



**INTERNATIONAL
SOLIDARITY
FOUNDATION**



**CECOME
Final Evaluation Study**

Final Report

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1 Acknowledgement

This Final Evaluation Study for the CECOME Project Report was developed through wide consultation and collation of data from different partners and stakeholders of the ISF Project Kenya. The Final Evaluation Study team, Adept Research, would like to acknowledge and appreciate CECOME team, ISF Kenya team, ISF Adviser on Gender Equality, the partners, staff and other stakeholders for their generous contributions towards this Final Evaluation Study. Most importantly, the evaluation team would also like to acknowledge each respondent that took time to participate in this Final Evaluation Study in one way or another.

2 Disclaimer

The opinions expressed in this report are those of the Final Evaluation Study Team, and do not necessarily reflect those of CECOME team. Responsibility for the opinions expressed in this report rests solely with the authors. Publication of this document does not imply endorsement by CECOME team of the opinions expressed.

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3 Introduction

ISF programme of 2018-2021 envisions no violence and zero poverty rates among women and girls. In achieving this vision, ISF therefore engages in prevention of violence against women and girls (VAWG), specifically female genital mutilation (FGM), in Kisii and Nyamira counties in Kenya since 2015, implementing the programme with two implementing partners, Centre for Community Mobilization and Empowerment (CECOME) and Manga Heart. CECOME purposes to increase Community Knowledge on women rights and negative effects of Violence against women and girls. Manga Heart on the other hand, is working to increase awareness of negative effects of FGM.

The goal, purpose, and expected results 2018-21 of the two projects are summarized in the table below:

Table 1: Goal, purpose, and expected results of the projects to be evaluated

2018-2021	CECOME	Manga Heart
Project Goal	Community member's capacity increased to take more public actions and speak more against VAW in Kegogi Location Kisii County	Community members change their perception about FGM as a mandatory rite of passage in Nyamira county.
Project purpose	Community knowledge on women rights and violence against women and girls is increased.	Community members in Nyamira are aware of negative effects of FGM and more willing to discuss about the issue.
Expected results	<ol style="list-style-type: none"> 1. Project volunteers are effectively sensitizing and disseminating information on women and girls' rights. 2. The youth in schools are openly sharing VAW information with their peers and disseminating the same information to other members of the school community. 3. Out of school youth are able to create awareness with their group members and peers on matters relating to violence against women and girls. 4. Women group members understand and freely share the physical, social, health and psychological effects of VAWG. 5. Men, duty bearers and paralegals understand physical, social, health and psychological effects of VAWG and change their perceptions on women and girls' rights 6. Project staff is able to effectively and efficiently implement programmes against the practice of FGM within. 	<ol style="list-style-type: none"> 1. Project volunteers are able to carry out awareness sensitization campaigns on FGM and girls' rights 2. Trained Duty bearers are fully aware of social, legal and health impacts of FGM and disseminate the information to the wider community 3. Trained schoolteachers and students are fully aware of social, legal and health impacts of FGM and disseminate the information to the wider community 4. Trained men, women, and youth of the community are fully aware of the social, legal, and health impacts of FGM and disseminate the information to the wider community 5. Project staff is able to effectively and efficiently implement programmes against the practice of FGM within the sub-location.

Consultancy services for the ISF Programme final evaluation's overall purpose, is to assess the performance of projects implemented By CECOME and Manga Heart and capture achievements, challenges, and best practices to inform future similar programming. Reporting was however done separately for CECOME and Manga Heart and the reports presented separately. The document at hand reports the evaluation findings regarding the CECOME project.

Specifically, the evaluation sought to:

1. Assess whether the projects have delivered effective, efficient, relevant, and high-quality activities and changes in the lives of the beneficiaries?
2. Assess whether collaboration between ISF, local partners, and Line ministries has added value to the interventions with a positive effect on beneficiaries and other stakeholders? And answer to what has contributed to this value addition, and what has not in regard to learning, complementary & harmonization and visibility
3. Identify and assess key lessons learnt and main challenges experienced and draw recommendation for future programming. The final evaluation should include at least one lesson learnt and one recommendation per evaluation category, i.e. effectiveness, efficiency, relevance etc.

4 Executive summary

This was a cross sectional evaluation where respondents were engaged at a point in time. Qualitative and quantitative data collection methodology approaches to analysis and reporting were used.

A total of **292 (83%) out of the 350 (100%)** targeted respondents were included in the project beneficiary structured interviews. Additionally, a total of **14 key informant interviews (KIIs)** was conducted with Project staff, Project partners, Government representatives, Community & religious leaders, Youth representatives, teachers project volunteers and duty bearers. **3 gender sensitive focus group discussions (FGDs)** were also conducted with males and female youths, and men and women group members.

Findings on the project goal: Women's and girls' rights are better fulfilled as the community advocates more against VAWG and support SRHR in Kegogi location, Kisii County, from male FGD in Kisii showed that in average 40 community members participate in awareness campaign meetings. Additionally, findings from the women FGD showed that women participate in awareness campaign meetings. In other related findings, VAWG cases are referred to the community-based paralegals to seek legal support. The qualitative findings in regard had paralegals report that they have received approximately 4-6 referral cases of displaced and deserted women. The main challenge that the Paralegals however experienced in advocating against VAWG and promoting SRHR is that they received inadequate support from the local administration.

Male champions were identified and involved in creating awareness on women and girls' rights. As such, report from the staff KII indicated that only 4 male champions have been identified and are often involved in creating awareness on women and girls' rights. Interesting to note was that 79% of the included community members have daughters who have not been circumcised out of which, 76% reported that their daughter will not undergo FGM.

Findings on the project purpose: Community members are aware and advocate for women and girls' rights in relation to SRHR in the project area; indicated that 57% reported they know of Security and reporting services and Education services, 39% reported to know Health services, 34% Legal and rights information services and few 16% reported to know Psychosocial support services.

The findings on usage of the services, further indicated that in the last 12months, community members used Education services at 55% most while Psychosocial services were least used at 14%. In regard to reporting cases on VAWG, the findings highlighted that cases were mainly reported to Administrators like chiefs at an average of 74% while least reported to Education support services at 19%.

On assessing awareness of social and health effects of FGM, the survey findings indicated on the least known health effects of FGM at 20% Sexual problems (pain during intercourse, decreased satisfaction, etc.); and highest known health effect at 40% Vaginal problems (discharge, itching, bacterial vaginosis and other infections). The findings on social impact indicated on the high 59% Stress and 57% low self-esteem, while depression was on the low at 33%. Amazingly, the community members (100%) were knowledgeable about FGM ban law and they reported that FGM has been banned legally.

Both gender, women and men actively participated in the campaigns against VAWG and awareness meetings advocating for girls' rights. 93% women reported that there are groups that hold campaigns against VAWG, 865 of the women were members of a group that hold the campaigns and that the group held meetings often at 91%, where the women participated to a large and medium extent. As for the case of men, 92% of men participated in the awareness meetings advocating for the rights of women somewhat often and very often.

The survey findings further indicated that 95% of the recruited students were members of a school health ambassador clubs. 98% of the included students additionally mentioned that the school clubs hold meetings as planned where 77% members of school health clubs participate in the meeting to a large and medium extent mainly discussing topics on ability to remain free from unwanted pregnancy 44% and least 17% discuss topics on Unsafe abortion.

Findings on Result 1: Project volunteers are effectively sensitizing and disseminating information on women and girls' rights.

Qualitative findings from Staff Key informant interviews indicated that CECOME trained approximately 100 volunteers on SRHR during the 5 years project period, and that CECOME offered refresher trainings to the trained volunteers. As such the youth recognize issues that relate to SRHR.

In each school the volunteers established 2 clubs, the Health ambassadors club and AntiFGM warriors club as reported by one of the interviewed volunteers

Qualitative findings from volunteer KII noted all volunteers engaged in the project were able to freely share information about women and girls' rights. The volunteers in a KII interview reported that approximately 200 community members participated in information dissemination meetings organized by volunteers within their groups in the last 12 months. A lot of times women participants would be more than men.

Findings on Result 2: Members of in school youth are able to influence their peers on matters relating to VAWG

The survey sought to assess the students' knowledge on laws that protect girls against violence. The evaluation findings therefore indicated 66 (56%) reported The constitution of Kenya: Sexual Offence Act (2206), 37(31%) reported the Penal Code and its various amendments; the Prohibition of Female Genital Mutilation Act (2011), 69(59%) reported the Children's Act (2001), 3(3%) reported the HIV Prevention and Control Act (2006), 4(3%) reported The Vision 2030 explicitly acknowledges that cases of GBV are on the increase and lays out various strategies to reduce its prevalence while none reported the Counter Trafficking in Persons Act (2010).

The survey further assessed percentage of students who talk publicly against VAWG. The findings on students agreeing and strongly agreeing to statements against VAWG had 80% of students agreeing and strongly agreeing to talking publicly against Domestic and intimate partner violence, 85% of students agreeing and strongly agreeing to talking publicly against Sexual violence (including rape), 85% of students agreeing and strongly agreeing to talking publicly against Sexual harassment & sexual exploitation, 93% of students agreeing and strongly agreeing to talking publicly against female

genital mutilation/cutting and all the students 100% agreeing and strongly agreeing to talking publicly against Child, early and forced marriage.

On assessing the percentage of students who know where to seek for help when they experience VAWG, the survey findings indicated 40% reported Health facilities, 65% reported Administrators like chiefs, 83% reported Legal and rights service facilities like police stations, 47% reported Education support service providers and 17% reported Community groups against VAWG while few 7% reported Psychosocial support service providers.

The survey findings in regard to where boys refer VAWG survivors noted most VAWG survivors who experience Child early and forced marriage are mainly referred to and Education support services-93%. Additionally, FGM survivors are mainly referred to Legal and rights service facilities like police stations-87%, and Sexual harassment and sexual exploitation survivors are mainly referred to Administrators like chiefs-80%. The boys however, least refer Sexual violence survivors to Psychosocial support service providers-3%.

