This report calls for an intersectional and multi-disciplinary approach to addressing the HIV epidemic among AGYW. We trust that it shall be used to guide the development of interventions for KELIN and other stakeholders.

Our sincere appreciation goes to the AGYW, adolescent boys, young men, members of Community Based Organisations, the Luo Council of Elders and widows, for their time and invaluable contribution and information during this study.

We would like to thank all stakeholders consulted in the course of this study; community members, healthcare workers, lawyers, other significant opinion leaders, members of Court User Committees, members of the judiciary, Civil Society Organisations, Members of County Assembly, and County Government officials from the Ministry of Health, Ministry of Education and Ministry of Lands for their cooperation during the review. Their critical insights helped to shape our findings.

We note with gratitude the unrelenting spirit, hard work and contribution towards this review by the study team led by Alex Muthui the consultant, with the support of the research assistants, supervisors and data analysts. We would also like to thank the Project Staff particularly Nerima Were, Naomi Monda, Nelly Mwapoo, Lisa Owino, Linda Kroeger and Tracy Nyenze for their support and guidance; and the experts who provided technical input and review of the End-line Survey, especially Dr. Charles Muga whose support was invaluable in the development of this report. We thank OutPut Media for the editorial and design support.

We remain committed to creating an enabling environment for AGYW to thrive and live up to their full potential, free from violence and other socio-cultural limitations, while embodying the aspirations of the project as DREAMS girls: Determined, Resilient, Empowered, AIDS-free, Mentored and Safe, bringing hope to other girls in their communities, long after the project has ended.

Allan Maleche,
Executive Director, KELIN



EXECUTIVE SUMMARY

Background

The End term Evaluation was commissioned by the Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN) to generate end of project information as a postlude to the facilitating of access to sexual and reproductive health justice to the orphans and vulnerable adolescent girls in Kisumu and Homa Bay Counties. This Evaluation report concerns the support received from ViiV Healthcare through Positive Action for Girls and Women and in collaboration with PEPFAR, Bill and Melinda Gates Foundation, Johnson and Johnson, Girl Effect and Gilead. Kenya Legal & Ethical Issues Network on HIV and AID (KELIN) implemented a two- year DREAMS Innovation Challenge intervention aimed at raising awareness and facilitating access to sexual and reproductive health justice for young women in Kisumu and Homa Bay counties.

The project aimed to address the heightened HIV/AIDS, Land/Property rights issues and other sexual reproductive health needs of the vulnerable populations of the two Counties as well as strengthen community, facility level reproductive health and land/property rights services. Further, the program also aimed to strengthen the County and Sub-Counties' capacity to coordinate sexual reproductive health and land/property rights services.

The overall project goal was to contribute to the reduction of HIV prevalence among AGYW, by amongst other things, contributing towards an enhanced legal and policy environment for reproductive health and rights. The project sought to achieve this goal by pursuing the following two strategic objectives (SOs):

- a) Raising awareness amongst the orphaned and vulnerable girls on their sexual and reproductive health rights, land and property rights and how they can access justice when these rights have been or are likely to be violated
- b) Building the capacity of stakeholders to offer support to and create an enabling environment for access to information and justice by the orphaned and vulnerable girls.

Objectives of the End term Evaluation

The overall purpose of the evaluation was to assess the relevance, effectiveness, efficiency, impact and sustainability of the program. Alongside this purpose, the consultant also documented key lessons learnt

and suggested technical recommendations that could be used to improve future programming. In order to achieve the evaluation objectives, the consultants developed evaluation questions that guided the assessment.

The evaluation was conducted between March and April 2019, the study targeted orphaned and vulnerable adolescent girls and boys and young men and women aged 15 to 24 years, project stakeholders and other partners. The consultants employed quantitative questionnaire, Focus Group Discussion (FGD) and Key Informant Interview (KII) as the primary data collection methods.

In order to deepen the analysis, the consultants analyzed quantitative and qualitative data from secondary sources including the Project Proposal Document, semi-annual reports and other external documents such as the County Integrated Development Plan (CIDP). Purposive sampling was used to identify the FGD and KII respondents. Primary quantitative data was analyzed using STATA while qualitative data was analyzed using NVIVO and content analysis.

The sample size comprising of 640 Adolescent Girls and Young Women were reached for quantitative data collection through structured questionnaire, 18 Focus Group Discussions (FGDs) with 234 participants (185 female, 49 male) and 19 Key Informant Interviews (KIIs) were interviewed through FGD and KII guides. Development Assistance Committee (DAC) evaluation criteria was used to evaluate the project. The criteria covered relevance, effectiveness, efficiency, impact and sustainability.

The key stakeholders in the project include Orphaned and vulnerable adolescent girls, Adolescent boys, Elders and widows from the two counties, Court Users Committees (CUCs), County Health Teams (CHTs), Community-Based Organizations (CBOs), Civil Society Organizations (CSOs), Impact Africa, Wazito Football Club and Lagnet Theater Group.

Methodology

The end term evaluation targeted two sub counties namely; Kisumu and Homa Bay counties. For quantitative data, the survey adopted a two stage cluster sampling. The 1st stage sampling was the selection of clusters which was based on the Probability Proportion to Population Size (PPS) while the 2nd stage involved the selection of the beneficiaries and this was done using random sampling method from the beneficiary list.

The sample size achieved for this survey was 640 AGYW who benefitted from the project directly or indirectly. In particular, 270 beneficiaries were sampled from Kisumu county from 24 clusters while 370 beneficiaries' adolescents were sampled from Homa Bay county. The data was collected using a quantitative tool that was digitized using KOBO collect.

For qualitative data, the evaluation employed Focus Group Discussion (FGD) and Key Informant Interview (KII) as the primary data collection methods. Purposive sampling was used to identify the FGD and KII respondents. Qualitative data was analyzed using ATLAS.ti.

Further, seven teams composed of three members each took part in the data collection after they had been trained for two days including one day for pre-testing. The data was collected in a span of eight days. Additionally, the data was analyzed using STATA.

Relevance

Relevance refers to the extent to which the objectives of a development intervention are consistent with beneficiaries' requirements, country needs, global priorities and partner' and donor's policies. The evaluation established that the project was designed to address the heightened HIV/AIDS and land/property needs of the vulnerable populations of Kisumu and Homa Bay Counties.

According to the Kenya Aids Strategic Framework, Strategic Direction 1 in the framework aims at Reducing new HIV infections, KELIN programming aimed at increasing access to sexual reproductive health through targeting adolescent vulnerable girls in the two counties since the two counties had the the highest burden of HIV in the country at the start of the project with a prevalence of 26% and 19.9% respectively according to NACC/NASCOP (2016) though that has changed with Siaya having the highest burden according to HIV estimates 2018.

Kenya Demographic Health Survey, 2014 shows that Nyanza had the second highest rates of violence against women and girls, with 53% of females between the ages of 15-49 years having experienced sexual or physical violence.

In assessing the extent to which the project interventions aligned with county and national government as well as KELIN strategic priorities/ Thematic areas the evaluation established that the Project design was aligned to KELIN and government strategic priorities as well as community priority needs.

The Project responded to Kenya Aids Strategic Framework, both Kisumu and Homa Bay County Integrated Development Plan (CIDP), Kisumu County HIV Strategic plan (KCASP), Homa Bay County Multisectoral AIDS Strategic Plan including.

The training and equipping health workers, legal workers, elders and AGYW with skills to deliver quality sexual reproductive health services as well

as land/property rights services and scale up to community level project outcomes, outputs and activities were in line with KELIN thematic areas.

The project had a free Short Messaging Service (SMS) through which young girls were able to seek information and/ or report incidences of violations. This approach was not well tested since the activity was not informed by mobile phone ownership hence the evaluation could not establish if the girls could not seek information or report incidence because of lack of mobile phones or other barriers that could have hindered them getting information

Effectiveness

In determining the project effectiveness, the evaluation examined the extent to which the objectives of the project interventions have been realized. Key informant interviews with Sub-County reproductive health coordinators, legal workers (pro bono lawyers) elders committee, Project steering committee, while FGDs and quantitative data for Adolescent and young girls revealed that the training of adolescent and young girls, outreach services (medical-legal services) soccer clinics as well as provision of sanitary towels, led to increased access to sexual reproductive health services including timely management of land/property issues and appropriate referrals made. According to baseline evaluation (March, 2017)

The study also established that some interventions of the project did not consider the baseline findings which had highlighted preferred methods of communication on different reproductive health topics. The end term evaluation shows that the AGYW preferred Radio (43.8%), TV (26.1%), while SMS was (1.6%) amongst other mass media platforms.

The project packaged information SRHR in the sanitary towels packets which is a good innovation but could not be fully tested since most of the sanitary towels were yet to be distributed at the time of evaluation. This has contributed to the impact of the sanitary towels not being measured due to delay in programming which one of the core activities for the project.

The study also established that there was an improvement in discussion on contraceptives among adolescent from 87.5% during baseline to 94.9% during end term evaluation. This change in behavior and practice could be attributed to the training the AGYW received from KELIN during the project period.

According to the end term evaluation, Contraceptive use among AGYW has increased compared to baseline from 62%- females who always use methods to protect themselves while in end term this improved to 76.4% AGYW always using methods to protect themselves.

HIV prevalence in Homa Bay is nearly 4.5 times higher than the national prevalence at 25.7%. The county contributed 15.1% and 14.0 % of the total new HIV infections in Kenya among children and adults respectively (Kenya HIV Estimates 2015) while in Kisumu county the HIV prevalence is at 19.3%.

Efficiency

In assessing efficiency, the evaluation established that project adopted a seamless coordination mechanism which was aligned to government and other agency modus operandi. The project participated in quarterly County Project Steering Committee (CSG) meetings chaired by a representative that was elected by the committee as well as Sub County and County reproductive health technical fora.

Through this project steering Committee multi-sectoral coordination forum for reproductive health comprising of KELIN staff, AGYW, Reproductive Health Coordinator, Representative from Widow group, representative from Luo Council of Elders was established to review the progress of the project implementation.

This led to better coordinated response minimizing sexual reproductive health violations and land/property rights issues impact in the lives on vulnerable AGYW and widows. In order to assess the extent to which the project achieved value for money (VfM), the evaluation examined the 3 Es of VfM; economy, efficiency and effectiveness. The project operations were guided by KELIN financial management and procurement procedures and standards which included competitive bid analysis for various services.

Moreover, in establishing efficiency, the evaluation determined that the project results such as improvement in knowledge on SRH among AGYW demonstrated VfM. Training of health workers, legal workers, elders, widows also led to improved delivery of sexual reproductive health services and increased awareness of the mechanisms for referral of SGBV cases. Key informant interviews with sub-county reproductive health coordinators, CBOs, GBV recovery centers and as well as AGYWs and elders committee FGDs all pointed to improved access and SRH service delivery which led to intended results.

Impact

In terms of impact, the evaluation sought to establish the key results of the project interventions in terms of creating awareness/knowledge increase in sexual reproductive health and rights and land/property rights amongst the AGYW and widows which could point lead to the realization of long term HIV prevalence reduction. The project supported the macro structures .e.g. Ministry of Health (MoH) in the improvement of access to youth friendly services by the targeted AGYW, through mapping and creating awareness on where the youth could get SRHR services, the legal structures e.g. working through pro bono lawyers to represent the community members whose rights were violated and are not in a position to raise the required fees to get representation, capacity building with the local leaders and empower them in legal matters in order to support the vulnerable and violated women on SRHR and land/property rights matters.

The evaluation shows that knowledge received during the program period influenced positively AGYW behavior and perception on the topic of sexual relationships between boys and girls with 55.3% (354) strongly agree, 42.2% (270) agree that the knowledge received during the project period has changed their behavior and attitudes positively towards sexual reproductive health behavior,

Sustainability

In assessing sustainability, the evaluation established that the project design had to some extent factored long term elements which are expected to yield changes that will outlive the project. For instance, use of existing community structures e.g. Community Based Organizations;

Though the project design had factored elements of sustainability, the results demonstrate that the project did not realize fully sustainability aspects as planned in the design phase.

The results shows less than 40% of the CBOs sampled for the end term evaluation had supporting structures that enabled the trained AGYW to transfer skills and knowledge gained to their peers. The CBOs that were able to provide the safe space for AGYW girls to share their experience on SRHR and land/property rights stated that this was done without the support of KELIN but rather through the organizations initiative. These results demonstrate that the only CBOs that ensured dissemination of the SRHR and land/property training had their thematic areas well aligned to KELIN's and also had good structures and capacity to ensure the other girls who did not attend the trainings attained knowledge on SRHR.

The results also establish that 60% of the sampled CBOs and data collected through FGDs/Key informant interviews highlighted that the emphasis should have focused on capacity strengthening of the CBOs rather than the girls since the institutions are existing structure within the community and have a better coverage in regards to transfer of sexual reproductive health, land, property rights knowledge and skills to girls in the community. This is because the project was aligned to the CBOs thematic areas and they have vast experience in doing similar projects.

The assessment also highlighted that most of the trained AGYW were of school going age and majority had transferred/transition to other schools not which are not within the community hence the AGYW from the neighboring communities around the CBOs have missed out on capacity building opportunities from their peers due to relocation of the trained AGYW to other locations.

The evaluation results also shows that the engagement of the pro bono lawyers is not sustainable after end of the project since they can handle a limited number of cases per county because of other engagements relating to their routine work they might be having.

Moreover, these results clearly demonstrate that the facilitation fees in order to file and proceed with some cases is not sustainable even if the pro bono lawyers are not charging their professional fees as highlighted with one of the pro bono lawyers "KELIN can only support up to a certain limit, majority of the victims are from very poor backgrounds hence if KELIN withdraws their

support, these cases won't see the door of the court because of the government fees in filing specific cases e.g. land/property cases" hence a need to empower community paralegals to empower the communities on the basics of the law which will enable to expand the reach with knowledge and skills in regards to SRHR and land/property rights and the procedure to follow in case of any violation. Secondly, the need for organizations like KELIN to advocate for policy review in regards to charges in filing cases on SRHR, land/property rights for the vulnerable community members who are extremely poor.

The evaluation also shows that KELIN has not yet established MOUs with the county governments especially on SRHR /land and property matters which can be handed over to the county governments as part of their exit strategy when the project comes to an end. This in turn could be part of their health strategy which is likely to yield a long term impact.

The end term evaluation also established that majority of the stakeholders (70%) stated that sanitary towels distribution with key SRHR messages to the AGYW was a good intervention since it addresses directly the needs of the targeted

AGYWs though sustainable since the intervention is capital intensive. The intervention could be incorporated with Ministry of Education which also distributes sanitary towels to school going girls, KELIN could restructure their interventions and advocate for distribution of good quality sanitary kits by the government and other agencies as well as incorporating SRHR messages to influence behavior change.

Luo council of elders; elders committee; the engagement of community members in the design, planning and implementation stages of project cycle management was aimed at creating ownership of the project hence providing a platform for impact to be realized after end of the project.

The evaluation established that the intervention of the project through soccer clinics was not sustainable. This is because the soccer drills and training on SRHR through Wazito FC had not developed specific manuals that will guide the coaches and team managers to continue with similar trainings after end of the project. The results demonstrated that majority (65% of sampled soccer girls) who had gone through the soccer drills highlighted the soccer activities were a good practice but lack of consistency of the soccer drills could have resulted to lack of knowledge on certain aspects of SRHR. This could be attributed to lack of proper guidance/manual that could guide the coaches and team managers to continue training the girls on SRHR.

1.1 BACKGROUND

About the Organization

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

KELIN has since 2001 become a key player in addressing the legal, ethical and human rights issues relating to health and HIV both locally and internationally. KELIN has therefore been at the forefront of championing the rights of persons living with and affected by HIV in Kenya through provision of free legal services and support, training professionals on human rights, conducting research and influencing policy that promotes evidence-based change, engaging in advocacy campaigns that promote awareness of human rights issues and lobbying for policies that facilitate realization of health and other related rights.

While originally created to protect and promote HIV-related human rights, KELIN's scope has expanded to also include: Sexual and reproductive health and rights, Key populations, and Women, land and property rights. Within these thematic areas KELIN seeks to influence policy and integrate the rights based approach to health service delivery, increase access to justice for victims of human rights violations, create

strategic partnerships and strengthen the capacity of communities to promote and protect health rights.

To better support all Kenyan women and girls to attain their sexual and reproductive rights, KELIN has broadened its scope to tackle issues pertaining to access, knowledge, and capacity to fully exercise these rights. Our goal is to advocate for a holistic and rights-based system of service delivery in health and for the full enjoyment of the right to health by all, including the vulnerable, marginalized, and excluded populations in these four thematic areas.

About the Project

KELIN has been implementing a two-year DREAMS Innovations Challenge intervention aimed at raising awareness and facilitating access to sexual and reproductive health justice for young women in Kisumu and Homa Bay counties with grants from Positive Action for Girls and Women and PEPFAR through ViiV Healthcare Limited. The project seeks to contribute to the reduction of HIV prevalence among AGYW, by amongst other things, contributing towards an enhanced legal and policy environment for reproductive health and rights. Overall, the DREAMS IC project is committed to achieving a 40% reduction in HIV infection among adolescent girls and young women (AGYW) in 10 sub-Saharan African countries including Kenya.

The DREAMS Innovations Challenge Project targeted to benefit 15,000 orphaned and vulnerable adolescent girls aged between 15 and 24 within 75 Community Based Organizations and widow support groups. The target sub counties include Kisumu Central, Kisumu East, Kisumu West, Nyando, Muhoroni, Nyakach and Seme Constituencies from Kisumu County; and Mbita, Ndhiwa, Homa Bay Town, Rangwe, Karachuonyo, Kabondo, Kasipul and Suba sub counties.

The Stakeholders involved in achieving the project objectives include: Orphaned and vulnerable adolescent girls, Elders and widows, Court Users Committees (CUCs), County Health Management Teams (CHMTs), Community-Based Organizations (CBOs), Civil Society Organizations (CSOs), the Wazito Football Club and the Lagnet Theater Group.

1.2 CONTEXTUAL ANALYSIS-SEXUAL AND REPRODUCTIVE HEALTH JUSTICE FOR ADOLESCENT GIRLS AND YOUNG WOMEN -THE GLOBAL CONTEXT

Sexual and reproductive health and rights encompass efforts to eliminate preventable maternal and neonatal mortality and morbidity, to ensure quality sexual and reproductive health services, including contraceptive services, and to address sexually transmitted infections (STI) and cervical cancer, violence against women and girls, and sexual and reproductive health needs of adolescents.

Universal access to sexual and reproductive health is essential not only to achieve sustainable development but also to ensure that this new framework speaks to the needs and aspirations of people around the world and leads to realization of their health and human rights.

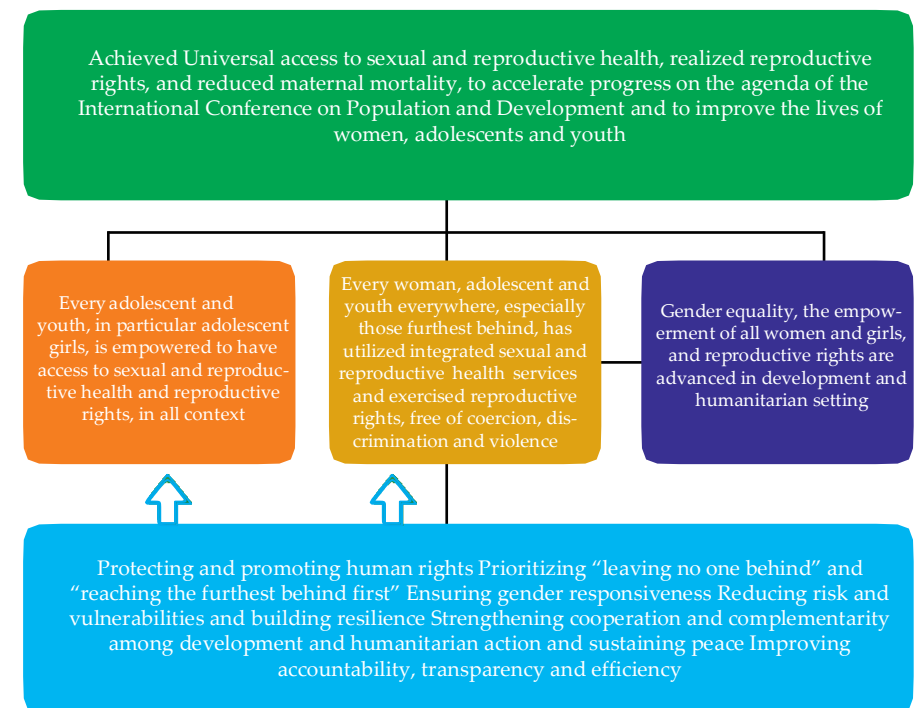
Globally one of the organizations that have been working towards ensuring the adolescents and young women rights to sexual and reproductive health are addressed is UNFPA. UNFPA aims to contribute to the 2030 Agenda to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development (ICPD) agenda,

to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality”.

The plan most directly aligns to Sustainable Development Goals: Goal 3 (ensure healthy lives and promote well-being for all at all ages); Goal 5 (achieve gender equality and empower all women and girls); Goal 10 (reduce inequality within and among countries); Goal 16 (promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels); and Goal 17 (strengthen the means of implementation and revitalize the global partnership for sustainable development).

UNFPA has committed to focus on three transformative results: (a) end preventable maternal deaths; (b) end the unmet need for family planning; and (c) end gender-based violence and harmful practices, including child marriage. The below Theory of Change expounds on the results to be achieved using

Figure:1 UNFPA Theory of change



The Committee on Economic, Social and Cultural Rights and the Committee on the Elimination of Discrimination against Women (CEDAW) have both clearly indicated that women's right to health includes their sexual and reproductive health. This means that States have obligations to respect, protect and fulfill rights related to women's sexual and reproductive health. The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health maintains that women are entitled to reproductive health care services, goods and facilities that are: (a) available in adequate numbers; (b) accessible physically and economically; (c) accessible without discrimination; and (d) of good quality

Despite these obligations, violations of women's sexual and reproductive health rights are frequent. Today, most disadvantaged women and adolescents still lack access to SRH information and services. In developing countries, about 201 million married women lack access to modern contraceptives. There are about 340 million new cases of sexually transmitted infections (STIs) each year, and 6,000 young people are infected with HIV every day. Millions of women and adolescent girls continue to suffer from death and disabilities during pregnancy and childbirth.

According to UN estimates, the vast majority of adolescents and young people still do not have access to the comprehensive sexual and reproductive health services and education that they need for a healthy life. Contraceptive use is relatively low among married young women aged 15-24 in Asia and Africa, for example less than 25% of the married girls have used contraception. Findings from an in-depth study done by ICF International in 2012 in four sub-Saharan African countries showed that more than 60% of adolescents did not know how to prevent pregnancy and more than 1/3 didn't know of a source for contraceptives. Unmet needs for contraception are due to the limited access to information, quality and affordable adolescent and youth sexual and reproductive health services.

Globally, only 34 per cent of youth (24 per cent of young women and 36 per cent of young men) in developing countries can answer correctly the five basic questions about HIV and how to prevent it, far below the global target of 95% by 2020. Young people aged 15-24 account for 41% all new HIV cases among the 15-49 aged. Nearly 3000 young people are becoming infected with HIV every day. Young women are at a higher risk of HIV infection than young men: there are almost twice as many young women living with HIV globally. In sub-

Saharan Africa, young women make up 71% of young people living with HIV.

In developing countries, complications from pregnancy continue to be the leading cause of death among adolescent girls aged 15-19. Among the main risks faced by the young mothers are prolonged labour, fistula, infection after giving birth, and being infected by HIV and mother-to-child transmission. Many adolescent pregnancies are unintended and as a result the rates of unsafe abortion among young women are high, especially in sub-Saharan Africa where girls aged 15-19 account for one in every four unsafe abortions. Adolescent girls and young women face high levels of injury and death as a result of unsafe abortion. In 2008, there were an estimated 3 million unsafe abortions in developing countries among girls aged 15-19. WHO guidelines on preventing early pregnancy and poor reproductive health outcomes among adolescents in developing countries, 2011.

Literature shows that child marriage is still widespread, especially in least developed countries, where 30% of women aged 15-19 are married. If present patterns continue, in the next decade around 100 million girls will be married as children. Between 2000 and 2009, 31% of young women aged 20-24 in least developed countries gave birth before age 18. Due to child marriage, unsafe and unprotected sex and inadequate care during pregnancy, maternal deaths are 28% higher among adolescents than among those aged 20-24. Most adolescent girls, whether married or unmarried give birth with insufficient information, health care or support.

Previous studies across the world have established that adolescent girls and young women live under the threat of sexual violence and abuse, including from a family member or an intimate partner. Approximately 150 million girls under the age of 18 are estimated to have experienced some form of sexual violence. Up to 50% of sexual assaults are committed against girls under age 16. It is estimated that one in two adolescent girls in the South America (Caribbean) are forced into sexual initiation. Studies have also shown that in some countries the first sexual experience was as high as 64% in the Democratic Republic of the Congo. The overwhelming majority of girls pregnant as a result of rape or incest in Africa countries are aged between 10 and 14.

Most of African countries have criminalized all abortions including for survivors of rape and incest. Because of such laws, rape survivors must either carry the pregnancy to term, or seek an

unsafe, illegal abortion and risk further health risks including death. Studies in sub-Saharan Africa found that partner's violence and the fear of abuse stopped girls from saying no to sex and jeopardized condom use.

Violations of women's sexual and reproductive health rights are often deeply engrained in societal values pertaining to women's sexuality. Patriarchal concepts of women's roles within the family mean

that women are often valued based on their ability to reproduce. Early marriage and pregnancy, or repeated pregnancies spaced too closely together, often as the result of efforts to produce male offspring because of the preference for sons, has a devastating impact on women's health with sometimes fatal consequences. Women are also often blamed for infertility, suffering ostracism and being subjected various human rights violations as a result.

1.3 CONTEXTUAL ANALYSIS-SEXUAL AND REPRODUCTIVE HEALTH JUSTICE FOR ADOLESCENT GIRLS AND YOUNG WOMEN IN KENYA

The Constitution of Kenya guarantees each citizen the right to access the highest attainable standard of health including reproductive health care and emergency treatment is unlimited. Article 2(6) of the Constitution makes any treaty or convention ratified by Kenya, part of the law. In that regard, at the international level, the International Convention on Economic Social and Cultural Rights (ICESCR) forms part of the law in Kenya.

General Comment 14 of the Committee on Economic Social and Cultural Rights outlines essential elements that have an impact the realization of the right to health as follows;

1. Availability-healthcare facilities and programs should be available in sufficient quantity
2. Accessibility-health facilities should be accessible to all without discrimination, they should be physically accessible, economically affordable and information concerning health ideas should be accessible. Accessibility should include prisoners and minorities.
3. Acceptability-health facilities and services should be respectful of medical ethics and culturally appropriate.
4. Quality-health facility, goods and services should be scientifically and medically appropriate, of good quality, skilled medical personnel and unexpired drugs and medical equipment

In Kenya, women and girls have historically been disadvantaged in access to socio-economic benefits, hence lacking necessary empowerment

to negotiate for non-abusive relationships. Poverty has predisposed women and girls into seeking risky livelihood options such as commercial sex work that exposes them to sexual and physical abuse with high risk of contracting sexually transmitted diseases. The National Adolescent Sexual and Reproductive Health Policy identified a number of factors that have been associated with adolescent pregnancies. Studies have demonstrated that many of adolescent pregnancies occur in the context of human rights violations such as child marriage, coerced sex or sexual abuse. Broader socio-economic factors such as poverty, lack of education and limited economic opportunities among girls may also contribute to adolescent pregnancy rates. Furthermore, lack of reproductive healthcare services for adolescents particularly lack of contraceptive education and affordable, available contraceptive commodities means contraceptive use among married and unmarried adolescents is generally low in developing regions. Adolescents face greater adverse complications during pregnancy because they are not fully physiologically and biologically prepared for pregnancy due to among other factors gynecological immaturity and incomplete pelvic growth. Other underlying factors include smoking, substance abuse, anemia, malaria, HIV and AIDS as well as other sexually transmitted infections.

The Kenya 2014 National Policy on GBV Response and Prevention states that GBV in Kenya is caused by unequal power relations between men and women, socio-cultural norms that normalize GBV, discriminatory practices and changing gender roles. Other factors contributing to GBV include poverty, illiteracy, breakdown of the family unit and support systems, insecurity and uncensored media content. Conflict, political instability, as well as poor enforcement of laws and policies also contribute to the occurrence of GBV.

Results from the Kenya Demographic Health Survey 2014 report showed that 38% of ever married women

have experienced physical violence compared to 9% of ever-married men. Studies also reveal that 10.7% of girls and 4.2% of boys experienced at least one episode of sexual violence in the previous 12 months. Harmful practices such as child marriage, female genital mutilation, violence, and sexual abuse also exacerbate the situation. The Truth, Justice and Reconciliation Commission Report of 2013 underscored gender-based violence as a contributor to human rights violations in the country to be recognized in the discourse of national reconciliation and healing.

GBV is therefore at a scale that constrains the achievement of national development goals and jeopardizes the human rights and wellbeing of many Kenyans, especially women and girls. It is against this background that national and county governments are expected to formulate interventions which reduce the occurrence of GBV and promote secure and dignified existence for girls, women, boys and men.

Kenya's commitment to addressing the issues affecting adolescents is demonstrated by the fact that the country is a signatory to several international and regional human rights treaties and declarations. These include the Ministerial Commitment on Comprehensive Sexuality Education and SRH Services for Adolescents and Young People in Eastern and Southern Africa (ESA, 2013), Convention on the Rights of the Child (CRC) ratified in 1990, Program of Action of the International Conference on Population and Development (ICPD, 1994) and the MDGs approved by the World Summit on Sustainable Development in September, 2000 as well as the Maputo Plan of Action 2007-2010.

Nationally, Sexual Reproductive Health (SRH) issues are addressed within various legislative and policy frameworks. These include the Constitution of Kenya (2010), Sexual Offences Act (2006), Children's Act (2001), Counter Trafficking in Persons Act (2010), Prohibition of FGM Act (2011), Person With Disability Act (2003), HIV and AIDS Prevention and Control Act (2006), Marriage Act (2014), National Reproductive Health Policy (2007), National Youth Policy (2007), Sessional Paper No. 3 on Population Policy for National Development (2012), Gender Policy in Education (2007), Kenya Health Policy (2012-2030), Kenya Health Sector Strategic and Investment Plan (2013-2017), Education Sector Policy on HIV and AIDS (2013), National School Health Policy (2009),

National Gender-Based Violence (2014) and Kenya Vision 2030.

From the information above, Kenya has a favorable policy and legal context. Despite the numerous legal frameworks available, Kenyan culture and society still contain and accept several harmful practices that have very negative effects on women and their reproductive health rights. These practices include early or child marriages, female genital cutting or mutilation and nutritional taboos that affect the health of girls and women. Some of the above practices contravene the provision of The Children Act No.8 of 2001 (Rev 2007) and The Sexual Offences Act No.3 of 2006 (Rev 2007), but they continue to be practiced in parts of the country.

Moreover, despite these significant efforts, gaps and challenges remain with respect to proper reporting, documentation, coordination and implementation of sexual reproductive health rights, justice and response.

Kenya has a severe, generalized HIV epidemic, but in recent years, the country has experienced a notable decline in HIV prevalence, attributed in part to significant behavioral change and increased access to ARV (antiretroviral drugs). Adult HIV prevalence is estimated to have fallen from 10 percent in the late 1990s to about 4.8 percent in 2017. Women face considerably higher risk of HIV infection than men, and also experience a shorter life expectancy due to HIV/AIDS.

Due to the high prevalence of HIV in general population and especially the age group 15-24 years, the Kenyan government has developed Kenya Aids Strategic Framework which aims at providing strategic guide for the country's response to HIV at both national and county levels. The Frameworks objectives include: Reducing new HIV infections by 75%; Reducing AIDS related mortality by 25%; Reduce HIV related stigma and discrimination by 50%. Table 1 below shows HIV prevalence in Kenya in comparison to Kisumu and Homa Bay where the project was implemented. The results shows the high HIV burden in the two counties and that a lot still need to be done to reduce the new infections which will contribute to reduction of HIV high prevalence in the two counties.

Table 1: HIV prevalence in Kenya against Homa Bay and Kisumu counties
Source: Kenya Aids Strategic Framework - M&E Framework,2018

County	Population Estimate 2019	15-49 years	Young Adults(15-24 years)		
		Overall HIV Prevalence	HIV Positive	New Infections	HIV related deaths
Kenya	52,210,000	4.8%	184,719	17,667	2,830
Homa Bay	1,177,179	20.7%	19,050	1,852	246
Kisumu	1,224,530	16.3%	16,771	1,630	216

Due to the high HIV prevalence in Kenya, the government through National Aids Control Council developed a M&E framework to track the progress of HIV interventions.

Many actors in the Sexual Reproductive Health including the government and non-government actors have designed interventions to: Increase access to comprehensive sexuality education and Sexual and Reproductive Health information among young people; To increase demand for and access to quality sexual and reproductive health (SRH) services and create an enabling environment

for the realization of the sexual and reproductive health and rights of young people, women and the marginalized communities. Despite these efforts by the actors there is still a dire need of adolescent services because of the growing population and increasing demand for these services.

The DREAMS Innovation Project is also contributing to these national indicators hence the project relevant to the national challenges. Some of the national indicators which directly relates to project objects are in the table below;

Table 2: KENYA AIDS STRATEGIC FRAMEWORK - M&E FRAMEWORK

Source: Kenya Aids Strategic Framework - M&E Framework,2018

Objective		Indicator	Data Source
Reduced HIV Infection by 75%	Adolescents	Percentage of young women and men ages 15-24 years who have had sexual intercourse	KDHS, KAIS HIV estimate
	Counseling and Testing	Number of people counseled and tested for HIV and have received their results	Programme Records
	Post-Exposure Prophylaxis	Number of Sexual Based Violence survivors provided with PEP	DHIS
	Pre-Exposure Prophylaxis	Number of people provided with PREP	DHIS
		Percentage of women and men who had sexual intercourse with more than one partner in the last 12 months AND report use of Condom during the last sexual encounters	DHS/KAIS
		Number of people from targeted audience reached through community outreach by at least one HIV information, communication or behavior change communication	Programme Records

		Number of adolescents 10-24 years reached through life skills based HIV education	Ministry of Education Report
		Percentage of adolescents 10-24 years Having correct knowledge on How HIV is transmitted	KDHS
Reduced level of sexual and gender based violence against boys and girls by 50%	Adolescent Girls	Percentage of young people ages 15-24 who experienced sexual and or/gender based violence	KDHS/KAIS
	Remove barriers to access of HIV/ SRH and rights information and services in public and private entities	Number of adolescents ages 15-24 reached with information HIV,SRH and rights	DHIS
Increased Protection of Human Rights and improved access to justice PLHIV, key population/ for boys and girls	Human Rights and improved access to justice	Number of cases filed by PLHIV at the HIV tribunal	HIV tribunal records
		Number of SGBV survivors accessing legal services	Judiciary records
Increased availability of strategic information to inform HIV response at national and county level	Access to Strategic information	Percentage of planned M&E reports generated and disseminated at national and county levels	Biennial HIV reports

1.3.1 CONTEXUAL ANALYSIS-SEXUAL AND REPRODUCTIVE HEALTH JUSTICE FOR ADOLESCENT GIRLS AND YOUNG WOMEN IN KISUMU AND HOMA BAY COUNTIES

1.3.2 HOMA BAY COUNTY PROFILE

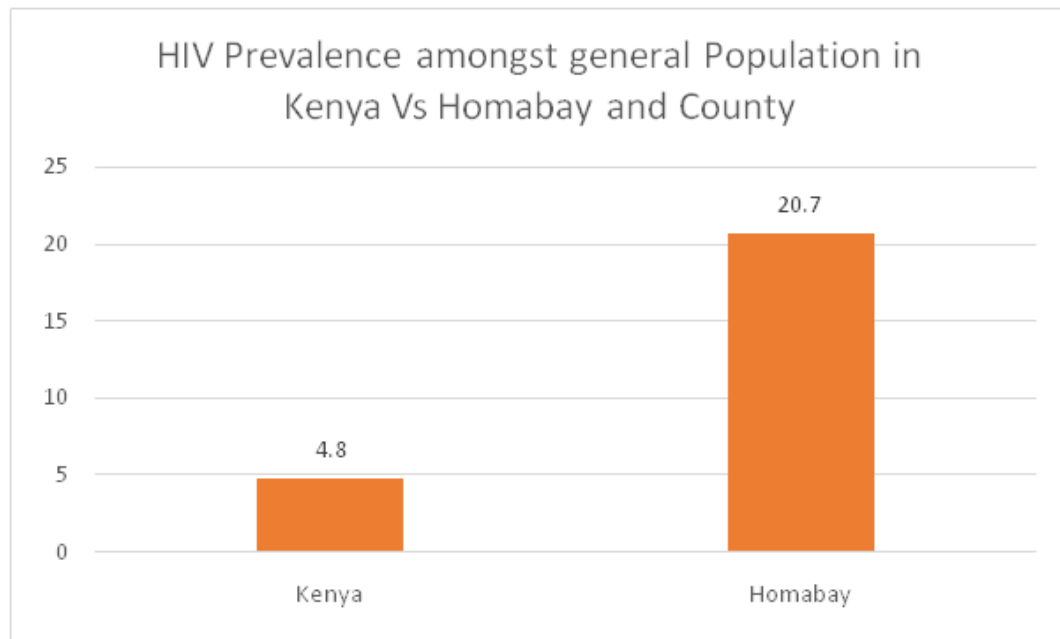
Homa Bay County is in South-Western Kenya along Lake Victoria where it borders Kisumu and Siaya Counties to the north, Kisii and Nyamira Counties to the east, Migori County to the south and Lake Victoria and the Republic of Uganda to the west. The county covers an area of 4,267.1 Km² inclusive of the water surface which on its own covers an area of 1,227 km². Administratively, Homa Bay County is divided into eight sub-counties namely Kasipul, Kaonde, Karachuonyo, Rangwe, and Homa Bay town, Ndhiwa, Mbita and Suba.

According to NACC/NASCOP (2018) HIV prevalence in Homa Bay is nearly 4 times higher than the national prevalence at 20.7% (NACC-Kenya HIV Estimates 2018) which is a decline from 26% in 2015 that was reported. In 2018, NACC/NASCOP results established that the HIV prevalence among

women in the County is higher (22.1%) than that of men (19.1%), indicating that women are still more vulnerable to HIV infection than men in the County though there was a decline in prevalence compared to results in 2015.

In 2018, there were 128,199 people living with HIV in the county out of which 19,050 were between 15-24 years which is a decline compared to results in 2015 which the county had a total of 158,077 people living with HIV out of which 34,776 were between 15-24 years but this is still the second highest in the country. NACC reported that out of the HIV new infection in 2017 whereby Kenya had 17,667 new HIV infections for ages 15-24 out of which Homa Bay accounted for 1,852 new infections which is second highest new infections in the country after Nairobi county. Young women in the age group 15-24 accounted for a third of all new HIV adult infections of the new infections in the country

Figure 1: HIV prevalence
Source: Kenya AIDS estimates, 2018



Results from KDHS 2014, established that 49.5% of married women in Nyanza had experienced physical or sexual violence. According to KNBS (2013) a large proportion (70 percent) of women aged 15-49 years in Homa Bay County report that their husband/partner has the right to hit or beat them. Among the reasons the women cited as justification for this violence include: child neglect (55%), 'if she argues with him' (48%), 'if she goes out without telling him' (37%), or 'if she refuses sex with him' (34%) (ibid).

Findings from KDHS 2014 shows that Homa Bay County has a youthful population with people below age 15 making up nearly half (48%) of the total population. The youthful population has implications on the County's health and development agenda as it puts increasing demands on provision of services including health and education. One of the main areas of concern in Kenya is the sexual and reproductive health (SRH) of adolescents and the extent to which their SRH needs are met. About 1 in 4 (26%) people in Homa Bay County is an adolescent aged 10-19

Teen pregnancy

Kenya Demographic Household Survey, 2014 established that 33% of girls aged 15-19 years

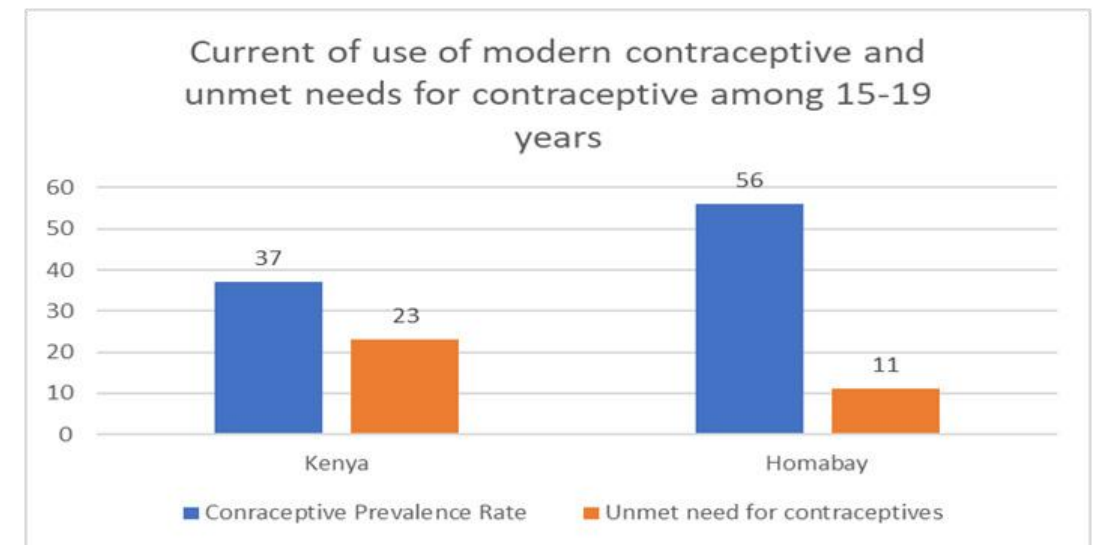
in Homa Bay County have begun childbearing; considerably higher than the national level 18%. Specifically, 2.1% are pregnant with their first child and 31.2% have ever given birth, compared to 3.4% and 14.7%, respectively, at the national level. Homa Bay County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 178 births per 1000 girls; about 2 times higher than at the national level (96).

Contraceptive use among adolescents

Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. In Homa Bay County, 3 in 5 (56%) currently married girls aged 15-19 use modern contraceptives which is high compared to 2 in 5 (37%) at national level.

There is still an unmet need for contraceptives among currently married girls in Homa Bay. About 1 in 10 (11%) currently married girls aged 15-19 would like to avoid pregnancy but are not using a modern contraceptive method compared to 23% at national level.

Figure 1: Use of modern contraceptives and unmet needs
Source: KDHS, 2014



Age of sexual debut and first marriage

Half of Homa Bay County women (20-49 years old) and men (20-54 years old) first had sex by age 16. Therefore, women in Homa Bay County first have sex two years earlier than the national trend.

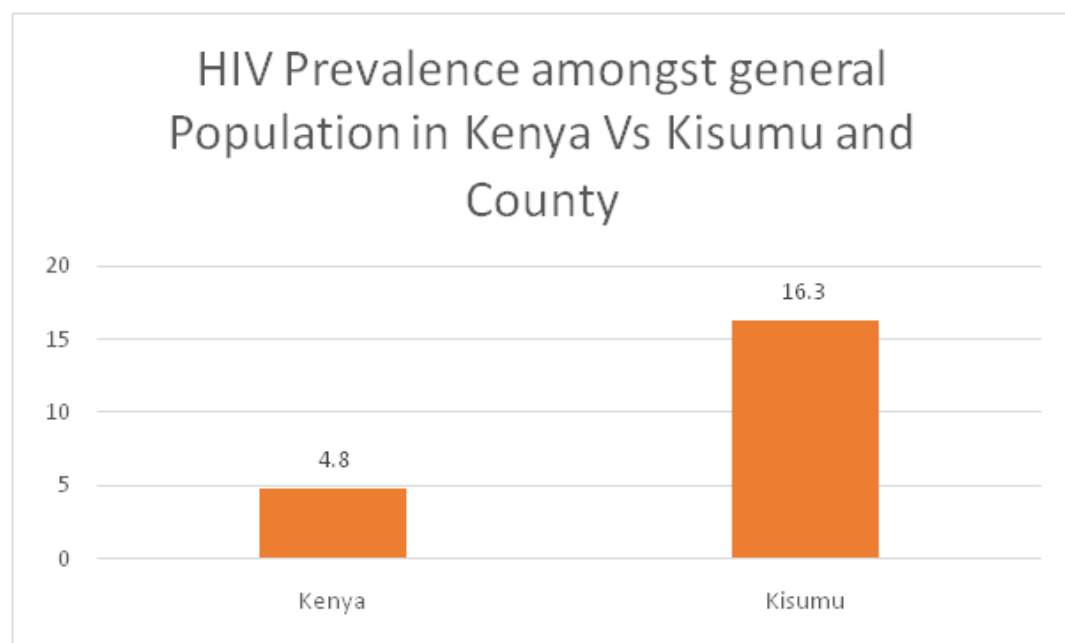
Whereas the men first have sex one year earlier than at the national level. Half of Homa Bay County women (25-49 years old) first married by age 18 and half of the men (30-54 years old) by age 24. At the national level, women and men in the same age groups first married by age 20 and 25, respectively. Early marriage among girls is therefore common in Homa Bay.

1.3.3 KISUMU COUNTY PROFILE

Kisumu County is among the six counties that constitute the former Nyanza Province. The County borders Vihiga County to the North, Nandi County to the North East, Nyamira to the South, Homa Bay County to the South West and Siaya County to the West. Kisumu County occupies a geographical area of 2,086 Km² and has seven sub-counties namely: Kisumu East, Kisumu West, Kisumu Central, Nyando, Seme, Nyakach and Muhoroni.

According to NACC/NASCOP (2018) HIV prevalence in Kisumu county is nearly 3.4 times higher than the national prevalence at 16.3% (NACC-Kenya HIV Estimates 2018) against the national prevalence of 4.8% which is a decline from 19.9% as was reported in 2015 % (NACC-Kenya HIV Estimates 2015)

Figure 2: HIV prevalence
Source: Kenya HIV estimates, 2018



In 2018, NACC/NASCOP results established that the HIV prevalence among women in the County is higher (17.4%) than that of men (15.0%), indicating that women are still more vulnerable to HIV infection than men in the County though there was a decline in prevalence compared to results in 2015.

In 2018, there were 112,862 people living with HIV in the county out of which 16,771 were between 15-24 years which is a decline compared to results in 2015 which the county had a total of 144,303 people living with HIV out of which 31,746 were between 15-24 years but this is still the second highest in the country.

According to the Kenya HIV estimates, NACC reported that out of the HIV new infection in 2017 whereby Kenya had 17,667 new HIV infections for ages 15-24 out of which Homa Bay accounted for 1,630 new infections which is third highest new infections in the country after Nairobi and Homa Bay counties.

Kisumu County has a youthful population with people below age 15 making up 43% of the total population. This is mainly because many more children are added to the population than people dying. This youthful population has implications on the County's health and development agenda as it puts increasing demands on provision of services including health and education. One of the main areas of concern in Kenya is the sexual and reproductive health (SRH) of adolescents and the extent to which their SRH needs are met. One in four (25%) people in Kisumu County is an adolescent aged 10-19.

Age of sexual debut and first marriage

Half of Kisumu County women (20-49 years old) and men (20-54 years old) first had sex by age 16 and 18, respectively. Therefore, women in Kisumu County first had sex two years earlier than the national trend. Whereas the men first had sex one year later than the national trend.

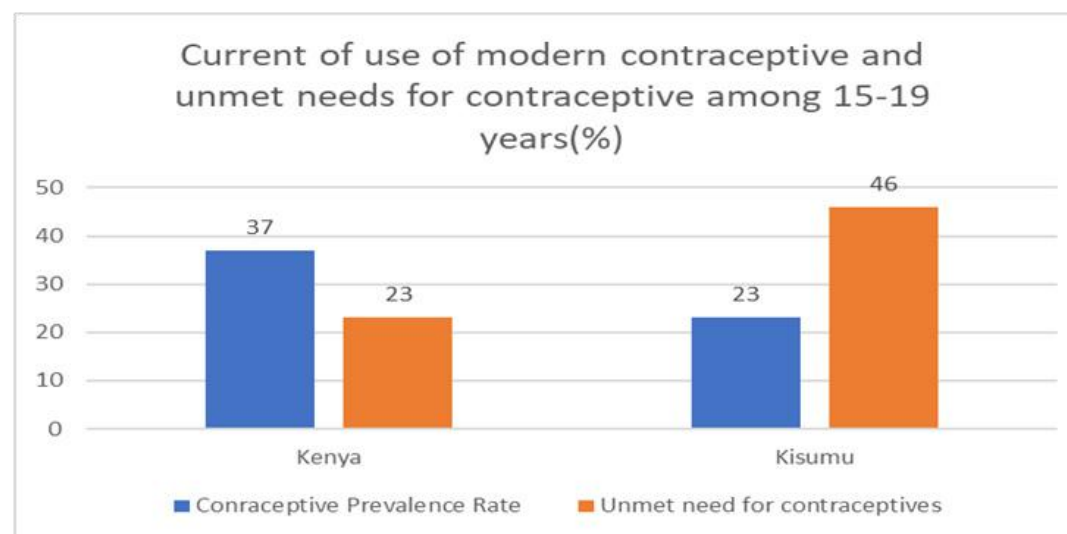
Half of Kisumu County women (25-49 years old) first married by age 19 and half of the men (30-54 years old) by age 24. At the national level, women and men in the same age groups first married by age 20 and 25, respectively.

Contraceptive use among adolescents

Teenage pregnancies and birth rates can partly result from high unmet need for contraceptives. In Kisumu County, half (50%) of currently married girls aged 15-19 use modern contraceptives which is high compared to 37% at national level (Figure 3).

However, unmet need for contraceptives among currently married adolescents in Kisumu is higher than the national level. About half (46%) of currently married girls aged 15-19.

Figure 3: Use of modern Contraceptives
Source: KDHS, 2014

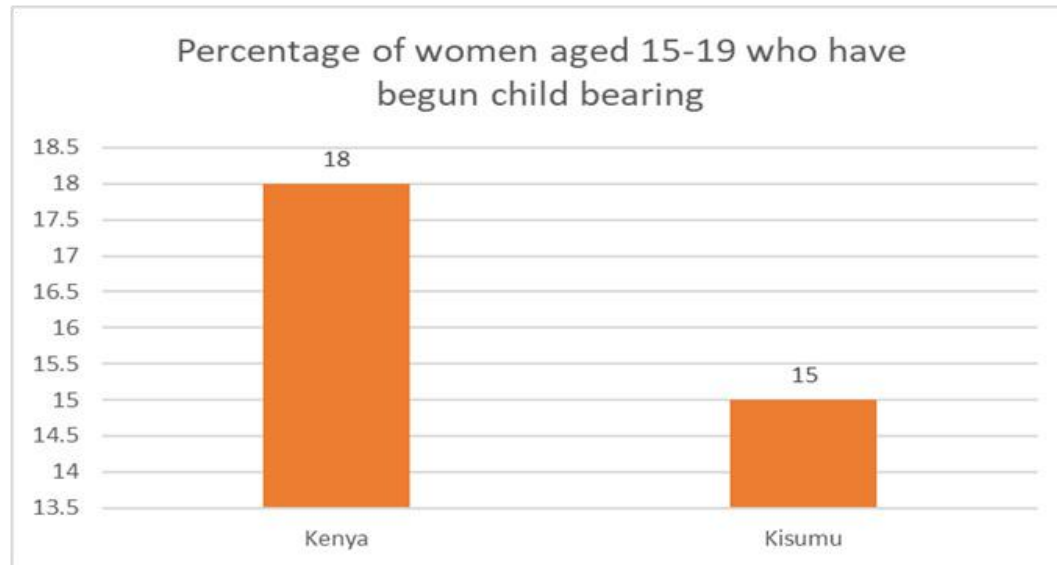


Teen pregnancy

15% of girls aged 15-19 years in Kisumu County have begun childbearing (Figure 2). This is lower than the national level (18%). Specifically, 3.1% are pregnant with their first child and 12.4% have ever given birth compared to 3.4% and 14.7%, respectively, at the national level.

Kisumu County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 87 births per 1000 girls; lower than the national level (96).

Figure 4: Teenage pregnancy



CHAPTER

2

END-LINE EVALUATION APPROACH AND METHODOLOGY

The section outlines the general approach to the end-line evaluation and the methodology. There is a brief discussion of the key evaluation questions and the role that the end-line evaluation played in DREAMS innovation Challenge project. The project Outcomes are presented and frequency of data collection outlined. The section has also a concise description on sustainability of Outcomes. Lastly, the section covers the evaluation methodology including the end-line data collection process and the challenges encountered during the end-line data collection.

2.1 THE PURPOSE OF THE END-LINE EVALUATION

This end-line evaluation plays a critical role in the implementation of the DREAMS innovation Challenge project. First, it provides the data that shows evidence, the context, and the nature of the selected project areas.

The second role of the end-line evaluation is to establish the achievement of the indicators for each of the set outputs and outcomes in the log frame.

2.2 EVALUATION METHODOLOGY

The end-line survey used a mixed methods evaluation approach involving use of quantitative and qualitative data collection techniques: structured questionnaires targeting AGYW, Key Informant Interviews and Focus Group Discussions (FGDs). The interviews were combined with secondary data review to provide a complete analysis of the end term data.

2.2.1 RESEARCH DESIGN

Research Design: The end-line evaluation employed a cross sectional descriptive survey study employing mixed methods approach utilizing both quantitative and qualitative techniques for data collection and analysis. End-line data were collected primarily among adolescents and young people aged 15 to 24 years, stakeholders and partners based on DREAMS Innovation challenge result areas.

The study design adopted for this study was a two-stage cluster sampling. This sampling design was intended to provide a reliable estimate of sexual reproductive health rights indicators for KELIN's program area in both Kisumu and Homa Bay counties.

Since we had seven teams (7) working for seven days (7), each team was supposed to do 16 questionnaires per day hence 16 AGYW interviews were interviewed every day

$$\text{i.e } 768 / (7 * 7) = 15.6$$

The sampling of the AGYW was done at two levels; determination of the clusters for each county, sampling of the wards from each sub county where we had beneficiaries, and the determination of the AGYW to be interviewed through random sampling from the list of beneficiaries. At every ward, statistically significant comparison samples for the AGYW. The similar parameters for the selected sample were in form of all the girls were from CBOs that KELIN worked with during the project period.

2.2.2 SAMPLING FRAME

For each county, the sample design was based on a sampling frame consisting of the list of all CBOs with their respective number of AGYW that benefitted from the project prepared by the KELIN staff.

2.2.3 SAMPLE SIZE DETERMINATION

To determine the sample size required to generate reliable estimate on SRHR indicators for the different segment of the population (15-24 years), the prevalence of maximum variability 50% (p=0.5) for AGYW 15-24 years of age is used, with an assumed margin of error 5%.

The above assumed prevalence (p=0.5) with a margin of error of 5% (m=0.05) and a 95% confidence level (z=1.96) with a design effect of 1.5 is used in the calculation of the sample size (n) as follows.

e²

Where:

no = Minimum sample size (for population >10,000) required.