Findings on Result 3: Members of out of school youth are able to create awareness with their group members and peers on matters relating to VAWG.

Qualitative findings in relation sourced information on what challenges are experienced in advocating against VAWG and promoting SRHR. The findings highlighted youth FGD respondents reporting that the main challenge is ignorance among community members.

On assessing knowledge on laws that protect women and girls against violence, the survey findings highlighted few 13% youth identified Vision 2030 which explicitly acknowledges that cases of GBV are on the increase and lays out various strategies to reduce its prevalence, while majority 62% identified The Constitution of Kenya; the Sexual Offence Act (2006).

The youth out of school Strongly agreed to confidently talk publicly about VAWG on topics including Domestic and intimate violence, Sexual violence, FGM and Child early and forced marriages averagely at 68%. Additionally, findings from the youth FGD in Kisii had half of the youths engaged in the FGD reporting that averagely 25 youth members participate in public sessions to discuss rights of women and girls and VAWG.

Findings on Result 4: Women group members understand and freely share the physical social health and psychological effects of VAWG.

Findings from KIIs noted that averagely 300 women were trained on physical, social, health and psychological effects of VAWG. KII respondents however mentioned that whenever they gathered the women for the effects of VAWG training and sought for their training expectations, the women averagely 210 expectations, were to be trained on ways of generating income to support their low economic levels.

The qualitative findings from the women FGD showed that averagely 220 women group members have the capacity to confidently share information on the physical, social, health and psychological effects of violence against women and girls.

The qualitative findings further indicated FGD participants reporting that averagely 820 people were reached through community outreach sessions in last 2 years.

Findings from women FGD in Kisii noted that averagely 26 inter-group exchange sessions organized for the women group members to discuss SRHR and GBV in the last 2 years.

Findings on Result 5: Men understand physical, social, health and psychological effects of VAWG and change their perceptions on women and girls' rights

The KII findings showed that averagely 40 men were trained on physical, social and psychological effects of VAWG. The main challenge reported from staff Key informant interviews was meeting different groups of men each training time making it hard to monitor progress of the previously trained men.

Additionally, findings from the male FGD noted that in average 634 men are aware of women and girls' rights. The Kisii male FGD findings also indicated that averagely 18 males attended sessions organized to share information on women and girls' rights in the last 12 months.

Findings on Result 6: Duty-bearers/paralegals are aware and support women and girls' rights

Staff KII findings indicated that 22 duty bearers and opinion leaders were identified and sensitized to support women and girls' rights. The main challenge they faced in engaging them in trainings though was that most of them were too busy to attend all trainings consecutively.

The staff KII findings noted that 4 stakeholder meetings were conducted annually to share and sensitize duty bearers on the role in the project. Further findings showed Duty bearers reporting that in average 90 people were reached by sessions organized by the trained duty bearers. The qualitative findings from duty bearers indicated approximately 32 support services were offered for survivors of violence.

Findings on Result 7: Project staff capacity is improved to effectively carry out and document project information.

The staff KII findings noted that before Covid 19 pandemic, trainings would be conducted monthly. However, since Covid 19 pandemic hit, only 6 trainings for community members have been conducted to enhance awareness on SRHR/GBV.

Qualitative staff KII further indicated that ISF averagely organized 16 trainings on Communication, Advocacy, FGM, GBV, Monitoring and Evaluation, Finance, Human resource management, Strategic management and PWD inclusion trainings among others. In support KII interview findings noted ISF organized trainings where CECOME staff have participated in.

General findings not related to any specific indicator

The qualitative findings from FGD and KIIs respondents highlighted the impact of the gained knowledge on laws that protect women against violence as reduced cases of FGM and VAWG.

On assessing the value that CECOME has added in the community, women, men and youth FGD findings highlighted that CECOME has educated the community about negative effects of FGM and VAWG. The KII findings also noted that the value CECOME has added in the community is educating the community on negative effects of FGM and VAWG.

The KII findings from paralegals reported that the main challenge they experienced was lack of corporation from the local administration.

The youth FGD noted that the most needed intervention should focus on educating the elderly to further reduce FGM practices, women FDG reported that the most needed intervention should focus on empowering women on engaging in income generating activities to improve their livelihoods, duty bearers and paralegals KII findings showed that the most needed intervention is civic education to the public and men FGD noted that the most needed intervention should focus on engaging the boy child more so that the boys are also not left out.

On assessing recommendations for future programing, men, women and youth FGD findings and the included KII informants reported that there was need to scale up the project to other counties practicing FGM and VAWG.

Conclusions on effectiveness, efficiency, and quality:

The evaluation concludes that the project was effective and efficient in sharing knowledge among students on laws that protect girls against violence. Students were reported to be knowledgeable about the laws that protect women and girls against violence as opposed to the Baseline data which highlighted knowledge on the Children's Act, 505 Sexual offences. The evaluation also notes the reduced levels FGM acts in the communities since there was few reports made of the same.

Additionally, the evaluation concludes that ISF CECOME trainings were of high quality hence successful, leaving majority of students seeking help from the guidance and counselling department on sexual reproductive issues including Ability to remain free from unwanted pregnancy, unsafe abortion, STIs/HIV/AIDs and sexual violence.

Majority of the included community members reported to have daughters who have not been circumcised and most of them confirmed that their daughters will not undergo FGM. The evaluation therefore concludes that the community is aware about the FGM ban and are looking not to engage their daughters in FGM.; an indication of positive change of attitude.

Conclusions on relevance

The evaluation findings therefore highlighted that CECOME successfully carried out trainings for staff in project implementation including participatory methodology training, monitoring and evaluation training, FGM, SGBV, Gender and inclusion of PWD trainings. This way, CECOME staff were able to train CECOME beneficiaries on reducing VAWG and on SRHR. The CECOME beneficiaries therefore succeeded in sharing this same knowledge which brought about positive change of attitude against FGM practice, among community members.

The engaged key informant respondents however mentioned that whenever they gathered the women for the effects of VAWG training and sought for their training expectations, averagely 210 women expectations were that they should be trained on ways of generating income to support their low economic levels.

Conclusions on sustainability

Students have taken up actions to reduce VAWG and as such they hold campaigns against Sexual Violence, FGM and Child early and forced marriages where majority of the students participate to a large and medium extent. Additionally, the youth out of school Strongly agreed to confidently talk publicly about VAWG on topics including Domestic and intimate violence, Sexual violence, FGM and Child early and forced marriages. The evaluation concludes that CECOME has succeeded in increasing the level of confidence among the youth in speaking in public against VAWG. Furthermore, majority of women hold campaigns against VAWG and actively participates in the campaigns to a large and medium extent. The evaluation additionally shows a huge increment in the number of campaigns against VAWG with the youth, women and men participating actively. CECOME was therefore successful in creating awareness on engaging in campaigns against VAWG.

The evaluation further concludes in regard to sustainability that community members are aware Security and reporting services and Education services, Health services, Legal and rights information services as SRHR services available. The Psychosocial support services are least popular.

Conclusions on collaboration between ISF, local partners, and Line ministries

The resultant product of swift collaboration among project partners including collaboration between CECOME team, ISF, local partners, and Line ministries improved the referral system and this is why paralegals and duty bearers received and referred VAWG cases. Additionally, the seamless relationship promoted sustainability and as such the evaluation made conclusions around sustainability to showcase the seamless relationship.

Key lessons learnt

- Child marriage is still highly recognized as the main issue to sexual and reproductive health rights of women and girls while use of contraceptives is least recognized.
- The main challenge experienced while advocating for VAWG in the communities is that VAWG is taken for granted by less educated persons.
- The best-known law is The Constitution of Kenya; the Sexual Offence Act (2006). This is contrary to the Baseline survey which had zero youth and women groups respondent knowledgeable about any law that protect women and girls against violence. CECOME has therefore increased the knowledge of beneficiaries in the area of laws that protect women and girls against violence.
- The least-known law among students that protect women against violence is 'the Vision 2030 explicitly acknowledges that cases of GBV are on the increase and lays out various strategies to reduce its prevalence'.
- The evaluation recognizes that Psychosocial support and awareness creation was not within the mandate of CECOME, whereby this is an area that needs to be incorporated in future.

- Cases on VAWG are mainly reported to Administrators like chiefs and least reported to Education support services
- The evaluation concludes that the least known health impacts of FGM are sexual problems (pain during intercourse, decreased satisfaction, etc.); while the best-known negative health impact of FGM is vaginal problems (discharge, itching, bacterial vaginosis and other infections); depression is least recognized.
- Most women looked forward to trainings on engaging in income generating activities to improve their economic standards

Main challenges

- The main challenge experienced by CECOME staff in engaging men beneficiaries in trainings is that every time they called for trainings, they had new recruits only. This promoted inconsistent participation of male trainees in trainings.
- The main challenge that the Paralegals experienced in advocating against VAWG and promoting SRHR is that they received inadequate support from the local administration.

Recommendations

- CECOME to enlighten beneficiaries more on the law: “The Counter Trafficking in Persons Act (2010)” for the evaluation has highlighted this law as least popular among beneficiaries.
- There is need to create awareness on use of contraceptives as one of the issues to SRHR.
- More awareness creation against VAWG should be done to reach out to all persons including the less educated to reduce levels of ignorance on VAWG issues.
- There is need to create awareness on importance of Psychosocial support services.
- There is need to make popular the Vision 2030 aspirations as one of the laws that protect women and girls against violence. Vision 2030 explicitly acknowledges that cases of GBV are on the increase and lays out various strategies to reduce its prevalence.
- There is need to create awareness on health impacts of FGM including Sexual problems (pain during intercourse, decreased satisfaction, etc.) and social impacts including depression.
- More research needs to be done on how best to consistently engage the same group of men in FGM trainings
- The local administration needs to work closely and seamlessly with paralegals.
- Women and youth should be further engaged in trainings for income generating activities to improve their economic standards
- There is need to document success stories to be used as teaching aids going forward

5 Methodology

In this chapter we discuss the study design, sampling, data collection methodology, quality control and study limitations.