Z = Precision, (set at 1.96 corresponding to 95%, Confidence level adopted for this study)

p = Is the (estimated) proportion of the population which has the attribute in question (Where there is no reasonable estimate a default of 50% or 0.5 is acceptable).

q = 1- p

e = the desired level of precision (i.e. margin of error set at .05)

Therefore, on substitution: no = $1.96^2 \times 0.5 \times (1-0.5) = 384$ beneficiaries

Therefore sample size for one county=384

Sample size for two counties=768

2.2.4 CLUSTER INTAKE

Since the evaluation utilized seven teams (7) working for seven days (7), hence each team was supposed to do 16 questionnaires per day hence 16 households, beneficiaries were to be interviewed every day.

$$\text{i.e } 768 / (7 * 7) = 15.6$$

Given the size of the sample, it was imperative to determine the number of beneficiaries to be selected from each cluster. Taking into consideration the efficiency of the design when more clusters are visited, an intake of 16 beneficiaries per cluster was found to provide a more efficient estimate of the indicators of interest for this survey. This implies that the survey needed to cover a total sample of 48 clusters (768/16) for the two counties together.

2.2.5 SAMPLE ALLOCATION

The overall sample size (768 AGYW) was distributed among the two counties using Probability Proportional to size (PPS); size being the number of AGYW in a county.

2.2.6 SELECTION OF CLUSTERS AND HOUSEHOLDS

Since a systematic and complete list of beneficiaries in the two counties was available, the sample of the beneficiaries was selected using a systematic random sampling on ground. The survey team leader used the systematic random technique.

The survey team then went in the procedure that was meeting the criteria of having a AGYW that was directly trained by KELIN or received training through their peers that were trained by AGYW and this continued right-wards until the desired sample was achieved.

2.2.7 SAMPLING OF KEY INFORMANT AND FOCUS GROUP DISCUSSION PARTICIPANTS

Participants for KII and FGDs were sampled from a list provided by the project. The selection of the KII and FGDs sample was purposive; based on the role they played in the project and coverage between the two counties.

In total, the project listed 65 CBOs that they were implementing the project. From these CBOs, 22 CBOs representing slightly over a third of the intervention CBOs were sampled to participate in the evaluation. The CBOs were proportionately allocated to the counties/sites based on the number of CBOs per county.

District	Total population	Number of clusters	Total number of AGYW interviews to be conducted
Homa Bay	1,177,179	24	384
Kisumu	1,224,530	24	384
Total	2,402,249	48	768

Method	Respondents				
	TOTAL RESPONDENTS	Kisumu		Homa Bay	
Focus Group Discussions	18 FGDs	9 FGDs		9 FGDs	
		Group	Location	Group	Location
		Parents/Guardians for AGYWs	Nyak-ach	Parents/Guardians for AGYWs	Homa Bay Town
		Elders Committee	Kisumu Town	AGYW	Rangwe Sub County
		Jiu Pachi Football Team	Kisumu Town	Parents/Guardians for AGYWs	Suba Sub County
		AGYWs	Manyatta Arabs	Parents/Guardians for AGYWs	Karachuonyo
		AGYWs	Ny-abende Support group-CBO	AGYW	Suba sub county
		Lagnet Theatre Group Staff	Ahero	AGYW	Homa Bay Town
		Parents/Guardians for AGYWs	Ny-abende Support group-CBO	AGYW	Ndhiwa
		AGYW	Make me Smile-CBO	Elders Committee	Homa Bay Town
		Lagnet Theatre Group -beneficiaries	Ahero	SEP Football football team	Oyugis

Key Informant Interviews	19 KIIs	10 KIIs		9 KIIs	
		Informant(s)	Location	Informant(s)	Location
		CBO representative-Omuonyo Lee	Muhoroni	Pro bono lawyer	Homa Bay Town
		CBO representative-LEAD Initiative	Kisumu	Teacher	Mbita Sub county
		CBO representative-LEAD Initiative-Jiu Pachi	Kisumu Central	CBO representative-Miri Intergrated Project	Kasipul
		County Reproductive Health Coordinator	Kisumu	CBO representative-Kakelo Based Intergrated Support Group	KasipulKabondo
		CBO representative-LEAD Initiative	Kisumu	SRHR Coordinator	Mbita
		Pro bono Lawyer	Kisumu	Teacher-Ogilo Primary school	Kasipul
		CBO representative-LEAD Initiative-St Monica	Kisumu	CBO representative-Mbita Cluster Female Teachers	Mbita
		Impact Africa-Representative	Nairobi	CBO representative-Green Light	Rachuonyo
		Wazito FC Management representative	Nairobi	SEP Football Club-Management representative	Oyugis
		Teacher-Joyland	Kisumu		

2.2.8 KEY SAMPLING CONSIDERATIONS

a) The end-line adopted a joint sampling approach. The sample for the 768 AGYW was selected from the randomly selected CBOs which formed the clusters of interest. Each CBO that was sampled produced a list of the project beneficiaries (AGYW), the beneficiaries were selected through systematic random sampling method.

The targeted sample for the structured questionnaire was 768 AGYW. The sample size includes both in school and out of school girls who were both beneficiaries of the project.

b) The CBOs formed the sampling frame for both qualitative and quantitative sample size. For the qualitative the CBOs representative who were engaged by the project were targeted for Key informant interviews

c) Key stakeholders and the role they played in the project was used as a criterion to identify Key informant and FGD participants for the project.

2.2.9 REPLACEMENT STRATEGY

A replacement strategy was put in place to ensure that replaced girls match the characteristics of the project girls. The girls were therefore to be replaced from the CBOs and age group, community or circumstances/environment and the extent to which they will have been exposed to the project similar as the untraced girl.

2.2.10 KEY EVALUATION QUESTIONS

As per the DAC criteria and the MEL Framework, specific evaluation questions were designed to assess the project on the five (5) critical areas namely: Relevance-process; Efficiency-value for money; effectiveness; sustainability and impact of the project activities.

1. Relevance of the project and Process: The key evaluation question was to find out the extent to which the DREAMS Innovation Challenge was successfully designed and implemented? Process evaluation is expected to inform future projects and also enhance accountability now and of similar projects in future. To help the project achieve this, the following process aspects were assessed: How was the project set up, operated and managed? Were the activities rolled out in a timely manner and with what results? How relevant was the DREAMS Innovation Challenge Theory of Change? Were the key assumptions of DREAMS Innovation Challenge Theory of Change (as identified in the log-frame) relevant? Has DREAMS Innovation Challenge Theory of Change been able to identify and reach the most vulnerable girls? How has DREAMS Innovation Challenge Theory of Change integrated gender equality considerations into its design and implementation? How has internal learning been utilized? What were the key barriers to the project delivery?

2. Efficiency/Value for Money: The second key evaluation question was to find out the extent to which available project resources were prudently used to achieve the stated objectives. The guiding questions were: Were the DREAMS Innovation Challenge project procuring items and service at the right price? Did the project demonstrate good value for money in relation to: cost to quality of inputs, cost of outputs and cost of outcomes? To aid the evaluation, use of VfM metric tables to assess the DREAMS Innovation Challenge project outputs and activities against the budgets allocated to them e.g. VfM was reported based on the amount of input and/or activities carried out (for instance, number of sanitary towels provided, number of AGYW trained) and the budget spent on each input as an estimated percentage of the project budget for each.

3. Effectiveness: On project effectiveness, the main objective was to inform the project if it realized its original goal(s) as had been planned and outlined in the MEL framework as tabulated in form of Outcomes and output indicators. To this extent, the questions to guide the evaluation included: What worked (and did not work) to increase the awareness of sexual reproductive health and rights of vulnerable girls as defined

by the project? To what extent has the project achieved its intended outputs and intermediate outcomes as per defined targets? How did the achievement of intermediate outcomes contribute to changes in sexual reproductive health and rights of vulnerable girls in school and out of school? What contextual factors affected (positively or negatively) the achievement of expected results? Have there been any unintended effects?

4. Impact: What are the long-term changes of the project against expected results taking into consideration access to sexual reproductive health and rights of vulnerable girls, including girls with disabilities? To this extent the questions to guide the evaluation included: Was impact felt differently for different groups of girls (in school and out of school)? What were the most important factors positively affecting girls' access to sexual reproductive health and rights (at the individual, school, home/community levels)? Have these changed over time? What were the key barriers/obstacles to access to sexual reproductive health rights of vulnerable girls? (At the individual, school, home/community levels)?

To what extent did the DREAMS Innovation Challenge project reduce barriers to access sexual reproductive health rights to girls at their individual and community levels? How and why was this impact achieved? Answering these questions will give the impact of DREAMS Innovation Challenge project of vulnerable girls supported by the project.

5. The key evaluation question was to establish the existence of inbuilt measures that would guarantee sustainability in post funding phase. The questions that guided the evaluation included: To what extent did the project put in place strategies or mechanisms that will ensure that benefits or interventions continue after the project life? Was the project successful in leveraging additional interest and resources? What are the key lessons emerging from the DREAMS Innovation Challenge project implementation experience and implications for future scale up? The evaluation report has given evidence on the project's sustainability based on sustainability Scorecard.

Was the project successful in leveraging additional interest and resources? What are the key lessons emerging from the DREAMS Innovation Challenge project implementation experience and implications for future scale up? The evaluation report has given evidence on the project's sustainability based on sustainability Scorecard.

DAC Criteria	Evaluation Questions for the End-line Evaluation
Relevance	<ul style="list-style-type: none"> Who were the affected population To what extent did the project address the identified needs and priorities of the targeted population? How well did the project interventions align with both county and national government as well as KELIN strategic priorities? To what extent was the project design appropriate and justifiable for the geographical areas (the 16 sub-counties where the project was conducted)? How coherent and accurate was the intervention logic in terms of theory of change/log frame? Were recommendations from previous projects and evaluations incorporated in the project design?

Effectiveness	<ul style="list-style-type: none"> To what extent have the objectives of the project interventions been realized? To what extent did the project expand access, quality and coverage of SRHR services? Which factors influenced the achievement or non-achievement of the project objectives? What delivery mechanisms worked well and which ones did not work? What are the key lessons that have been drawn in the course of implementation? To what extent did the project contribute to community, stakeholders and government preparedness capacity to respond to SRHR and Land issues? What were the key interventions that addressed this element and what was the level of project performance on these? To what extent did the project design and implementation influence policy and planning for nutrition and sanitation services at the county level?
Efficiency	<ul style="list-style-type: none"> What were the project's coordinating mechanisms applied to the project implementation? To what extent did the project involve key partners such as the county government, local community, implementing stakeholders such as other NGOs, and the private sector? To what extent did the project achieve value for money? How did the project achieve cost-effective utilization of available resources, including funds, human resources and time? This also seeks to address resource leveraging and timeliness of implementation. What were some of the factors that impacted the project implementation, positively or negatively? How were these dealt with?
Impact	<ul style="list-style-type: none"> What are the key results of the project interventions in terms of SRHR elements, which could point to the realization of long-term health outcomes? How have the results impacted on different gender and age groups of the targeted population? This will capture both positive and negative as well as intended and unintended impacts. To what extent have the project interventions influenced government policy, planning and implementation around nutrition and health services? How do the results contribute to the realization of government goals and other overarching goals such as Sustainable Development Goals (SDGs)?
Sustainability	<ul style="list-style-type: none"> To what extent does the project design address long term elements thus support changes beyond the project? How will the affected population continue with key project elements after the project has ended? Does the project have an exist strategy? To what extent have local community capacities been developed and strengthened through the project? To what extent can the outputs be expected to be sustainable over the longer term? What is the extent of the county government involvement in the project? To what extent does the county government access and utilize information and lessons drawn from the project implementation? What mechanisms have been put in place to ensure sustainability of the project interventions?

Outcome for measurement	Level at which measurement will take place, e.g. household, school, soccer club ,committee etc..	Tool and mode of data collection, e.g. AGYW tool survey, KII, focus group discussions etc.	Rationale, i.e. why is this the most appropriate approach for this outcome	Frequency of data collection, i.e. per evaluation point, annually, per term
1. Enhanced knowledge and understanding on sexual and reproductive health rights among Orphaned and Vulnerable adolescent girls and young women, elders and widowed households	Household; School; Organization	AGYW Tool; KII; FGDs	The ability of one to comprehend the training/information they received and how it has increased their understanding in SRHR using standard indicators has been globally tested and nationally accepted as means to assess enhanced knowledge.	Baseline, 2 midlines and endline
2. Increased knowledge on Human rights including Land property Rights among elders, widowed households and Orphaned and Vulnerable AGYW	Household; Committees; Organization	AGYW Tool; KII; FGDs	The ability of one to comprehend the training/information they received and how it has increased their land/property rights and related laws using standard indicators has been globally tested and nationally accepted as means to assess enhanced knowledge.	Baseline, 2 midlines and endline
3. Enhanced knowledge and understanding on sexual and reproductive health and rights and justice; and Land and Property Rights among Lawyers, CUC Members, CHTs and CBOs.	Committees; Organizations; Key stakeholders	AGYW Tool KII; FGDs	The ability of one to comprehend the training/information they received and how it has increased their understanding in SRHR, land/property rights using standard indicators has been globally tested and nationally accepted as means to assess enhanced knowledge.	Baseline, 2 midlines and endline
4. Enhanced protection of the rights of orphaned and vulnerable adolescent girls through LPR and SRHR related laws and policies.	Committees; Organizations; Key stakeholders	KII; FGDs	Source documents for primary data and related qualitative changes	Baseline, 2 midlines and endline
5. Increased access to sexual and reproductive health justice for orphaned and vulnerable adolescent girls	Organizations; Key stakeholders	KII; FGDs	Registers capture standardized attendance to access SRH services; DHIS data; Relevant qualitative data	Baseline, 2 midlines and endline

Outcome for measurement	Level at which measurement will take place, e.g. household, school, soccer club ,committee etc..	Tool and mode of data collection, e.g. AGYW tool survey, KII, focus group discussions etc.	Rationale, i.e. why is this the most appropriate approach for this outcome	Frequency of data collection, i.e. per evaluation point, annually, per term
6. Enacted and improved laws and policies on SRHR and Land and Property Rights at the National and County Level	Organizations; Key stakeholders	KII; FGDs	Source documents for primary data and related qualitative changes	Baseline, 2 midlines and endline Qualitative study (Yr3)
7. Strong partnership and trust through communication, networking, and collaboration on SRHR and LPR	Organizations; Key stakeholders; Literature review	KII; FGDs	Source documents for primary data and related qualitative changes	Baseline, 2 midlines and endline Qualitative study (Yr3)

2.2.11 METHODOLOGY FOR MEASURING SUSTAINABILITY

DREAMS Innovation Challenge project outcomes were to improve access to sexual reproductive health and rights of the targeted girls. Therefore, the sustainability outcome for DREAMS Innovation Challenge was for the 'project to demonstrate that the changes it has brought about which increase access sexual reproductive health rights through creating awareness are sustainable'. There is a sustainability

scorecard to measure sustainability at three main levels namely; community, school and system. The ratings are as shown in Table

TABLE 5: MEASURING THE SUSTAINABILITY

The external evaluator used the indicators and scores for measuring sustainability outcome. This is a five rating scales ranging from 0-4 that was used in measuring sustainability.

Rating	Community	CBOs/School	System
0 – Negligible (null or negative change)	No evidence that community members accept the project approach, and changes in attitude or engagement with activities very limited. Stakeholders may even reject key aspects of project. Project not working effectively to build consensus or support but focus only on activity implementation.	No evidence that school/CBOs stakeholders accept the project approach, and changes in attitude or engagement with activities very limited. Stakeholders may even reject key aspects of project. Project not working effectively to build consensus or support but focus only on activity implementation.	Very limited and ineffective engagement with system level stakeholders, including county or national authorities. Authorities do not see relevance of intervention. There is limited alignment to existing systems / structures and policies, or limited understanding by project of how it intends to influence change at this level.
1 Latent (changes in attitude)	Community stakeholders (including parents, community leaders, and religious leaders) are developing knowledge and understanding and demonstrate some change in attitude towards girls' access to sexual reproductive health rights and land/property. Appropriate structures are being put in place at community level, and there is some level of willing engagement and/or participation from the community.	CBO leadership/School leadership, teachers and other stakeholders are developing knowledge and understanding and demonstrate some change in attitude towards girls' access to sexual reproductive health rights in general and towards specific teaching practice and approaches, and the way schools/CBOs are managed.	Local, district, and national officials are involved in delivery and/or monitoring; developing knowledge and showing change in attitude towards girls' access to sexual reproductive health rights and land/property and project focus areas. Project aligns with specific policy, systems and departments. Project's evidence is being shared with relevant stakeholders, including broader networks of organizations.

Rating	Community	CBOs/School	System
2 Emerging (changes in behaviour)	There is evidence of improved practice and support for girls' access to sexual reproductive health education in specific ways being targeted by project. Change is not universally accepted among targeted stakeholders, but support is extending. Project staff and resources play key role in driving change, although there are activities in place to mobilise funding/other resources.	There is evidence of improved support for girls' access to sexual reproductive health in schools through teaching, AGYW stating there is behavior change, elders/chiefs/police actions/resolving in supporting access to sexual reproductive health for AGYW, land/property rights for widows and vulnerable population. The improved practice is not universal but is extending. Project staff and resources play key role in driving change. Community leaders/stakeholders understand resource implications and mobilising funds locally.	There is evidence of improved capacity of local officials to support girls' access to sexual reproductive health through existing functions, adopting new approaches. Examples of support to targeted AGYW are being established. Government at local and/or national level has engaged with and understood evidence from the project. Resource implications are being made clear.
3 Becoming established (Critical mass of stakeholders change behaviour)	Key community leaders and a critical mass of stakeholders are convinced of the benefits and have the capacity to lead and deliver changed practice independently. Financial and other resources are increasingly being mobilized locally. Project staffing and resources still play a role but there is potential for this to be phased out.	Key players in education (relates to Girls in school), Community leaders (chiefs, elders, police-for girls out of school) sector and critical mass of stakeholders convinced of the benefits and have the capacity to deliver changed practice independently. To the extent possible, existing financial and other resources are being used or mobilised. Project staffing and resources still play role but there is potential for this be phased out.	Authorities demonstrate active use of project evidence, uptake of specific aspects of the project approach and have a growing capacity to support girls' access to sexual reproductive health locally or beyond. This may include limited support to a delivery model without fully adopting within a national system. There is an increase in allocation of resources and evidence of planning for required resource to upscale.
4 Established (changes are institutionalized)	The specific change in practice and attitude is now well established. Communities demonstrate independent ability to act without support from project, are able to further develop existing and new initiatives and secure funding to respond to their local needs to sustain and build on the changes that have taken place.	The specific change in practice and attitude is now well established with school/CBOs level systems to support this; CBOs/schools demonstrate independent ability to act without support from project, have allocated and mobilised financial and other resources and are able to develop further initiatives to respond to local needs to sustain and build on the changes that have taken place.	An approach or model is shown to work at scale and is being adopted in national policy and budget as appropriate, and/or incorporated into key delivery systems There is an established track record of financial support.

Table 6 summarizes the scorecard.

TABLE 6: SUSTAINABILITY OUTCOME FOR MEASUREMENT

Sustainability Level	Score Card Indicator -
Community	Is there existence of community action plans
	Is there evidence of Household support for adolescent girls' access to sexual reproductive health rights
	Is there evidence that community members accept the project approach
	Are there changes in attitude in the community
	Is there community engagement on project activities
	Is there acceptance of ALL key aspects of the project in the community
	Is project building consensus before implementing at the community
	Is the community increasingly providing for funds for girls to access to sexual reproductive health and rights
	Are there self-sustaining initiatives to provide financial resources for families to support girls access to sexual reproductive health rights
	CBOs/School
Is there evidence on good training on matters relating to access to sexual reproductive health rights	
Is there evidence of CBOs/school participation on extra curricula activities	
Is there evidence that CBOs/school stakeholders accept the project approach	
Are there changes in attitude in the CBOs/school	
Is there CBOs/school engagement on project activities	
Is there acceptance of ALL key aspects of the project at the CBOs/school	
Is project building consensus before implementing in the CBOs/school	
Is the CBOs/school increasing the number of girls accessing sexual reproductive health right	
Are there self-sustaining initiatives to support the vulnerable girls with financial resources to ensure they get sanitary towels and other requirements that will enable the AGYW continuous access to sexual reproductive health	

System	Is there an analysis of county sexual reproductive health officers on gender and reporting behavior
	Are there national systems support to access to sexual reproductive health for girls
	Is there evidence that National and County level sexual reproductive health stakeholders accept the project approach
	Are authorities seeing relevance of the project interventions
	Is there engagement of authorities in the project
	Is there alignment of the project interventions to sexual reproductive health programmes
	Is there understanding by national and county level authorities on how the project intends to influence change
	Is the county/national government devolved funds increasing support girls to access sexual reproductive health rights
	Is there a revolving fund (or grant) that is accessible to girls (and boys) facing challenges in sexual reproductive health or have had their SRH rights violated and the system can provide services for free e.g in court etc

2.2.11 END-LINE DATA COLLECTION PROCESS

Pre-data collection

Development of Baseline Tools: Both quantitative and qualitative tools were used in data collection. The quantitative tools were: i) AGYW questionnaire that sought to determine the Socio-Economic Status (SES) of the AGYW and their perceptions on sexual reproductive health, the tool also determined the girl's level of learning on sexual reproductive health rights and land/property rights . ii) KII-Project staff; Sexual reproductive health coordinator ; Project steering committee representative; teacher; CBO representatives; Pro bono Lawyers; Soccer teams managers; interview which sought

to assess the issues facing the AGYW, where the AGYW access these services, existing initiatives at the community level, by parents, guardians for funding to support girls' sexual reproductive health and rights in this sub-county/county etc. iii) Focus Group Discussions with community members/Elders committees/AGYW/Soccer teams involved with the project; Theatre group which sought data on their involvement in the project design, community attitudes towards access to sexual reproductive health rights; challenges facing girls in this community; how KELIN project resolve challenges faced by AGYW etc Qualitative data was modelled along the quantitative instruments to ensure triangulation of results.

Below is the summary of the array of the qualitative and quantitative tools utilised during the End line.

TABLE 7: SUMMARY OF TOOLS

Quantitative	Qualitative		
Surveys	Interviews	Focus Group Discussions	Observations
<ul style="list-style-type: none"> Adolescent Girls and Young Women questionnaire 	<ul style="list-style-type: none"> Key Informant Interview Government Stakeholders and implementing partners Project staff CBOs Interviews Medical/Legal Practitioners Teachers interviews Project Steering Committee representatives Other implementing partners eg Impact Africa 	<ul style="list-style-type: none"> AGYW Elders Committee Wazito Football (Girls soccer team) Lagnet Theatre Group Community (Parents/Guardians of AGYW) Dream Technical working group 	

Design of the Tools:

The end line evaluation tools were developed based on the DREAMS Innovation Challenge-KELIN Project MEL framework to measure the outputs and contribute to the intermediate outcomes and the overall outcomes.

The design of the tools placed the adolescent girl and young women as the central source of the information with the CBOs, school and community used to triangulate the information.

Test Development:

A panel of test experts was constituted for test development. The assessments were designed to assess the girl's ability to recall elements of training they received, attitude, behavior and practice change. The AGYW questionnaire was designed into nine sections with each section testing a different element of sexual reproductive health rights.

The qualitative tools were tested through reviewing the project log frame and activities and assessing what, why and how the project addressed the challenges faced by the AGYW through mechanisms the project.

Pilot of the Baseline Tools

The tools were piloted in Kisumu county after the training. The main objective of the pilot was: i) to determine the appropriateness of the designed tools(quantitative and qualitative) ; ii) to determine if the tools can be utilized across the two counties to assess the outcomes; iii) to determine the appropriateness of the survey tools (AGYW questionnaire); iv) to pilot the processes and administration of tests and tools using technology(KOBO Collect).

Research Ethics and Child Protection

KELIN has a Child Protection Policy which is consistent with the Laws of the Republic of Kenya and international best practice and seeks to uphold the highest ethical standards at all times. The evaluation team ensured that all evaluation activities were conducted in the best interest of the children involved and the do-no-harm principles and ensure that they are safeguarded in all the evaluation activities, including data collection, data analysis, report writing and dissemination.

During the data collection process, the evaluation team upheld the integrity of the process including fidelity to the tools, rights of the children to participate including voluntary participation, informed consent from the respondents, confidentiality of the respondents; anonymity will be a high priority and all materials in the evaluation process will solely remain the property of the project.

Recruitment of Enumerators

Recruitment of research assistants was open, rigorous, competitive and above board. The criteria for selection of enumerators is summarized in box 4 below

Box 4: Criteria for Selection of Enumerators

- First degree/Diploma in Health or Social Science
- Previous experience with quantitative data collection
- Experience in data collection using tablets and/or cellphones (or technology)
- Strong people skills and ability to listen to others and understand their perspectives

Mandatory Requirements

- Ability to work independently.
- Ability to work in a team.
- Strong sense of responsibility and integrity.
- Strong English and Kiswahili communication skills (oral and written).
- Ability to work in challenging situations.
- Ability to follow instructions.
- Ability to meet deadlines.
- Able to start work immediately (March and April 2019)

2.2.12 CHALLENGES IN END-LINE DATA COLLECTION AND LIMITATIONS OF THE EVALUATION DESIGN

A summary of limitations and challenges that were faced during the end-line evaluation (for both quantitative and qualitative aspects) either pre-fieldwork, during fieldwork, or post-fieldwork) are presented in the table below:

TABLE 8: METHODOLOGICAL CHALLENGES AND MITIGATION

Methodological Challenge	Mitigation
Tracking girls Households/Carers	<ul style="list-style-type: none"> • CBOs helped in mobilization and have them in a central place • Village elders hired and paired with Research Assistants to assist in identifying girls' residence
Identification of the eligible girls	<ul style="list-style-type: none"> • Girls sampled from a list prepared by the project
Untraced girls	<ul style="list-style-type: none"> • Additional girls sampled and list provided to enumerators with clear instructions on replacement • A replacement strategy was put in place to ensure that replacement of girls follows the characteristics of the cohort girls: The girls replaced were from the same CBOs, community or circumstances/ environment. The replacement girls closely matched the demographics (School. Age, Grade etc.) of the lost girl. The initial sample size has already factored in the potential loss of girls and therefore replacement was only done to ensure that there is no skewness in the sample sizes.

The Effects of end-line Challenges to Robustness and Reliability of Findings

Overall, the end-line challenges had no significant effect on the robustness and reliability of any findings.

End-line Risks and Mitigation Measures:

Risks were anticipated at the project and evaluation design phases and are summarised below:

TABLE 9: RISKS AND MITIGATION

End-line Risk description	Likelihood of risk occurring	Impact on the end line evaluation results	Countermeasures and contingencies
1. Collection of End-line data on all components to generate data for quantitative and qualitative analysis on changes made: a) Limitation of replication across different counties due to cultural differences	Low	Medium	<ul style="list-style-type: none"> · Culturally sensitive/geographically relevant research approach was adopted · Using enumerators from the sampled areas, who speak the local language
b) Research fatigue among schools and communities	Low	Low	<ul style="list-style-type: none"> · Strategies to replace CBOs/girls/communities that do not wish to participate in study · Getting consent from CBOs/AGYW/Communities willing to participate
c) Raised expectations from respondents affecting accuracy of information	Medium	Low	<ul style="list-style-type: none"> · Triangulation of data sources · Triangulation of research methods · Clarification of the purpose of the study from the onset
d) High levels of attrition	High	High	<ul style="list-style-type: none"> · Factoring in boost sample · Having a clear replacement strategy

End-line Risk description	Likelihood of risk occurring	Impact on the end line evaluation results	Countermeasures and contingencies
3. Risk of Quality data collection	Low	High	<ul style="list-style-type: none"> · There was a quality assurance team to conduct one-on-one and telephone aided supervision of whole evaluation process · Researchers (trainers), Data collectors and monitors, underwent thorough training before commencing data collection activities, including how to handle children with disabilities · Data collection was supervised through an organized process with supervisors being in charge of clusters · Data quality control measures were put in place through re-checks of the data collection process
4. Non-adherence to research ethics and specific standards related to child protection	Low	Low	<ul style="list-style-type: none"> · Thorough training of research team on research ethics · Inclusion of ethics and child protection clauses on contracts signed by the research team · Close monitoring of adherence, and dismissal of members upon report of violation

Characteristics of End-line Samples

This section summarizes the defined project beneficiaries, the representativeness of the samples across various parameters (age, region, orphan hood, religion, and sexual reproductive health rights marginalization levels). The section also analyses the characteristics of the target groups and barriers to access to sexual reproductive health rights for AGYW. In conclusion, the appropriateness of the project activities to the characteristics and barriers are also discussed.