Study design

This was a cross-sectional evaluation where subjects were involved at a particular point in time. The evaluation used both qualitative and quantitative approaches to data collection, analysis, and reporting. Specifically, face-to-face structured interviews, key informant interviews and focus group discussions were conducted.

Sampling

The evaluation entailed sampling of the census enumeration areas, selected as primary sampling units (PSUs). Villages in the sampled sub-counties were therefore the sampling units.

Quantitative sampling of project beneficiaries

- The project county of Kisii was purposively sampled
- At the project county, purposive sampling was used to select project sub-counties, villages and schools
- In the project schools, student beneficiaries and non-beneficiaries, parents/guardians, youth out of school and youth and women groups were randomly sampled
- A total of **292 (83%) out of the 350 (100%)** targeted respondents were included in the project beneficiary structured interviews.

Qualitative sampling

Purposive and snow balling sampling was used to get respondents for key informant interviews and focus group discussions. The qualitative study involved Representatives from the government agencies, Development partners, Civil society, Private sector and faith-based organizations and other project stakeholders including project staff.

A total of **14 key informant interviews (KIIs)** was conducted with Project staff, Project partners, Government representatives, Community & religious leaders, Youth representatives, teachers project volunteers and duty bearers. Additionally, **3 gender sensitive focus group discussions (FGDs)** were conducted with males and female youths, and men and women group members.

Demography of the participants

The quantitative survey included a total 118 students where 88(75%) females and 30 (25%) males. Majority of them 85 (72%) were in age bracket of 9-13years while 33(28%) were 14-18 years. All the engaged students 118(100%) were Christians.

Additionally, 150 community members including parents with 118(79%) females and 32 (21%) males were included in the quantitative survey. 63% of them reported to have completed primary school while very few 2% completed college. 31% of this category of respondents fell in the age bracket of 36-45 years while 92% were married.

A total of 24 youth out of school (17 females and 7 males) were also included in the survey with majority of them (71%) having completed High School as their highest level of completed education. Additionally, 20 of them were single while 4 were married. Most of the youth out of school n=21 (88%) were within the age bracket of 18-25years.

Table 2: Community members & parents age categories

A2. What is your age?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18 – 25 years	8	5.3	5.3	5.3
	26 – 35 years	39	26.0	26.0	31.3
	36 - 45 years	46	30.7	30.7	62.0
	46 – 55 years	20	13.3	13.3	75.3
	56+ years	37	24.7	24.7	100.0
	Total	150	100.0	100.0	

Table 3: Highest education level achieved

A1. What is the highest level of formal education you have completed?					
	Level completed	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	College	2	8.3	8.3	8.3
	Primary school	2	8.3	8.3	16.7
	Secondary/HighSchool	17	70.8	70.8	87.5
	University	3	12.5	12.5	100.0
	Total	24	100.0	100.0	

The table below gives a summary of the respondents by the categories in the project framework:

Table 4: Number of project beneficiaries and evaluation participants by group

CECOME DIRECT BENEFICIARIES	Nr of direct beneficiaries		Quantitative data collection		Qualitative data collection	
	women	men	method	sample size	method	sample size
Youth in school (students)	2570	1670	Structured	118	-	-
Youth out of school	979	671	Structured	24	1*FGD	8
Women groups	1765	1200	Structured	150	1*FGD	8
'Male champions' (men groups)	0	1138	-	-	1*FGD	8
Duty bearers and opinion leaders	50	100	-	-	KII	4
Volunteers	11	8	-	-	KII	3
Paralegals					KII	3
Cecome project staff			-	-	KII	2
ISF staff in Kenya			-	-	KII	2
total nr of participants				292		38

Data collection and handling

For quantitative data collection, digital data collection was used where questions were scripted on KoBo data collection platform. The enumerators collected the data using android mobile phones and the completed interviews were submitted to the dedicated ADEPT server immediately an interview was completed and synchronized.

For qualitative data collection, a note taker took notes for both key informant interviews, in depth interviews and focus group discussions. Audio recorders were also used to record the interviews as a backup and for reference purposes.

Quality control (QC)

QC is an independent entity that oversees the overall field data collection process to meet the client's objective as an ongoing directive for Quality Assurance from the start to the end of a project. Generally, 15% of the primary collected data was quality controlled. The main objective of QC checks was as follows:

- To ensure the best quality and professional ethics of data collection throughout all project phases.
- Ensure Project execution is in conformity with the client's specifications, methodology and other briefing instructions are met.
- Ensure collaboration and uniformity of all fieldwork operation in all manners is achieved.

The following quality control checks were conducted as detailed in the figure below

Figure 1: Quality control checks details

• Pre-field quality control

- Setup controls:
- Script testing & flow checks
- Selection of sampling points
- Selection of qualified field team – including a reserve team to step in when needed
- Training & Debriefing of Fieldwork Team

• In-field quality control

- 20% planned accompaniment by Supervisor / Field Executive
- 30% telephonic call-backs
- 5% spot checks by the overall project manager
- Enhanced In-field Quality Control
- Integrity Checks
- Enhanced Data Scrutiny

• Post-field quality control

- Integrity Checks:
- Final Geo-tagging checks – to ensure 100% location accuracy
- Final CAPI timestamps checks to confirm average length of interview, time taken between interviews
- Data Scrutiny

• Quality control action standards

- Termination of below standard or erroneous questionnaire
- Dismissal and replacement of suppliers who do not meet the project requirements/ set project standards

Data processing and presentation

KoBo data collect software was used in collecting quantitative data. Data was downloaded on a daily basis, and Adept Data Manager (Ken) looked through the data. Any errors spotted were relayed to the team every morning before the start the day's field work. Since data cleaning was an ongoing process, preparing the final data was a relatively short exercise by a small, dedicated team. The DP supervisor and the DP Manager were responsible for cleaning, finalizing and implementing any necessary statistical manipulation relevant for the analysis of the survey data. All datasets were finalized in the recommended format agreed upon with the ISF team.

Data analysis

Quantitative data was analyzed using IBM SPSS. Generally, all the indicators measured at a single point in time were analyzed using univariate analysis to give frequencies, means and/or proportions as appropriate in determining the significance of changes in indicators. Further statistical analyses were conducted to assess for possible relationships using correlation analysis. The results were presented in charts, tables, graphs and pie charts among others.

Qualitative data was transcribed and translated. Ms Excel tables were used to organize the data and the resultant product was a detailed thematic ordered matrix. The themes were the main evaluation criteria and the sub-themes the specific evaluation questions and variants of issues coming from them. The qualitative findings were triangulated with the quantitative findings and presented as general summaries and where necessary reported as verbatim quotes.

COVID-19 measures

The evaluation team undertook all the advised COVID-19 measures during the evaluation implementation by:

- Taking temperatures of the respondents
- Washing our hands correctly with soap and water and/or sanitizing but washing hands with soap and water is the preferred option
- Wearing face masks correctly and,
- Keeping social distance as expected during the training sessions and data collection.

Limitations of the evaluation

The study was conducted in the selected counties and villages within the counties. The instruments were developed in English and translated into the local languages (Swahili and Kisii), which this may have elicited different meaning and called for further explanation from the enumerators during the interviews.

A pretest was however done in nearby non-selected villages with respondents of the same characteristics as the target respondents to look at the context relevance. A total of 30 respondents were engaged in the pretest exercise. To avoid biasness through prior sampling of project

stakeholders and project beneficiaries, the evaluation team ensured that the recruited respondents had not been engaged in such related surveys in the last 12 months.

Given the more robust nature of the parent sample in this evaluation and to avoid some bias in comparison to the baseline data, the evaluation team considered having a portion of the sample drawn from the same counties at baseline and thus final evaluation and analyzed only the same when comparing to see trends over time but used the entire data set to show situation at final evaluation.

Considering the length time frame of the 2 consecutive projects (2016-17, 2018-21), the evaluation team limited the recall to a shorter period (mostly 12 months, dependent on the information being requested) to avoid recall bias.

As informed by ISF, there has been challenges in data collection and monitoring, particularly identifying sufficient number of relevant indicators and collecting valid baseline and follow-up data with large enough sample sizes. This is because there has been a lot of changes in staff in ISF headquarters to support the monitoring, and because the consultant who collected the initial baseline data in 2015 was no longer available to help sort out the data when the 2018-21 project started. For the 2018-21 project, 2016-17 project baselines (collected in 2015) were utilized where available and complemented with 2017 end line data. Confusing baseline data complicated the task of the evaluation team in systematically comparing the baselines and the evaluation survey data.

6 Evaluation findings

This chapter describes the findings from the quantitative questionnaires as well as the qualitative focus group discussions, key informant interviews, and in-depth interviews. The chapter is arranged according to the CECOME project monitoring and evaluation framework.

Goal: Women's and girls' rights are better fulfilled as the community advocates more against VAWG and support SRHR in Kegoji location, Kisii County

Indicator 1: Number of community members participating in awareness campaign meetings

Qualitative findings from male and female FGDs in Kisii showed that in average 40 community members participate in awareness campaign meetings. One of the FGD male participants explained, *"...quite a number of community members participate in awareness campaign meetings very interactively since in these forums there is so much openness and people talk freely about VAWG issues that bother them."* One of the women FGD participants explained, *"...women are the ones affected by VAWG and we must be on the frontline to put a stop to VAWG. I enjoy participating in awareness campaign meetings to reduce VAWG in this community and beyond."*

Indicator 2: Number of VAWG cases referred to the community-based paralegals to seek legal support.

The qualitative findings had paralegals reporting that they have received approximately 4-6 referral cases of displaced and deserted women. One of the paralegals explained, *"...during this corona time most cases have been about people being displaced especially women and children being deserted."*

The main challenge that the Paralegals however experienced in advocating against VAWG and promoting SRHR is that they received inadequate support from the local administration as explained by one of the Paralegals KII, *"...the local administration is not cooperating with us. They even insight people to beat us."*

Indicator 3: Number of survivors of VAWG referred by the community-based paralegals to other institutions to seek social justice

The qualitative KIIs with paralegals showed that the paralegals referred 4-5 VAWG survivors to other institutions to seek social justice.

Indicator 4: Number of male champions identified and involved in creating awareness on women and girls' rights

Report from the staff KIIs indicated that only 4 male champions have been identified and are often involved in creating awareness on women and girls' rights.

ISF Programme indicator (not included in partner LFA): % of community members who aim not to cut their daughters

79% of the included community members have daughters who have not been circumcised out of which, 76% reported that their daughter will not undergo FGM.

Project purpose: Community members are aware and advocate for women and girls' rights in relation to SRHR in the project area

Indicator 1: % of community members who are aware of the available SRHR services

The evaluation survey showed 57% reported awareness of security and reporting services and Education services, 39% reported Health services, 34% Legal and rights information services and 16% reported Psychosocial support services. The diagram below gives a summary:

Figure 2: Community members aware of available SRHR services

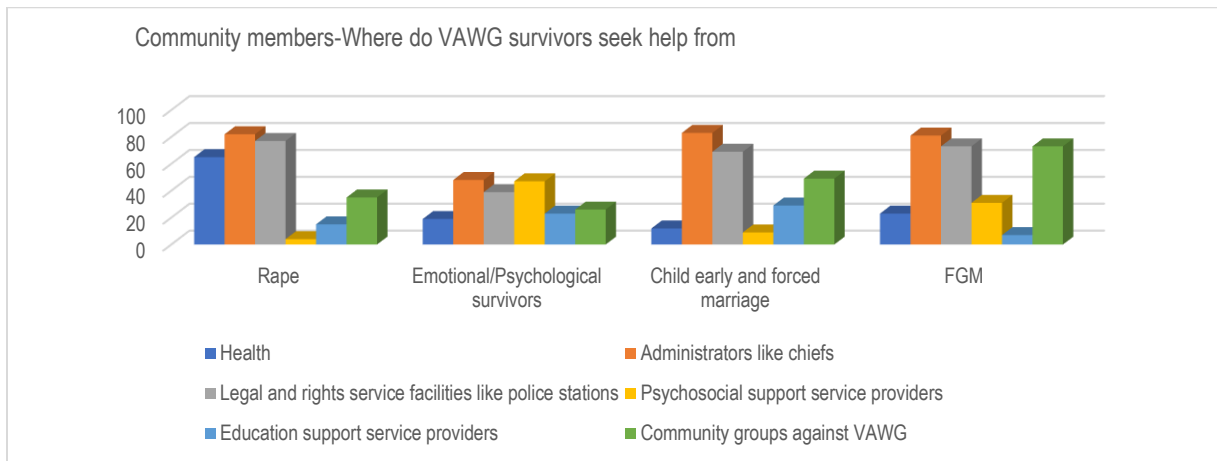


The findings further indicated that in the last 12 months, community members used Education services at 55% most while Psychosocial services were least used at 14%.

Indicator 2: % of community members who know where survivors of VAWG (FGM) can seek help

At the baseline survey (2016), 86% women and 21% men respondents said they know where survivors of VAWG (FGM) can seek help. According to the evaluation findings, cases on VAWG are mainly reported to Administrators like chiefs (at an average of 74%) while least reported to Education support services at 19%. The diagram below details:

Figure 3: Community members: Where do VAWG survivors seek help from



Indicator 3: % of community group members who are aware of the negative social and health effects of FGM

While at the ISF Gender Analysis (commissioned in 2015 in Kisii and Nyamira prospective project areas, prior to the project specific baseline data collection) 36% female and 26% male respondents in Kisii county were aware of negative effects of FGM on women and girls, the evaluation findings indicated lowest awareness (20%) of sexual problems (pain during intercourse, decreased satisfaction, etc.); and highest awareness (40%) of vaginal problems (discharge, itching, bacterial vaginosis and other infections). The findings on social impact indicated highest awareness (59%) on stress and 57% awareness of low self-esteem, while depression was least recognized at 33%.

Indicator 4: % of community members who are aware of the FGM ban

While at the ISF Gender Analysis (2015) 1% all respondents in Kisii county were aware of the FGM ban, in the evaluation survey the share had risen to 100%.

Indicator 5: % of women actively participating in the campaigns against VAWG

93% of the included women reported that there are groups that hold campaigns against 865 of the women were members a group that holds the campaigns and that the group held meetings often 91%. And that they participated in the meetings to a large and medium extent.

Indicator 6: % of men participating in awareness meetings advocating for the rights of women and girls

The findings indicted that 92% of the included men participated in the awareness meetings advocating for the rights of women somewhat often and very often.

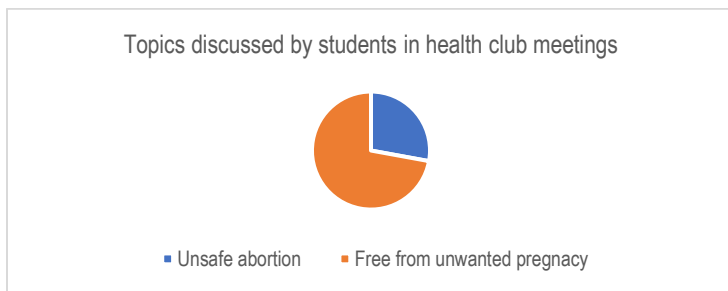
Indicator 7: % of pupils seeking help from the guidance & counselling department in schools on matters relating to sexual reproductive health issues

Students reported to seek help from the guidance and counselling department on sexual reproductive issues including Ability to remain free from unwanted pregnancy 70%, unsafe abortion 61%, STIs/HIV/AIDs 73% and sexual violence 75%.

Indicator 8: % of recruited peers disseminating sexual and reproductive health rights information with their fellow peers in and out of school

The survey findings indicated that 95% of the recruited students were members of a school health ambassador clubs. 98% of the included students additionally mentioned that the school clubs hold meetings as planned where 77% members of school health clubs participate in the meeting to a large and medium extent mainly discussing topics on ability to remain free from unwanted pregnancy 44% and least discuss topics on 17% Unsafe abortion as shown in the diagram below:

Figure 4: Topics discussed by students in health club meetings



Indicator 9a: % of students actively participating in the campaigns against VAWG

The survey findings averagely noted that 87% of students agreeing that there are campaigns against Sexual Violence, FGM and Child early and forced marriages. Averagely, 60% of students participate to a large and medium extent in the campaigns against Sexual Violence, FGM and Child early and forced marriages.

Indicator 9b: % of youth out of school actively participating in the campaigns against VAWG

All the 24 (100%) included youth admitted that there are campaigns held against VAWG. 23/24 included youth were members a group that holds the campaigns and that the group held meetings often 86%. 88% of the youth participated in the meetings to a large and medium extent. 86% of the youth out of school reported that the groups often held campaigns against VAWG.

Result 1: Project volunteers are effectively sensitizing and disseminating information on women and girls' rights.

Indicator 1: Number of project volunteers trained and refresher training conducted on various aspects of the project

Qualitative findings from Staff Key informant interviews indicated that CECOME trained approximately 100 volunteers on SRHR during the 5 years project period, and that CECOME offered refresher trainings to the trained volunteers. As such the youth recognize issues that relate to SRHR.

The Key informant interviews with volunteers in Kisii highlighted that all information on reducing VAWG including where to seek help/refer people experiencing VAWG was gained from CECOME trainings. One of the volunteers said in support, *“CECOME has added value in the community because all the information we have regarding VAWG we got from them.”*

Indicator 2: Number of different groups established by the volunteers (school groups, out of school youth groups, women groups and 5 male champions)

In each school the volunteers established 2 clubs, the Health ambassadors club and AntiFGM warriors club as reported by one of the interviewed volunteers., *“We have established 2 clubs in the school, which are the health ambassadors and ant-FGM warriors.”*

Indicator 3: Number of volunteers (men and women) who are able to freely share information about women and girl's rights

Qualitative findings from volunteer KII noted all volunteers engaged in the project were able to freely share information about women and girls' rights. One of the volunteer KII reported, *“..... I am able to share FGM, early marriages, teenage pregnancies and sexual violence messages freely to reduce VAWG and issues of SRHR.”*

Indicator 4: Number of community group members participating in information dissemination meetings organized by volunteers within their groups in the last 12 months

The volunteers in a KII interview reported that approximately 200 community members participated in information dissemination meetings organized by volunteers within their groups in the last 12 months. A lot of times women participants would be more than men.