3.1 PROJECT BENEFICIARIES

The project beneficiaries were defined as follows: The general access to sexual reproductive health rights marginalization across all the beneficiary communities is that the poor communities are more likely to be marginalized in regards to reproductive health.

Marginalized communities:

These are communities that are in the hard to reach areas in Kenya. According to the project these areas are plagued with issues such as negative attitudes towards sexual reproductive health, the families are extremely poor and generally cannot access sexual reproductive health services.

Marginalized communities

(Slum dwellers): These are communities from the urban areas and especially from informal settlements that are characterized by poverty, unsafe environments due to violence against children. Poverty is the main driver of all the issues affecting AGYW in regards to sexual reproductive health violation in most of these areas. The project counties that are within this category are in Kisumu (Nyalenda; Obunga; Manyatta).

The two broad groups have also other sub categorization within such as

(a) Orphans & Vulnerable Children (OVC): The orphans & vulnerable children, these are children who have lost either or both of their parents or are faced with parents that have a terminal illness such as HIV/AIDS.

(b) Teen Mothers: These are girls that have given birth and are of school going age (at school or out of school). These girls are faced with further challenges such as ridicule and discrimination by either fellow students or the school management or parents. Often times these girls are labelled as bad influencers to the rest of the students.

TABLE 10: SOCIO DEMOGRAPHIC INFORMATION OF THE RESPONDENTS

Source: Primary analysis of survey data

Indicator	Results		
AGYW in the Survey			
Total	640		
Kisumu	270		
Homa Bay	370		
Sex of the respondent	Frequency	Percentage	
Male	10	1.6	
Female	630	98.4	
Total	640	100.0	
Has Ever-attended school	Frequency	Percentage	
Yes	638	99.7	
No	2	.3	
Total	640	100.0	
Has ever worked for pay?	Percentage		
Yes	50.0		
No	50.0		
Respondent's religion	Frequency	Percentage	
None	2	0.3	
Catholic	165	25.8	
Protestant	368	57.5	
Muslim	8	1.3	
Jew	1	0.2	
Other (SPECIFY)96	15.0		
Total	640	100.0	
Leisure activities	Go to clubs		0.2%
	Go to parties		0.5%
	Watch movies		13.8%
	Games & Sports		22.9%
	Read		32.0%
	Drink alcohol		0.5%
	Attend religious activities		6.5%
	Other		23.7%
	Age Group	N	Proportion
Age Distribution	15-17	346	54.0%
The proportion of adolescent between age 15-28	18-20	152	23.8%
	21-24	122	19.1%
	25-28	20	3.2%

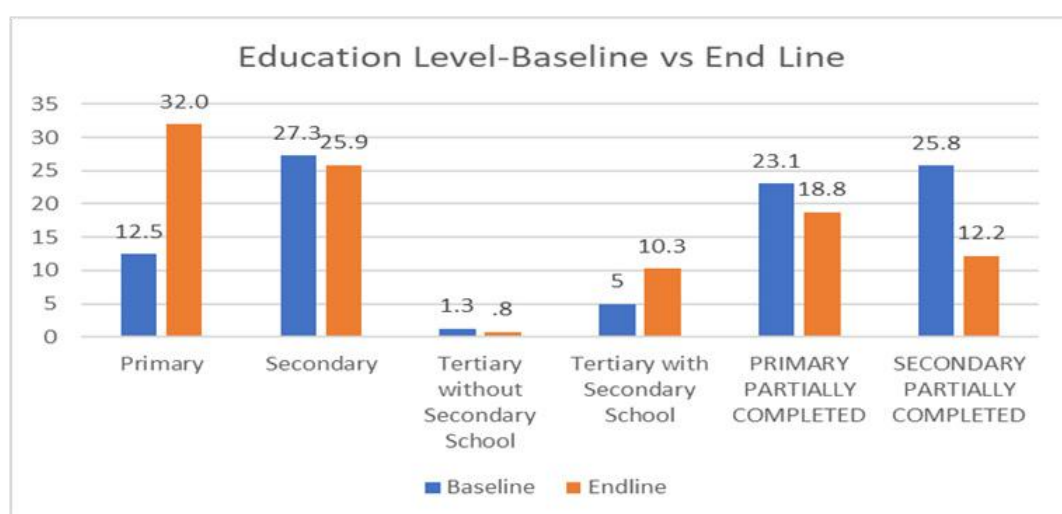
Level of Education and Literacy of the young people in Homa Bay and Kisumu Counties

The end term evaluation results established that there was no significant difference in education from baseline results having 99.7% of the respondents had ever attended school against 99.2% in baseline results. Moreover, the results show there was no significance difference against the baseline and end-line results since

96.5% reported they were able to read in baseline while 96.9% were able to read in end term results.

The results demonstrate that majority of the respondents had completed primary education (32%) compared to the baseline 12.5%. The data also established that About 18.1 % and 12.2 % of the respondents had incomplete primary and secondary education. Among those interviewed in the survey, about 68.2% of respondents were still in school at the time of the study as full-time students

Figure 5: Highest level of schooling attained
Source: Computed by author using study data



3.2 RELEVANCE

To what extent did the project address the identified needs and priorities of the affected population (Adolescent Girls and Young Women)?

According to the proposal document, the project was designed to address the heightened sexual reproductive health rights needs of the vulnerable adolescent young boys, girls and young women of Homa Bay and Kisumu counties

Assessment of Young people by their Engagement in Paid work in Homa Bay, Kisumu Counties and relevance of the project

Focus Group Discussions (FGDs) and key informant interviews established that the Project interventions responded to the needs of the affected population. This was evidenced by a number child protection indicators. For instance, the baseline survey (March 2018) showed number of young people who have ever worked for pay has increased from 46.5% in baseline to 50% at end-line.

This is an indication that the young people are engaged in economic activities to fetch for their needs as a result of poverty. Majority of the FGDs participants (AGYW, Parents, Community Elders) adversely mentioned Poverty as one of the greatest challenges facing the adolescent girls. This increase of young people engaged in economic activities can

be partly attributed to the increase in poverty in the region and with continuous demand for sexual reproductive health services e.g. sanitary towels, the young people still need to be engaged in economic activities to meet their needs. In Kenya, 65% of women cannot afford any brand of sanitary towels.

There are also more jarring statistics signaling that menstruation is tied to more fundamental risks and issues of gender inequity, with studies showing 2 out of 3 of pad users in rural Kenya receiving them from sexual partners and 1 in 4 girls do not associate menstruation with pregnancy.

Through targeting the young orphans and vulnerable girls in provision of sanitary towels, the project was

addressing one the key challenges affecting the AGYW of which poverty is a key driver hence the assessment clearly demonstrated the relevance of the project by targeting the orphans and vulnerable children who are at risk of being sexually violated because of lack of access to basic necessities.

The findings from the qualitative assessments further show that poverty exposes the orphaned and vulnerable children to maltreatment. Indeed, it was reported that many of orphans and vulnerable children are being sexually exploited exposing them more to the risk of contracting HIV and continuous sexual violation as highlighted in some of the interviews conducted.



KELIN worked with community-based organizations and with support from the elders and distributed sanitary towels to over 13,000 AGYW in Kisumu and Homa Bay counties. Inset, girls from Kwoyo Kowe primary school and Elder Jack Jabungu from Seme sub county, Kisumu County during the distribution activity.

“Because of poverty, girls in this community are easily lured by the boda boda guys and exchange sex for money in order to cater for their personal needs like sanitary pads. The sanitary pads are expensive and because of poverty in our homes, your guardians cannot afford hence we have to look for money to buy them ourselves”

FGD participant, AGYW, Kisumu.

“A girl who is raised by a widow faces a lot of challenges the mother might be lacking basic needs which might force the girl to look for alternatives ways to get the needs and sometimes the ways might to sleep around.”

FGD Participant, Parents, Homa bay

“School drop outs due to poverty, Child labour, HIV/AIDS, fishermen and bodaboda operators lure the young girls with money. Some girls are becoming mothers at tender ages due to high prevalence of HIV/AIDS which causes high death rates”

FGD participant-Elders Committee, Homa bay

“Most of the orphans have to fend for themselves. They have no one to advise them on HIV/AIDS like knowing their status and obtaining ARVs”

FGD participant-Elders Committee Homa bay

Assessment of Young peoples current relationship with partner and Relevance of the Project

The study sought to establish the proportion of young people in sexual relationships. This end-line survey established that more than half of adolescent girls were in a sexual relationship (female; 52.5%, n=336). Most of the young people currently in a sexual relationship had on average one sexual partner(92%,n=311) though cases of multiple partners(8%,n=25) were also recorded.

The males in relationships recorded between 1 and 5 partners while the females had between 1 and 3 partners. Majority of the girls (65%) were in a relationship with someone the within the age group of 15-24 years while (35%) were dating people older

than 25 years. The data shows that majority of the girls are in a sexual relationship with someone older than them.

In regards to perceptions on seriousness of current relationship, the end-line survey established that (46%-end-line while baseline was at;baseline-35.7%) of the interviewed girls considered their current relationships as important and could lead to marriage ; followed by casual (20.2%-end-line %; baseline 22.9%) or serious but with no marriage intentions (end-line-17.9%;baseline-20.7%) and engaged to be married(endline-15.5%;baseline-12.8%) as shown in Table 11 .The data demonstrates that more than half of the interviewed adolescent and young girls are currently in a sexual relationship which pre exposes them to higher risks because of sexual activities hence the project was key in addressing the needs of this population through creating awareness on sexual reproductive health rights with aim of reducing HIV prevalence amongst the targeted population.

Table 11: Description of current relationship with partner
Source: Computed by author using study data

Description of current relationship with partner:	Baseline	End-line
	%	%
Casual	22.9	20.2
Serious but no marriage intentions	20.7	17.9
Important/Might lead to marriage	35.7	46.4
Engaged to be married	12.8	15.5

Assessment of Young people’s physical intimacy experiences and Relevance of the Project

The evaluation established that majority of the young people interviewed confirmed having had some physical contact such as holding hands, hugging or kissing with their partner (baseline 87%;end-line 87.5%); having ever touched partner’s vagina or penis with hand (baseline 62.3%;end-line 80.6%) and having had

sex (baseline 54%;end-line 76.5) In all instances, the trend in proportion of the young people involved in these physical encounters was almost similar in baseline and end-line as presented in Table 12.

This data clearly demonstrates the relevance of the project to the targeted age group since majority are still sexually active which exposes them to risk of contracting STIs and HIV hence the need to create awareness and reduce the risk and prevalence of the STIs.

Table 12: Sexual Intimacy experience
Source: Primary analysis of survey data

Intimacy Experiences	Baseline %	End-lin%
Has had some physical contact such as holding hands, hugging or kissing with partner	87	87.5
Has ever touched partner’s vagina or penis with hand:	62.3	80.6
Has ever had sex:	54	76.5

Assessment on current job Status of Partner and Relevance of the Project

The assessment went a step further to establish the job status of the sexual partners of the interviewed AGYW. Table 7 shows that almost half of the interviewed AGYW study reported that their sexual partners were fulltime students (45.2%) while (40.8%) had their partners employed.

The study established that the motives for girls to engage in sexual encounters with older persons were majorly for economic gains. This could be established from the qualitative assessment that most young people in Homa Bay and Kisumu Counties engaged in sexual activities at an early age due to economic reasons as shown below in some of the responses during the interviews.

“A girl who is raised by a widow faces a lot of challenges the mother might be lacking basic needs which might force the girl to look for alternatives ways to get the needs and sometimes the ways might to sleep around”

FGD Community Female Homa Bay

“Lack of basic needs from home”

FGD for AGYW in Rangwe Sub County

“Bodaboda boys lure girls into sex activities because of poverty level”

FGD for Parents (Female) Suba Sub County

Table 13: Job Status of sexual partners to AGYW
Source: Primary analysis of survey data

Job Status	Baseline %	End-line %
Full time Student	39.1	45.2
Working	48.7	40.8
Unemployed	12.2	13.4
Others	0.0	0.6
Total	100	100



Members of the Kisumu County West Community discuss succession and women property rights during a community dialogue in September 2018

Assessment on land/property rights for young people in Homa Bay and Kisumu Counties and relevance of the project

The baseline survey established that the main issues pertaining land and property rights in Homa Bay and Kisumu counties included lack of awareness of land and property rights, lack of resources to file cases on land and property violations, disinheritance and abandonment after the death of parents or guardians which was increased by poverty, corruption making it difficult for perpetrators to be brought to justice, poor decision making due to disempowerment and ignorance about their land and property rights.

The project designed certain interventions to address these challenges which included various trainings

targeting AGYW, elders committee, widows, CUC members, lawyers and CBOs, the results established that there is increase in knowledge in matters pertaining land/property. The end-line evaluation established that majority of the AGYW mentioned they know their rights and are able to advocate for their rights to land and property.

The assessment also established that initially majority of the elders were more pro cultural practices than the Constitution but because of the knowledge received through training, the elders understood more on their role to play as pillars of the community and role of elders in ensuring land and property rights of the community according to Kenya's constitution.

Qualitative study findings show that some cultural beliefs and practices are perceived to contribute to disinheritance of young people especially girls of their property as they 'promote' an agenda of male superiority;

"I did not know if a woman from a Luo community could own land, through the training I received from KELIN, now I know I can own land and I'm even able to write a will or guide someone to write a will. Women and girls in our community have been denied rights to own land but I thank KELIN for opening our eyes that we have a right to own property just like men."
 FGD Participant-AGYW-Kisumu.

"the training has helped enlighten the community more on issues of succession for widows. It has eased the work and the community elders also offer assistance."
 FGD Participant-Elders Committee-Homa bay

"There's an even amount of cases. The number of cases being reported are increasing because of awareness. The attitude on the ground has not changed as much especially in the rural areas"-
 KII- Pro Bono Lawyer -Homa bay



Jessica Oluoch, the WLPR Senior program officer, trains AGYW on land and property rights during one of the training sessions of the DREAMS Innovation project.

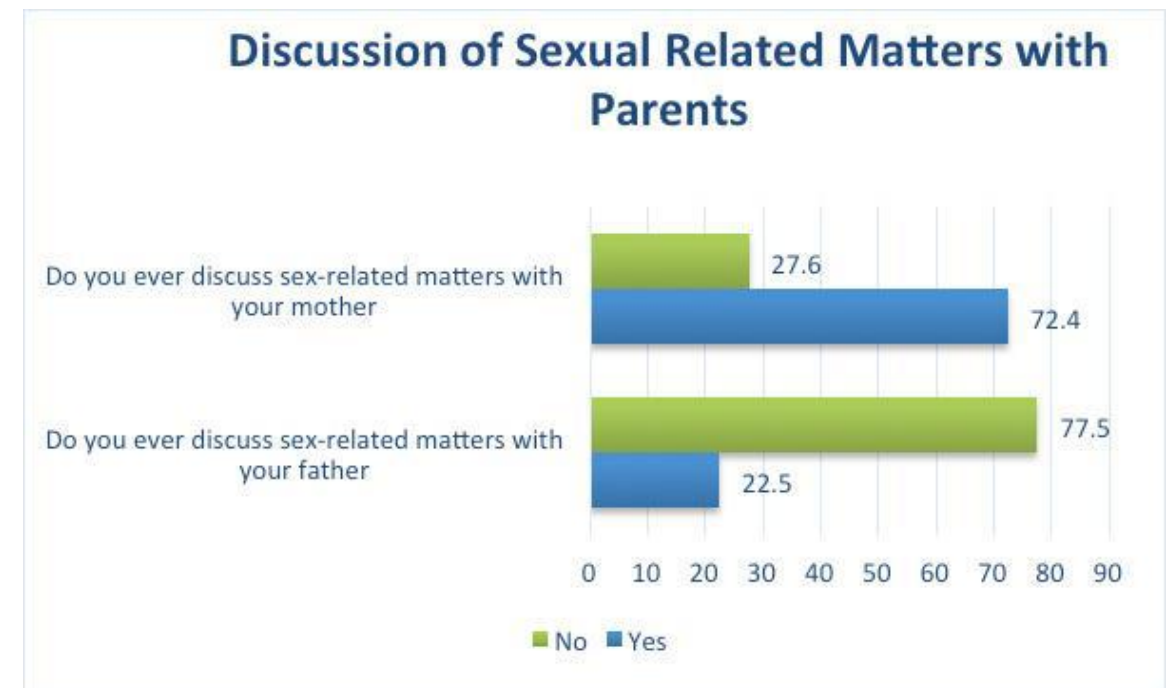
Assessment on Orphanhood, Family Support Systems in Homa Bay and Kisumu County and relevance of the project

The end term evaluation results demonstrated the vulnerability of the targeted population and the relevance of the DREAMS Innovation Challenge project, 38% of the respondents and 15% had their father and mother not alive respectively. For the respondents who had their father and mother alive only 22% and 72% discuss sex-related matters with the parents respectively.

The results clearly the low discussion rates on sexual related issues at household level could be attributed to the high teenage prevalence rates as established

in KDHS that women in Homa Bay and Kisumu had first had sex by age 16 and 18 respectively against the national trend of 18. Moreover, the county statistics on teenage pregnancy established that 33% and 15% of girls aged 15-19 years in Homa Bay and Kisumu counties respectively have begun childbearing; considerably higher for Homa Bay county than the national level 18%. The data generated in the end-line evaluation clearly demonstrates the relevance of the project through various interventions which included training of AGYW; dissemination SRHR messages through distribution of sanitary towels; soccer clinics and theatre activities which were aimed to enhance the capacity of the targeted AGYW in sexual reproductive health related issues and land/property challenges in order to address the knowledge gap.

Figure 6: Discussion of sexual related matters
 Source: Primary analysis of survey data



Assessment of Young people leisure activities and relevance of the project

The evaluation established that AGYW are engaged in various leisure activities. Study findings show that most of AGYW participated in reading (55.2%), games and sports (39.4%) while the activities having less than 10%.

These findings show the relevance of the interventions designed by the project e.g. soccer clinics which majority of the youth would identify with and attend the sessions. Through soccer clinics, the project reached the targeted girls in SRHR information and land/property rights information.

The project developed interventions on sports since through engaging girls in sports, and quite specifically soccer, is one way of exposing girls to

roles that are socio-culturally designed for boys and men - soccer has for a long time been considered and celebrated as a 'man's sport'. Holding the tournaments with the adolescent girls and young women improves their self-esteem and encourages them to always speak up and participate actively in all community activities without being limited by the gender one belongs to. The objectives of engaging girls through sports included;

1. Conducting soccer drills based on the three key messages aimed at empowering the girls with simpler ways of dealing with day-to-day challenges
2. Creating an avenue for disseminating SRHR messages
3. Nurture and expose talents identified from the soccer clinics
4. Promote professional networking and friendly games among the 15 all girls soccer teams formed

The qualitative findings established that AGYW who were engaged through soccer trainings to gain knowledge on SRHR, mostly gained soccer skills since they are part of soccer teams within their community. Though there was little knowledge gain in regards to SRHR which was due to inconsistency of the soccer drills with key SRHR messages (only one training was done per girls soccer team by

Wazito FC), they appreciated the use of soccer model to disseminate SRHR information since these were key issues affecting them and soccer gathering provided them a safe space to discuss pertinent issues which they are not discussing at home nor at school. Some of the qualitative analysis on soccer clinics are shown below;

"The soccer clinics provided safe spaces where girls are mobilized and taught on actions to take in cases of rape"
FGD Girls- Jiu Pachi Football Team

"We don't talk about it at home, mostly get the information from the hospital"
FGD Girls-SEP Football Club-Homa bay

"We received a three-day training in December at Joyland from the Wazito football team. We were at Joyland secondary for the first two days and at Moi sports ground on the third day"
FGD Girls- Jiu Pachi Football Team



AGYW during one of the soccer clinics with Wazito Football Club. The soccer clinics provide platforms to enhance their skills in soccer as well as empower the girls with key messages on sexual and reproductive health and rights.



The soccer clinics culminated in the DREAMS Innovation Challenge League Cup in December 2018. The project used soccer, a traditionally male space, to reach over 1,500 girls and lift them out of socially defined roles, nurture and expose identified talents and promote professional networking.

How coherent and accurate was the intervention logic in terms of theory of change/log frame?

The results established that the intervention logic was coherent and accurate with the issues being addressed. The two pronged approach model enabled the Government through the Ministry of Health and the communities to respond to the issues of sexual reproductive health rights in a well-coordinated manner.

This was done by strengthening the government systems (CUCs, Judiciary, lawyers, SRH coordinator etc) at different levels and community level to enhance deliverance of sexual reproductive health rights and property rights specifically, to ensure reduction through community empowerment (training of elders, chiefs, local administration, police, AGYW) identification of cases (sexual and property/land violation) and reporting through proper structures and ensuring justice is delivered to the victims. The approach was intended to build capacity within the existing system and provide necessary capacity to meet needs of the target group.

According to the Proposal document, KELIN supported activities in line with the Kenya AIDS Strategic Framework (KASF) and in response to the needs of Homa Bay and Kisumu counties in relation to adolescents and young women of ages 15-24 years.

The intervention was intended, designed and implemented in a manner that developed as much capacity on the ground as possible to respond and/or prevent the prevailing sexual reproductive health rights issues after the program closure. The combined effect of KELIN's interventions and community level engagement resulted to improved knowledge in SRHR and land property rights amongst the targeted beneficiaries.

All activities were carried out with the involvement of the community and community-based organizations which have the local knowledge, increasing the appropriateness of activities for the immediate and longer term. Communities, partners and the health management team at county level gained expertise in the mitigation and management of SRHR issues. To determine the relevance to specific component of the project, the evaluator assessed relevance against the following;

Challenges Amongst AGYW in Sexual Reproductive Health Rights and Relevance of the Project

The end-line evaluation established that the common reproductive health challenges faced by the AGYW included: Early marriage due to high poverty levels in the counties leading to school dropouts; lack of sanitary towels due to poverty; Early pregnancies due to lack of knowledge and access to sexual reproductive health; rape; defilement by close relatives; gender based violence; peer pressure; lack of parental guidance and support; child labor; include lack of skill for managing peer pressure; lack of contraceptives in facilities, lack of consistency in offering sexual reproductive health in facilities; lack of youth friendly facilities; attitudes towards AGYW by health workers on contraceptive use issues; STIs and HIV/AIDS.



AGYW draw a map of their locality, indicating the appropriate process to be followed when reporting cases of sexual and gender-based violence in the community.

Through the DREAMS Innovation Challenge project, the project intervened through training of girls on sexual reproductive health including PEP, PREP, in order to empower the girls on their rights and actions to take in case the beneficiaries or their peers are subjected to rape or defilement. Other Interventions also included provision of sanitary towels which had key SRHR information to increase the beneficiaries knowledge on SRHR and also supported the girls who were not able to purchase the sanitary pads which constantly exposes them to absenteeism in schools leading to increased vulnerability, exposure to transactional sex especially by "sponsors and boda-boda riders"

who will take advantage of the girls vulnerability and offer them money to buy items like sanitary pads in exchange for sex.

The qualitative assessment established that defilement and rape cases were quite rampant in the two counties but lack of community empowerment made the execution of the cases impossible. The project engaged elders from the community who were empowered on the rights of the vulnerable in the communities. This enabled the elders to address the rampant defilement issues by identifying the

perpetrators and ensuring the cases are handled through proper structures. The project also engaged pro bono lawyers who participated in processing and filing of the defilement, rape and land/property related cases in courts for the victims who were either sexually violated or disposed of their land/property. This facilitated the cases of the vulnerable communities in the two counties to access justice since they could not afford or were not empowered enough for them to know their rights and seek for justice.



Lagnet Theatre perform a skit during the Medico-legal clinic organized by KELIN in Kisumu County in 2017.



One of the coaches from Wazito FC shares the three key messages of the DREAMS project, during the League cup on Homa Bay County. The messages are: speak up, report cases of sexual violence through the proper channels to get justice for survivors and there is hope beyond the violence.

Through the soccer clinics and theatre activities that were organized during the medical-legal clinics, the AGYW were empowered in SRHR, Land/Property rights through the drama skits and football drills conducted by Lagnate and Wazito FC respectively. The qualitative analysis established some of the challenges the AGYW are facing in regards to SRHR are highlighted next page;

" the service providers are judgmental hence make the girls afraid of getting some services, are stigmatized-
FGD AGYW-Manyatta Arabs

" the facilities don't offer some services like family planning everyday so some girls may not be attended to because they are not around when the services like family planning are being offered."
AGYW-RANGWE

"Attitude from those who are supposed to offer services to the youth, such as nurses they may be judgmental. Lack of youth friendly services in the area, there are only Two in Nyando"
FGD Parents-Nyabende Support Group-Kisumu

"Fear of obtaining family planning methods because they might meet someone they know there "
FGD AGYW - Jiu Pachi Football Team

"threats from perpetrators of offences who have raped and defiled children"
Female participant-FGD Kisumu Elders Committee

"some law enforcing officers are compromised; they are paid to make the case difficult leading to people giving up on them."
Male Participant-Homa bay Elders Committee

"some girls are ashamed, for others the parents are bribed by the perpetrators to let the case go."
AGYW-Kisumu elders committee



Linda Kroeger, the SRHR Programme Officer notes down some of the emerging issues faced by the AGYW and the Ahero community at large, when addressing SRHR matters. This was during a community dialogue in 2018.

The end term evaluation results show they are still numerous challenges that the adolescents girls are facing and the project interventions were relevant to the needs of the targeted population group (Adolescent girls and young women)

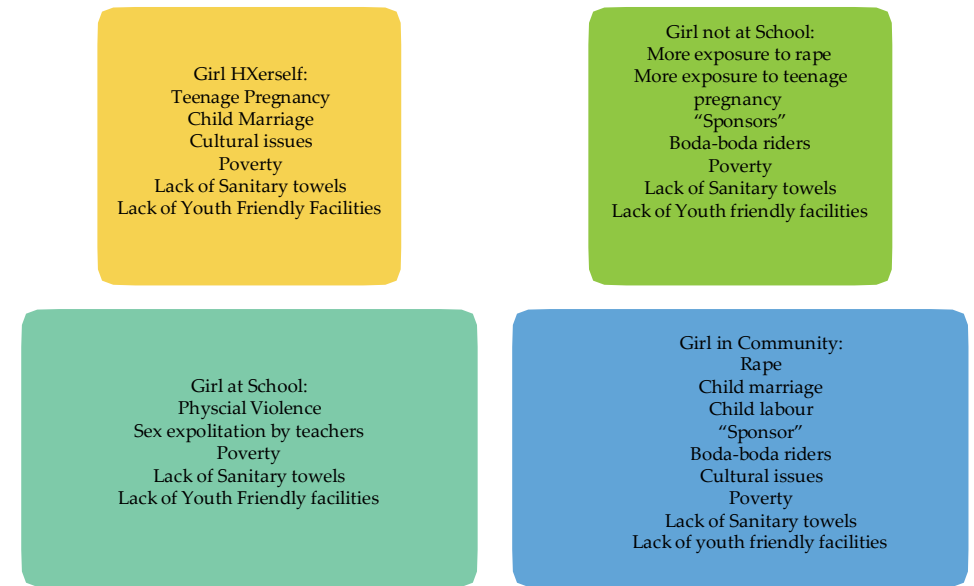


Figure 7: Challenges facing AGYW at different levels
Source: Author using survey data

How well did the project interventions align with both County and National government as well as KELIN strategic priorities?

The Project design was aligned to KELIN and government strategic priorities as well as community priority needs. The Project responded to Kisumu and Homa Bay Counties Integrated Development Plan (CIDP) sexual reproductive priorities, including the following:

- Sexual reproductive health information and services scaled up (outreach activities through medical-legal and soccer clinics)
- Elders, AGYW, local administration (chief, police), lawyers, Health workers, Health workers trained and equipped with skills to deliver quality sexual reproductive health rights services
- Access and utilization of sexual reproductive health services improved
- Uptake of health services at the community level supported

The project outcomes, outputs and activities were in line with KELIN Strategic objectives. Interviews with Sub-County sexual reproductive health coordinators revealed that KELIN essentially supplements government programs, hence the project interventions are aligned to the County Health Strategy. The project interventions such as creating awareness/capacity building on SRHR and facilitating access to services, distribution of sanitary towels, provision of free legal services to the beneficiaries contributed to the realization of priorities set out in the CIDP.

The interventions also contributed to the achievement of objectives outlined in the County Health Strategic Plan and the Annual Work Plan, including training and equipping health workers with skills to deliver quality sexual reproductive health services, supporting uptake of sexual reproductive health services at the community level

through creating awareness and improving access and utilization of SRHR services.

These views were corroborated by the SGBV recovery Centre coordinator, Sub counties SRH Coordinators and County Aids/STI Control Coordinator (CASCO) who added that the Project interventions enabled more community members of ages 15-24 years with sexual reproductive health services, particularly the target population who were adolescent and young women.

In terms of KELIN's strategic priorities, the project design and interventions corresponded with the organization's core mandate of promoting and protecting health related human rights to enable full enjoyment of health-related human rights for all among other strategic response.

For instance, one of the Project's objectives was to increase awareness of sexual reproductive health

rights services to enable increase to access to SRH services and reducing vulnerability to violations which was achieved through timely identification and appropriate management of sexual violation and land/property cases of the targeted group after the community(elders, AGYW, chiefs, community court users, police, pro bono lawyers) were empowered and the cases were properly managed through proper reporting structure and clear allocation of roles.

To this end, the Project trained health workers (Sexual reproductive health coordinators) and Community Court Users. The project intervention was designed in consonance with the county sexual reproductive health plan and updated through the County Steering Group (CSG). The Project intervention contributes to National Adolescent Sexual and Reproductive Health Policy; National Guidelines for Provision of Adolescent Youth-Friendly Services (YFS) In Kenya;

To what extent was the project design appropriate and justifiable for the geographical areas (the two counties where the project was conducted; Kisumu and Homa Bay)?

According to literature review, teenage pregnancy rates of Homa Bay and Kisumu counties was at 33% and 15% respectively higher than the national prevalence at 18% in comparison with Homa Bay county. The KDHS data also established that women in Homa Bay and Kisumu had first had sex by age 16 and 18 respectively against the national trend of 18. HIV estimates in 2018 established that in Homa Bay and Kisumu, the HIV prevalence was 20.7% and 16.3% respectively. Also, the estimates established that of the people leaving with HIV in the two counties, Kisumu had 112,862 people living with HIV while Homa Bay had 128,199 out of which 16,771 and 19,050 respectively were between 15-24 years which represents the second highest and highest number of young people of ages 15-24 in the country living with HIV.

The Kenya HIV estimates statistics in 2017 shows that there were approximately 52,800 new infections across all ages; 44,800 among adults aged 15+ years, of the estimated total new infections, Homa Bay contributed 4,558 new infections; Kisumu (4,012). The young people of ages 15-24 years in Homa Bay and Kisumu counties had HIV new HIV infections of (1,852) and (1,630) respectively accounting for the highest and second highest new infections in the country. Finally, literature reviews findings from

KDHS in 2014 established that 49.5% of married women in Nyanza had experienced physical or sexual violence. This data demonstrates as to why this project was relevant to the targeted counties and targeted age group, moreover the interventions designed to address these challenges facing the targeted groups were well aligned in addressing ???

According to key informant interviews with Sub-County Sexual Reproductive Health Coordinator, County AIDS and STI Control Coordinator, majority of the young people of ages 15-24 years still face a lot of challenges in sexual reproductive health because of:

- i. Information gap - SRH information is available but people are not aware that this information is available and where to get it from.
- ii. High prevalence on teenage pregnancies due to Economic disadvantage
- iii. Cultural issues – elders and young people don't speak about sexual issues
- iv. Policy – lack ability to disseminate policy across the people. The policy is also not contextualized to address local issues. The county is currently contextualizing the policy to fit Nyanza context. This will include age appropriate sex education and
- v. Intergenerational gap – sexual issues are not discussed and have been demonized.

The qualitative analysis findings are shown below;

Lack of school fees since most of the parents are poor Sub county SRH Coordinator-Rangwe

Lack of sanitary pads for the girls in the area Sub county SRH Coordinator-Mbita

High rate of HIV infection in the area Sub county SRH Coordinator-Mbita

The girls that we thought were at higher risk of getting HIV we were giving them PREP (PRE EXPOSURE PROFYLAXES) and in terms of sexual educations we taught them about SEX, STI's, LIFESKILLS and we worked together with them sometimes we visited the safe spaces.

Sub county SRH Coordinator-Mbita

We did some referrals for girls on matters that we couldn't handle in our facility matters like rape and Fistula

Sub county SRH Coordinator-Kasipul

We played a role in doing follow ups with their caregiver of the girls infected with HIV to make sure we achieve 90=90=90 so that they can live a normal adolescent life, and for those who are affected in one way or another maybe parents are died, we understood that there was cash transfer and also they were getting sanitary pads and also they were having some safe spaces within the locality where they come from, within the safe spaces we were giving them education on sexual reproductive in order to make them more assertive.

County SRH Coordinator-Kisumu

I'm already the SRHR coordinator I used knowledge from my background education to do advocacy on the SRHR in accordance to the objective of KELIN (DREAMS PROJECT) KELIN helped in provision sanitary pads provision

Sub county SRH Coordinator-Mbita

"Establishment of safe spaces by KELIN under dreams where girls can get education from mentors and also share their challenges was a best practice, safe spaces made them to become assertive"

SRH county officer –Kisumu county

"KELIN Collaborating with health facilities to make sure follow ups check-ups on girls infected helped in solving issues of spreading HIV.

Sub county SRH Coordinator-Mbita

Despite high HIV, teenage pregnancies rates, accessibility to sexual reproductive health information and services was poor. The outreaches supported by the Project through medical legal clinic, soccer tournaments and sanitary distribution which had SRHR messages enabled the targeted population to access information and sexual reproductive health services.

A review of the annual reports for DREAMS Innovation Challenge Project indicates that 13,200

beneficiaries were targeted with SRHR information and knowledge, the end-line evaluation established that the number was not reached due to delay in distribution of sanitary towels. The soccer clinics and medical clinic were well attended which enabled the AGYW and other community members including to receive SRHR and land/property rights information. The effect of these interventions was realized by influx of AGYW visiting health facilities to seek for more information and SRHR services in health facilities.

Table below provides an analysis of different services provided during the outreaches in different sub-counties between April 2017 and December 2018:

Table 14: Summary of beneficiaries reached for different services through outreaches from April 2017 to December 2018 Source: KELIN Annual Report, October 2018

County	Medico-legal aid clinics	AGYW mobilized and attending soccer clinics	Train the girls and local coaches on soccer skills	Magnetic Theatre to pass SRHR messaging	Targeted audience reached with the advocacy message through TFC Materials	Sanitary towels disseminated with Educational Messages on SRHR	Radio
Kisumu	No data	657	63	60 (Training)	75,000	Target 15000 (Reach no data yet)	
Homa Bay	No data						
Total		657	63	60	75000	15000	

The outreaches contributed to access to sexual reproductive health information and services by young people of ages 15-24 years, which included contraception, pregnancy, abortion, sexually transmitted diseases PEP, PREP accounting for 38% of young people accessing the services.

3.3 EFFECTIVENESS

Effectiveness

Effectiveness is often described as “doing the right things” and considers the extent to which an activity has achieved its purpose or outcome. The end-line evaluation assessed a number of factors that have contributed or detracted from the effectiveness of facilitating Project. Some the questions the evaluation was assessing are;

To what extent have the objectives of the project interventions been realized?

Assessment of Lessons on sexual reproductive health in schools and Effectiveness of the Project Among the AGYW interviewed, majority (88.6%) which is a decline from the baseline which had 97% of AGYW ever attended lessons on sexual reproductive health such as puberty, SRH systems, or relationships between boys and girls. Majority of the girls interviewed also felt that lessons on sexual reproductive health in schools are important and that more classes on SRH (93-baseline, end-line-92%) should be provided.

The results establish the importance of SRHR lessons in schools and how the project worked with different stakeholders who included the CBOs and teachers from the community in creating awareness about the project and SRHR. These results demonstrate the importance of working with learning institutions to disseminate SRHR information. The assessment demonstrates lack of effectiveness in this approach since there was minimal engagement with learning institutions whereas the AGYW are receiving SRHR information through these structures hence the project should have prioritized and used existing structures to continue reaching out many AGYW within the targeted counties through learning institutions.

Participation in lessons on puberty, pregnancy and relationship in school

Source: Primary analysis of survey data
Figure 8: Sexual practices amongst AGYW

Lessons in schools	Baseline %	End-line%
Was in a school with lessons on puberty, SRH systems and on relationships between boys and girls	91.5	91.8
Has ever attended classes on puberty, pregnancy and relationships	97	88.6
Thinks classes on SRH topics are important for Adolescents and young people	98.1	93.3
There should be (more) classes on these Sexual Reproductive Health topics	94	92.3

Knowledge and practice on Sexual Reproductive Health Rights

The project aimed to increase awareness on SRHR in Homa Bay and Kisumu counties. The activities implemented by the project to enhance knowledge on SRHR included training of ADYW, SRHR messages in the sanitary towels package, soccer clinics, theatre activities, inter-generational dialogues amongst other activities. The end term evaluation established that among the young AGYW interviewed, majority (strongly agree 55.5%, agree 41.9%) responded that the knowledge they received through various KELIN interventions had influenced positively their behavior and perception in sexual reproductive health and puberty.

The evaluation also established that, majority (strongly agree 56.5%, agree 41.1%) responded that the knowledge they received through various KELIN interventions had influenced positively their behavior and perception on early pregnancy and how to avoid them. Lastly the evaluation results show that, majority (strongly agree 55.3%, agree 42.2 %) responded that the knowledge they received through various KELIN interventions had influenced positively their behavior and perception on relationship between girls and boys, see table 15 below.

The data informs us on how the interventions were well designed to the needs of the target group and they helped achieve the objectives of the project through building the capacity of AGYW and hence influenced behavior change.

Table 15: Knowledge received and behavior change
Source: Primary analysis of survey data

Knowledge	Strongly Agree	Agree	Strongly Disagree	Disagree
Knowledge received through KELIN has influenced positively your behavior and perception in sexual reproductive health and puberty	55.5%	42%	0.3%	0.5%
Knowledge received through KELIN has influenced positively your behavior and perception in the topic of early pregnancy and how to avoid them	56.5%	41%	0.2%	0.5%
Knowledge received through KELIN has influenced positively your behavior and perception on the topic of relationships between boys and girl	55.3%	42%	0.3%	0.2%

Knowledge and Ever-Use Of Contraceptive Methods

The end-line evaluation compared results on knowledge on use of contraceptive methods with baseline results to establish the change in knowledge. There was increased knowledge in all the contraceptive methods mentioned spontaneously w in comparison with baseline data, Condoms was mentioned by 70% of respondents spontaneously against 39% during baseline, injectables was mentioned by 47% of respondents spontaneously against 41% during baseline, pills was mentioned by 43.8% of respondents spontaneously against 40% during baseline, emergency contraception pill was mentioned by 36% of respondents spontaneously against 12% during baseline, abstinence was mentioned by 38% of respondents spontaneously against 5% during baseline.

The latter shows the project was able to influence the girls knowledge and behavior to have abstinence as one of the contraceptive methods. Results are displayed in Table 16.

The assessment further explored to find out where the knowledge on where AGYW could access these contraceptives, the findings show that majority of the respondents who mentioned knowing any contraceptive method confirmed knowing where to get condoms 80.8% against baseline 71%; injectables 68.3% against baseline 85%; pills 64.4 against baseline 79%.

These results show a significant knowledge improvement in regards to use of contraceptive methods. This is directly attributed to the project intervention which aimed at increasing awareness and knowledge on SRHR through training AGYW, SRHR information in the sanitary towels which were distributed among other interventions. The knowledge increase signifies the effectiveness of the interventions designed by the project in addressing

“Wazito FC informed us that the PrEP and PEP are available in hospitals and dispensaries.”

FGD participant-JIU PACHI Football team-Kisumu

“Was able to share with a friend the Dos and Don'ts in the event of rape.”

FGD participant-JIU PACHI Football team-Kisumu

“Taught how to deal with people living with HIV/AIDS and the disabled. Taught about faithfulness and contraception, information which was passed to the girls.”
FGD Participant-AGYW-Suba-Homabay

“the target was young adolescent girls and young women. The aim of the project was to protect the young girls from sexual and reproductive rights violation and also create awareness on inheritance rights and protect their rights. The women were being chased away from their land and the young girls were having issues in relation to sexual & reproductive health issues. We created awareness of rights among the young girls and the women.”
FGD KISUMU ELDERS COMMITTEE

“The girls that we thought were at higher risk of getting HIV we were giving them PREP (PRE EXPOSURE PROPHYLAXIS) and in terms of sexual educations we taught them about sex, STI's, lifeskills and we worked together with them sometimes we visited the safe spaces”
KII-SRHR Coordinator Mbita Sub County

project needs.

Created platforms to participate in cross learning on SRHR where AGYW feel confident to share their experiences, access information and freely participate without exposure to discrimination, criticism, harassment, or any other emotional or physical harm. The platforms included bonfire sessions that reached 379 AGYW; an SMS hotline that broadcasted 15,000 messages to AGYW; and WhatsApp groups for 150 girls.



Table 16: Spontaneous and prompted Knowledge of method of contraception(Baseline vs End-line)
Source: Primary analysis of survey data

Contraceptive Mentioned	Baseline AGYW, n (%)	End-line AGYW, n (%)				
	Yes (Spont.)	Yes (prompt)	No	Yes (Spont.)	Yes (prompt)	No
Pills	40% (161)	48% (191)	11% (46)	43.8% (281)	28.5% (130)	
Injections	48% (165)	48% (191)	11% (43)	47% (303)	28.3% (130)	32.3% (207)
Condoms	39% (157)	54% (217)	6% (25)	70% (448)	17.5% (111)	12.5% (80)
Emergency Contraceptive Pills	12% (48)	52% (206)	30% (143)	34% (213)	19% (121)	45% (286)
Withdrawal						
Periodic Abstinence	5% (18)	46% (185)	49% (178)	36% (248)	19% (124)	43% (276)

Assessment on Access to Family Planning Services and Effectiveness of the Project

The survey findings show majority of the respondents mentioning ease of access of family planning methods. This could be directly attributed to project interventions which aimed to increase access to sexual reproductive health services including timely management of SGBV and referrals. Results derived from data collected through Key informant interviews with

CBOs representatives, lawyers, elders, AGYW and parents revealed that the training of AGYW led to increased capacity of the AGYW which increased demand for services and through youth friendly services the girls accessed these services.

The project mapped all the youth friendly facilities in the two counties and linked them to the project beneficiaries to enable them know where to get services.

Though the quantitative results show majority (64%) have ease of access to family planning services, qualitative findings show access and utilization of to these services are hampered by fear of health care providers in public health facilities from where these services are provided for free more specifically contraceptive methods. The AGYW fear seeking reproductive health information and services from public health facilities. This is due to perceived

*“Fear of obtaining family planning methods because they might meet someone they know there.”
FGD girls/JIU PACHI Football Team-Kisumu*

*“Service providers sometimes scold the girls and refuse to attend to them because they claim they are too young to be obtaining family planning services.”
FGD girls- AGYW-Homabay Town-Homabay*

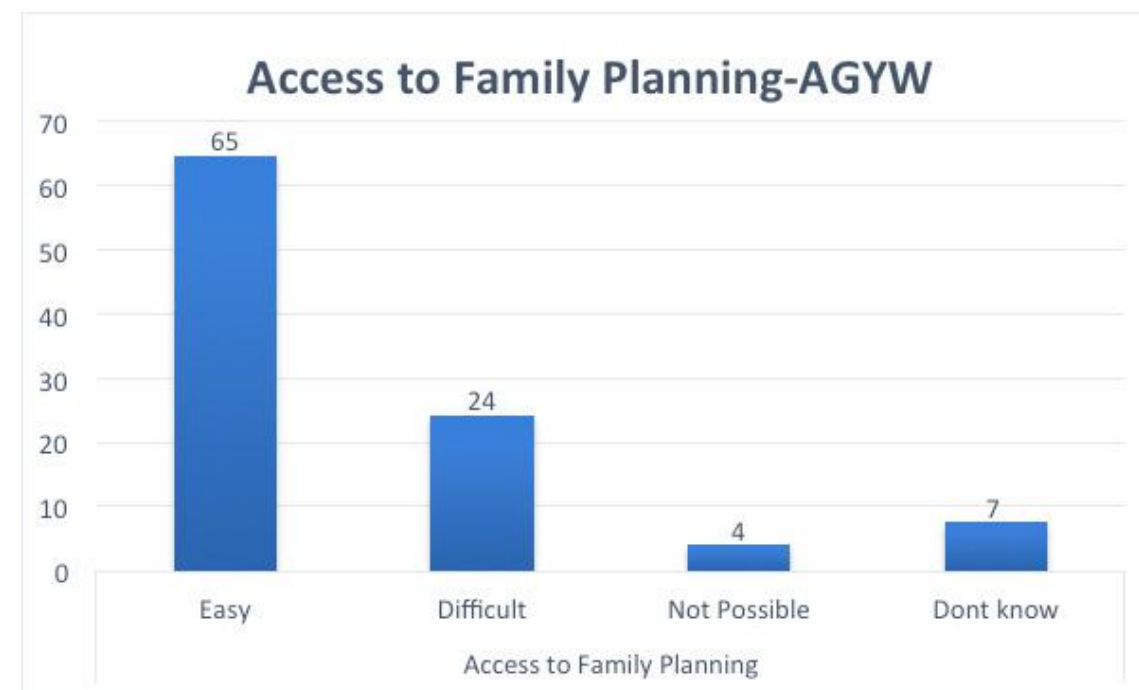
*“Negative attitude from medical personnel”
FGD girls- JIU PACHI Football Team-Kisumu*

*F1: “Attitude from those who are supposed to offer services to the youth, such as nurses they may be judgemental. Lack of youth friendly services in the area, there are only Two in Nyando”
FGD Parents-Nyabende Support Group*

*Most girls don’t go because of fear. They are afraid someone they know will see them
SEP Football Group-Oyugis*

unfriendliness of the services, negative service provider attitudes, lack of confidentiality and privacy and fear of familiar people at the health facilities. Some of the qualitative findings are shown below;

Figure 9: Access to family planning services AGYW
Source: Primary analysis of survey data



Though the data on DHIS reflects low access to PEP services, the evaluation established rape and defilement cases are still many and there is under reporting at the health facilities hence more advocacy needs to be done to ensure all the defilement and rape cases are reported through proper structures and records are well kept and utilized to make informed decision. For example, in Homa Bay, DHIS shows in 2017 only 421 received PEP for other reasons,123 for sexual assault while in

2018 it was reported as 230 and 23 respectively for other reasons and sexual assault. In Kisumu over the same period, DHIS shows in 2017 only 1241 received PEP for other reasons,481 for sexual assault while in 2018 it was reported as 367 and 88 respectively for other reasons and sexual assault as shown in table 17.

Table 17: Access to PEP in Kisumu and Homa Bay
Source-DHIS

County	Kisumu	Kisumu	Homa Bay	Homa Bay
	2017	2018	2017	2018
PEP Sexual Assault	481	88	123	29
PEP Other reasons	1241	367	431	230
SBV-Proportion completed PEP	0	0	0	0

However according to qualitative findings, one of the challenges affecting AGYW in Homa Bay and Kisumu counties is rape and defilement. With the DHIS data, this clearly demonstrates under reporting of the instances. The project empowered the AGYW with knowledge through trainings and dissemination of SRHR messages i.e through sanitary towels, IEC material to manage rape cases when they occur and disseminate the information to their peers.

The assessment established that the AGYW had increased capacity in matters relating to SRHR including rape and defilement cases and have been able to use this information to help even their peers who have been rape victims which has led to improved access to SRHR services among the target population. Some of the qualitative findings analysis in assessing knowledge and behavior change are shown below;

*Lawyers provided by KELIN help CBOs deal with rape cases and land issues
CBO-OMUONYOLE MUHORONI*

*Training was the most effective, it has helped the girls and they have been able to share the knowledge gained with their peers
CBO-OMUONYOLE MUHORONI*

*Trained on what to do in case you are rape
FGD GIRLS- JIU PACHI FOOTBALL TEAM*

*Training was the most effective, it has helped the girls and they have been able to share the knowledge gained with their peers
CBO-OMUONYOLE MUHORONI*

*Was able to get information about PREP and PEP from a tent with the KELIN banner and also noticed police presence
AGYW-SEP-Oyugis*

Assessment on Discussion on contraception and effectiveness of the project

Most young people confirmed discussing contraception with their sexual partners (72%). Among these, about 94.9% of AGYW in sexual relationships reported to discuss contraception before sexual intercourse compared to baseline which was 87.5% as shown in table 18.

The results shows a slight increase of AGYW discussing contraceptive before sex from baseline to end-line, this implies the AGYW have more knowledge and understand more on importance of using contraceptive especially before intercourse hence less exposed to STIs and HIV/AIDS. This increase in knowledge can be directly attributed to the trainings that the girls received through the project, SRHR information received through various platforms including sanitary towels, SMS, soccer clinics and theatre activities hence demonstrating the effectiveness of the project.

Table 18: Discussion on contraception-Baseline and End-line
Source: Primary analysis of survey data

Discuss Contraceptives	Baseline	End-line
Before Intercourse	87.5	94.9
After Intercourse	6.3	4.6
Other times	6.3	0.5
Total	100	100

Use of Contraceptives amongst AGYW

The evaluation established that 70.5% of the respondents had ever used a method to avoid pregnancy. On the frequency of use among the young people who had ever used a method to delay pregnancy, the end-line evaluation established that 76.4% always used them while 23.6% sometimes used them which is an improvement from baseline where 62% of AGYW always used contraceptives while 38% of the AGYW used them some of the time suggesting possible reduction to exposure to risks of STI including HIV infection and unplanned pregnancies at end-line compared to the baseline.

These results are directly attributed to project interventions which aimed at increasing access to information and sexual reproductive services through trainings, SRHR messages on sanitary towels and SMS platform amongst the project activities that aimed at facilitating access to SRHR. The trainings included types, use and importance of contraceptive use hence the increase in frequency of contraceptive use by AGYW to always use it when having sexual intercourse.

Current (Most Regular/Steady/Stable) Boyfriend and Effectiveness of the Project

The assessment results showed more than half of the respondents currently had boyfriends, the evaluation went further to assess how the girls are concerned about HIV/STI with their current boyfriends, the evaluation established that there is a slight positive change in regards to AGYW concerned that may be infected with HIV or any other sexually transmitted disease from their boyfriend, 68.8% were concerned while 31.3% were not concerned against the baseline 64.8% were concerned and 35.2% were not concerned.

The assessment also shows that 83.6% reported that are able to do anything to reduce the risk of infection and 92.5% will use condom to avoid HIV and STIs. The results are in resonance with the training objectives of AGYW which the beneficiaries were taken through during project implementation which included increasing knowledge of Adolescents Girls and young women on HIV Science; Encouraging adherence and positive living and promoting prevention among AGYW.

Table 19: Current (Most Regular/Steady/Stable) Boyfriend
Source: Primary analysis of survey data

Concerned about HIV/STI	Yes	No
Ever concerned that you might catch HIV or any other sexually transmitted disease from your boyfriend?	68.8	31.2
Are you able to do anything to reduce the risk of infection?	83.6	16.4



One of the Court Users Committee members addresses the members of the community from Manyatta area in Kisumu County, during a community dialogue in 2018.

Strategic choice of using stakeholders

In terms of the strategic choice of using AGYW, widows, elders committee, Community Health Management Team, Court users committee, pro bono lawyers, local administration and CBOs to address SRHR, land/property issues in the community targeting the OVCs and young women, the evaluation established that the strategy worked well considering the context of cultural practices and few youth friendly health facilities against the wide geographical dimensions of the counties.

According to DREAMS Innovation Project baseline Survey report (March, 2017), there was improved knowledge and attitude change among the sampled AGYW respondents on sexual and reproductive health and rights components, such as condom use, access to HIV testing and counseling, contraceptive method mix, and sexual and reproductive health laws. This is attributed to the following project outcomes as a result of various interventions mentioned below:

Outcome 1: Enhanced knowledge and understanding on sexual and reproductive health rights among Orphaned and Vulnerable adolescent girls and young women, elders and widowed households.

The project targeted and trained 380 AGYW on the linkages between SRHR and HIV, Documentation of SRHR violations and Reporting Mechanisms who disseminated the training to 15,000 AGYW. The trainings aimed at empowering adolescent and young girls on basic concepts of HIV and sexual and reproductive health rights; share avenues that women and girls can use to access justice for sexual violations; and building stronger networking relations and initiate a community network for securing participants' land rights.

The evaluation established that the girls' perception on condom use was enhanced through project interventions like training on SRHR rights. This was assessed through a number of statements that were

read to the study participants during interviews to measure their perceptions on condoms and condom use. Majority of the young girls stated they can insist on condom use every time they have sex (Strongly Agree 24.1%; Agree 48.8%) while slightly over half of the respondents stated they know how to use condom properly (Strongly agree 19.5%; Agree 33.1%), lastly Majority of the respondents stated they would refuse to have sex with someone who is not prepared to use a condom (Strongly agree-28.4%; 52.7% agree) as shown on table 20.

These results establishes that majority of the girls capacities have been enhanced and can make the

right decisions in regards to protecting themselves against STIs/HIV and pregnancies since condoms a dual method of protection. Since data has clearly shown us that the young girls are one of the groups who are at high risk of contracting HIV and the two counties have previously recorded high teenage pregnancies, this knowledge and perception will transform to behavior change leading to reduced prevalence of teenage pregnancies and HIV among adolescent and young women of ages 15-24 years.

Table 20: Perception of AGYW on Condom use
Source: Primary analysis of survey data

Condom Use	Strongly agree	Agree	Strongly Disagree	Dis-agree	Not sure
I am confident that I can insist on condom use every time I have sex	24.1	48.8	3.8	15.2	8.3
I feel that I know how to use a condom properly.	19.5	33.1	10.6	21.6	15.2
I would refuse to have sex with someone who is not prepared to use a condom.	28.4	52.7	3.0	9.8	6.1

Commonly used Contraceptive Method amongst AGYW

The assessment established that the most commonly used contraceptive method among the young people and their sexual partners was the male condom (86.1%) followed by injectables and implants (10.1%), pills (6.3%) other methods of contraceptives like safe days, withdrawal recorded proportions of less than 2% for vulnerable adolescent girls.

(45%); shops (20%) and pharmacy (18.5%) as depicted in table 21. The findings establish that majority of the youths are aware on where to get contraceptive services with slightly less than half getting the services from health facilities. The government health facilities should provide basic services but because of some challenges as highlighted in the quantitative analysis, the AGYW are forced to look for these services elsewhere.