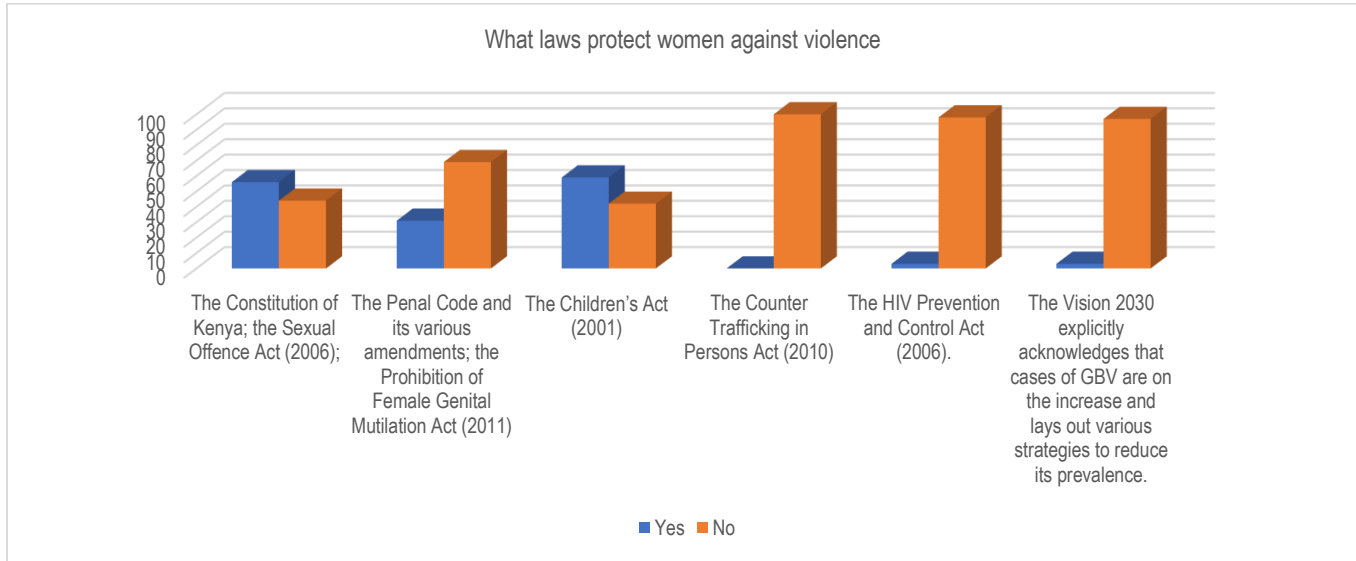
Result 2: Students are able to influence their peers on matters relating to VAWG

Indicator 1: % of students (boys and girls) who can list at least 4 laws that protect women and girls against violence

At the evaluation study, 33% students knew about the Children's Act, 50% Sexual offence act and 0% knew about anti-FGM law. The evaluation survey findings indicate that 56% know the constitution of Kenya: Sexual Offence Act (2206), 31% the Penal Code and its various amendments incl. the Prohibition of Female Genital Mutilation Act (2011), 59% the Children's Act (2001), 3% the HIV

Prevention and Control Act (2006), 3% that The Vision 2030 explicitly acknowledges that cases of GBV are on the increase and lays out various strategies to reduce its prevalence while none reported the Counter Trafficking in Persons Act (2010) as shown in the diagram below:

Figure 5: What laws protect women against violence?



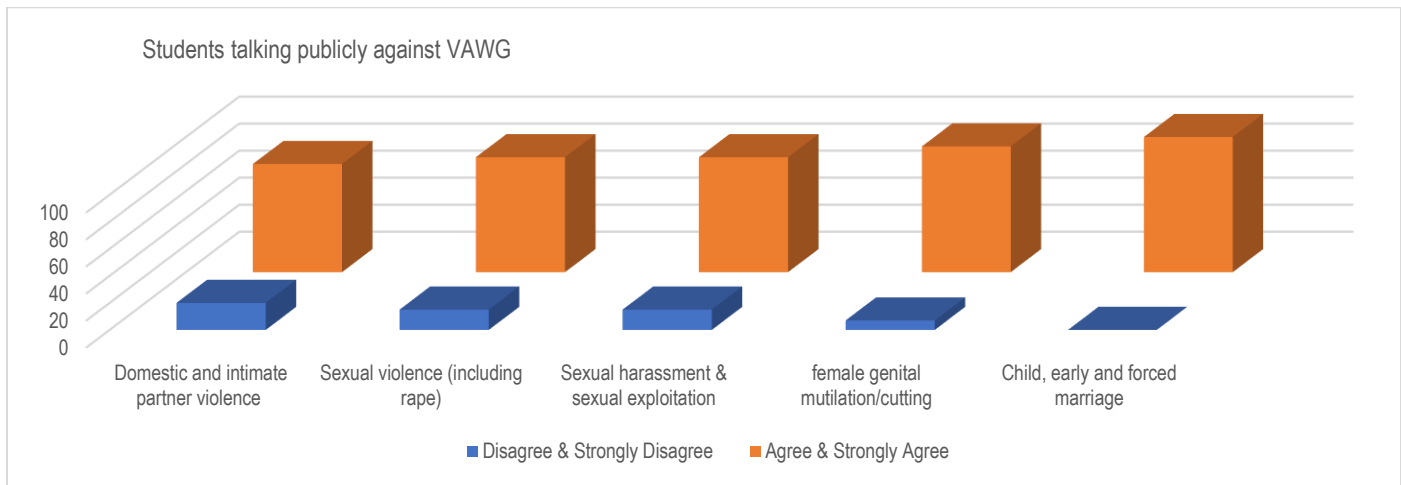
Indicator 2: % of students (boys and girls) who recognize that the following issues relate to the sexual and reproductive rights of the women and girls

In responding to the question of what issues relate to women and girls sexual and reproductive rights, the survey findings highlighted most 50% reported Child marriage and 46% reported Prevention of teenage pregnancy while few 3% reported Woman's possibility to decide use of contraceptives.

Indicator 3: % of students (boys and girls) who admit to feel shy to talk about VAWG in public spaces

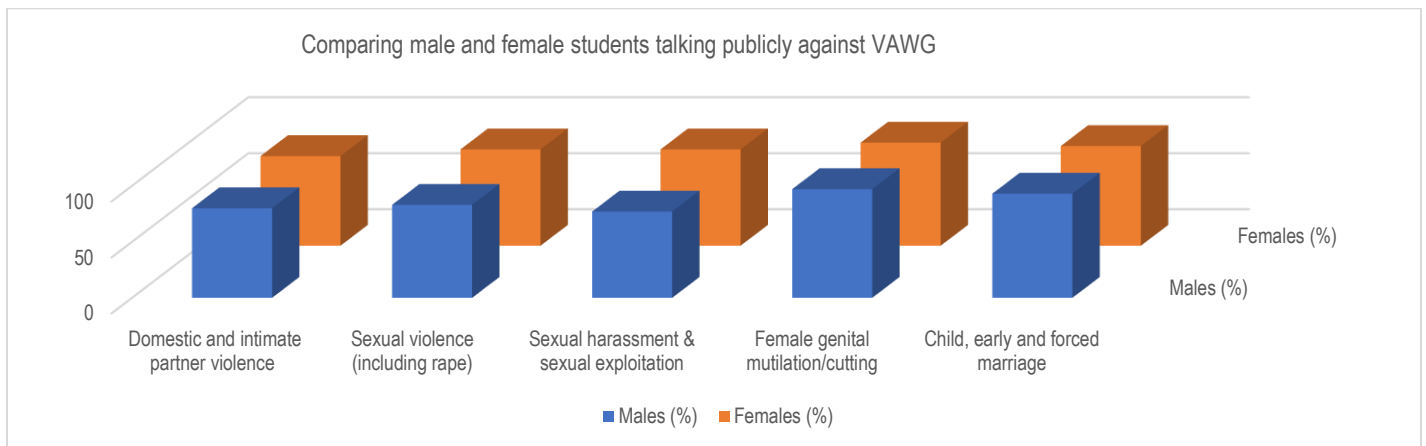
The Baseline survey (2016) indicated 50% female and male students felt ashamed/feeling shy to talk about VAWG in public. The evaluation survey assessed percentage of students who talk publicly against VAWG. The findings show 80% students agree or strongly agree to talking publicly against domestic and intimate partner violence, 85% students agree or strongly agree to talking publicly against sexual violence (including rape), students agree or strongly agree to talking publicly against sexual harassment & sexual exploitation, 93% students agree or strongly agree to talking publicly against female genital mutilation/cutting and 100% students agree or strongly agree to talking publicly against child, early and forced marriage as displayed in the diagram below:

Figure 6: Students talking publicly against VAWG



The evaluation findings indicated 80% female and 80% male students agreeing and strongly agreeing to talking publicly against Domestic and intimate partner violence, 86% female and 83% male students agreeing and strongly agreeing to talking publicly against Sexual violence (including rape), 86% female and 77% male students agreeing and strongly agreeing to talking publicly against Sexual harassment & sexual exploitation, 92% female and 97% male students agreeing and strongly agreeing to talking publicly against female genital mutilation/cutting and 89% female and 93% male students agreeing and strongly agreeing to talking publicly against Child, early and forced marriage as displayed in the diagram below:

Figure 7: Comparing male and female students talking publicly against VAWG



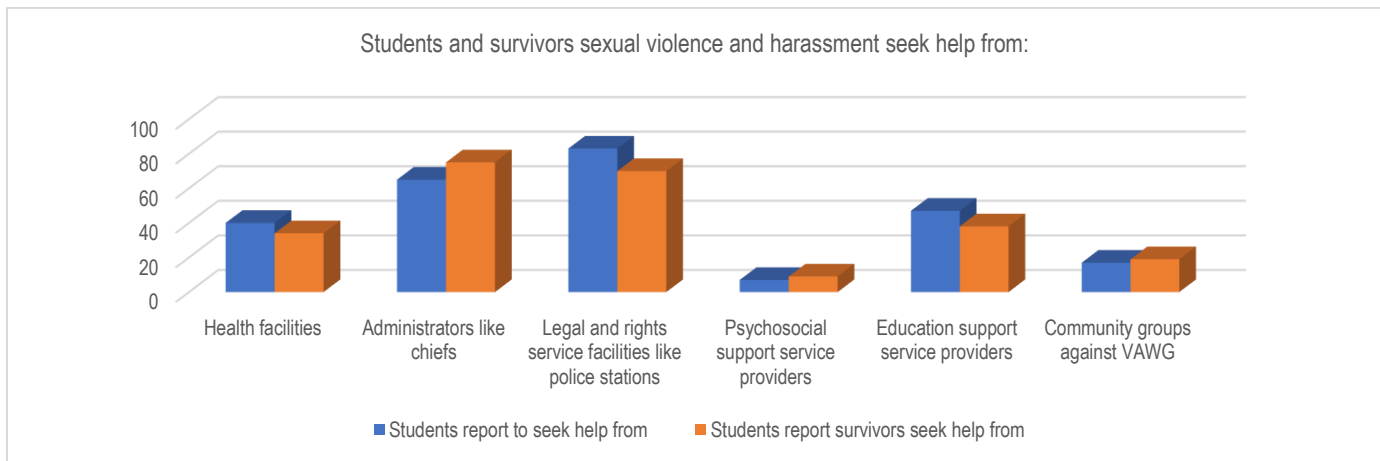
Indicator 4: % of female students who know where to seek for help when they experience VAWG

The Baseline survey (2016) indicated 67% female students know where to seek help if they experience violence. The evaluation findings indicated 40% would report to Health facilities, 65% to Administrators like chiefs, 83% to Legal and rights service facilities like police stations, 47% to

Education support service providers and 17% to Community groups against VAWG and 7% to Psychosocial support service providers.