The evaluation went further to assess the most common source for the contraceptive methods frequently used by young people, the results established that was the government health facilities

Table 21: Source of Contraceptives for AGY
Source: Primary analysis of survey data

Source: Contraceptives	Where do you and your boyfriend/girlfriend get Contraceptives
Shop	20.8
Pharmacy	18.5
Govt. Clinic/Health Centre/Hospital	45.8
Private Doctor/Nurse/Clinic	5.4
Friend	0.3
Parent	0.9
Other	16.7
Don't Know	18.2



KELIN collaborated with partners working in Homa Bay and Kisumu counties to create awareness among the AGYW on SRHR and HIV & AIDS. This was aimed at equipping them with the right information thereby empowering them to make wise decisions about their lives and reducing their vulnerabilities to HIV infection.

Knowledge of HIV & AIDS and Sexually Transmitted Diseases

The evaluation findings established that majority (99.7%) of the respondents have heard about HIV. The results also show 82.8% knew that HIV cannot be cured which shows the knowledge level about the disease amongst the targeted group.

Perceptions of young people on HIV and AIDS

To establish perception on HIV/AIDS a series of statements were read out to AGYW to assess their perceptions on HIV/AIDS. The results are shown in Table 22 below

Table 22:
Source: Computed by author using study data

Perceptions regarding HIV and Aids	Baseline, n (%)			End-Line, n (%)		
	True	False	Don't Know	True	False	Don't Know
HIV infection can be prevented	93.7% (374)	5.5% (22)	0.8% (3)	94.4% (383)	7.2% (29)	1.6% (6)
A person with HIV always looks emaciated or unhealthy in some way	35.1% (140)	61.7% (246)	3.3% (13)	33.7% (125)	69% (482)	3.5% (21)
People can take a simple test to find out whether they have HIV	96.2% (384)	2% (8)	1.8% (7)	97.9% (383)	7.2% (29)	1.6% (6)

The results were computed in comparison with baseline data, the findings established there was no significant difference in perceptions which was already relatively good during the baseline survey.

The findings demonstrate 94.4% of the respondents perceive HIV infection can be prevented, 63% perceived the statement on a person with HIV always look emaciated or unhealthy in some way to be false while 97.9% of the AGYW perceived the statement that people can take a simple test to find out whether they have HIV to be true.

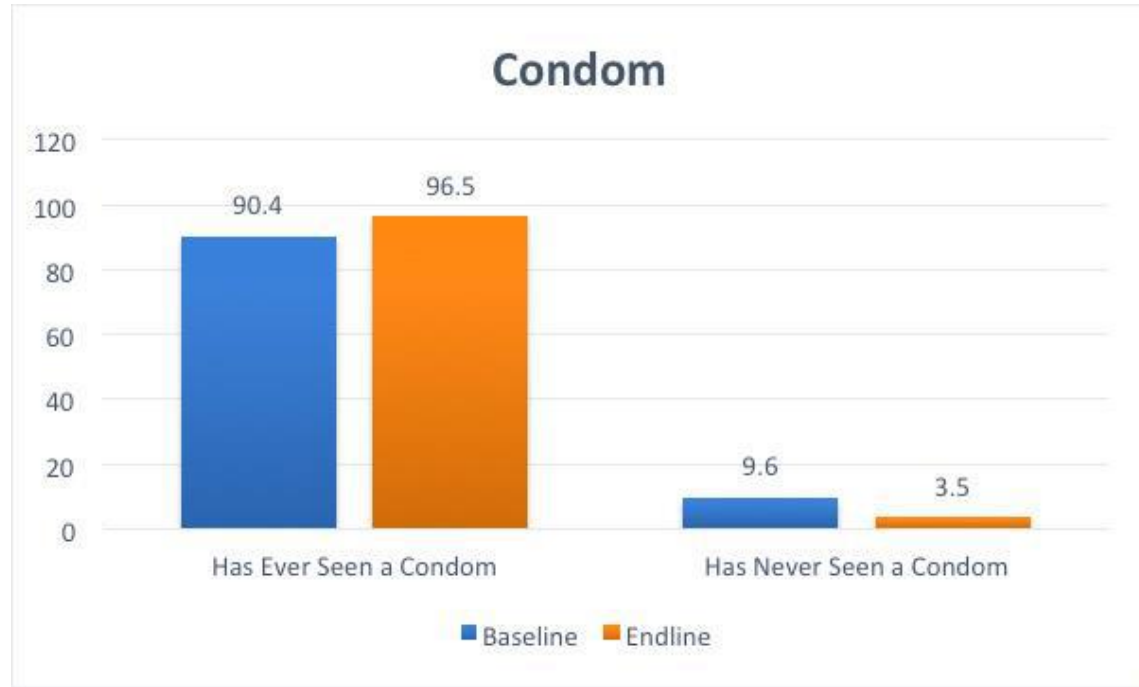
The findings show that the perceptions on HIV is good with an improvement on people living with HIV which demonstrates an improved in

knowledge on how people living with HIV look which is directly attributed to the training received during the project period which aimed to demystify perceptions on HIV especially on stigmatization and discrimination.

Condom Knowledge and Attitudes

The end of project evaluation findings demonstrates an increase in AGYW who have ever seen a condom from 90.4% in baseline to 96.5% in end-line. This could be attributed to the training which there was condom demonstration as part of the training.

Figure 10: condom knowledge and attitudes
Source: Computed by author using study data



Condom use by AGYW

The study findings show that majority of respondents had used a condom at 95.2% compared to baseline 79.7%. The findings further show that for the AGYW that have ever used a condom, 24.4% had experienced condom breakage/split during intercourse which is

a slight decline from the baseline which was at 26%.

This shows a slight improvement on correct condom use though a lot still need to be done to ensure there is no experience on condom break/split during intercourse for the AGYW since it exposes to STIs and HIV.

Effectiveness of Sanitary Towels with education information on SRHR

The project developed SRHR messages through participatory research with AGYW which targeted to assess the type of message and the mode on which the message will be packaged. The research was conducted through Impact Africa, one of the stakeholders in the DREAMS project.

could not establish how the SRHR messages on the sanitary package influenced the girls into behavior change or increased knowledge. The approach was good if it was implemented to the latter and within the project timeline. Some of the key messages on the sanitary towels are shown below;

The sanitary towels were distributed through the 65 CBOs that the project was working with. At the time of evaluation, most of the sanitary towels had yet reached the targeted 13,200 AGYW as a result of logistical challenges from the time they were purchased which resulted to delay in distribution. The effectiveness of the intervention could not be realized at the time of evaluation since majority of the girls had not received the sanitary towels hence

Impact Africa was engaged in developing the concept as to how the Adolescents would be reached. The organization conducted a dip stick survey to find out communication channel preferences as well as creative interventions that would resonate with them so as to engage them effectively.

The survey was also based on Impact Africa's programme known as Sexual Education and

Mentorship for Adolescents (SEMA) that sought to support AGYW with Mentorship and Sexual Education avenues that included messaging cards tucked between sanitary towels.

Findings showed that in order to be effective in our outreach, they had to partner messages with intriguing activities.

These findings gave impetus to the various activities implemented under the DREAMS programme that included Messaging cards in sanitary towels, Football Drills that were facilitated by Wazito Football Club and use of an SMS platform to engage the girls

Figure 11: Branded Sanitary Pads and Information Cards





Kisumu County First Lady, Dorothy Nyongo (Centre) accompanied by Makeni County First Lady (right) admire sanitary towels package. Naomi Monda explains the message cards contained in the sanitary towel boxes used to pass on vital information to AGYW regarding menstrual hygiene, how and where to report cases of sexual violence among other topics.

Effectiveness of Elders Training on Land property Rights, linkages between SRHR and HIV, Documentation of SRHR Violations and reporting Mechanisms under SRHR

The literature review from KELIN reports established the judicial system in Kenya was inaccessible to most people in rural areas hence the choice of KELIN to work with traditional cultural structures such as the Councils of Elders to address human rights violations at the community level. KELIN engaged with elders to mediate on land and property rights cases and has facilitated the resettlement of widows and orphans whose rights had been violated. The project through KELIN also conducted regular trainings for the elders to build their capacity on human rights and Alternative Dispute Resolution (ADR) mechanisms.

The elders were selected because they are the custodians of the culture and they wield a lot of influence within the project communities. They have the capacity to influence the discourse on SRHR as it affects orphaned and vulnerable girls. Their existing relationship with KELIN also creates a good foundation for increased engagement in addressing the social and cultural factors that predispose the adolescent girls to HIV and SRHR violations.

The project trained 60 elders (male and female) from

both Homa Bay and Kisumu counties on the linkages between SRHR and HIV and how to document SRHR violations and reporting mechanisms under SRHR. Through these trainings the evaluation established that the elders had increased knowledge in regards to land and property rights as well as SRHR issues affecting the project beneficiaries and how to address them as elders since they are pillars in these communities in regards to how policies and laws are implemented.

The elders' committee meetings have been held on a quarterly basis which enabled them to share cases that they have encountered or are working on and develop solutions in addressing them. So far 4 cases have been reported in Homa Bay and over 10 cases in Kisumu through the elders' committee.

Two elders committees were established which acted as watchdogs for and over the OVC's in both Counties-The committees enabled to identify, resolve land and property issues, SRHR issues affecting the girls using the training and information they had. The elders were able to repossess land that widows had been denied rights to own after their husbands passed away.

This was one of the major achievements since the elders understood their role in the community as anchored in the constitution of Kenya, There was a clear change of attitude ,behavior and practice amongst the elders that were trained through this project on issues of land/property rights and wife

inheritance, majority of elders in the community are pro cultural practices but the elders that their capacity was enhanced in regards to the constitution of Kenya understood that the cultural practices were against the law and upheld the rights of the OVCs and widows according to the law.

“problems are solved at clan levels and if the problem cannot be solved, it is taken to the council of elders or chief and tell them what needs to be done. Some of the cultural practices have since been eradicated. The council of elders also taught the others what they have learnt from KELIN in relation to some cultural practices”

Male Participant- FGD Kisumu Elders Committee

“they are able to talk about them and they are now aware of their rights. There is a lot of empowerment by KELIN”.

Female Participant- FGD Kisumu Elders Committee

“The training has helped enlighten the community more on issues of succession for widows. It has eased the work and the community elders also offer assistance.”

Female Participant- FGD Kisumu Elders Committee

“after the death of a man’s wife, the family of the wife brought a young girl to take care of the child that was left behind, so the man was living with this young girl. The girl however ended up being impregnated by the man and she was not attending school.” Female Participant FGD Homa Bay Elders Committee

“the sensitization has helped the widows and orphans know their rights and also the community as a whole are aware of them”-

Female Participant FGD Homa Bay Elders Committee



Clockwise: Intergenerational dialogues held in Kisumu West, Ahero, Muhoroni and Nyakach in Kisumu County in September 2018

Effectiveness of Inter-generational dialogues between the elders and the Orphaned and Vulnerable AGYW on their role in protecting AGYW's against SRHR and Land and property rights violations

One of the major barriers to access of SRHR information and services is known to lack of dialogue between policy implementors in the community, decision makers in the community and victims of violations in the community. The project designed interventions to address this barrier through facilitation of fifteen (15) inter-generational dialogues which were held in both counties of Kisumu and Homa Bay. Members of inter-generational dialogue included community elders, AGYW, chiefs, police, widows and religious leaders.

The inter-generational dialogue sessions between the adolescent girls and young women, the elders, the widows and other duty bearers is a community engagement strategy that sought to open up communication channels around sexual and reproductive health rights and land and property rights issues in the targeted counties while holding the duty bearers at the constituency and county

level accountable.

The objectives of the inter-generational dialogue included: facilitating dialogue between the community and adolescent girls and young women on SRHR and LPR issues in Homa Bay and Kisumu Counties; facilitating the understanding of the roles of the elders, chiefs and other duty bearers in protecting adolescent girls and young women and widows against SRHR and LPR violations and to address the barriers to SRHR and LPR for adolescent girls and young women.

The evaluation established that the approach was very effective since all the relevant stakeholder who are key in addressing SRHR issues that affect AGYW were in attendance and discussions included assessing the barriers and how the stakeholders could address them, the roles of stakeholders and how to coordinate in case of anything that affects AGYW.

"There was a dialogue at Shauri Moyo and the discussion was on what KELIN should do to empower girls in the community. It involved the chief, elders, some girls and the police. There were questions on topics like rape, contraception and land inheritance."

FGD Participant-Inter-generational dialogue-Homabay

"It was an effective way of reaching out to people. It should also be held in the sub counties and not just Kisumu county."

FGD Participant-Intergenerational dialogue-Kisumu



Effectiveness of Widows Training on Land property Right, linkages between SRHR and HIV, documentation and reporting mechanisms for SRHR in Homa Bay and Kisumu Counties

KELIN initiated its cultural structures project (CSP): "to facilitate access to justice by women and children in relation to their right to inherit property" since 2009. Since then KELIN has worked with elders in Homa Bay and Kisumu counties to resolve disputes involving widows, orphans and their families over their right to inherit property. Since the project was initiated over 200 widows have been resettled as a result of this project.

The DREAMS project anchored on existing structures and success project to achieve success of facilitating access to SRHR amongst OVCs and young women

in Homa Bay and Kisumu counties. Since widows were the primary beneficiaries of CSP, this posed a unique advantage of not only understanding the positive aspects of culture but they are also acutely aware of its negative effects.

The project identified widow champions who are not only knowledgeable on their culture but understood their rights and were able to articulate them and champion for them. The widow champions having been subjected to the negative aspects of culture were able to empathize with adolescent girls and young women who are vulnerable to HIV and sexual violence for a variety of reasons. The project

aimed to capacity build the widows and ensure that;

a) Widows are empowered on basic concepts in HIV and sexual and reproductive health rights;

b) Widows have increased understanding on the legal protections available to young women whose sexual and land rights have been violated in Kenya; and

c) Stronger networking linkages between the widows, law enforcement officers and the judiciary in securing justice for victims of sexual violence

The evaluation established (156) widows were trained on the linkages between SRHR and HIV, documentations and reporting Mechanisms for SRHR in both Homa Bay and Kisumu Counties while (30) widows were trained on land and property rights and their connection to the SRHR issues as they affect orphaned and vulnerable girls. Through the project, the widows have championed for key decisions that affects women and orphans who had their land repossessed.

The widows were empowered and ensured any case of rape, defilement, land disposed from the vulnerable women were reported in the proper

reporting structures which enabled justice to be delivered to the victims. Moreover, during the development of SRHR key messages for the AGYW, the widows were engaged as part of the research in developing culturally and socially acceptable messages for OVC's through the knowledge they have.

The widows were critical in the project because of the empathy in regards to land and property rights violation, widows are the main victims of land and property violation hence it was key to ensure they are engaged in the project to understand their rights and how they can acquire their land and property rights. Widow champions played a critical role to the project in order to address barriers that hinder other widows and OVCs in accessing land and property rights services since they were part of the elders committee who were critical in resolving the land/property disputes

The identification and training of the widow champions enhanced achievement of the project objectives by ensuring land and property rights violations are addressed through the right mechanisms. Some of the qualitative findings are shown below;

“lack of awareness, people are not aware of their rights or that there are free legal services. Barely has enough time to actively participate in sensitization. There is no capacity from the community to demand such services.”-

KII FOR HOMA BAY PRO BONO LAWYER

“ the key barriers hindering AGYW reporting the cases include lack of exposure;; threats from perpetrators of offences;; ignorance;; some law enforcing officers are compromised; they are paid to make the case difficult leading to people giving up on them;; some girls are ashamed, for others the parents are bribed by the perpetrators to let the case go; lack of understanding and trustworthiness within the family leading to conflict on whether or not to report; F6: poverty” Female Participant

FGD KISUMU ELDERS COMMITTEE

“KELIN has helped resolve land disputes for the women in the community. Those whose land had been grabbed have been helped to get them back”-Female Participants

FGD Parents-Nyabende Support Group

“there was a two-day clinic at sports ground that involved various organizations like judiciary, IPOA, KNHR, medical practitioners among others in different tents and was organized by KELIN to give people an opportunity to lodge their complaints with relevant institutions and get a health check-up from medical Practitioners, those seeking advice on land related issues had an opportunity to have their questions answered.

There were various forms of entertainment from kids from the DREAMS project”

KII-Pro Bono Lawyer-Kisumu



Outcome 4: Enhanced knowledge and understanding on sexual and reproductive health rights and justice; and Land and Property Rights among Lawyers, CUC Members, CHTs and CBOs.

Kenya established Court Users Committees (CUCs) over the past 5 years which is a forum that brings together actors in the administration of justice as well as users in the justice system, to address the problems within the sector and to coordinate responses to these problems by the Judiciary. CUCs have been lauded as the best vehicle for improving public participation in judicial processes, because they provide the opportunity to make the justice system more participatory and inclusive since the public is represented through institutional representations of all arms of government, civil society organizations and private sector groups.

The CUC is mandated to promote accountability and improve the performance by courts and all actors within the justice chain. This creates the need to engage the committee members in a discussion

that will create the focal points on access to justice in terms of case tracking, social justice and ADR. KELIN has been actively engaged in the Kisumu and Homa Bay CUC as a representative of non-governmental organizations since 2016. Several trainings and dialogues have been held with the CUCs that focused on sharing the perspectives of legislators and law enforcement agents on HIV and related legal and partnership, networking and linkages with agents on HIV and related legal and human rights issues.

KELIN continued to strengthen its partnership, networking and linkages with the CUCs in order to enlighten them about the challenges faced by the AGYW and identify the CUC's role in developing a responsive and effective system that will ensure that the AGYW and vulnerable the community are assisted.

The CUC dialogues aimed at creating a conversation that is necessary to the development of transformative strategies and perspectives on the legal mechanisms available for the AGYW by addressing the following issues in relation to their access to justice;

a) A defined role of the of the CUC and the judiciary in facilitating access to justice to protect the rights of AGYW;

b) Enhanced interaction and communication between KELIN, AGYW, Judiciary and the CUC and decision makers including the opportunity to share key messages;

c) Stronger networking partnerships between the CUC and other stakeholders in addressing the legal and ethical challenges that affect AGYW.

To achieve the above objectives the project trained twenty-six (26) lawyers on SRHR and land and property rights as they affect the orphaned and vulnerable girls and how they are going to support the AGYW in addressing SRHR and land/property challenges in Homa Bay and Kisumu Counties

The project also trained fifty (50) CUC members on SRHR and land and property rights as they affect the orphaned and vulnerable girls and how they are going to support the AGYW in addressing SRHR

and land/property challenges. Moreover, the project trained Forty-five (45) CBOs members on SRHR and land and property rights as they affect the orphaned and vulnerable girls in Homa Bay and Kisumu Counties.

The evaluation established the trainings were effective and the engagement contributed much in achieving the project objectives, this was demonstrated through access to legal services. The results show majority of the vulnerable widows cannot access legal services because of lack of knowledge and the legal fees for the case to be processed.

Through engaging pro bono lawyers that were engaged with KELIN, they reduced this barrier through provision of legal services for free. KELIN supported the pro bono lawyers through a small stipend to process the cases on behalf of the targeted AGYW. This enabled most of the vulnerable who could not access services to access legal services. Some of the qualitative findings are shown below'

"It is a good model especially for cases on land, it has helped fill a huge gap. KELIN should also provide psycho-social support in terms of pro bono counsellors for victims."

KII-Pro bono lawyer-Kisumu

"continue with the provision of pro bono lawyers. KELIN should continue working with the various stakeholders"

Female Participant-Elders Committee-Kisumu

Worked on two cases in regards to land and property rights.one was for succession and is at the high court

KII-Pro bono lawyer-Homabay

"Access to legal services is low because in Homa Bay there are around 10 advocates, for succession it is around sixty thousand shillings. The lawyer's rates are quite high and most of these people can't afford hence access to legal services is low. They still have to pay around eight thousand five hundred shillings at the judiciary which is still quite expensive for the widows they however don't need a surety; they are given some forms to fill in. there is fees for filing and for gazettment. "

KII-Pro bono lawyer-Homabay

Increased access to sexual and reproductive health justice for orphaned and vulnerable adolescent girls

The project engaged pro bono lawyer in order to provide access to justice to the vulnerable adolescent girls and widows. Through provision of free legal services to the communities, widows whose land and property rights were violated during the project period were able to be linked with the project?, received legal services and some cases were concluded while others are still in court awaiting determination. The pro bono lawyers were able to handle 7 cases that were relating to widows disposed on their property.

The project also conducted two (2) Medico-legal aid clinics in Homa Bay and Kisumu Counties which enabled 300 AGYW and widows to be reached with SRHR and land/property issues information.

Strong partnership and trust through communication, networking, and collaboration on SRHR and LPR

Efficiency-Facilitate the DREAMS Project Oversight Committee represented by Stakeholders from both Counties-The project steering committee was a good approach in management of the project. The PSC used to meet on quarterly basis to discuss the progress of the project, reviewing previous action plans by CBOs, elders committee and provide guidance on the key challenges and recommendations on how to address such challenges. This enabled the activities to be implemented on time and ensure quality programming during implementation. This also brought project ownership to the project

"The method was satisfactory and interactive. Some of the games they played taught them to speak up on various issues so that they can get help"

Female participant- FGD-JIU PACHI Football Club-Homabay

"Meeting and football tournaments have helped keep the girls occupied"-Female participant

FGD Parents-Nyabende Support Group

since the leaders were identified by members of the committee which had different stakeholders representing different interests in facilitating access to SRHR amongst the vulnerable OVCs and young women.

AGYW Skills and Talents nurtured through Sports and Drama

The assessment shows that the project Mobilized 657 adolescents' girls and young women who were interested in soccer in 15 Constituencies in both counties-Through the soccer clinics the girls went through SRHR training and key messages were disseminated. Through Wazito FC, the football club identified talent and nurtured its beneficiaries on career and life skills.

The evaluation established that the girls appreciated the trainings received since it enhanced their football skills. In assessment of SRHR information and life skills training received through the football club, the evaluation established that the girls had low knowledge signifying that the intervention was less effective in impacting knowledge on SRHR through soccer clinics.

Majority of the girls interviewed could not recall the life skills training they received and the three key messages in regards to SRHR which they were trained on. This was majorly because of low frequency of the life skills training since the girls football teams were trained only once by Wazito FC during the project period in regards to life skills and SRHR through soccer clinics. Also the assessment established that Wazito Football club did not develop a manual that the coaches and team managers could use after the training and continue to empower the girls with the life skills and SRHR knowledge through soccer drills.

"Training on condoms and contraceptives were brief"-Female participant FGD-SEP Football Club-Homabay

"The training was done well, it was done from a field but the training period was short" Female participant-FGD-SEP Football Club-Homabay

"Training should be done during school holidays when all the girls are home- Female participant"- FGD-SEP Football Club-Homabay



A skit presented AGYW champions during the DREAMS Closeout meeting held in April 2019.

AGYW Skills and Talents nurtured through Drama

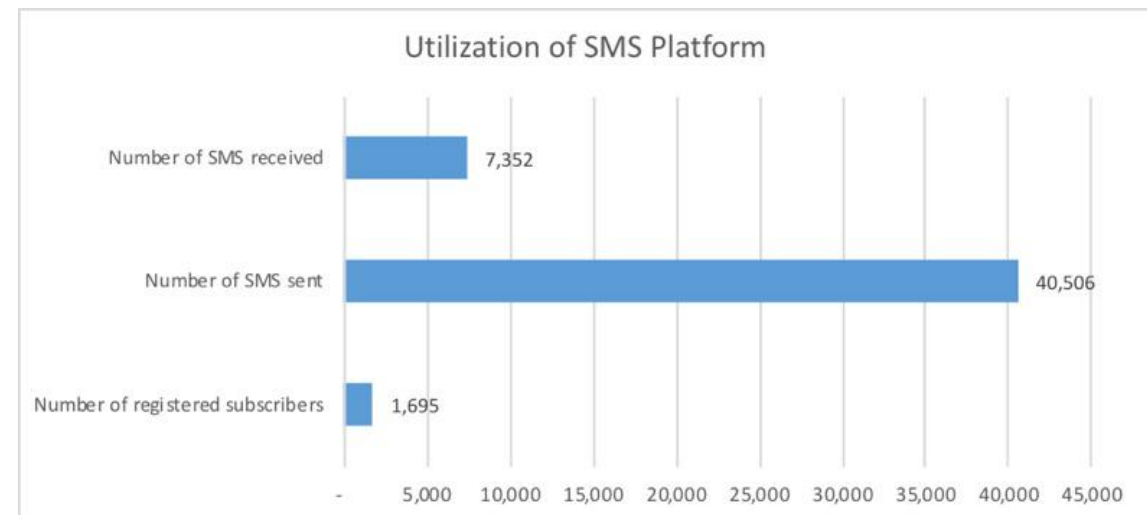
The evaluation established that 60 AGYW from both counties were trained on magnetic theatre to enable the girls use the Magnetic Theatre skills to pass SRHR messaging. The girls used these skills to disseminate SRHR information during the soccer clinics and medical-legal clinics which most of the youths could identify themselves with the context.

Though this was a good approach, the effectiveness of the intervention could not be well established since the girls that were trained were drawn from different sub counties hence it was difficult for them to meet because of logistics reasons hence the only time they could make use of the skills gained was through KELIN planned activities hence the magnetic theatre skills could not be effectively utilized to reach many of the targeted population with SRHR and land/property information. The evaluation recommends proper planning on where to identify the participants and how such activities will be implemented after AGYW have acquired the magnetic theater skills.

Effectiveness of SMS Platform

The project used free hotline SMS platform (40210) to share information in regards to SRHR issues to AGYW. The free SMS line was a very effective tool in sharing information to the adolescent girls. A number of the girls interviewed confirmed that they have been receiving regular messages on various issues, including contraceptives, sexual violence, sexual intercourse, menstruation, abortion, sexual and reproductive health rights and HIV prevention.

This is an innovative intervention and cost-effective mechanisms of reaching out the youth with targeted messages. The messages are also easily passed on through SMS and other channels such as WhatsApp thereby reaching a very wide audience within a very short time. It is however, difficult to establish the total number of girls reached so far. The baseline results established that 40,506 messages had been sent out, 7,352 SMS received through the toll free number while 1695 were registered users.



The end-line evaluation assessed the type of messages received from AGYW. The summary is shown below as frequently asked questions by AGYW (FAQs) between the project inception (2017) and of the project (2019);

Contraceptives

Based on the SMS received, most users asked questions on contraceptives. The young women were curious to know the different types of contraceptives, the side effects, the effectiveness of the contraceptives, if e-pill is a contraceptive and how many times one can use it. The girls queried if they can use contraceptives before they give birth, and the right age to use contraceptives. There were myths and misconceptions about contraceptive use especially (implant & depo).

A number of women who are using contraceptives explained instances of releasing more vaginal discharge and not receiving their periods for 3 months. It was clear that the women were not aware that they are supposed to consult a health care provider before using any form of contraceptive. It was noted that young girls struggle to access youth-friendly clinics that provide contraceptives; one of the girls was chased from a health facility when she wanted to access contraceptives. A girl shared an experience of how an implant backfired and resulted in her getting an unplanned pregnancy.

Sexual violence

Incidences of sexual violence were highly reported in the SMS platform. The AGYW reported cases of

defilement and asked for insights on how to support girls to access psycho-social support and justice. The common sexual violence forms reported on the SMS platform were: defilement, rape, and sexual harassment.

The AGYW wanted to know the do's and don'ts when one has been raped. Sadly, several cases of girls who had experienced rape were not reported and no medical support was provided which resulted in the girls getting pregnant and contracting HIV.

The review disclosed that sexual violence was either committed by a close family member (Father, uncle and in law) or a stranger and a teacher from school. Furthermore, the girls wanted to understand the root causes of sexual violence and where they can get help when it happens. Girls who experienced sexual violence had psychological distress which was difficult to deal with, wanted emotional support on how to forget the incident and how to cope with the situation. They were in a dilemma on whether to terminate pregnancy as a result of the violence experienced. The girls were keen on knowing how best they can handle sexual harassment when it happens.

Sexual Intercourse

The women inquired about having sex during periods, how to know safe days and action to be taken if a condom burst while having sexual intercourse. In addition, they asked the risks involved if you have unprotected sex with a man who is HIV positive, the effects of abstaining for a long period of time and how to support girls who are addicted to sex.

Abortion

The young women questioned where they can access safe abortion, dangers associated with terminating a pregnancy during the first trimester and if they can terminate a pregnancy that resulted from rape. They also wanted to understand the constitutional provisions on termination of pregnancy. Abortion is perceived by the girls to be costly hence options of accessing unsafe methods are explored (herbal concoctions).

Menstruation

The girls sought to understand the premenstrual syndrome, how to manage menstrual cramps and get more details about the menstrual cycle.

What were the project’s coordinating mechanisms applied to the project implementation? To what extent did the project involve key partners such as the county government, local community, implementing stakeholders such as other NGOs, and the private sector?

The project adopted a seamless coordination mechanism which was aligned to government and other agency modus operandi. The project held quarterly Project Steering Group (PSG) meetings chaired by chairman was elected by the project stakeholders in their counties.

Project stakeholders that participated in the meetings included CASCO, CBO representative, widow champion, SRH Coordinators and elders during inception meeting, launch, mapping out of the key stakeholders to be incorporated in the project, outreaches for medical-legal, targets for CBOs were identified. KELIN supported these coordination meetings.

Through this project steering committee coordination forum for the project, better coordinated management was realized minimizing reproductive sexual health rights impact in the lives on AGYW.

The project conducted quarterly knowledge sharing sessions among pro-bono advocates which enabled them share their experiences/lessons learnt and brainstorm on possible solutions to some cases they

Sexual infections

The women were seeking answers about the home remedies that can treat fungal infections, where to access treatment of sexual transmitted infections and signs and symptoms of sexual infections (itching and pimples on the vagina).

HIV

The AGYW requested for general information about HIV/AIDS and insights of living positively. Adherence to HIV treatment seemed to be an issue of concern and others wanting to try out herbal concoctions as opposed to ARV’s. In addition, young women wanted insights on how to care for an infant with HIV and know more about PREP (Who can use it, where to get it and how it works).

are handling as well as sharing best practices.

The elders committee were also meeting on a quarterly basis to review the cases/issues they present from the communities they are hailing from as well as developing solutions as a committee and sharing experiences they have encountered during the quarter.

To what extent did the project achieve value for money?

This refers to the optimal use of resources to achieve intended outcomes. In analyzing VfM, we examined the 3 Es; economy, efficiency and effectiveness.

In terms of economy, the evaluation established that the Project was guided by organizational financial management and procurement procedures and standards. Key informant interviews with KELIN staff revealed that supply of items was guided by competitive bidding in line with procurement policy.

In establishing efficiency, the evaluation determined

that the project adopted a smooth coordination mechanism that enabled smooth implementation of interventions. KII with KELIN staff and a review of project documents including semi-annual reports confirmed the efficient nature of the project operations. The project leveraged on MoH existing structures – SRHR Coordinators, Luo elders, CBOs and widow champions from CSP. Efficiency ratio

was even with no overspend and/or underspending

In terms of effectiveness, the evaluation established that the project delivered the intended results, including strengthening community level services such as training of CBOs, elders, AGYW, widows and equipping them with tools to support SRHR services.

How did the project achieve cost-effective utilization of available resources, including funds, human resources and time? This also seeks to address resource leveraging and timeliness of implementation.

In order to achieve resource leveraging, the project benefited from existing government and community structures to deliver interventions. For instance, the Project used MOH(SRHR) staff and subject matter expert to deliver training. The project also used the services of lawyers on pro bono basis in providing legal services to the beneficiaries for free.

terms of timeliness of implementation, the project management ensured that plans were shared with all concerned parties in good time in order to allow for early preparation ahead of implementation, hence enabling high quality of implementation as a result of good planning.

Costs

Table 2 shows the target population of the program. Taking into account that the budget of the program was \$800,260 while 8,379 AGYW, 60 widows, 50 CUC Members, 60 elders were direct beneficiaries, an amount of \$94 per head has been spent.

Table 2. Estimated Population of Project Districts

County	Kisumu	Homa Bay	Total
Total Population	1,224,531	1,177,181	135,807
Adolescent Girls and Young Women (15-24 years)	144,570	127,549	31,620
Target AGYW (15-24 years)			15,000
Achieved Target AGYW (15-24 years)			12,998

Deduction: Efficiency

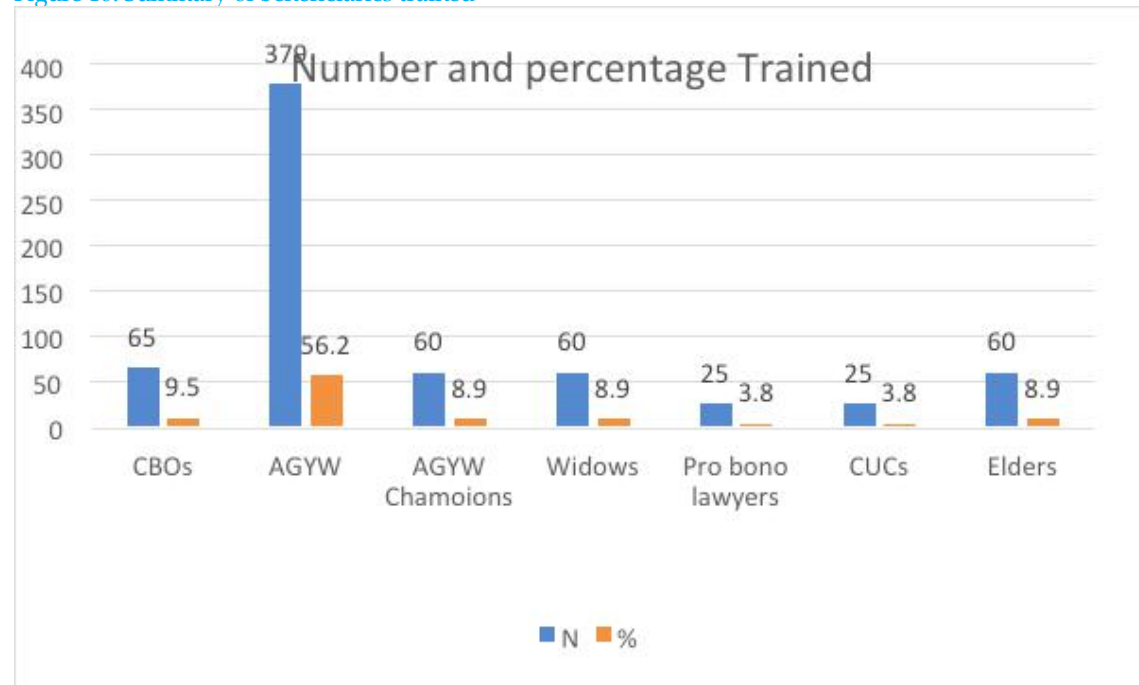
The evaluation established the project was efficient in terms of costs since roughly \$100 was spent per direct beneficiary in facilitating access to SRHR to OVCs. The demand creation was well done but there is still a big challenge in supply of SRHR services since the area still lack youth friendly facilities and

services. Moreover, the training of girls as opposed to CBOs was not an efficient mechanism for use of resources. Cumulatively the project was able to use resources well because of strong organization mechanisms with some interventions that were not very effective hence need to strategically review some activities against the targets to be achieved.

3.4 IMPACT

In terms of impact, the evaluation sought to establish the key results of the project interventions in terms of sexual reproductive health rights and land/property elements, which could point of the realization of long term HIV prevalence reduction health outcomes as well as the question as to how the results have impacted on different age groups of the affected population. The evaluation also sought to ascertain the extent to which the project interventions have influenced government policy, planning and implementation around SRHR and land/property services. Summary of training achievements is shown in figure below

Figure 10: Summary of beneficiaries trained



Improved capacity to create demand and provide SRHR services

The project strengthened the adolescent sexual and reproductive health information and services. Moreover, the project supported increased accessibility of comprehensive sexual and reproductive health information and services for

young people in Kisumu and Homa Bay counties. The following was achieved during the project period:

13,200 AGYW received information on HIV prevention, care and treatment, SGBV, land/property rights contraception, STIs, HIV, screening and treatment, and counseling through trainings and information on sanitary towels.

The project trained (60) elders, 380 AGYW, (60) widows, (5) SRH Coordinators on National ASRH

policy, Constitution of Kenya in matters relating to Health, land/property rights, succession amongst other elements to enhance their capacity on SRHR, land/property rights and linkages to HIV with the information disseminated to 13,200 indirect beneficiaries in Homa Bay and Kisumu counties which resulted to a commitment to support: sexuality reproductive health rights for AGYW in communities and access to SRHR services by AGYW.

The project supported the efforts to strengthen the access to Adolescent and Youth Friendly Services (AYFS) in the two counties by supporting mapping of the YFS facilities and linking the youths on where they can get youth friendly services.

The project supported in elimination of Gender Based Violence and empowering women through empowering the elders, local administration, widows, AGYW, lawyers, CUCs to enable their capacities to coordinate and implement compliance of obligations on gender based violence, reproductive health rights and harmful cultural practices. Over the implementation period, the project achieved the following:

Fifteen (15) inter-generational dialogues were held which included elders, chiefs, police. AGYW, widows, religious leaders etc which enabled pertinent issues affecting the AGYW and widows to be discussed and solutions developed which reduced the number of rape cases and land/property

Analysis of impact by indicators

Outcome 1: Enhanced knowledge and understanding on sexual and reproductive health rights among Orphaned and Vulnerable adolescent girls and young women, elders and widowed households.

Number of AGYW trained on the linkages between SRHR and HIV, Documentation of SRHR violations and Reporting Mechanisms under SRHR from Homa Bay and Kisumu Counties

The end-line evaluation data shows that the project directly trained 379 AGYW which surpassed the target of 360 girls. Significant improvement in knowledge on HIV, condom, contraceptives AGYW 79% (March 2017) at baseline to 88.3% at end line (March 2019).

violations since the community was empowered and could report in case of any violations done.

The Project strengthened service delivery in the two counties through medical-legal outreach clinics

Harnessing Data for Development

The project supported to generate and avail evidence for advocacy, planning, implementation, monitoring and evaluation of adolescent related SRHR information and programmes. During the year, KELIN achieved the following:

The project conducted baseline survey to assess the status before implementation. This enabled the project to design interventions based on the needs of the beneficiaries. The project also conducted mid term evaluation to assess the progress of the project towards achieving the objectives of project after the first year of implementation.

The project conducted survey in both Homa Bay and Kisumu counties to identify key issues affecting the AGYW, developed the best SRHR messages with support from AGYW and community to facilitate access to sexual reproductive health rights services amongst the target group. The results were used to develop the SRHR messages which were incorporated in packaging the sanitary towels before distribution.

“Advised a friend who was a victim of rape not to take a bath, to wrap her clothes in newspapers, seek medical attention and report to the guardians. Didn’t refer the case to anyone because the friend didn’t want anyone to know. At the hospital, she was helped and was given PEP”

FGD Girls- Jiu Pachi Football Team

Discussion: The End-line data is comparable with Baseline data on condom, contraceptives and HIV which showed that knowledge, perception had improved from 79.7% to 95.2% in condom use. In terms of experienced condom split/break, the report shows that there was a reduction from baseline 26% to end-line 24.4% showing an improvement on knowledge on how to properly use condom.

In regards to practice and behavior on condom use, the evaluation established increase in on condom use from 35.1% in baseline to 72.9% in end-line, 82.1% in end-line reported would refuse to have sex with someone who is not prepared to use a condom compared to 63.6% in baseline, 52.7% of respondent in end-line felt they know how to use condom properly compared to 38.8 in baseline. The table below shows performance of baseline and end line condom indicators:

Table 24: Indicator Comparison (Baseline and End-line) on Condom indicators:

Source: Computed by author using study data

Baseline and End line comparison on Condom indicators	Baseline (%)	End line (%)	P value (t-test) (0.05) ¹	Interpretation
Used a condom in the last intercourse	79.7	95.2	0.027	Significant improvement
Experienced condom split/break	26.0	24.4	0.126	No significant change
I am confident that I can insist on condom use every time I have sex	35.1	72.9	0.002	Significant improvement
I would refuse to have sex with someone who is not prepared to use a condom.	63.6	82.1	0.020	Significant improvement
I feel that I know how to use a condom properly.	38.8	52.7	0.035	Significant improvement

Knowledge of HIV & AID and Sexually Transmitted Diseases

In regards to knowledge on HIV there was slightly improvement on knowledge on HIV in regards to HIV testing and how HIV positive person looks, there was a slight improvement in knowledge though this is not statistically significant. There was a clear improvement in regards to use of contraceptives before sexual intercourse from 87.5% at baseline to 94.9% which is statistically significant.

Indicator Comparison Using Paired sample t-test

The evaluator used the paired sample t-test, sometimes called the dependent sample t-test, it is a statistical procedure used to determine whether the mean difference between two sets of observations is zero. In a paired sample t-test, each subject or entity is measured twice, resulting in pairs of observations.

This application of the paired sample t-test includes case-control studies or repeated-measures designs. In our case the evaluator applied the test in evaluating the effectiveness of a training of AGYW and new knowledge in various parameters in relation to sexual reproductive health before and after completing the program, and analyze the differences using a paired sample t-test.

Indicator Comparison (Baseline and End-line) on HIV indicators:

Source: Computed by author using study data

Baseline and End line comparison on HIV indicators	Baseline (%)	End line (%)	P value (t-test) 0.05 ¹	Interpretation
HIV infection can be prevented	93.7	94.4	0.295	No significant change
A person with HIV does not always looks emaciated or unhealthy in some way	61.7	63	0.214	No significant change
People can take a simple test to find out whether they have HIV	96.2	97.9	0.067	No significant change

Number and nature of Free SMS sent by AGYW on SRHR Information:

The end term evaluation data demonstrates that xx number of SMS were received from AGYW while the project shared 629 SMS in regards to SRHR information. The assessment established that majority of the SMS received were in regards to sexual violence (12%), contraceptive (29%), sexual intercourse (12%), abortion (5%), menstrual flow (10%), sexual infections (14%) and HIV (18%)

Number of Sanitary towels disseminated with Educational Messages on SRHR

The evaluation established that sanitary towel was used as a conduit to deliver key messages on SRHR, SGBV and HIV which were developed collaboratively with AGYW and were to be used as a cross learning mechanism which would encourage dialogue. The evaluation results that the sanitary towels were recently distributed before the end of the project with almost 50% of the girls yet to receive since the CBOs had yet to distribute. This affected in realization on the impact of the project hence dialogues were not held between the girls to discuss on the key messages on the different sanitary towels. The intervention was very innovative since each sanitary towel had a different SRHR message with different colors hence prompting for discussion between the AGYW because of the unique message per package.

Deduction: At the time when this evaluation was conducted only 8,400 girls had received the sanitary towels out of the target 13,200 hence the effect and reach of the sanitary towel in regards to provide SRHR information and invoke discussions amongst AGYW was not achieved.

Number of elders trained on the linkages between SRHR and HIV, Documentation of SRHR violations and Reporting Mechanisms under SRHR from Homa Bay and Kisumu Counties

The project trained 60 elders in both Kisumu and Homa Bay on linkages between SRHR and HIV. The project brought together different stakeholders who included the elders who effectively facilitated access of sexual and reproductive health justice of AGYW.

Deduction: Majority of the widows and AGYW interviewed reported an increase on land/property issues resolved amicably through the existing

community structures. This translates to change of practice as result of increased knowledge.

Number of Sessions Intergenerational dialogues conducted among elders and AGYW

The project was able to facilitate for fifteen(15) intergenerational dialogues that included AGYWs, chiefs, police, elders, religious leaders which achieved in facilitating dialogue between the community and adolescent girls and young women on SRHR and LPR issues in Homa Bay and Kisumu Counties; facilitated the understanding of the roles of the elders, chiefs and other duty bearers in protecting adolescent girls and young women and widows against SRHR and LPR violations and addressing the barriers to SRHR and LPR for adolescent girls and young women. The result of this was increased reporting on the issues of land/property violations, increased reporting on SRHR issues.

Source: Computed by author using study data

Baseline and End line comparison Sexual gender based violence indicators	Baseline (%)	End line (%)	P value (t-test) 0.05 ¹	Interpretation
Ever experienced sexual gender based violence	13	8.9	0.037	Significant improvement
Received SGBV youth friendly services	9.4	16	0.010	Significant improvement
Issues around sexual and gender based violence commonly discussed/talked about in this community	47	63	0.004	Significant improvement
Do community stakeholders involve young people when talking about sexual and gender based violence in this community	29	89.7	0.007	Significant improvement
Community forums(meetings) used to discuss SGBV which involves young people	66	77.6	0.035	Significant improvement
Ever visited a health facility or doctor for services or information on contraception, pregnancy, abortions or STIs in the last 12	47	48.8	0.430	No significant change

Deduction: Majority of AGYW and widows in the county are highly knowledgeable about SRHR, land/property rights issues, which translates into improved knowledge as a result of the project interventions including intergenerational dialogues. The evaluation also established that majority of the AGYW and widows are accessing services on SRHR and land/property rights which indicates that the project was able to address the key barriers affected population.

Number of widows trained on the linkages between SRHR and HIV, Documentations and Reporting Mechanisms for SRHR from Homa Bay and Kisumu Counties

The project trained 36 widows on SRHR and HIV,60 widows on land and property rights and how they relate with SRHR issues affecting OVCs. The trainings aimed at empowering widows on basic concepts in HIV and sexual and reproductive health rights; Increase understanding among the widows on the legal protections available to young women whose sexual and land rights have been violated in

Kenya; and Stronger networking linkages between the widows, law enforcement officers and the judiciary in securing justice for victims of sexual violence. This could be clearly demonstrated in the attitudes towards SGBV amongst the AGYW since they were empowered by the widow champions and through community structures which the widows are part of.

The evaluation the AGYW to be quite knowledgeable in regards to having sexual relationship with uncle or step brother of which 98.3% reported that it is not right for a girl to practice such sexual relationship. The AGYW interviewed also overwhelmingly disagreed with the statement that “it is OK for my parent to collect money from men who want to get married to me without my consent”, majority of the girls (98.3%) reported the statement to be false.

Moreover, the evaluation established the AGYW to disagree with the statement “It OK for a parent to tell their girl child to sleep with men so she can feed her family”, majority of the girls (98.6%) reported the statement to be false. Finally, in regards to wife inheritance majority of AGYW (76.6%) disagreed with the statement “If a wife dies it is OK for the husband to inherit her sister.” The results are shown in the table below;

Table 27: Attitudes of AGYW Towards SGBV
Source: Primary analysis of survey data

Attitudes towards SGBV-AGYW	True	False	Don't Know
It is right for a girl to have a sexual relationship with her Uncle, step-brother	0.9	98.3	0.8
As a girl, it OK for my parent to collect money from men to who want to get married to me without my consent?	0.5	98.9	0.6
It OK for a parent to tell their girl child to sleep with men so she can feed her family	0.5	98.6	0.9
If a wife dies it is OK for the husband to inherit her sister.	18.6	76.6	5.2
If a teacher touches his female student on her private parts that is not SGBV	11.3	80.0	8.8

Deduction: The evaluation established majority of AGYW attitudes towards SGBV have positively changed hence leading to reduction of SGBV cases since the girls know their rights. This is highly attributed to community attitude/perception change especially the widows and young women in the community which could be attributed to the knowledge gained through the trainings received on SRHR and property rights.

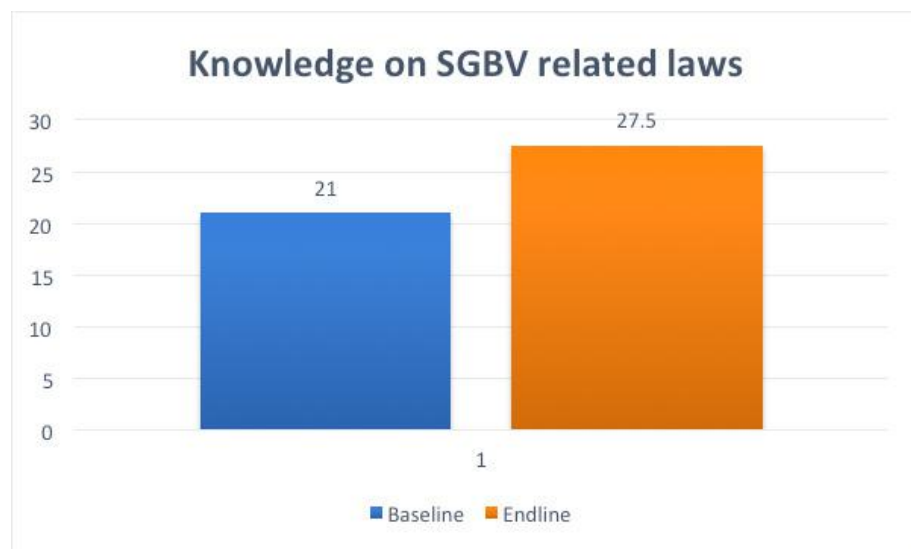
Awareness of Sexual Reproductive Health Laws

As a result of the project training both widows and

AGYW on laws relating to SGBV, the evaluation established increased awareness in regards to SRH laws amongst the AGYW.

The end of project assessment established that (27.5%) of AGYW were aware of any laws or acts of parliament on sexual and gender-based violence in Kenya against (21%) in baseline survey as shown in figure 12. Though this demonstrates an increase from the baseline, a lot still needs to be done to enhance the community's capacity in regards to the laws on SGBV.

Figure 12: Knowledge on SGBV Laws
Source: Primary analysis of survey data



Deduction: The evaluation established majority of AGYW/OVCs knowledge on SGBV related laws had increased compared to baseline, which is likely lead to an increase in reports related to SGBV to the proper structures since the girls are empowered on SGBV related laws, hence increase in justice to any violation cases experienced in the communities. The knowledge change amongst AGYW is attributed to both widows training on SRHR and property rights as well as AGYW training on the same.

Outcome 3: Enhanced knowledge and understanding on sexual and reproductive health rights and justice; and Land and Property Rights among Lawyers, CUC Members, CHTs and CBOs.

Number of CUC members trained on SRHR and land and property rights as they affect the orphaned and vulnerable girls-26

The Court Users Committees (CUCs) provided a platform for actors in the justice sector at the local level, to consider improvements in the operations of the courts, coordinate functions of all agencies within the justice system and improve the interaction of these stakeholders. The committee brought together actors in justice administration, users of justice system and other stakeholders to address problems in SRHR and land/property.

The project engagement with CUCs defined the role of the CUC and the judiciary in facilitating access to justice to protect the rights of AGYW, facilitate dialogue by the CUC on HIV; sexual reproductive health rights; land and property rights as they affect AGYW; and building stronger networks and partnerships between the CUC and other stakeholders in addressing the legal and ethical challenges that affect AGYW.

The project trained 26 CUC members, as a result of the training received, CUC Members engaged in administration of SRH and LPR Justice through facilitation on establishment of two elders' committees to act as overseers and coordinators in matters relating to SRHR as well as land/property rights issues affecting OVC's in both Counties.

Finally, the project facilitated dialogues between the CUC's and the orphaned and vulnerable girls on sexual abuse in administration of justice.

This empowered the girls and built their self-esteem to have assurance with the justice system in case of any violation in SRHR and property rights. The elders also had more confidence in the judicial system since they were involved in the project and their confidence in the local administration, judicial system had increased and would easily report cases in the right structures.

Table 28: Avenues for seeking justice reported by
Source: Computed by author using study data

Baseline and End line comparison on Avenues for seeking justice indicators	Baseline (%)	End line (%)	P value (t-test) 0.05 ¹	Interpretation
Court Users Committees (CUCs)	15.5	42.8	0.011	Significant improvement
Courts	50.5	54.1	0.018	Significant improvement
Chief	89.9	92.9	0.258	No significant change
Religious group	24.7	22.2	0.047	Significant improvement
Family members	26	38.4	0.021	Significant improvement
Police	85.2	95.1	0.006	Significant improvement

Deduction: The evaluation established majority of the interviewed respondents will report any violation on property or SRH to police(95.1%) followed by chief(92.9%) .There was a significant increase on preference of reporting through court users committee from 15.5% to 42.8% which indicates a clear increased awareness on CUCs and the role they play in the community. This could be attributed to the dialogues held during implementation of the project between CUCs and AGYW hence increased awareness which will lead to increase on justice among AGYW in case of any SRHR or property rights violation.

5. Increased access to sexual and reproductive health justice for orphaned and vulnerable adolescent girls

Number of AGYW whose cases are taken up by the trained KELIN probono lawyers from the two counties

Number of active probono advocates receiving updates on SRHR and LPR issues

Number of Lawyers members trained on SRHR and land and property rights as they affect the orphaned and vulnerable girls-

The pro bono lawyers engaged in the project enhanced access, promote, protect, fulfil and realize Sexual Reproductive Health Rights and Land and Property Rights for all but most especially for orphaned and vulnerable adolescent girls in Homa Bay and Kisumu counties.

Table 29: Summary of Project Performance on SRHR and land/property Training
Source: Training Reports

Category	Project Target	Baseline	End-Line	Variance (# & %)	Comments (- or + 10%)
Lawyers	25	0	45	+25	Over achieved
CBOs	65	0	45	-20	Under achieved
OVCs	70	0	60	-10	Achieved (within +/-10)

Through a well-coordinated process the project identified and trained forty five (45) lawyers who were engaged as pro bono lawyers in facilitating access to SRHR and property rights. The lawyers were supported by the project through a small stipend in facilitation of filing and processing fees in the courts, but they provided legal guidance and presentation for free.

This enabled majority of the OVCs and vulnerable women, widows to access legal services on property and land violation through the lawyers. The project also strengthened the community systems through

the elders by identification of SRHR or property rights violation cases and engage the project pro bono lawyers in facilitating access to justice.

The lawyers also built the capacity of the local leaders, women and AGYW on succession process amongst other legal matters that affects the communities in Kisumu and Homa Bay counties.

Deduction: The evaluation established that 15 cases were documented. Two cases were referred to the pro bono lawyers and are in court, three cases were referred to FIDA while two cases were referred to

elders. The remaining eight cases received legal advice from KELIN. These results demonstrate an increase in access to justice for the AGYW and women who could not have access to justice because of lack of resources and capacity on how to handle legal matters.

Though the project achieved in increasing access to legal services, the approach of engaging pro bono lawyers is not sustainable and can reach a limited number of beneficiaries in the community. The evaluation recommends the use of community paralegals in increasing access to justice because of increasing the number of beneficiaries that can be reached and it is more sustainable since the community paralegals are based in the communities.

Number of CBOs members trained on SRHR and land and property rights as they affect the orphaned and vulnerable girls-45

The project worked through existing community structures like the CBOs who supported in identification of project beneficiaries (AGYW and OVCs) in Kisumu and Homa Bay counties. Each CBO engaged in the project signed an MOU and

clear roles were stipulated including recruiting 200 girls and ensure project objectives are well implemented through the project which included enhancing the capacity of the project girls identified.

The project trained 45 CBOs representatives on SRHR and property rights in order to disseminate the same within their respective CBOs. Some of the qualitative findings of the trainings and effects are found below;

Deduction The evaluation established that the engagement of CBOs was a best practice since they are more sustainable with a larger reach. The project increased knowledge on SRHR and property rights in the communities through engaging AGYW and CBOs. The assessment also established that not all CBOs missions were aligned to the project objectives hence some could not expedite the knowledge received through the trainings because of lack of proper structures and capacity to disseminate the information received on SRHR and property rights.

This also informs the project to develop proper mechanisms to engage the CBOs and identifying them as champions especially those aligned to project's objective and also provide them with necessary materials e.g training manuals to continue with capacity building AGYW within the institutions with the materials serving as institution resources for SRHR and property rights.