Additionally, on assessing the percentage of female students who know where survivors of sexual harassment and exploitation can seek help from, the survey findings indicated 34% would report to Health facilities, 75% to Administrators like chiefs, 70% to Legal and rights service facilities like police stations, 38% to Education support service providers and 19% to Community groups against VAWG while 9% to Psychosocial support service providers. The diagram below details

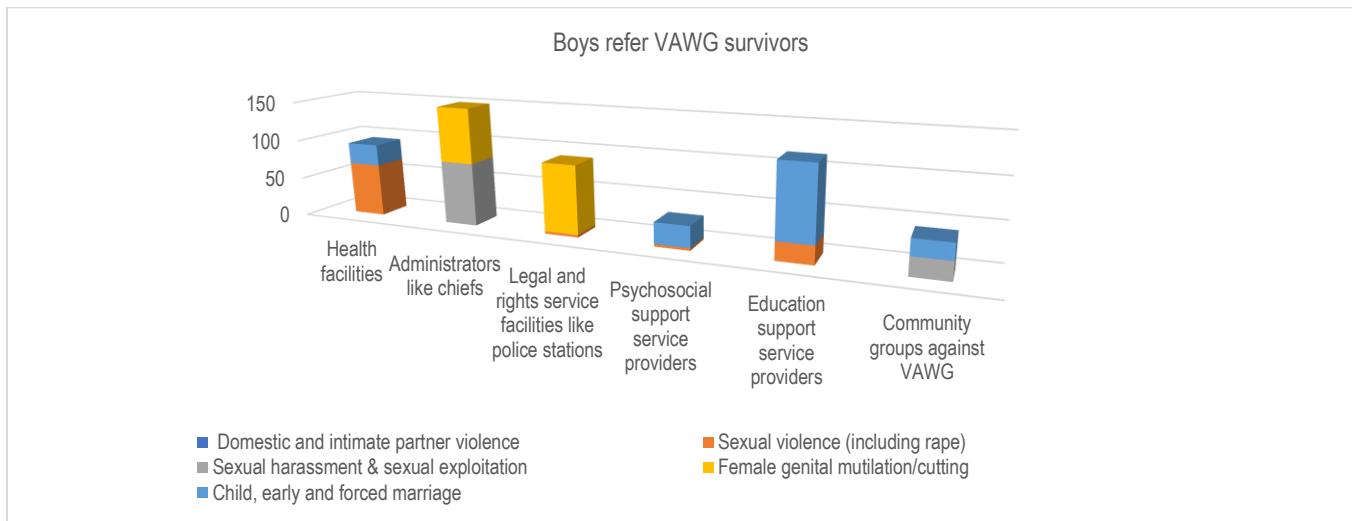
Figure 8: Female students' awareness on services for survivors



Indicator 5: % of male students who know where to refer someone who has undergone VAWG to seek help

While the Baseline survey (2016) indicated 50% male students know where to refer someone who has experienced VAWG, the evaluation findings noted that male students would refer survivors of Child early and forced marriage mainly to Education support services (93%), FGM survivors mainly to Legal and rights service facilities like police stations (87%), and Sexual harassment and sexual exploitation survivors mainly to Administrators like chiefs (80%).

Figure 9: Boys refer VAWG survivors



Result 3: Members of out of school youth are able to create awareness with their group members and peers on matters relating to VAWG

Indicator 1: Number of out of school youth trained to share information on women and girls' rights

Qualitative findings in relation sourced information on what challenges are experienced in advocating against VAWG and promoting SRHR. The findings highlighted 8/8 youth FGD respondents reporting that the main challenge is ignorance among community members. One of the FGD respondent in support explained, *“People who are not better educated take the advocacy sessions with less seriousness. Some do not even attend the sessions and as such are left out with very important messages.”*

Indicator 2: % of out of school youth (boys and girls) who can list at least 4 laws that protect women and girls against violence

The Baseline survey (2016) indicated that none of the women and youth group representatives was able to list 4 laws that protect women and girls, while most of them were able to list one or two laws, the evaluation survey findings highlighted 13% youth mentioned that The Vision 2030 explicitly acknowledges that cases of GBV are on the increase and lays out various strategies to reduce its prevalence; as one of the laws that protect women and girls against violence, while majority 62% reported The Constitution of Kenya; the Sexual Offence Act (2006).

Indicator 3: % of out of school youth (boys and girls) who recognize issues that relate to the sexual and reproductive rights of the women and girls

The evaluation survey findings indicated 50% youth out of school reporting that Prevention of teenage pregnancy was one of the main issues that relate to sexual and reproductive rights followed by Child early and forced marriage 46%. Least mentioned was Woman's possibility to decide use of contraceptives at 16%.

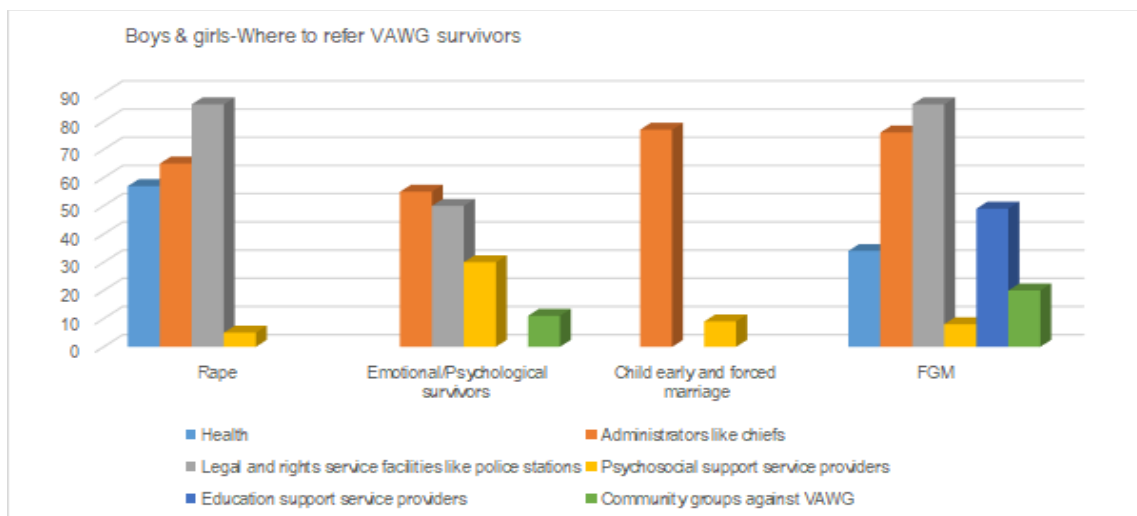
Indicator 4: % of out of school youth (boys and girls) who confidently talk about VAWG in public spaces

The evaluation survey indicated that youth out of school strongly confidently talk publicly about VAWG on topics including Domestic and intimate violence, Sexual violence, FGM and Child early and forced marriages averagely at 68%.

Indicator 5: % of out of school youth (boys & girls) who know where to refer victims when they experience VAWG

While in the Baseline survey (2016) 100% female and 29% male youth said they know where to refer VAWG victims, the evaluation survey findings noted 86% of youth would refer rape victims to legal rights services like police stations, 65% to administrators like chiefs and 57% to health facilities while 5% refer rape victims to psychosocial support. Services. Additionally, the boys and girls would refer sexual harassment and exploitation victims mostly (80%) to legal rights services like police stations, 72% to administrators like chiefs and 8% to Psychosocial support services. Emotional and Psychological violence survivors of VAWG are referred by 55% to administrators like chiefs and by 50% to legal rights services like police stations, while only 11% would refer to community groups and 30% to Psychosocial support services. Survivors of Child early and forced marriages are mostly 86% referred to legal rights services like police stations, 77% administrators like chiefs and few 9% to Psychosocial support. Services. Finally, the boys and girls refer FGM victims mostly 86% legal rights services like police stations, 76% administrators like chiefs, 49% Education support services and 34% to Health facilities, while least refer to 20% community groups against VAWG and 8% Psychosocial support services. The figure below details:

Figure 10: Boys & girls refer VAWG survivors



Indicator 6: Number of out of school youth who participate in public sessions to discuss rights of women and girls and VAWG

Findings from the youth FGD in Kisii indicated that averagely 25 youth members participate in public sessions to discuss rights of women and girls and VAWG. The VAWG discussions among others included discussions on: the rights to equality and non-discrimination, the right to be free from torture or to cruel, inhumane or degrading treatment or punishment, the rights to the highest attainable standard of health (including sexual health), the right to engage in public participation, budget making and implementation, and social accountability processes, the rights to equality and non-discrimination, the right to be free from torture or to cruel, inhumane or degrading treatment or punishment and the right to social security.

Result 4: Women group members understand and freely share the physical social health and psychological effects of VAWG.