*"Through the training I came to know on the rights of adolescents in the communities."
KII-CBO representative
Leads Initiative-Kisumu*

*"Training also helped me to know about the rights of properties mostly from widow."
KII-CBO representative
Leads Initiative-Kisumu*

*"there have been changes like for example there was a girl who gave birth on the street in Nairobi but she was from here, but she attended the meetings and training from KELIN, after the training she has really changed her life completely from a street girl to a completely responsible person, she's now a house girl in Kisumu."
KII-CBO representative-JIU PACHI-Kisumu*

*"KELIN might have not solved all problems in the communities, but to some extent they have, like the issues of women rights, right now the widows know their rights on properties."
KII-CBO representative-Rachuonyo-Homabay*

“Issues of sexual rights they have helped the girls with the necessary knowledge, like pads that were distributed had messages in the boxes which helped with the knowledge on SRHR, the message was to be used as a topic and discuss with others.”
KII-CBO representative-Mbita-Homabay

“Through KELIN we now know the channels to follow when adolescents faces injustices, like for example there was a girl who was about to be raped but we found out and through what we learnt from KELIN we rescued her by reporting the matter to the authorities.”
KII-CBO representative-Kasipul Kabondo-Homabay

7. Strong partnership and trust through communication, networking, and collaboration on SRHR and LPR

The project utilized existing community structure and previous successful project where KELIN had previously worked with community entities in order enhance ownership of the project. The project-initiated formation of project steering committee which did the oversight role of the project in the two counties. This enabled proper coordination and implementation of the project by different stakeholders focusing on the same objectives.

The approach also enabled the project steering committee to provide guidance to the CBOs and other implementing partners in order to achieve the targets of the project.

Through the support of County Health Teams, the project mapped all the youth friendly facilities and linked them to AGYW in order to create awareness on the available YFS available and where to get them. This increased access to SRHR services since the AGYW knew where to get these services.

Deduction: The evaluation established that the engagement of CBOs was a best practice since they are more sustainable with a larger reach. The project increased knowledge on SRHR and property rights in the communities through engaging AGYW and CBOs.

The assessment also established not all CBOs missions were aligned to the project objectives

hence some could not expedite the knowledge received through the trainings because of lack of proper structures and capacity to disseminate the information received on SRHR and property rights.

This also informs the project to develop proper mechanisms to engage the CBOs and identifying them as champions especially those aligned to the project’s objective and also provide them with necessary materials e.g. training manuals to continue with capacity building AGYW within the institutions with the materials serving as institution resources for SRHR and property rights.

8. AGYW Skills and Talents nurtured through Sports and Drama

Number of AGYW mobilized and attending soccer clinics

The project targeted to mobilize 75,000 adolescents’ girls and young women who are interested in soccer in 15 Constituencies in both counties. Overall, the project under achieved on this indicator with 657 girls mobilized who had interest in soccer. The project targeted to Conduct one soccer clinic tournament from each of the 15 Constituencies, with SRHR messages being disseminated, the project was able to achieve on this indicator. Also, the project targeted to train (60) girls and local coaches on soccer skills, the project over achieved by training (63) girls and coaches. Finally, the project targeted to conduct one major tournament, DREAMS Cup, which will be a tournament competition among the 15 teams formed, the project was able to achieve by conducting a major tournament where all the 15 teams participated.

Table 30: Summary of Project Performance on Soccer Activities
Source: Project Reports

Category	Project Target	Baseline	End Line	Variance (# & %)	Comments (- or + 10%)
AGYW	75,000	0	657	-74,343	Under achieved
Teams	15	0	15	0	Achieved
Coaches and Girls	60	0	63	+3	Over Achieved
Major Tournament	1	0	1	0	Achieved
Overall	75,076	0	736	-74,340	Under Achieved

Deduction: The evaluation established that the engagement with Wazito FC as the stakeholder in delivering the SRHR information through soccer clinics did not achieve the objective of the project since the targets were not achieved and also the model did not achieve it intended objective which was to increase SRHR knowledge through the 3 key messages using soccer training and drills, majority of the girls who went through soccer drills could not remember the three messages at the

time of evaluation. This was mainly due to lack of consistency in the trainings since the teams were trained only once in the entire two-year project implementation, secondly Wazito Fc trainers did not provide manuals which the team coaches for the girls would have continued to use in training the girls. The evaluation recommends reviewing the strategy for this approach to achieve better results though it is a good model if well implemented



KELIN Staff and representatives from Wazito FC pose for a photograph after the final matches. Kisumu West Football team emerged winners of the 2018 DREAMS League Cup.

AGYW Trained on the use Magnetic Theatre to pass SRHR messaging

The theatre activities were identified as one of the channels to disseminate SRHR and property rights information, the project engaged Lagnate Theatre group to conduct this role. The group was able to train 60 AGYW on magnetic theatre skills which they would use to disseminate SRHR and property rights information.

The latter was not achieved since the girls were drawn from different sub counties which made it difficult for them to meet, practice and even perform without support of the project. The table shows the activity achievement in regards to use of theatre to disseminate SRHR and property rights information.

Table 31: Summary of Project Performance on Theatre

Source: Project Reports

Category	Project Target	Base-line	End Line	Variance (# & %)	Comments (- or + 10%)
AGYW	60	0	60	0	Achieved
Community	Not established	0	No data available	0	Not established
Overall	Not established	0	Not established	- Not established	Not established

Deduction: The end-line evaluation could not establish if the use of theatre activities was a good model in disseminating SRHR and land rights information since the trained girls were not able to meet and use the magnetic theater skills gained through the project neither was their sufficient data on the areas visited by Lagnate theatre group and the people who received information through drama activities.

This model though could be reviewed further and develop proper strategies on how to train the AGYW, develop tools to show progress on the activities and how they have helped the community in behavior and practice change in relation to SRHR and land rights.

3.5 SUSTAINABILITY

In terms of sustainability, the evaluation set out to answer the following questions: To what extent does the project design address long term elements thus supporting changes beyond the project; how will the affected population continue after the project has ended; what is the project exit strategy from relief to development; to what extent have local community capacities been developed and strengthened through the project; to what extent can the outputs be expected

to be sustainable over the longer term; and what is the extent of county government involvement in the project; and to what extent does the county government access and utilize information and lessons drawn from the project implementation?

Sustainability of the project was assessed based on the four pillars and the respective outcomes (. The assessment of sustainability was as guided by the Guidance tool , as shown in Table 32 and Table 33, Sustainability Outcome for Measurement based on a five rating scales ranging from 0-4.

Rating	Community	CBOs/School	System
0 – Negligible (null or negative change)	No evidence that community members accept the project approach, and changes in attitude or engagement with activities very limited. Stakeholders may even reject key aspects of project. Project not working effectively to build consensus or support but focus only on activity implementation.	No evidence that CBOs/ school stakeholders accept the project approach, and changes in attitude or engagement with activities very limited. Stakeholders may even reject key aspects of project. Project not working effectively to build consensus or support but focus only on activity implementation.	Very limited and ineffective engagement with system level stakeholders, including county or national authorities. Authorities do not see relevance of intervention. There is limited alignment to existing systems / structures and policies, or limited understanding by project of how it intends to influence change at this level.
1 – Latent (changes in attitude)	Community stakeholders (including parents, community leaders, and religious leaders) are developing knowledge and understanding and demonstrate some change in attitude towards girls' access to sexual reproductive health rights and land/property. Appropriate structures are being put in place at community level, and there is some level of willing engagement and/or participation from the community.	CBOs/School leadership, teachers and other stakeholders are developing knowledge and understanding and demonstrate some change in attitude towards girls' access to sexual reproductive health rights in general and towards specific training practice and approaches, and the way CBOs/schools are managed.	Local, district, and national officials are involved in delivery and/or monitoring; developing knowledge and showing change in attitude towards girls' access to sexual reproductive health rights and land/property and project focus areas. Project aligns with specific policy, systems and departments. Project's evidence is being shared with relevant stakeholders, including broader networks of organizations.
2 – Emerging (changes in behaviour)	There is evidence of improved practice and support for girls' access to sexual reproductive health education in specific ways being targeted by the project. Change is not universally accepted among targeted stakeholders, but support is extending. Project staff and resources play key role in driving change, although there are activities in place to mobilise funding/ other resources.	There is evidence of improved support for girls' access to sexual reproductive health in schools through teaching, AGYW stating there is behavior change, elders/ chiefs/police actions/resolving in supporting access to sexual reproductive health for AGYW, land/property rights for widows and vulnerable population. being targeted by project. The improved practice is not universal but is extending. Project staff and resources play key role in driving change. Community leaders/stakeholders understand resource implications and mobilising funds locally.	There is evidence of improved capacity of local officials to support girls' access to sexual reproductive health through existing functions, adopting new approaches. Examples of support to targeted AGYW are being established. Government at local and/or national level has engaged with and understood evidence from the project. Resource implications are being made clear.

Rating	Community	CBOs/School	System
3 – Becoming established (Critical mass of stakeholders change behaviour)	Key community leaders and a critical mass of stakeholders are convinced of the benefits and have the capacity to lead and deliver changed practice independently. Financial and other resources are increasingly being mobilized locally. Project staffing and resources still play role but there is potential for this to be phased out.	Key players in education (relates to Girls in school), Community leaders (chiefs, elders, police-for girls out of school) sector and critical mass of stakeholders convinced of the benefits and have the capacity to deliver changed practice independently. To the extent possible, existing financial and other resources are being used or mobilised. Project staffing and resources still play role but there is potential for this to be phased out.	Authorities demonstrate active use of project evidence, uptake of specific aspects of the project approach and have a growing capacity to support girls' access to sexual reproductive health locally or beyond. This may include limited support to a delivery model without fully adopting within a national system. There is an increase in allocation of resources and evidence of planning for required resource to upscale.

THE CBOS/LEARNING INSTITUTIONS

Sustainability scorecard rating on CBO/Learning Institutions leadership	1
Sustainability scorecard rating on training practice	2
Sustainability scorecard rating on extracurricular activities	0
Overall score	1

The overall rating of the baseline team for this component is 1.0 (Latent). There was evidence of CBOs/Schools developing knowledge and understanding and demonstrate some change in attitude towards girls' access to sexual reproductive health rights in general and towards specific training practice and approaches, and the way CBOs/schools are managed. The improved practice is not universal (not in all CBOs or learning institutions but is extending.) Project staff and resources play key role in driving change. Community leaders/stakeholders understand resource implications and mobilizing funds locally.

Justification for the rating:

a) Sustaining Training Practice

Some CBOs and school's adoption of the training approaches is the hallmark of sustaining knowledge on SRHR and property rights. The project design has to some extent achieved the model on disseminating knowledge to other AGYW who were not trained though this happened mainly with The CBOs who had thematic areas on SRHR, HIV and issues related to land rights, others whose missions were not aligned to these thematic areas did not make efforts to disseminate training.

One of the major shortcomings was lack of manuals in the project to disseminate the training through the CBOs and also targeting AGYWs for training rather than CBOs who are

acting as community representatives and have more capacity to disseminate the knowledge and would act as institution memory when the project ends.

The current model will not allow CBOs or schools to conduct training internally which is not sustainable since they lack manuals and the trainings were biased towards AGYWs and community structures like elders who do not have a proper structural capacity to disseminate the knowledge. If the CBOs, teachers champions were well trained and monitored, they should have been able to continue coupled with institutionalization coaching through the utilization of existing MoE Quality Assurance structures (the Quality Assurance Officers and Curriculum Support Officers should allow the activities under the SRHR component to continue beyond the project period. Institutionalization of SRHR and land/property rights training models mean system capacity for improved knowledge on AGYW in the long term.

The External Evaluation team's opinion is that if the CBOs, learning institution were empowered and utilize SRHR and land rights knowledge, this approach would likely be sustainable as it will be embedded into Government programmes and community/household structures.

With regard to choice of picking AGYW for training and practices, majority of the CBOs and teachers interviewed reported that the approach was not sustainable since the knowledge is not within the institutions but rather with the individual girls since they are no manual/curriculum provided to aid with the training hence it will be difficult to attain sustainability with the approach since the girls also transit to other schools

THE COMMUNITY

Sustainability score card rating on community action plans	2
Sustainability scorecard rating on Financial Sustainability	0
Sustainability on Social Accountability	2
Overall score (0-4)	1.3

b) CBOs Leadership

Along the lines of enhanced social accountability that the program is trying to inculcate among community members, the project could also be an influencer of SRHR change at the county and national levels of government. One of the initiatives to strengthen project sustainability is the working with existing structures in this case CBOs to identify the vulnerable girls and empowering them to disseminate the knowledge within the communities. Some CBOs understood this project initiative and since it aligned to their priorities, the CBOs that had good leadership continued with the initiative even without financial support from the project, they created a platform for the girls who were trained to train more girls hence the leadership and management of CBOs determines sustainability of the project.

c) Sustaining CBO soccer clubs Activities

The project strategy is sound: built on the significant positive change created through girls' empowerment in the project which was to some extent done through soccer clubs There is therefore a mechanism existing for improving girls' awareness about their rights and reproductive health that is linked with reduced risk of early pregnancies, STIs and HIV and girls making informed more informed choices about their sexual reproductive health.

The CBOs and schools where the project girls are attaining their education should form SRHR clubs that could enhance discussion on SRHR and provide safe spaces for such discussions.

The overall rating of the baseline team for this component is 2.0 (Emerging). There is evidence of improved practice and support for girls' access to sexual reproductive health education in specific ways being targeted by project. Change is not universally accepted among targeted stakeholders, but support is extending. Project staff and resources play key role in driving change, although there are activities in place to mobilize funding/other resources.

The DREAMS project sustainability model is largely around empowerment of the communities in the project area. The project has a clear sustainability plan. The main strategies were intergenerational dialogues, engagement of widows, elders committee, CUCs and local administration. Majority of the parents/guardians (over 97%) agree that it is important to invest in girl's SRHR needs even when funds are limited.

Justification for rating:

a) Community Intergenerational Dialogues for Improved Levels of Community Action

Community involvement is central to the sustainability of the project interventions. Community intergenerational dialogues (includes AGYWs, elders, widows, chiefs, police) continue to be the project's pillar of sustainability by ensuring that the conversation yield some action plans geared towards the girl's SRH programs. Also, there was evidence that the project was working and/or plans to work with the local system and the key actors within it, building on successful investment under the project

For example, and as in KELIN, continues to

utilize the highly effective elders committee and widow champions village units and household engagement activities in relation to SRHR and land rights for AGYW.

The end-line evaluation also established existence of better synergy between community, elders, widow and the local administration(chiefs, police, judiciary) This strengthens the weak link between AGYW ,the system and community.

b) Financial sustainability

One of the major challenges that is associated with SRHR challenges was poverty. With no plans/initiative on income generating activities initiate, the Communities need Action/Investment Plans with an aim of improving the economic capacity of the communities that they can support their girls' sexual reproductive health needs. This will have been a good indicator of the likely wider financial sustainability of this project.

The overall rating of this sub-component is 0 (Negligible) since the project design had not factored these activities

c) Social Accountability Forums

Social accountability forums have been inbuilt to identify and engage key community groups, with specific strategies to understand, challenge and change negative perceptions which are impeding girls' SRHR opportunities, and in the long-term shift long-term perceptions. The project empowered the community to hold health facilities, local administration accountable and to review SRHR quality, with a focus on providing effective, inclusive SRHR services.

stakeholders, but support is extending. Project staff and resources play key role in driving change, although there are activities in place to mobilise funding/other resources.

THE SYSTEM

Sustainability scorecard rating on county/sub county reproductive health coordinators analysis and reporting behaviors.	1
Sustainability scorecard rating on MoH in the county uptake of SRHR	1
Sustainability scorecard rating on national systems support to SRHR for adolescent girls	1

The overall rating of the baseline team for this component is 1.0(Latent). There is evidence of improved practice and support for girls' SRHR in specific ways being targeted by project. Change is not universally accepted among targeted

Basis for rating:

a) Data for Decision-making

The project did research on SRHR information that is adolescent friendly and is informed by their knowledge and community knowledge which were used to develop the messages in the sanitary towel pack. The data and the model, will be useful if the data can be linked with the county SRHR departments and Ministry of Education to adopt the model and inform the sanitary distribution at the county level which if successful can easily be escalated to the national level.

Also with the end-line results capturing key success on SRHR, the county can easily look into which areas to adopt and address the key challenges as highlighted by the evaluation or use data for decision-making at the county level.

b) County Health Department and uptake of SRHR sanitary packaging model

During the dissemination of preliminary findings of end-line evaluation, the county government CEC and first lady committed to take the achievement forward and address the gaps on sanitary towels as well as reviewing the elements on SRHR information pack on the sanitary towels packet.

The project team reported that they are prioritizing on holding discussions with the CEC Health and first lady for Kisumu County with an aim of influencing the county Health sector for uptake and scale of SRHR sanitary towels model at the county level and nationally.

c) County systems support to SRHR for adolescent girls

The project had a satisfactory engagement with the county governments. The county governments were very supportive of the project from playing a role in mapping of the youth friendly facilities to attending meetings and functions organized by the project. The county government of Kisumu committed to continue supporting the project and the organization in enhancing access to SRHR to OVCs and widows.

To what extent does the project design address long term elements thus support changes beyond the project?

The evaluation established that the project design to some extent focused on long term elements which are expected to yield changes that will outlive the project. For instance, the emphasis on capacity strengthening of the community system, particularly working with the community elders, local administration the government supported health strategy by working with SRH coordinators is likely to yield long term impact.

The project developed the community SRHR system capacity to provide SRHR services through training of AGYWs, elders, widows, local administration, lawyers, SRHR coordinators on SRHR and land rights. The SRHR system capacity developed by the project will enable the county to respond more effectively to future SRHR needs.

How will the affected population continue after the project has ended?

Given the insufficient youth friendly facilities in the two counties and cultural practices still dominant, sustainable access to quality SRHR services still remains a challenge. At the moment the outreaches appears to be one of the most effective strategies of facilitating access to the services.

Focus group discussions across the 15 sub counties as well as key informant interviews with MOH staff and stakeholders all point to the need for the county and national governments with support from development partners to invest in equipping and increasing youth friendly facilities as a strategy to continue developing county health system capacity to provide SRHR services to the adolescents and young women. This will also help enable access to sustainable SRHR services by the community.

What is the project exit strategy?

While it was clearly the desire of many respondents interviewed to see the project to continue, there should be a clear exit strategy from the project to the government who are responsible in providing quality basic health services which include SRHR, there appears to be quite some work to do in this area. Key Informant interviews with MOH staff and partners involved in the project implementation revealed that the county government has not allocated specific SRHR budget to continue with the project interventions since there is only one budget and most of the respondents would have appreciated if there was a separate budget to address SRHR issues in the counties since budget allocated to SRHR activities is normally very minimal.

To what extent have local community capacities been developed and strengthened through the project?

In determining this question, the evaluation established that the project has developed and strengthened community capacity for SRHR access to services and service delivery. The training of AGYW, elders committee, widows, CUCs, lawyers and SRH coordinators have resulted in substantial skills and knowledge in SRHR.

According to end line survey findings, most AGYW received SRHR information, from KELIN training, CBOs, sanitary towels messages and SMS. Majority of AGYWs were found to be knowledgeable about the contraceptives, HIV, STIs and HIV prevention and management. This is attributable to the SRHR education from KELIN trainings, CBOs, sanitary towels information pack, SMS and elders' committees.

To what extent can the outputs be expected to be sustainable over the longer term?

Interviews with key informants revealed that most of the project outputs are expected to be sustainable over the long term. For instance, training of AGYW,

elders committee, widows champions, lawyers has inculcated skills in them, which will transform the SRHR service delivery, hence improving current and long term health status of adolescent and young women.

Despite the obvious potential for long term positive impact emanating from community SRHR health system strengthening, some of the outputs such as outreaches cannot be sustained owing to the cost implications. It is therefore imperative that the county government and stakeholders think through long term strategies to facilitate access to SRHR services, through allocation of additional resources.

What is the extent of county government involvement in the project? To what extent does the county government access and utilize information and lessons drawn from the project implementation?

Interviews with Project staff, MOH officials revealed that the County Government has been involved to the extent of general development coordination and participating in review meetings. Health sector is a devolved function, hence by design the County Government has been involved by virtue of broad health sector planning, implementation, monitoring and evaluation. The project has provided regular updates during county reproductive health meetings. The information herein is available for use by the county government.

What mechanisms have been put in place to ensure sustainability of the project interventions?

Discussions with key informants and staff revealed that the component of sustainability has not been properly addressed. However, all the respondents interviewed agreed that there will be need to formulate an exit strategy for the project.

This will include holding planning meetings with County Director of Health to chart next steps towards continued and sustained support to

outreaches (medical-legal clinics).

Longer term funding will be ideal to make lasting development changes in the communities prone to SRHR challenges. This requires joint effort in terms of resource investment.

4.1 Introduction

This chapter presents the summary and conclusion that have been derived from the study, focusing on introduction, literature review, methodology and analysis of the study results. The chapter also presents recommendations based on the study findings.

4.2 Summary

The study aimed to evaluate relevance, effectiveness, efficiency, impact and sustainability of the project. The objectives of the study aimed to contribute to the reduction of HIV prevalence among AGYW, by amongst other things, contributing towards an enhanced legal and policy environment for reproductive health and rights..

Data was collected through interviewing AGYWs, elders, CBOs representatives, teachers, project staff, MOH staff and local administration. Data was analyzed using descriptive statistics for quantitative data while qualitative data was analyze using thematic areas.

The findings of the study are as follows; 379 AGYWs,60 AGYW champions,25 CUCs members,25 lawyers,60 widows and 60 elders were trained on SRHR and land rights. The results also showed 8,400 AGYWs received information on

SRHR through sanitary towels and also training from the 379 AGYWs trained through the project. The findings also showed there was association between knowledge received through the various interventions and perception or behavior change.

4.3 Conclusion

The study sought out to evaluate relevance, effectiveness, efficiency, impact and sustainability of the project. The findings show that the increase in knowledge, perception and behavior change can be attributed to the trainings and interventions designed by the project. The findings clearly show the difference in knowledge, attitude, perception and behavior from baseline to end of the project when the evaluation was conducted.

These findings have shown that the project interventions can be attributed to high knowledge, perception and behavior change which will increase access to sexual reproductive health rights which will contribute to reduction of HIV incidence and prevalence in the two counties.

In the analysis, the study met objective I in raising awareness amongst the orphaned and vulnerable girls on their sexual and reproductive health rights, land and property rights and how they can access justice when these rights have been or are likely to be violated by comparing knowledge levels on contraceptives, condoms, HIV ,STIs, SGBV from baseline to end line.

The first objective was also assessed through change in perception and behavior of AGYWs. The study also met objective II by establishing that there is an increased capacity among stakeholders in the community and they have created an enabling environment through community initiatives in supporting AGYWs SRHR in the communities. The specific conclusion based on the DAC criteria are shown below;

Relevance: According to the project proposal document, the project was designed to address the heightened SRHR and land rights needs of the vulnerable adolescent and young women populations of Kisumu and Homa Bay Counties.

The evaluation established that the Project design was aligned to KELIN and government strategic priorities as well as community priority needs. The Project responded to both Kisumu and Homa Bay County Integrated Development Plan (CIDP) reproductive health priorities.

The project interventions such as capacity building, distribution of sanitary towel and enhanced access to youth friendly services in the health facilities treatment contributed to the realization of priorities set out in the CIDP. The interventions also contributed to the achievement of objectives outlined in the County Health Strategic Plan and the Annual Work Plan.

Effectiveness: The evaluation determined that the project strengthened community level health system through training of AGYWs, elders' committees, widow champions CUCs as well as empowered sub county and county reproductive health coordinators with MIYCN property rights and SRHR information, which led to increased demand for and coverage of SRHR services. The evaluation established that the project expanded access, quality and coverage of SRHR services.

Efficiency: The evaluation established that the project had provided for coordination mechanisms that enabled efficient execution of the project interventions. The coordinating mechanisms included Project Steering Committee (PSG) meetings, pro bono lawyers quarterly meetings and elders committee meetings.

Impact: In assessing the key results of the project interventions in terms of SRHR and property rights elements, the evaluation determined that there was improvement in SRHR in Kisumu and Homa Bay counties within the project period as a result of the project interventions alongside other intervening factors such as the other organization working in the SRHR and HIV sector.

The project also resulted in improvements in SRHR practices as well as sexual reproductive health seeking behavior such as improved access to youth friendly facilities on demand for sexual reproductive health services.

Sustainability: In assessing the extent to which the project design and interventions addressed long term elements thus supporting changes beyond the project, the evaluation established that the project design and interventions to some extent enabled the realization of changes that will outlive the project.

For instance, the training of elders committee, AGYW, widow champions on SRHR and property rights went a long way in strengthening the community SRHR strategy is expected to develop capacity to provide effective response to SRHR needs.

4.4 Recommendations

The recommendations are based on findings of the study. The recommendations are made for policy and programmes and also for further research.

4.4.1 Recommendations for Policy and Programmes

It is recommended that other organizations implementing SRHR programming should initiate the same study in the other parts of the country especially those adversely affected by high HIV prevalence rates. It is also recommended that programmes in SRHR should put more resources to empower the women in economic activities since the results shows the increase in vulnerability in the AGYWs is related to household poverty index. The following are specific recommendations for policy and programmes.

1. There is need to build community resilience to SRHR needs through a multi-sectoral approach to programming.
2. Community Health Volunteers approach can be used in this project and will be useful in improving SRHR and land/property rights practices especially in the context where not all elders can reach every village unit to disseminate information and have a case finding mechanism in identifying SRHR challenges amongst the AGYW in real time. There is need for the county and relevant partners to strengthen this approach with a view to improving SRHR and land/property practices.
3. The project needs to produce training manuals and data collection tools for different elements of the project so as to develop Trainer of Trainees which will enable the project standardize trainings and reach many AGYW with accurate data being captured
4. Medical-legal outreaches are important in expanding access to integrated SRHR and land/property rights service, however they are expensive and not sustainable, there is therefore need to develop an effective way to implement these outreaches.
5. The project needs to prioritize and work very closely with the relevant departments in the county governments which includes SRHR.KELIN should prioritize to have signed MOUs with Homa Bay and

Kisumu with clear objectives agreed per party within the project period/

6. The evaluation established that elders played a crucial role in addressing the SRHR and property needs of the community in the context of them being pillars of the communities. However, it was noted that due to non-existence of a structured engagement strategy, it is difficult to maintain the elders committee. The County Government should consider developing guidelines and a framework that addresses provision of incentives and compensation, including financial compensation to community elders especially those involved in projects that address needs of the community in order to motivate them and expand access to SRHR services
7. Given the inherent challenges relating to cultural practices, there is need to continue advocating for cultural behavior change in order to expand access to SRHR and property rights services for AGYW.
8. Lack of Sanitary towels are one of the challenges the AGYW are facing because of poverty in the region hence it is a good model in supplying sanitary towels but it is not sustainable model. The SRHR information on the sanitary towels is a good model hence advocacy could be made to Ministry of Education in partnership with the project to adopt the SRHR messages developed during the project.
9. Engagement of learning institutions in implementation of the project, most of the targeted girls are of school going age hence they can easily be found in schools

where we have classes on reproductive health and can easily introduce sexual reproductive health clubs in schools to enhance discussion on SRH issues.

10. The engagement of pro bono lawyers is effective but not sustainable, the project could opt to use community paralegals to increase the reach because many of the targeted still need the legal services and with limited number of lawyers they can only handle a specific number of cases at a time.
11. The project should advocate for enhanced reporting and quality data captured in government MOH data collection tools and records as well DHIS

4.4.2 Recommendations for Further Research

The study conducted has led to useful findings and conclusions on facilitating access to SRHR amongst AGYWs, however additional research is still be needed. One aspect that need more research is the underlying reasons why the AGYWs are not visiting the youth friendly facilities where they are available.

The other aspect which can be researched on which was not captured in the study is which combination of interventions could have led to better results if we had a control group. This could include integrated programming that includes some elements of livelihoods for the households whose AGYWs are engaged in the project against a control group who are not receiving any support.



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