Indicator 1: Number of women group members trained on the physical, social, health and psychological effects of VAWG

Findings from KIIs with women group members indicate that averagely 300 women were trained on physical, social, health and psychological effects of VAWG. KII respondents however mentioned that whenever they gathered the women for the effects of VAWG training and sought for their training expectations, the women averagely 210 expectations, were to be trained on ways of generating income to support their low economic levels.

Indicator 2: Number of women group members who have the capacity to confidently share information on the physical, social, health and psychological effects of violence against women and girls

The qualitative findings from the women FGD showed that averagely 220 women group members have the capacity to confidently share information on the physical, social, health and psychological effects of violence against women and girls. The women further reported that they discussed topics on effects of rape, effects sexual harassment and exploitation, effects of sexual harassment and exploitation, effects of emotional/psychosocial violence, effects of emotional/psychosocial violence, effects of child, early and forced marriage and effects of FGM.

Indicator 3: Number of people reached during community outreach sessions with information regarding women and girls' rights

The qualitative findings indicated women's group FGD participants reporting that averagely 820 people were reached through community outreach sessions with information on the rights to equality and non-discrimination, the right to be free from torture or to cruel, inhumane or degrading treatment or punishment, the rights to the highest attainable standard of health (including sexual health) and the right to social security in last 2 years.

Indicator 4: Number of inter-group exchange sessions organized for the women group members to discuss SRHR and GBV

Findings from women group FGD noted that averagely 26 inter-group exchange sessions organized for the women group members to discuss SRHR and GBV in the last 2 years. The inter-group exchange sessions organized for the women group members were forums to discuss the right to be free from torture or to cruel, inhumane or degrading treatment or punishment and the right to social security, the rights to the highest attainable standard of health (including sexual health), domestic and intimate partner violence, sexual violence (including rape, sexual harassment and sexual exploitation), emotional/psychological violence, female genital mutilation/cutting and child, early and forced marriage.

Result 5: Men understand physical, social, health and psychological effects of VAWG and change their perceptions on women and girls' rights

Indicator 1: Number of men trained on the physical, social, health and psychological effects of VAWG

Men group KIIs indicate that averagely 40 men were trained on physical, social and psychological effects of VAWG. The main challenge reported from staff KIIs was meeting different groups of men each training time, making it hard to monitor progress of the previously trained men.

Indicator 2: Number of men who are aware of women and girls' rights

Findings from the male FGD noted that in average 634 men are aware of women and girls' rights. The men were reported to be aware of aspects of women and girls' rights to equality and non-discrimination, the right to be free from torture or to cruel, inhumane or degrading treatment or punishment, women and girls' rights to the highest attainable standard of health (including sexual health) and women and girls' right to social security among others.

Indicator 3: Number of men who attend sessions organized to share information on women and girls' rights

The Kisii male FGD findings indicated that averagely 18 males attended sessions organized to share information on women and girls' rights in the last 12 months. The FGD participants mentioned that information shared included the rights to equality and non-discrimination, the right to be free from torture or to cruel, inhumane or degrading treatment or punishment, the rights to the highest attainable standard of health (including sexual health) and the right to social security. One of the participants reported that not more than 20 men in average have attended sessions organized to share information on women and girls' rights.

Result 6: Duty-bearers/paralegals are aware and support women and girls' rights

Indicator 1: Number of duty-bearers and opinion leaders identified and sensitized to support women and girls' rights

Staff KII findings indicated that 22 duty bearers and opinion leaders were identified and sensitized to support women and girls' rights. The main challenge they faced in engaging them in trainings though was that many of them were too busy to attend all trainings consecutively.

Indicator 2: Number of stakeholder meetings held to share and sensitize duty-bearers on their role in the project

The staff KII findings noted that 4 stakeholder meetings were conducted annually to share and sensitize duty bearers on the role in the project.

Indicator 3: Number of people reached by sessions organized by trained duty-bearers

Duty bearers reported that in average 90 people were reached by sessions organized by the trained duty bearers.

Indicator 4: Number of support services offered for survivors of violence

The qualitative findings from duty bearers indicated approximately 32 support services were offered for survivors of violence.

Result 7: Project staff capacity is improved to effectively carry out and document project information.

Indicator 1: Number of trainings organized by project staff to enhance community members' awareness of SRHR/GBV

The staff KII findings noted that before Covid 19 pandemic, trainings would be conducted monthly. However, since Covid 19 pandemic hit, only 6 trainings for community members have been conducted to enhance awareness on SRHR/GBV.

Indicator 2: Number of relevant ISF organized/supported trainings where CECOME has participated in

Qualitative staff KII indicated that ISF has organized quite a number of trainings where CECOME staff have participated in. The number of trainings organized were averagely 16 and included trainings on Communication, Advocacy, FGM, GBV, Monitoring and Evaluation, Finance, Human resource management, Strategic management and PWD inclusion trainings among others.

Indicator 3: Number of relevant ISF supported networking & collaboration events where CECOME has participated in

KII interview findings noted agreeing to ISF organizes trainings where CECOME staff have participated in. One of the KII respondent explained, “...yes we conduct networking events to other organizations on quarterly basis yearly so that’s 4 times a year

Open questions (not related to any specific indicator)

When asked if they have noticed any change in people’s attitudes regarding VAWG or SRHR in their community, majority of the FGD and KIIs respondents highlighted the impact of the gained knowledge on laws that protect women against violence. One of the youth FGD respondents in Kisii said, as a result of knowledge gained in regard to laws that protect women against violence: “Before, people used to circumcise their daughters at a high rate! However, this has now reduced and the cases are now so few. Additionally, there were fights in families where husbands used to fight wives often, these cases have also reduced due to the knowledge gained on laws that protect women. Most of us including our parents understand better that there are laws that protect women and when one engages in breaking these laws, one is punishable by the government.”

When asked what may have contributed to reduced FGM practices, the youth, women and men FGD participants noted that sharing of information by those who have been trained by CECOME is what has promoted the positive change. One of the youth FGD participant in Kisii explained, “...the change has been pushed further by the trained girls who leave schools and FGM trainings more knowledgeable and reach out to the entire community with the same knowledge. Now the community is more aware of the negative effects of FGM and how girls should keep safe from FGM practices.”

Additionally, 10/14 of the interviewed KIIs in support of the change noted that the community is currently better knowledgeable about the negative effects of FGM and the consequences of engaging or supporting FGM where the main consequence is facing the law. One of the duty bearers stated, “...serikali ipo na haicheki na mtu ambaye hafuati sheria za kuzuia utendaji wa FGM (the government is hands on to ensure prosecution of those performing FGM) You face the law and you stand chances of being jailed! The community is now very much aware.”

On assessing the value that CECOME has added in the community, all youth, women and men FGD participants highlighted that CECOME has educated the community about negative effects of FGM and VAWG. One of the men FGD participants discussed, “...I can say there are a lot of changes as a result of CECOME work with the community. CECOME has educated us and we are now more knowledgeable. We have learnt so much, and this has reduced rate of violence against women, FGM cases and reduced cases of sexual violence among girls in this community.”

Also, all the KII participants noted that the value CECOME has added in the community is educating the community on negative effects of FGM and VAWG.

When asked about the successes they and the group they belong to have achieved in advocating against VAWG and promoting SRHR, the youth, women and men FGD participants noted that all said and done, they were excited that they managed to engage the chiefs and relevant administrative units

in creating awareness against VAWG and negative effects of FGM. This was one of their main achievements. One of the women said excitedly, “...with the local administrative units on our side, we have been changing this community. They are slowly stopping to perform bad culture of FGM and VAWG. Chiefs are very supportive, they talk about VAWG in their meetings and these kind of discussions are now normalized. No wonder the change in attitude among most community members!”

The common challenge highlighted by the women, men, and youth, as well as project volunteers was that the elderly were not very receptive about the teachings on negative effects of FGM and VAWG. They felt that the Kisii culture on FGM practice still needs to be upheld. The main challenge reported by the paralegals was lack of corporation from the local administration.

Regarding their suggestions on the most urgent interventions needed to mitigate VAWG and to promote SRHR, the youth noted that the interventions should focus on educating the elderly to further reduce FGM. Women brought up that the most needed intervention is empowering women to improve their livelihoods. Duty bearers and paralegals stated that the most needed intervention is civic education to the public. Men were of the opinion that the most needed intervention should focus on engaging the boy child more so that the boys are also not left out.

On assessing recommendations for future programming, all FGD and KII participants reported that there was need to scale up the project to other counties practicing FGM and VAWG. One of the men FGD participant said, “...we have learnt so much and the community perceptions about FGM and VAWG is gradually changing! We promise to continue sharing the knowledge gained, however, the project should take these teachings to other counties in Kenya practicing FGM and VAWG so that we can change the entire country. In the meantime, let people learn from us...share our stories with others for them to know that it is possible to gradually change bad culture. Thank you!”

7 Conclusions and recommendations

The main focus of the evaluation was to assess the project's effectiveness, efficiency, relevance, sustainability and learnings through the 3 main objectives:

1. Assess whether the projects have delivered effective, efficient, relevant, and high-quality activities and changes in the lives of the beneficiaries
2. Assess whether collaboration between ISF, local partners, and Line ministries has added value to the interventions with a positive effect on beneficiaries and other stakeholders? What has contributed to this value addition, and what has not in regard to learning, complementary & harmonization and visibility
3. Identify and assess key lessons learnt and main challenges experienced and draw recommendation for future programming. The final evaluation should include at least one lesson learnt and one recommendation per evaluation category, i.e. effectiveness, efficiency, relevance etc.

The conclusion therefore was drawn in these lines.

Effectiveness, efficiency, and quality

The evaluation concludes that the project was effective and efficient in sharing knowledge among students on laws that protect girls against violence. Students were reported to be knowledgeable about the laws that protect women and girls against violence as opposed to the Baseline data which highlighted knowledge on the Children's Act, 505 Sexual offences. The evaluation also notes the reduced levels FGM acts in the communities since there was few reports made of the same.

Additionally, the evaluation concludes that ISF CECOME trainings were of high quality hence successful, leaving majority of students seeking help from the guidance and counselling department on sexual reproductive issues including Ability to remain free from unwanted pregnancy, unsafe abortion, STIs/HIV/AIDs and sexual violence. At Baseline however, no student sought guidance from the guidance and counselling school department.

In other related findings in regard to effectiveness and efficiency, the evaluation concludes that CECOME was able to start up Health Ambassador Clubs and Anti-FGM Warriors Clubs in school that are active and often discuss topics including staying free from unwanted pregnancy. The least discussed topic was Unsafe abortion.

CECOME beneficiaries' training has enabled beneficiaries to understand that FGM has been banned legally. Furthermore, conclusively, CECOME has been effective in changing community attitudes towards practicing FGM. Majority of the included community members reported to have daughters who have not been circumcised and most of them confirmed that their daughters will not undergo FGM. The evaluation therefore concludes that the community is aware about the FGM ban and are looking not to engage their daughters in FGM.; an indication of positive change of attitude.

Relevance

The baseline findings showed that Kisii and Nyamira counties are experiencing a myriad of gender-based challenges that range from FGM, Sexual and reproductive rights violations, lack of human rights knowledge among others. CECOME project therefore was set to increase Community Knowledge on women rights and negative effects of Violence against women and girls. The evaluation findings therefore highlighted that CECOME successfully carried out trainings for staff in project implementation including participatory methodology training, monitoring and evaluation training, FGM, SGBV, Gender and inclusion of PWD trainings. This way, CECOME staff were able to train CECOME beneficiaries on reducing VAWG and on SRHR. The CECOME beneficiaries therefore succeeded in sharing this same knowledge which brought about positive change of attitude against FGM practice, among community members.

The engaged key informant respondents however mentioned that whenever they gathered the women for the effects of VAWG training and sought for their training expectations, averagely 210 women expectations were that they should be trained on ways of generating income to support their low economic levels.

Sustainability

Conclusions around sustainability were derived by assessing how beneficiaries and partners were engaged in reducing VAWG. The evaluation findings therefore concludes that students seek for help when experiencing VAWG mostly at Health facilities, Administrators like chiefs and Legal and rights service facilities like police stations. The least place sought however was Psychosocial support service providers.

Additionally, the evaluation concludes that boys refer VAWG survivors who experience Child early and forced marriage are to Education support service while FGM survivors are mainly referred to Legal and rights service facilities like police stations and Sexual harassment and sexual exploitation survivors are mainly referred to Administrators like chiefs. The boys however, least refer Sexual violence survivors to Psychosocial support service providers. Conclusively and in regard to sustainability, the boys project beneficiaries are knowledgeable about where to refer persons affected by VAWG a clear indication that they can continue reducing VAWG effects.

Students have taken up actions to reduce VAWG and as such they hold campaigns against Sexual Violence, FGM and Child early and forced marriages where majority of the students participate to a large and medium extent. Additionally, the youth out of school Strongly agreed to confidently talk publicly about VAWG on topics including Domestic and intimate violence, Sexual violence, FGM and Child early and forced marriages. The evaluation concludes that CECOME has succeeded in increasing the level of confidence among the youth in speaking in public against VAWG. Furthermore, majority of women hold campaigns against VAWG and actively participates in the campaigns to a large and medium extent. The evaluation additionally shows a huge increment in the number of campaigns against VAWG with the youth, women and men participating actively. CECOME was therefore successful in creating awareness on engaging in campaigns against VAWG.

The Youth knew that rape survivors seek help from Legal and rights service facilities like police stations while none 0% of them knew that the rape survivors seek help from Psychosocial support service providers. Interestingly, the youth out of school thought that Emotional and Psychosocial survivors mostly seek help from Administrators like chiefs, Psychosocial support service providers while few thought that they seek help from Education support service providers. Survivors of FGM were also reported by the youth out of school to mostly seek help from Administrators like chiefs and Legal and rights service facilities like police stations, and least seek help from Psychosocial support service providers.

The evaluation further concludes in regard to sustainability that community members are aware Security and reporting services and Education services, Health services, Legal and rights information services as SRHR services available. The Psychosocial support services are least popular.

Collaboration between ISF, local partners, and Line ministries

The resultant product of swift collaboration among project partners including collaboration between CECOME team, ISF, local partners, and Line ministries improved the referral system and this is why paralegals and duty bearers received and referred VAWG cases. Additionally, the seamless relationship promoted sustainability and as such the evaluation made conclusions around sustainability to showcase the seamless relationship.

Key lessons learnt

The evaluation came up with the following lessons learnt:

- Child marriage is still highly recognized as the main issue to sexual and reproductive health rights of women and girls while use of contraceptives is least recognized.
- The main challenge experienced while advocating for VAWG in the communities is that VAWG is taken for granted by less educated persons.
- The best-known law is The Constitution of Kenya; the Sexual Offence Act (2006). This is contrary to the Baseline survey which had zero youth and women groups respondent knowledgeable about any law that protect women and girls against violence. CECOME has therefore increased the knowledge of beneficiaries in the area of laws that protect women and girls against violence.
- The least-known law among students that protect women against violence is 'the Vision 2030 explicitly acknowledges that cases of GBV are on the increase and lays out various strategies to reduce its prevalence'.
- The evaluation recognizes that Psychosocial support and awareness creation was not within the mandate of CECOME, whereby this is an area that needs to be incorporated in future.
- Cases on VAWG are mainly reported to Administrators like chiefs and least reported to Education support services
- The evaluation concludes that the least known health impacts of FGM are sexual problems (pain during intercourse, decreased satisfaction, etc.); while the best-known negative health impact of FGM is vaginal problems (discharge, itching, bacterial vaginosis and other infections); depression is least recognized.

- Most women looked forward to trainings on engaging in income generating activities to improve their economic standards

Main challenges

- The main challenge experienced by CECOME staff in engaging men beneficiaries in trainings is that every time they called for trainings, they had new recruits only. This promoted inconsistent participation of male trainees in trainings.
- The main challenge that the Paralegals experienced in advocating against VAWG and promoting SRHR is that they received inadequate support from the local administration.

Recommendations

- CECOME to enlighten beneficiaries more on the law: “*The Counter Trafficking in Persons Act (2010)*” for the survey findings have highlighted this law as least popular among beneficiaries.
- There is need to create awareness on use of contraceptives as one of the issues to SRHR.
- More awareness creation against VAWG should be done to reach out to all persons including the less educated to reduce levels of ignorance on VAWG issues.
- There is need to create awareness on importance of Psychosocial support services.
- There is need to make popular the Vision 2030 aspirations as one of the laws that protect women and girls against violence. Vision 2030 explicitly acknowledges that cases of GBV are on the increase and lays out various strategies to reduce its prevalence.
- There is need to create awareness on health impacts of FGM including Sexual problems (pain during intercourse, decreased satisfaction, etc.) and social impacts including depression.
- More research needs to be done on how best to consistently engage the same group of men in FGM trainings
- The local administration needs to work closely and seamlessly with paralegals.
- Women and youth should be further engaged in trainings for income generating activities to improve their economic standards
- There is need to document success stories to be used as teaching aids going forward

8 Annexes

Respondent consent form for signing

Introduction (5 min)

Hello, my name is _____.
I work for Adept Research,

Thank you for taking time to chat with I and my team. On behalf of ISF Manga Heart and CECOME project-Kenya, I would like to gather information to evaluate and report on the performance of the CECOME and Manga Heart implemented project activities and capture achievements, challenges, and best practices to inform future similar programming.

We would therefore like to engage you for **40 minutes**

Before asking you whether or not you would like to be a participant, I would like you to know that:

1. Your participation in this survey is entirely voluntary.
2. You are free to not answer any of the questions in the study that you are not comfortable with.
3. You are free to stop the interview at any point, with no negative consequences for you.

The information collected in this interview will be kept strictly confidential. To help ensure confidentiality, I will not write your name on this form, and I will not write down particular details that would enable you to be identified.

If you would like to know more about the measures that we are taking to protect confidentiality, please ask me to provide you with more details.

Now, do you assent to participating in the interview?

1. **YES** [*If Yes*; Thank you for agreeing to take part in this study]
2. **NO** [*If NO*; Thank you for your time]

Section B: Who to contact

If you would like to ask any questions at this point, please ask me so that I can provide you with more details. If you wish to ask questions later, you may contact any of the following:

Imelda Ochari	Elizabeth Ndembei
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<p>Adept Research International</p> <p>P. O. Box 22844 – 00505, Nairobi, Kenya.</p> <p>Tel: 0721 358 200</p> <p>E - Mail: imelda@adeptresearches.com</p>	<p>ISF Kenya</p> <p>P.O Box 15518-00100, Nairobi Kenya</p> <p>Tel: +254732030760</p> <p>E-Mail: Elizabeth.Ndembei@solidaarisuus.fi</p>
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A0: Section C: Consent

By saying yes, that means that you have read/been read to, and understood that we will use the data we collect to inform the programming of future related projects. In case you need to access the data, we ask in kind that you contact the ISF Office Kenya through Elizabeth Ndembei with the phone number shared above; and that you accept voluntarily to be a participant in this project. If you agree, You and I will now sign this form to confirm that your consent has been obtained.

Signature/initials of interviewer: Signature/initials of respondent: OR Thumbprint of respondent

Data collection tools

The following tools are shared as a separate document:

Students' structured questionnaire

Parents' structured questionnaire

Out of school youth structured questionnaire

Key informant interview guide

In depth interview guide

Focus group discussion interview guide

Data collection team

The diagram below details the training participants who will engage in the main data collection exercise:

