

FINAL REPORT

END OF THE PROJECT EVALUATION FOR THE WAJIBIKA PROJECT

PERIOD: September 2018- April 2022 COUNTRY: Kenya COUNTIES: Isiolo and Narok Counties.

Implemented by The Centre for Rights, Education and Awareness (CREAW) with Funding from UN Trust Fund to End Violence Against Women



EVALUATOR: PARS RESEARCH

Disclaimer: “This Evaluation Report has been developed by an independent evaluator. The analysis presented in this report reflects the views of the author and may not necessarily represent those of CREAW, its partners or the UN Trust Fund”

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1 ACRONYMS AND ABBREVIATIONS

CBOs	Community Based Organisations
CIDP	County Integrated Development Plan
CREAW	Centre for Rights Education and Awareness
CSOs	Civil Society Organisations
COVAW	Coalition of Violence Against Women
COVID 19	Corona Virus Disease 2019
DFID	Department for International Development
EVAW/G	End /Violence Against Women /Girls
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GPS	Global Positioning System
IEC	Information Education Materials
KEWOPA	Kenya Women Parliamentary Association
KII	Key Informant Interview
MCA	Member of County Assembly
MP	Member of Parliament
NGOs	Non-Governmental Organisations
ODK	Open Data Kit
PARS	Pan African Research Services
PDA	Personal Data Assistants
SASA	Start, Awareness, Support, Action
S/GBV	Sexual/ Gender Based Violence
SMS	Short Messaging Service
SPSS	Statistical Package for Social Sciences
ToTs	Trainer of Trainers
TSC	Teachers Service Commission
UN	United Nations
UNTF	United Nations Trust Fund
USD	United States Dollar

2 EXECUTIVE SUMMARY

2.1. Background

The Wajibika project has been implemented by the Centre for Rights Education and Awareness (CREAW) and its partner Kenya Women Parliamentary Association (KEWOPA), for three and half (3 ½) years from 1st September 2018 to 30th April 2022 with financial support from United Nations Trust Fund (UNTF) for a tune of 942,786 USD and Partners contribution of 120,000 USD. The project aimed at ensuring that women and girls in Narok and Isiolo Counties are better protected against Gender Based Violence (GBV) through effective implementation of national legislation, policies, national action plans and accountability structures to prevent and end Violence Against Women and Girls (VAW/G). This goal was to be achieved through the realization of four (4) broad outcomes namely; (i) To Improve capacity and coordination of service providers across health, social, legal, security, education sectors to respond to VAW/G in Narok and Isiolo counties; (ii) To improve prevention of VAW/G through changes in behavior, practices and attitudes of community members; (iii) To improve effective implementation of the gender related laws and policies on VAW/G at National and County levels and (iv) To strengthen organizations and institutions to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to end VAW/G with a focus on the most vulnerable women and girls.

Having come to an end, CREAW engaged the services of Pan African Research Services (PARS) to undertake an end of project evaluation to establish the performance of the project against the set goal, outcomes and outputs indicators.

2.2 Objectives of the end-term evaluation

The end of project evaluation was modelled to establish and assess the relevance (the extent to which the intervention responded to the beneficiaries' needs); efficiency (extent to which the project intervention and approaches demonstrate value for money; effectiveness (extent to which the project objectives were achieved) and sustainability (extent to which the net benefits of the project continue, or are likely to continue after the project has ended). The evaluation also aimed at assessing the quality of program management and how it impacted in the achievement of the project results or otherwise; the partnerships that have been built and how they facilitated the achievement of the project results or otherwise; the type and levels of capacities and how they facilitated the achievement of the project results or otherwise and the impact of COVID 19 related activities on the project and if there were any unintended results. The evaluation also identified and documented challenges, lessons learned, best practices and recommendations for designing and improving future programming for similar projects.

2.3. Approach and methodology

The evaluation was conducted in four (4) sub –counties and fifteen (15) sub –locations of Narok County and in six (6) wards and 15 sub –locations of Isiolo county where the project was implemented. The evaluation used a participatory and consultative approach, ensuring close engagement with CREAM and the relevant stakeholders involved in its implementation. Secondary and primary data collection methods were utilized. Secondary research entailed the review of project documents while primary research entailed application of quantitative and qualitative data collection methods.

A total of 32 Key Informant Interviews (KIIs) were achieved targeting Wajibika project staff, service providers that benefited from the project including police, health officials, teachers, the judiciary, local leaders, representatives of women led accountability groups, SASA champions, partnerships and networks representatives, MCAs and MPs among other informants. A total of 24 FGDs were achieved targeting girls, boys, women and men in the respective wards, beneficiaries of shelter facilities, dignity kits, legal and psychosocial support, participants of citizen forums and cash transfer beneficiaries. At least 7 case studies were undertaken and are annexed in the report. For the quantitative household survey, a total of 522 interviews were achieved against the initial target of 387 interviews.

Summary of Findings

Relevance

The evaluation finds that the project strategies and interventions were relevant, as they were able to address the gaps identified during baseline study. The key findings from the baseline showed that 51% of the respondents did not feel safe from VAWG either at home or in public places indicating that VAWG was endemic and thus the need to prioritise its elimination. Secondly, there was low reporting by survivors due to limited self and community awareness of GBV, limited freedom to report in confidence, dysfunctional service centres and duty bearer apathy towards VAWG. The project worked with community champions and duty bearers to enhance awareness of VAWG and reporting channels. Further, the baseline study identified the need for influencing policy at national and county levels. This was achieved by the Wajibika project through development of gender-based violence policies for both Isiolo and Narok Counties.

Efficiency

In regards to efficiency, the Wajibika project was implemented in a cost-effective manner and achieved its objectives despite the delays in funds disbursement, the associated logistical challenges in the project areas and Covid 19 related challenges. The project demonstrated value for money as it was able to achieve most of its targets and was delivered with 65% of the budget. The evaluation found that the project implementation strategies such as working with women led accountability groups, SASA champions, use of community dialogues to carry out advocacy on VAW/G enabled the project to reach a higher number of beneficiaries.

Impact

The project realised several impacts.

(i) Improved capacity and co-ordination of service providers

The evaluation established that there was improved capacity and coordination of service providers to respond to VAW/G as a result of capacity building of service providers including police in responding to VAW/G. Indeed, 80% of the respondents, from the quantitative interviews with the community members, said that they were more confident with the manner VAWG cases were currently being handled compared to three years ago.

(ii) Improved knowledge, attitude and behaviour of target community

There was improved knowledge, attitude and behaviour of target community members towards gender equality and non-violence. The findings show that 91% of the respondents from Narok County and 76% from Isiolo County believe that women and girls are protected from any form of violence.

(iii) Reduced cases of VAWG

Violence related cases were reported to have reduced as stated by 93% of respondents from Narok County and 90% from Isiolo County. Practices like FGM had also reduced and were evidenced by testimonies from reformed circumcisers who had abandoned the practice and were now active agents against it in the communities.

Effectiveness

The programme was able to meet its targets for almost all indicators and met its overall goal of better protecting adolescent girls and women against violence in the family and community. The project was delivered through four outcomes. Below is a summary of the extent to which project goal and outcomes were achieved.

The Wajibika project goal was to have women and girls in Narok and Isiolo counties better protected against GBV through effective implementation of national legislation, policies, national action plans and accountability structures to prevent and end VAW/G. This goal was to be achieved by realizing four (4) outcomes namely (i) Improved capacity and coordination of service providers across health, social, legal, security, education sectors to respond to VAW/G in Narok and Isiolo counties; (ii) Improved prevention of VAW/G through changes in behavior, practices and attitudes; (iii) Improved and effective implementation of the gender related laws and policies on VAW/G at National and County levels and (iv) Organizations that are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls.

The evaluation established that the project goal was achieved to a larger degree as evidenced by the achievement of the two performance indicators of the goal. Performance indicator one for

the goal was proposition of adolescent and young women who report feeling safe in private and public spaces from violence. The baseline for this indicator was 48% and the project target was 70%. The evaluation established that this indicator was surpassed since 78% of the survey respondents indicated that they feel safe in private and public spaces at end line. This was attributed to the community dialogues that were held with community elders, chiefs, women leaders, and men champions and women accountability groups where issues of GBV were discussed and solutions proposed.

The second indicator was the extent and nature of county specific policies and institutional practices in preventing and responding to violence against adolescent and young women in Narok and Isiolo counties. The baseline was lack of County Gender Policy and weak multi- sectoral GBV Coordination mechanism that informs GBV stakeholder coordination, gender sensitive and inclusive formulation, implementation and evaluation of laws policies and budgets that address VAWG in the Counties. The indicator target was two gender Policies frameworks adopted that guides the GBV service delivery in the respective counties. The evaluation found out that this indicator was fully achieved since both counties had development a gender policy that had started being implemented by the county governments at the time of the end line evaluation.

In addition coordination mechanisms of service provides were established since none existed before the commencement of the project. The evaluation established that through the Wajibika project three levels of inter-agency coordination mechanisms were established to facilitate coordination of the prevention and response to SGBV issues. These include establishment of GBV sector technical working group, court users committees and village level SGBV Committees. For example, the GBV Gender sector working group which composed of 5 GBV services providers including the police, Judiciary, Local administration, Teachers service commission and health department as well as non-state interest groups including religious/cultural leaders, private sector and development partners was tasked with coordinating county gender and GBV related activities.

Extent to which outcome 1 was achieved

Outcome one was improved capacity and coordination of service providers across health, social, legal, security, education sectors to respond to VAW/G in Narok and Isiolo counties. This outcome was to be realized through capacity building of key duty bearers in Narok and Isiolo counties and by the establishment and operationalization of inter - agency coordination mechanisms to improve the prevention and response to GBV cases in both Counties. Indicators of success included percentage of service providers who report having knowledge, attitudes, and skills to respond to the needs of VAWG survivors, and do so in a coordinated manner and perspectives of key stakeholders on the nature of inter-agency coordination mechanism at the county level engaged with GBV service delivery. The evaluation found that this outcome was achieved fully.

The endline evaluation found out that Most of the service providers that were interviewed indicated that their capacity to handle GBV had improved and that the coordination of all service

providers had significantly improved. For the indicator 1.1 that was Percentage of service providers who report having knowledge, attitudes, and skills to respond to the needs of VAWG survivors, and do so in a coordinated manner, the evaluation through qualitative interviews with 14 service providers found that the percentage of service providers who report having knowledge, attitudes, and skills to respond to the needs of VAWG survivors, and do so in a coordinated manner was 80%, which is way above the baseline of 24.78% and a target of 70%, meaning that CREAM surpassed the target for this indicator. This was attributed to tailor made trainings for different cadres of service providers including school teachers who were trained using the beacon teacher model, police officers at the gender desks, local administration including chiefs and sub –chiefs, the health care providers, the judicial officers, prosecutors, the officers at the county department of gender and the state department for Gender and CSOs.

For the indicator which was Perspectives of key stakeholders on the nature of inter-agency coordination mechanism at the county level engaged with GBV service delivery where the baseline was lack of a clear coordination framework for inter - agency coordination in the counties on GBV, the evaluation established that through the Wajibika project three levels of inter-agency coordination mechanisms were established to facilitate coordination of the prevention and response to SGBV issues. These include establishment of GBV sector technical working group, court users committees and village level SGBV Committees. For example, the GBV Gender sector working group which composed of 5 GBV services providers including the police, Judiciary, Local administration, Teachers service commission and health department as well as non-state interest groups including religious/cultural leaders, private sector and development partners was tasked with coordinating county gender and GBV related activities. Also, all the stakeholders who were interviewed noted that the coordination mechanisms have improved the efficiency and effectiveness in processing and concluding GBV cases

Extent to which outcome 2 was achieved

Outcome two was improved prevention of VAW/G through changes in behavior, practices and attitudes - Target communities (men, women, boys and girls) in Narok and Isiolo Counties are better equipped with knowledge to take action against violence against women and girls. This outcome was to be realized through equipping of at least 5,500 community members (men, women, boys and girls) in Narok and Isiolo Counties with knowledge and skills on ending violence against adolescent and young women. This was to be done through training of SASA teams and CCE-CC change agents on VAW/G, holding community dialogue sessions with CCE-CC in collaboration with local CBOs across the targeted Counties, holding advocacy meetings between SASA teams, CCE-CC hosting communities and County government development of SASA! Online platform linking CCE-CC practicing communities; and holding information exchange and dissemination forums

The evaluation found out this outcome was achieved to a greater extent as evidenced by surpassing the performance indicators for the outcome. The Wajibika project adopted the SASA Model to sensitize and create awareness through various initiatives by community SASA champions. The SASA champions were trained on the four phases (Start, Awareness, Support, Action) in order to equip them with the skills to influence change in their communities. These initiatives sensitized the community members in an effort to reduce the number of GBV cases. The champions were further supported by CREAM to conduct community outreaches and dialogues targeting men, women, boys and girls so as to find solutions to increased violence related cases.

Outcome Indicator 2.1 was percentage of community members who have participated in the project demonstrate skills and knowledge on gender equality and non-violence. The evaluation found out that at least 73% of community members (average of attitude towards VAWG, seeking outside help and child marriage) showed improved skills and knowledge on gender equality and non-violence, which was an improvement from 40% at baseline and surpassed the target of 60%. The attitudes of community members towards VAWG had changed as most of them agreed that a married woman can refuse sex with husband (62%) which was an increase compared to baseline (53%). In addition most of the respondents also disagreed that a woman is to be blamed for having an abusive partner (67% an increase from 53% during baseline) and she should tolerate violence to keep her family together (68% an increase from 41% during baseline).

The overall attitudes with regards to violence against women changed positively from an average score of 49% at baseline to 67% by endline (aggregated by averaging positive attitudes towards ending VAWG). In addition, the attitudes of community members towards VAWG survivors seeking outside help was noted to have changed. A majority (95%) were in agreement that women/girls exposed to violence should seek help from service providers which was an improvement from baseline (83.5%). Furthermore, 34% disagreed that when a woman was hit or violated it was a family matter to be resolved within the family. This improved from a baseline value of 16.8%. Also, Community attitude towards child marriage had improved compared to baseline. A majority (89%) were in agreement that marriage of a girl under 18 years was detrimental to her health compared to 79% who felt the same at baseline. More than three quarter (78%) disagreed that marriage of a girl under 18 years was acceptable in order to ease the financial burden of the family compared to only 38% who felt the same at baseline. Overall attitudes with regards to child marriage changed positively from an average score of 53% at baseline to 83% by endline (aggregated by averaging positive attitudes against child marriage)

Outcome Indicator 2.2 was evidence and nature of actions by community members exposed in the project initiated to end violence against adolescent and young women. The evaluation established that 59% of the respondents had protected a woman/girl against violence in the last

one-year recording an increase from 16% at baseline. This percentage comprised of 56% from Narok County and 61% from Isiolo County. From both counties, 33% of the respondents (Narok 34% and Isiolo 32%) stated that they had reported any form of violence meted on them or someone else in the community. 69% of the Narok respondents who reported cases, did so to the police while 58% reported to the local administrator (chief). In Isiolo, 46% reported to the police while 42% reported to the chiefs

As a result of increased knowledge and reporting of cases, the levels of convictions in end line evaluation have increased as compared to the baseline survey. The convictions in cases related to “bodily harm inflicted by man on a woman” increased from 27% (Baseline) to 56% (Endline). Conviction of cases related to defilement increased from 23% to 53%, verbal abuse/abusive language/insults from home or community from 26% to 53%, hitting/battering/ beating of woman/girl and child marriage/beading from 26% to 52%

Extent to which outcome 3 was achieved

Outcome three was improved and effective implementation of laws and policies on VAW/G at National and County levels. The project focused on capacity building of the policy makers so that they could come up with laws and policies to end VAWG both at the national and county levels. CREAM with other implementing partners, like KEWOPA, organized various workshops and seminars for the policy makers towards realization of this objective.

Outcome Indicator 3.1 was proportion of policymakers demonstrating knowledge and skills in EAW/G. The evaluation found that the capacity of MCA’s was enhanced that increased their understanding of their role in supporting gender issues and they were able to apply that knowledge and have oversight on the implementation on the gender policies as well as following up on the two thirds gender rule.

Outcome Indicator 3.2 was the number and nature of actions taken by national and county policymakers to improve the effectiveness of legislation, policies, national action plans to prevent and end VAW/G. The evaluation found out that the project conducted lobbying and advocacy meeting with each of the county government in Narok and Isiolo counties. In Narok the focus was to create awareness of the proposed gender policy; confirm authenticity of the proposed policy provisions; confirm sufficiency of content by quality evidence provided by the situation analysis; determine the currency in meaning and applicability of the policy; confirm and agree on the key policy actions, commitments and intervention strategies; recommend reasonable adjustments where amendments were required and understand wholesomely the document that was being forwarded to the Executive for enactment. In Isiolo the focus was on creating awareness and familiarization of key issues, actions and commitments by the Executive on the Gender Policy; to lobby for ownership, support and championship from male counterparts in the assembly and to secure legislative process commitment by the clerk and county assembly members. The output was the realization of the gender policy in both counties.

Outcome Indicator 3.3 was the number and nature of accountability action/Initiatives executed by the women led accountability. The evaluation found out that the project trained 60 (30 per county) women advocacy champions drawn from 40 women led accountability groups in Narok and Isiolo Counties on advocacy and the county planning and budgeting process. The training was organized by the Wajibika project in collaboration with the county department of planning and budgeting. The training was aimed at equipping women leaders with skills and knowledge on their role and that of the community in planning, budgeting, expenditure tracking and budget performance monitoring.

The women champions were trained on the various social accountability frameworks that provide for the various rights and entitlements for women and girls and tools available in order to effectively hold public authorities accountable to effective implementation of laws and policies around GBV. Some of the tools include; the community score card to increase the effectiveness of public services; citizen's report card on women's satisfaction with GBV and SRHR services they receive and their response to the relevant authorities; participatory planning and budgeting where the women participate in the county planning and formulation of gender responsive sector and county budgets. Through these capacity building forums held by the project, the knowledge and skills gained has seen the women increase their participation in the county policy making process by having their representatives in the stakeholder's consultative forums, engagements at the ward level that is the grassroots administrative unit in the county planning and budget making processes.

As a result of the training on gender-responsive budgeting, the women champions from Isiolo County petitioned the County government on the county fiscal paper 2018/2019 for the allocation of more funds for the gender department that would see resources towards prevention and response of GBV in the County.

The trained women-led accountability groups established ward-level citizen forums to hold duty bearers accountable for service delivery, track county budget use and advocate for needed change. In Isiolo, 3 citizen forums were formed (Burat, Wabera and Ngaremara). Results from their initiatives include the upgrading and construction of health facilities (Wabera and Burat). The women accountability groups also participated in drumming up support for the protection of the rights of women and girls during the international calendar events and through the various communication platform during the COVID19 forums. The women accountability group in Narok County is currently supporting the development of the Anti FGM policy document for the county.

Extent to which outcome 4 was achieved

Outcome 4 was organizations are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to

EVAW/G with a focus on the most vulnerable women and girls. The evaluation found out that this outcome was largely achieved.

The first Output was GBV and COVID 19 Messaging. Under this output CREAM SASA champions disseminated COVID 19 and GBV message through community sensitizations and through the mass media using the local vernacular languages. This was done to control the escalating numbers of gender based violence cases during this period. The sensitization forums brought together men, women, boys and girls from the projects intervention areas to find solutions to the increased cases of gender based Violence. The radio engagements gave them the opportunity to share their own stories and link audience to GBV support services including CREAMs toll-free number. Local community radios (Angaff Radio, Radio Shahidi and Baliti FM) were used to sensitize the residents on the need to prevent violence which was effective in reaching out to larger audiences. From the project reports, an estimated 600,000 listeners were reached through radio. The project also reached out to the community with messaging through the SMS-USSD platform reaching over 10,000 people. Social media platforms such as WhatsApp, Facebook and twitter were also used to pass the same messages. CREAM's toll free SGBV helpline was shared and survivors linked to other services. Overall the community outreach and media engagement during the period was reported as a great success as it significantly rolled back the incidences of violence.

The second output was CREAM & KEWOPA have improved knowledge, skills and capacities to maintain or adapt EVAW/G interventions under the UNTF funded Wajibika project in Nairobi. The evaluation found out that the institutional staff of CREAM and KEWOPA would be able to adapt to the COVID-19 context, be resilient, and support access to support services for women and girls during the pandemic. CREAM trained SASA champions, the police, local administrators, beacon teachers with the main aim of responding to survivors and preventing violence. The knowledge acquired enabled the champions respond and support survivors to seek justice. CREAM was able to work in collaboration with KEWOPA to empower the institutions with knowledge on how to support GBV survivors through trainings and constant review and follow up meetings to effectively handle and support SGBV survivors.

CREAM held a webinar session aimed at improving access to justice for GBV survivors during the pandemic. The webinar brought together 119 participants representing the judiciary, the national police service and the state department for gender. The project also strengthened the community referral systems during the pandemic through capacity building the community champions on GBV laws, referral pathways, and linkages with the existing GBV service providers at the community level. In addition, the community champions also supported the dissemination of the CREAM Toll-free number (0800-720 186) at the community level

Sustainability

Some of the benefits that have been realized through the implementation of the Wajibika project include development and finalization of gender policies in Isiolo and Narok Counties, increased

capacity of service providers in handling cases of Gender Based Violence against Women and Girls; improved coordination of service providers to better handle cases of GBV; increased awareness of women and girls on their sexual and economic rights and how, and where to report in case these rights are violated, reduced cases of GBV against women and girls, increased reporting of GBV cases, increased prosecutions of the GBV perpetrators, enhanced support as a result of involvement of men in the community in creating awareness on VAW/G, improved economic empowerment of women, strengthened voice of women and girls when their rights have been violated and improved attitude towards women and girls.

The above benefits of the project are highly likely to be sustained to a larger extent. This is because the project employed practical sustainability strategies such as working with the established community resources who include women led accountability groups, and/or community based organizations that champion rights of women and girls to ensure that the knowledge and skills remain within the community. CREAM also worked with the county departments especially the department of gender in the development of the gender policy to ensure they are incorporated in the County Integrated Development Plans (CIDPs) and Annual Development Plans (ADPs). The incorporation in the annual developments will facilitate allocation of resources for implementation. In addition, the passage of the gender policy in both counties is a key sustainability strategy as it provides guidelines on how cases of VAW/G will be handled by the duty bearers and right holders. This also means that issues of GBV will form part of the county planning agenda for the implementation of the policy beyond the life of the project. In addition, training of Trainer of Trainers (ToTs) will ensure dissemination of knowledge and empowerment of other women's groups and networks within the counties even after the exit of the project. The Wajibika project was also aligned with CREAM strategic outcomes meaning that issues of addressing GBV on women and girls will continue to be a growing concern even after the completion of the project.

Coherence

The project strengthened the police, teachers, lawyers, doctors, rescue centres, SASA champions to improve the system of prevention and response towards GBV beyond the project period. This was in addition to the skills they had acquired in line with their professional training.

The Wajibika project came in to address the gaps that were identified after CREAM had implemented another project with Christian Aid on Sexual Reproductive Health Rights for women in Narok County.

Knowledge Generation

Some of the knowledge products that have been developed by the project include the gender policy that is currently being implemented in both counties, the training manuals that were used to train various cadres of service providers, the project banner and the COVID- 19 messages that were disseminated through radio and other channels. Some of the practices that should be shared with other practitioners include

Capacity strengthening for service providers on VAW/G: This entailed identifying GBV service providers at County level, carrying out skills assessments to determine technical capacity and resources lacking to enable them efficiently address VAW/G. Training involved the use of trainer of trainer's model which ensured retention of knowledge and skills within institutions.

Building of partnership with state and non-state actors at the county level. These included KEWOPA, the National Police Service, the judiciary, criminal justice actors, education sector, county executive for Gender and Health, county assemblies, local administration officials, prosecutors, health institutions, traditional / cultural and religious leaders and private sector. These partnerships ensured that there was a coordinated approach in addressing GBV.

SASA Model that promoted community sensitization and mobilization: This approach enhanced community awareness on GBV issues including referral pathways. This enhanced confidence on the part of the direct beneficiaries in reporting cases of violence and follow up. It also enabled the project beneficiaries to raise their voices in case they are violated.

Public policy advocacy by women led accountability groups: This ensured that women were at the centre of the change that the project envisioned. Women led accountability groups developed and implemented key advocacy actions which strengthened accountability for implementation of GBV laws and policies in the target counties and also carried out community sensitization and mobilization.

Working with men as champions to prevent VAW/G: The strategy involved identifying male champions for women rights; strengthening their capacity to engage other men and boys on prevention of VAW/G. Male champions used SASA! Model to carry out community dialogues amongst men and youth groups around VAW/G.

Recommendations

The evaluation recommends among others in the main report;

1. Support for the development of a Monitoring and Evaluation Framework of the gender policy in both counties to facilitate tracking of the implementation process
2. Lobbying of the county governments to include GBV interventions in their CIDP plans and allocation of adequate resources for the implementation of the gender policy in both counties
3. Linking beneficiaries to networks that are focused or working towards ending VAW/G to build on the gains achieved or emerging issues touching on VAW/G to ensure that issues that impact on sustainability measures are addressed.
4. Support girls from poor families and survivors of GBV not only with dignity kits but also to access education to reduce their vulnerability on GBV cases such as forced marriages and FGM.
5. There is need to have a component of economic empowerment to compliment the cash transfer as it was only implemented for a short period of time. The findings show that

35% of beneficiaries did not feel that the cash transfer met their needs. A deeper financial inclusion or stronger economic empowerment for survivors of violence is needed because this will free them from violence. This is because without them being financially stable or empowered continuously, they go back to these environments that are violent, and are not able to leave

6. Economic Empowerment for Reformed Circumcisers: Despite the positive gains in the reforming of circumcisers, the evaluation found that the practice offered them some financial empowerment. Thus, in order for these reformed circumcisers not to be lured by financial gains in the long run, there is need to empower them through economic activities.

3 CONTEXT AND DESCRIPTION OF THE PROJECT

The strengthening accountability for implementation of Gender Based Violence (GBV) laws and policies in Nairobi, Narok and Isiolo counties project dubbed Wajibika project has been implemented by the Centre for Rights Education and Awareness (CREAW). The project aimed at ensuring that women and girls in Narok and Isiolo counties are better protected against Gender Based Violence through effective implementation of national legislation, policies, national actions plans and accountability structures to prevent and end Violence Against Women and Girls (VAW/G). The project was implemented in Partnership with KEWOPA for three and half years from 1st September 2018 and ending on 30th April 2022 with financial support from United Nations Trust Fund (UNTF) for a tune of 942,786 USD and Partners contribution of 120,000 USD.

The project focused on addressing GBV in the family (intimate partner violence and sexual violence) and violence in the community (Sexual violence by non-partners (rape/sexual assault), sexual harassment and violence in public spaces/institutions and violence in schools. Some of the issues that the project intended to address include lack of legislative laws, policies and agenda on addressing GBV at the county level, lack of budgetary allocations on GBV interventions in the county service delivery plans, limited capacity of the GBV duty bearers and legislators at the county levels, weak protocols for coordination of county GBV prevention and response, poor quality of prosecution in GBV cases, poorly equipped police service with limited capacity for forensic evidence collection, analysis and preservation, limited citizens awareness on GBV laws and apathy and limited capacity of women led advocacy groups to seek accountability from public authorities on implementation of laws and policies addressing GBV.¹²

COVID 19 pandemic continued to be a challenge and as a result cases of GBV have increased as reported by the media and evidenced by CREAWs toll free number. As a result, the government continued to put in place directives to minimize the spread and some of the restrictions included cessation of movement and limiting the number of participants in physical engagements. This affected the community's work since a limited number of people were allowed to participate in meetings and dialogues. The project continued with its implementation while adhering to the set COVID 19 guidelines. The project received funds for COVID 19 response and used them towards printing posters and branded reflector jackets with key GBV and COVID-19 messaging. These were distributed to community champions and members of the COVID-response committee carried out interventions within the communities. CREAW used Short Message Services (SMS) to disseminate GBV messages via Bulk SMS to 100,000 women at risk of GBV during the ongoing COVID 19 outbreak. Through CREAW s' Toll-free number (0800720186) free legal and psychosocial support was provided to survivors of SGBV. CREAW also used local community radios as well as the toll free number to disseminate SGBV prevention and response messaging. CREAW also set up temporary shelters in the two counties to host survivors of SGBV as well as targeting the most vulnerable amongst them with cash in the cash transfer intervention.

¹ Baseline Report for the Wajibika Project

² The 2017 CREAW proposal to the United Nations Trust Fund for a project to end Violence Against Women in Kenya, p,2

Vulnerable girls at risk of early pregnancy for being out of school were targeted with dignity kits. The project also built the capacity of the County Gender Technical Working Groups and the police on GBV.

Therefore, through collaboration with the Kenya Women Parliamentary Association (KEWOPA) at the National level and collaborative partners at the county level including county GBV duty bearers, state and non-state actors programming on VAW/G, women led accountability groups, male champions and community radio station CREAM, for the last three and half (3.5) years, planned, implemented and monitored the Wajibika project in Narok and Isiolo counties to address the identified issues in order to prevent and end VAW/G through effective implementation of national legislation, policies, national action plans and accountability structures. The Wajibika project is anchored on CREAM's strategic objectives which form part of the strategies for the project sustainability after completion.

Wajibika Project Implementation Strategies

In order to realize the project goal, CREAM adopted a number of strategies including

- Baseline survey that provided data against which performance was to be measured;
- Use of a rights based approach to project design and implementation that ensured that project beneficiaries were meaningfully engaged throughout the project cycle;
- Coalition and partnership building with state and non-state traditional actors to build synergy, avoid duplication and provide learning platforms and information sharing;
- Coaching and mentoring county based female legislators on agenda setting, caucusing, moving motions, policy development, negotiations and conflict resolution and monitoring on issues around VAW/G;
- Skills building and capacity strengthening for GBV duty bearers, legislators and service providers; community sensitization and mobilization to address citizen apathy and increase their demand for accountability of public authorities on implementation of laws and policies on VAW/G;
- Public policy advocacy by women led accountability groups to develop and implement key advocacy actions that seek to strengthen accountability for implementation of GBV laws and policies in Narok and Isiolo counties;
- Working with male champions for women rights to carry out community dialogues amongst men and youth groups around VAW/G;
- Use of COVID-19 response mechanism to address GBV; holding monitoring and reflection learning forums; documentation and dissemination of best practices and retention of knowledge and skills within institutions.

Therefore, the evaluation will assess each of these strategies to establish the degree in which each contributed in the realization of the project goal and which strategies should be replicated in future similar projects.

The project goal was to be achieved through the realization of four (4) outcomes and eight (8) outputs and implementation of key activities. Table 1 provides a summary of the Wajibika project goal, outcomes, outputs and activities.

Table 1: Wajibika Project Goal, Outcomes, Outputs and Activities

Project Goal: Women and Girls in Nairobi, Narok and Isiolo counties are better protected against GBV through effective implementation of national legislation, policies, national action plans and accountability structures to prevent and end VAW/G	
Outcomes 1: Improved capacity and coordination of service providers across health, social, legal, security, education sectors to respond to VAW/G in Narok and Isiolo counties.	
Output 1.1: Service providers are better able to provide safe and adequate response and care for VAW/G survivors	<ol style="list-style-type: none"> 1. Training of GBV service providers (police, health institutions, local administration, prosecution and judiciary officers on efficient and responsive GBV service delivery.
Output 1.2: Multi-sectoral services and/or systems are set up to improve provision of services to women and girl survivors or those at risk in Isiolo and Narok Counties	<ol style="list-style-type: none"> 1. GBV Networks training workshops on referral pathways and evidence management 2. Training GBV networks to participate in gender sensitive CIDP/Budget processes. 3. Mapping and publication of referral booklet 4. Quarterly reflection meetings.
Outcomes 2: Improved prevention of VAW/G through changes in behavior, practices and attitudes	
Output 2.1: Community members (men, women, boys and girls) are mobilized to change behavior, attitudes and practices about women’s and girls’ legal/human rights and take action to prevent VAW/G.	<ol style="list-style-type: none"> 1. Training of SASA teams and CCE-CC change agents on VAW/G 2. Community dialogue sessions CCE-CC in collaboration with local CBOs across the targeted Counties 3. Advocacy meetings between SASA teams, CCE-CC hosting communities and County government. 4. Development of SASA! Online platform linking CCE-CC practicing communities 5. Holding information exchange and

	dissemination forums.
Outcomes 3: Improved and effective implementation of the gender related laws and policies on VAW/G at National and County levels	
Output 3.1: Laws, policies, protocols, budgets and/or national action plans on VAW/G are developed and/or improved to more effectively prevent and respond to VAW/G	<ol style="list-style-type: none"> 1. Mentorship forums for 90 women MCAs and MPs on the gender sensitive reforms especially in VAW/G 2. Leadership-training workshop for 90 women MCAs and MPs 3. Cross learning workshop with mentors and mentees 4. Round table meetings to Develop gender-based legislative assessment guidelines 5. Development of online platform for mentorship Programme.
Output 3.2: Policy makers, Government officials are equipped and have the capacity to improve institutional response and prevention of VAW/G.	<ol style="list-style-type: none"> 1. Training needs assessment for MPS and MCAs. 2. Training workshops for women leaders on influencing policy and legislation. 3. Sensitization of legislators and key state actors on implementation of GBV laws. 4. Production and dissemination of IEC Materials on VAW/G.
Output 3.3: Accountability systems and/or mechanisms are set up or improved to demand for effective implementation of VAW/G policies.	<ol style="list-style-type: none"> 1. Mapping women led groups 2. Skills assessment and training of trainers 3. Cross learning workshops 4. VAW/G advocacy during UN calendar events 5. International advocacy events
Outcome 4: Organizations are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EAW/G with a focus on the most vulnerable women and girls.	
Output 4.1: GBV and COVID 19 messaging	<ol style="list-style-type: none"> 1. Twelve local community radios stations engaged to air messages and developed programs in local languages, Swahili, English and local Maasai and Kalenjin (Narok) as well as Borana (Isiolo) 2. Social media, the organisation's existing online

	<p>platforms would be used to disseminate messages using discussion formats on Facebook live broadcasts, tweet chats, webinars and e-posters targeting beneficiaries, staff, duty bearers and the general public.</p> <ol style="list-style-type: none"> 3. Printed posters and branded reflector jackets with key GBV and COVID-19 messaging would be distributed to community champions and members of the COVID-response committee who will be carrying out interventions within communities 4. CREAM would use short Message services (SMS) to disseminate GBV messages via Bulk SMS to 100,000 women at risk of GBV during the ongoing COVID 19 outbreak 5. Support institutional Personnel Costs
<p>Output 4.2: CREAM & KEWOPA -</p>	<ol style="list-style-type: none"> 1. Support County Gender Technical Working Groups on GBV Prevention & response during COVID 2. Purchase and distribution of 2000 dignity kits to the most vulnerable and most at risk women and girls in the community & safety Equipment to 20 GBV 3. Provide legal & counselling and psychosocial support for 2000 survivors of GBV via CREAM' toll-free phone line 4. Procure temporary shelter services from locally run shelter facilities in the target counties for a total of 300 women and girls who are survivors of GBV. 5. Cash transfer to 306 women and girls in Narok and Isiolo for 3 months

3.1 Evaluation Purpose

An evaluation was conducted to establish the extent to which the project achieved its objectives, document challenges, lessons learned, best practices and recommendations for designing and improving future similar projects.

3.2 Objectives of the Evaluation

The end project evaluation for the Wajibika project was guided by the following objectives;

1. To assess the performance of the entire project 1 September 2018-30 April 2022 (based on the evaluation criteria of relevance, efficiency, effectiveness, knowledge generation, impact and sustainability) and make recommendations that would inform the future development of similar projects
2. To assess the quality of program management and how it impacted in the achievement of the project results or otherwise
3. To assess the effectiveness of the implementation of the project activities and how they contributed to the achievement of the project results or otherwise.
4. To identify and document the best approaches and models that were effective in the project implementation.
5. To document challenges and lessons that have been learned over the project period and how this would inform future similar programs.
6. To assess the partnerships that have been built and how they facilitated the achievement of the project results or otherwise.
7. To assess the type and levels of capacities and how they facilitated the achievement of the project results or otherwise.
8. To establish if the program achieved any unintended results.
9. To assess the impact of COVID 19 related activities on the project
10. To give recommendation on the gaps identified

3.3 Scope of the Evaluation

The evaluation was conducted in locations where the project was implemented. Wajibika project was implemented in four (4) sub –counties and fifteen (15) sub –locations of Narok County and in six (6) wards and 15) sub –locations of Isiolo county. Table 2 lists the sites where the project was implemented in both counties.

Table 2: Project Implementation sites

County	Sub County / Ward	Sub location
Narok	Narok North	Olororopil
		Narok central
	Narok East	Suswa

		Keekonyokie
		Ntulele
		Mosiro
	Transmara East	Ilkerin
		Kapsasian
		Ololmasani
		Mogondo
	Transmara West	Lolgarian
		Keiyan
		Shankoe
		Kilgoris central
Isiolo	Oldonyiro	Kipsing
		Oldonyiro
		Lebarsherek
	Kinna	Kulamawe
		Duse
		Rapsu
		Kinna
	Burat	APU
		Kambi ya Juu
		LMD
	Ngaremara	Complex
		Daaba
		Attan
		Ngaremara
	Bulapesa	Bulapesa

3.4 PARS Evaluation Team

Team Member & Qualifications	Proposed position	Years of Experience	Major Roles
Susan Chege (Masters of Gender & Development Studies)	Team Leader	Over 20 years	<ul style="list-style-type: none"> ➤ Client liaison, develop evaluation inception report that includes design of the program and monitoring systems. ➤ Overall project leader and is responsible for coordination and

			<p>communication amongst project staff.</p> <ul style="list-style-type: none"> ➤ Incorporate the gender aspect, monitoring & evaluation and review of all project outputs.
Elizabeth Cirindi (pHD Research and Evaluation)	Deputy Lead Evaluator and Monitoring & Evaluation Expert	15 years	<ul style="list-style-type: none"> ➤ Design of data collection Instruments; Preparation of relevant reports (Inception, Draft and Final Reports)
Dennis Arori (Bsc. Applied Statistics)	Project Manager	9 years	<ul style="list-style-type: none"> ➤ Responsible for project management and client liaison. ➤ To ensure all project materials and outputs are worked on in time. ➤ To ensure successful implementation of the project ➤ To submit regular updates to the client representative
Lucy Munyi (Bachelor of Arts)	Field Coordinator	15 years	<ul style="list-style-type: none"> ➤ Responsible for team coordination and communication ➤ To submit regular updates to project manager
Victor Otweyo (Statistician)	Data Analyst	12 years	<ul style="list-style-type: none"> ➤ Daily checks of the quality of uploaded interviews ➤ Responsible for data processing and analysis

3.5 Evaluation Criteria and Questions

Evaluation Criteria	Evaluation Questions
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<p>Effectiveness</p>	<ol style="list-style-type: none"> 1. To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? 2. Was the project effective in delivering desired/planned results even in the phase of the pandemic? 3. To what extent did the project adaptation during COVID-19 contribute to meeting project results? 4. How effective were the strategies and tools used in the implementation of the project? 5. How effective has the project been in responding to the needs of the beneficiaries, and what results were achieved? 6. What are the future intervention strategies and issues? 7. What partnerships were established and how did they facilitate the achievements of results? 8. What capacities were built and how the facilitated achievement of results? 9. What were the main lessons with regard to effectiveness? 10. Were there unintended results?
<p>Relevance</p>	<ol style="list-style-type: none"> 1. Was the project relevant to the identified needs? 2. Were the inputs and strategies identified realistic and adequate to achieve the results and appropriate in the new COVID-19 context? 3. What are the main lessons learned with regard to the relevance of the project?
<p>Efficiency</p>	<ol style="list-style-type: none"> 1. Was the process of achieving results efficient? Specifically, did the actual or expected results (outputs and outcomes) justify the costs incurred? Were the resources effectively utilized? 2. Did project activities overlap and duplicate other similar interventions (funded at the targeted counties and/or by other donors? Are there more efficient ways and means of delivering more and better results (outputs and outcomes) with the available inputs? 3. How has the organization adapted to the changing needs and conditions brought by the pandemic? 4. How was the project's collaboration with the relevant stakeholder/state and non-state actors? 5. How efficient were the management and accountability structures of the project? 6. How did the project financial management processes and procedures affect project implementation? 7. What are the main lessons learned with regard to efficiency? 8. Best practices in efficiency

<p>Sustainability</p>	<ol style="list-style-type: none"> 1. To what extent are the benefits of the projects likely to be sustained after the completion of this project? 2. What is the likelihood of continuation and sustainability of project outcomes and benefits after completion of the project? 3. Describe key factors that will require attention to improve prospects of sustainability of project outcomes and the potential for replication of the approach? 4. To what extent are the women-led accountability groups able to carry out accountability initiatives after the life of the project? 5. What and how are capacities strengthened at the individual and organizational level (including contributing factors and constraints)?
<p>Impact</p>	<ol style="list-style-type: none"> 1. How did the project contribute to the achievement of its overall goal of the project as per the design of the project? 2. What, if any, were the unintended effects of the project interventions, both positive and negative? 3. To what extent did the additional funds under the Spotlight Initiative for institutional strengthening and adaptations contribute to ending violence against women and girls under the UNTF funded Wajibika project. 4. What knowledge products have resulted from the project? How effective were they in bringing new information? What products were most useful/effective? 5. Are there new areas of concern that future programming should focus on?
<p>Knowledge generation</p>	<ol style="list-style-type: none"> 1. To what extent has the project generated knowledge, promising or emerging practices in the field of EAW/G that should be documented and shared with other practitioners? 2. Describe the main lessons that have emerged? 3. What are the recommendations for similar support in future
<p>Coherence Did the intervention add value in relation to others? How was duplication of effort avoided</p>	<ol style="list-style-type: none"> 1. To what extent was the project consistent with, complementary to, and synergized with other interventions and policies in the same area being implemented by the implementing partners (CREAW and KEWOPA)? 2. To what extent did the project carry out what it was supposed to do and, in the manner, envisaged? Any deviations? How effective were the changes if any? Any collaborations? Value addition?

4 EVALUATION METHODOLOGY

4.1 Description of overall design

PARS utilized a mixed methods evaluation design and approaches to collect both qualitative and quantitative data of the program to enable depth and breadth understanding of the results that the program had realized over the implementation period. In this case, the quantitative and qualitative methods complemented each other and provided for the triangulation of findings, hence greater validity of the emerging inferences.

4.2 Data sources

The methodological approach for data collection involved desk review, quantitative (questionnaire surveys) and qualitative (Key Informant Interviews (KII), Case Studies and Focus Group Discussions (FGDs) through the use of unstructured discussion guides.

4.3 DATA COLLECTION PHASE

1. Recruitment

Recruitment for Enumerators and Moderators was done with the assistance of CREAW team in the project areas. The criteria for selection was education level (college & university) and fluency in both English and the local dialect. This will take care of language barrier and ensure good will from the community. After recruitment, the enumerators were interviewed orally to ensure they could speak and write in English as well as the local language. This was done to ensure they could translate the questionnaire into the local language. Six enumerators selected from the five wards in Isiolo while Eight enumerators were selected from the four sub-counties/wards of Narok

2. Training and Briefing

After recruitment, the enumerators & moderators were rigorously trained by PARS on research methodologies to ensure quality data is obtained. In Isiolo team training was done on Wednesday 16th March 2022 at Galaxy Hotel, Isiolo town while Narok team training was on Friday 25th March 2022 at ACK Conference Hall, Narok town. The purpose of the training was to provide background information on the Wajibika project and to equip the team with skills on how to conduct the data collection exercise to meet the objectives of the evaluation.

The sessions covered the following topics

- ✓ Covid-19 fieldwork precautionary measures and staying safe

- ✓ Ethical Guidelines
- ✓ Introduction to the project (project background)
- ✓ Sampling techniques
- ✓ Key Interviewing Techniques
- ✓ Review of the quantitative questionnaire (question by question) for enumerators, and review of the KII & FGD guides for supervisors
- ✓ Mock interviews witnessed by the Team Leader
- ✓ ODK and tablet usage
- ✓ Review of the lessons learnt from the mock interviews
- ✓ Sharing and handling of problems encountered in administering the quantitative questionnaire (for enumerators), and qualitative discussion guides (for moderators)

After training, a full day piloting/pre-test of the questionnaire will be conducted. In Isiolo the pilot study in Isiolo county was conducted on Thursday 17th March 2022 while in Narok it was done on Saturday 26th March 2022. The purpose of the pilot was to assess the interviewer's skills and ability to ask the questions the right way and use the local language without changing the meaning of the question. Additionally, pilot study aided in knowing the average length of time that an interviewer would take to complete a questionnaire without missing out any details. After the pilot, debriefing of the interviewers was done to understand the challenges they encountered during the pilot study. Thereafter, the interviewers travelled to their respective sub-counties where they commenced data collection the following day.

Data Collection-Quantitative

The actual data collection exercise for quantitative interviews began on Friday 17th March 2022 in Isiolo and on Sunday 27th March 2022 in Narok county and ended on Monday 21st March 2022 and Wednesday 30th March 2022 respectively.

Survey Quality Standards

Quality is very key in research, as such, we tightly control the quality of all our field work. 100% of the questionnaires are checked for completeness, logic and consistency, 10% of the interviews are taken in the presence of a supervisor (accompanied visit), and 10% of the interviewees are revisited/called by a supervisor to confirm previously given answers (back checks).

Each team of 6 interviewers will have a field team leader who is charged with the responsibility of ensuring that fieldwork is conducted as stipulated in the project guideline. The field team leader is expected to have a clear knowledge of the project under supervision. He/she will report to the supervisor.

100% Field Checking Questionnaires

Checking is the visual inspection i.e. reading through in full all completed questionnaires by the project coordinator, field manager & data processing manager. During data collection, at the end of each day, enumerators are expected to upload/submit the data they have collected to the ODK server, before 7.00pm. The uploaded data is then reviewed by the project coordinator, field manager & data processing manager. They check that answers to all questions have been recorded correctly. Any major problems are flagged, and are sorted out by prompting the relevant enumerator to revisit the respondent. The evaluation Team Leader then conducts further checks as part of the PARS quality control measures of 10% of the work done. This is usually done through telephone calls to ascertain that a particular interview was actually conducted. It is mandatory that all questionnaires are 100% checked before they are approved to be used for data analysis. Across all the above parameters we will accept a margin error of +- 5

4.4 Data Protection

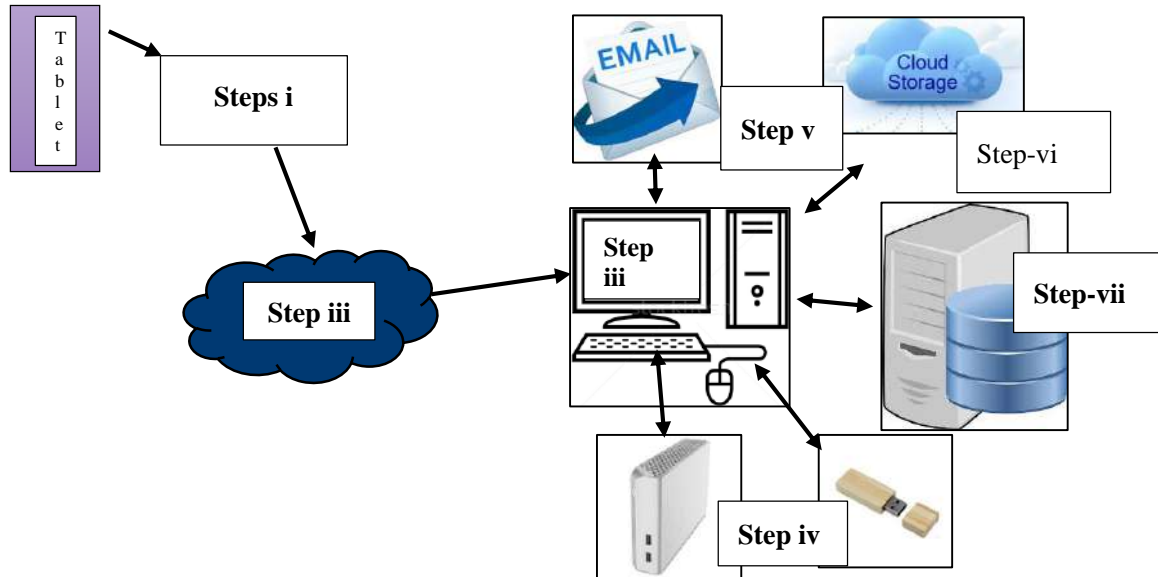
Data protection protocols

When data collected and stored in the tablet is being submitted, it is first encrypted by the ODK platform as a security measure before it reaches PARS server. On reaching the server, the data is decrypted and is ready for downloading. Only the data analyst can download the decrypted data to external storage devices or sent to the cloud or to our off-site servers for back-up purposes. Access to the data server is restricted only to the data analyst and the evaluation team leader. Data can be downloaded in several different data formats which are compatible with various data analysis platforms e.g., SPSS, Stata, R etc.

Since the data collected will contain GPS coordinates of the data collection points, the data analyst will also have the option to download the KML data file from the server and map out the geographical data collection points/locations using the Google earth application

PARS data protection map

Figure 1: PARS Data Protection Map



Security during Data collection

- i. All PARS tablets are password protected with only work applications active, the data collection app has user and password access with access only given to authorized personnel during projects.
- ii. Data is transmitted securely by being encrypted with a connection using TLS/HTTPS.
- iii. All PARS computers are protected with a powerful antivirus platform that manages the files and PARS network. These computers are monitored centrally by the antivirus which can detect any suspicious activity on each computer.
- iv. Any external drive plugged into PARS computers MUST be approved through the Seqrite antivirus software central management by authorised personnel.
- v. PARS email service provider uses Secure Shell (SSH) which is a UNIX-based command interface and protocol for securely getting access to a remote computer. Both ends of the client/server connection are authenticated using a digital certificate, and passwords are protected by being encrypted.
- vi. PARS server stores shared documents or data and is protected using Seqrite antivirus central control, computer and network passwords which are only accessed by authorized personnel.
- vii. PARS cloud data storage are secured by our service provider who uses some of the highest security standards which are:
 - Encrypted server-client connections using TLS/HTTPS

- A+ certified server-client TLS configuration
- Encrypted at-rest database and encrypted database backups using AES-256
- ISO 27001 security management certification via AWS data centres
- For backups they create nightly replicas of the entire database so that should the worst happen they will be able to recover quickly and get back up and running with minimal data loss.

4.5 Description of data collection methods and analysis

1. Qualitative Data Collection

KII, FGD & Case Study guides were used in order to collect depth information from various respondents. All KIIs and FGDs data collection were done by a trained moderator. For time efficiency, and after obtaining informed consent, all interviews and discussions were recorded (and where applicable also translated) and later transcribed for analysis.

For qualitative data analysis, the transcripts were grouped in their respective categories and insights in the form of narratives were generated for qualifying quantitative data.



Narok County –Male FGD End Line Survey for Wajibika Project, 29th March 2022
PARS

2. Quantitative Data Collection

For quantitative data collection, the consultant used an electronic data collection system via the ODK (Open Data Kit) platform. The platform ensures automated quality control and security of data. The ODK platform uses android based mobile devices to collect the data thus allowing data collection to be carried out either by mobile phones or Tablets/Personal Data Assistants (PDA) which are android supported. Quantitative data cleaning and analysis was done using SPSS and MS Excel was used to generate tables. Checks for incomplete



Isiolo County -Household Interview End Line Survey Wanjibila Project -21st march 2022
PARS

interviews, cases that have GPS accuracies exceeding 50 meters and negative consent responses were terminated.

4.6 Description of sample and sampling design

1. Qualitative

PARS conducted interviews amongst target communities and implementing staff/stakeholders using key informant interviews (KIIs), case studies and focus group discussion (FGDs) methodologies.

The evaluation team used purposive judgment to propose respondents who would participate in the evaluation. Inclusivity was adhered to in order to ensure all project stakeholders and beneficiaries were represented in the non – probability sample and that the correct responses about the project are obtained. A total of 32 KIIs were achieved targeting Wajibika project staff, representatives of women led accountability groups, SASA champions, partnerships and networks representatives, MCAs and MPs among other informants as per the table below.

Table 3: Targeted and Achieved KIIs

Respondent Category	Target	Achieved
CREAW Program Staff	2	2
Representatives of women led accountability groups (one per County)	2	2
SASA champions (One from each County)	2	2
Partnerships and networks representative in Isiolo and Narok County (2 per county)- KEWOPA, Private Shelter Facilities, Counselors and psychologists Society of Kenya	4	4
MCA/MPs (1 in each project site)	2	2
Teachers (Beacon Teachers) 1 per county	2	2
Local administration (1 in each Project site)	2	2
Government stakeholders (Judiciary and ODPP, National Police Service, County Government Gender department, CSOs, probono lawyers, media	14	14
Total KIIs	30	30

A total of 24 FGDs were achieved targeting girls, boys, women and men in the respective wards, beneficiaries of shelter facilities, dignity kits, legal and psychosocial support, participants of citizen forums and cash transfer beneficiaries.

Table 4: Targeted and Achieved FGDs

County	Ward/Sub-County	Respondents' category	Respondents description and breakdown	Target	Achieved
Isiolo	Bulapesa	Girls	8 Girls	1	1
		Shelter facility beneficiaries	8 beneficiaries	1	1
		Boys	8 boys	1	1
	Bulati	Men	8 community members	1	1
		Legal and psychosocial Support beneficiaries	8 beneficiaries	1	1
		Women	8 Community members	1	1
	Ngaremara	Girls	8 girls	1	1
		Dignity Kit Beneficiaries	8 beneficiaries	1	1
		Boys	8 boys	1	1
	Oldonyiro	Men	8 community members	1	1
		Cash Transfer Beneficiaries	8 beneficiaries	1	1
		Women	8 community members	1	1
	Kinna	Girls	8 girls	1	1
		Boys	8 boys	1	1
Total				14	14
Narok	Narok North	Girls		1	1
		Men	4 participants of the citizen forum 4 community members	1	1
		Cash Transfer Beneficiaries	8 beneficiaries	1	1
		Boys	8 boys	1	1
	Narok East	Women	8 Community members	1	1
		Girls	8 girls	1	1
		Dignity Kit Beneficiaries	8 beneficiaries	1	1
	Trans Mara East	Men	8 community members	1	1
		Women	8 community members	1	1
		Legal and psychosocial	8 beneficiaries	1	Not Done

		Support beneficiaries			
		Girls	8 Girls	1	1
	Trans Mara West	Women	8 community members	1	1
		Girls	8 Girls	1	1
		Shelter facility beneficiaries	8 beneficiaries	1	1
	Total			14	13

At least 7 case studies were conducted with different beneficiaries as per the table below.

Table 5: Targeted and Achieved Case Studies

Respondent Category	Target	Achieved
GBV Committee	1	1
Teen Support Group	1	1
Citizen Forum	1	1
Reformed Circumcisers	2	2
Legal and Psychosocial support beneficiary	0	1
Male Champion	0	1
Total	5	7

Selection Criteria

The respondents for KIIs, FGDs and Case Studies were identified and selected by PARS and CREAM project team as per annex 7.1 during inception phase of the project.

2. Quantitative

Quantitative data was collected through a questionnaire, and targeted the project beneficiaries in the two counties. In this evaluation assignment, Cochran’s sampling formula (an internationally accepted and approved formula for calculating an ideal sample size given a desired level of precision, desired confidence level, and the estimated proportion of the attribute present in the population) was adopted to arrive at the desired sample size as shown below.

$$ss = \frac{z^2 * (p) * (1 - p)}{c^2}$$

Where:

Z = Z value (e.g. 1.96 for 95% confidence level)

p = percentage picking a choice, expressed as decimal (0.5 used for sample size needed)

c = Margin of error, expressed as decimal, e.g., .04 = ±4. In this case proposed to be 0.05= ±5

Substituting the equations, we have:

$$ss = \frac{1.96^2 * (0.5) * (1 - 0.5)}{0.05^2}$$

$$ss = \frac{3.8416 * (0.5) * (0.5)}{0.0025} \quad ss = 385$$

The sample size was distributed equally to all targeted areas. A total of 522 interviews were achieved against the initial target of 387 interviews as per the table below. This was possible since the research assistants engaged were able to undertake more interviews per day. The evaluation team embraced the additional samples as it would increase the validity of results at no additional cost.

Table 6: Targeted and Achieved Quantitative Interviews

County	Ward/Sub-County	Target			Achieved		
		Total	Male	Female	Total	Male	Female
Isiolo	Bulapesa	43	21	22	94	23	71
	Burat	43	21	22	52	18	34
	Ngaremara	43	21	22	53	14	39
	Oldonyiro	43	21	22	52	16	36
	Kinna	43	21	22	55	24	31
Narok	Narok North	43	21	22	52	27	25
	Narok East	43	21	22	50	23	27
	Transmara East	43	21	22	43	21	22
	Transmara West	43	21	22	71	32	39
Total		387	189	198	522	198	324

4.7 LIMITATIONS TO THE METHODOLOGY

Bias-The most effective approach to combating bias was to use multiple data sources, data collection and analysis methodologies to triangulate responses. By combining information found in documents or interviews from multiple sources, any one piece of biased data was thus not capable of skewing the data. Poor road network made the logistics very difficult and some areas inaccessible.

The sensitive nature of SGBV means that the respondents /survivors may be unable to provide key details about the incidence and may not even be aware that a crime has been committed at all. Certain incidents that are supposed to be reported in an interview may seem irrelevant to respondents. Secrecy around the matter affected the information collected.

Mitigation strategy: the evaluation team closely consulted with CREAW/SASA Champions and other relevant stakeholders involved in field visits to ensure that the suggested consultation methods, issues, and locations were appropriate and provided a safe environment and confidentiality for all stakeholders

Data collection challenges

- ✓ Due to insecurity experienced in Attan and Complex locations in Ngaremara ward, Isiolo county, one male FGD in Isiolo was not administered as scheduled. A case study was therefore done with a male champion leader.
- ✓ Floods and heavy rains experienced in Trans Mara East affected the ability to bring beneficiaries of the legal and psychosocial support intervention together. This was therefore replaced with a case study.
- ✓ Long distances between project locations created logistical challenges for the evaluation team. This was resolved by adjusting the travel time for the team during data collection.

4.8 Safety and ethical considerations and protocols

PARS ensures that all our research assignments/evaluations comply with the following:

- **UTILITY** – The evaluation must be useful;
- **FEASIBILITY** – The evaluation must be realistic, diplomatic, and managed in a sensible, cost effective manner;
- **ETHICS & LEGALITY** – The evaluation must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the survey, in particular:
- **DO NO HARM PRINCIPLE** - the security, safety, integrity and wellbeing of participants, enumerators, partners are paramount and that the basic human rights will be observed, respected and protected
 - We shall avoid exposing respondent to additional risks during the data collection exercise, this will instill compassion and care on the team and improve on the team’s way of reporting or offering descriptions of the scenarios that respondents face, and thus enhance the quality of collected data
 - The security/political context. will be taken into consideration, whether asking certain questions may do harm to the enumerator, key informant or the community
 - Enumerators will be given a brief introductory training on GBV and Protection, and also on how to collect sensitive data. supervisors will accompany them to ensure they are able to ask complex questions as trained.
 - Participation in the data collection exercise is voluntary and free from external pressure.

Anonymity of research respondents where their names will not be written on the transcripts. Any form of identification shall only be known by the interviewers and the study's principal investigator.

- ✓ Informed consent will be obtained from the targeted respondent and they will be made aware of their freedom to participate and/or terminate their involvement in this study at any time.
- ✓ Respondents will not be paid for their participation in the study, but transportation costs may be catered for by the consultant as the need arises.
- ✓ The entire research team involved will be trained on research etiquette and the research procedures.
- ✓ The evaluation teams will also be composed of local people drawn from the research areas who will be trained alongside other research assistants on the research procedures.
- ✓ Tablets used in data collection will be kept in lockable cupboards only accessible to few people in the research team.
- ✓ While in the field, all recordings, short notes, consent forms and transcripts will be stored in sealed envelopes by the study team leaders. Once in the PARS office, all the raw data collected (consent forms, recordings, transcripts and field notes) will be stored in locked cabinets, and access to these data will be strictly restricted to the research team.
- ✓ Electronic copies of the collected data will only be available to authorized people who were involved in the evaluation for a period of 5 years

IMPARTIALITY & INDEPENDENCE—The evaluation should be impartial, providing a comprehensive and unbiased Evaluation that takes into account the views of all stakeholders;

TRANSPARENCY - Evaluation activities should reflect an attitude of openness and transparency;

ACCURACY – The evaluation should be technically accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined;

PARTICIPATION - Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate;

COLLABORATION - Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.

Primary beneficiaries below 18 years

- Informed consent will be obtained from the care giver /guardian for those below 18 years.
- FGDs will be conducted in safe spaces
- Inform the children that they respect their right to withdraw from the research at any stage
- Children will be informed that it's their right to withdraw from the research at any stage
- A trained moderator will be used; topics will be introduced in such a way that it will not disturb or frighten children. For example, issues relating to potentially sensitive family situations, racial, religious and similar social or political sensitive matters should be

established in such a way that children will not be worried, confused, misled by the research and patronized.

- Clear child protection protocols (including access to psycho-social support services) Ensuring coordination with pre-existing formal complaints mechanisms through CREAM staff and providing clear information to participants and their community about accessing these processes. In such a case CREAM staff will be made aware of such a situation for further support.

Guidelines for GBV Redress strategies to be observed during the evaluation

During the evaluation, there is a possibility to interview GBV survivors among the targeted beneficiaries. Asking about GBV experiences may put the interviewee at risk for further harm and thus additional safeguards are called for. In these circumstances, careful attention to ethical and safety issues is imperative, but above all, those collecting the information must take steps to ensure that the information collection is neither harmful, nor results in harmful consequences, to anyone who participates. The following steps will be undertaken.

1. Ensuring that interviewers will be carefully selected. Due consideration of candidates' age, sex, ethnicity and language skills will be ensured. Supervisors with background in Psychology and/or have experience in GBV related work or surveys will be prioritized.
2. All participants will be trained on handling GBV cases during interviews including the following topics:
 - Confidentiality, in particular, the need for confidentiality, definition of confidentiality, practical application, confidentiality agreements and consequences for any breaches of confidentiality (the need for confidentiality extends to details of the data gathering activity itself, including its content, scope and purpose)
 - Safety and security risks and other related issues, including guidelines and mechanisms specific to the setting, as well as individual safety planning
 - More detailed information on sexual violence, including the health, emotional, social and legal consequences to survivors and their families
 - Good practice in conducting interviews
 - Strategies for negotiating and obtaining informed consent from participants (team members must be able to recognize whether consent is, indeed, informed (i.e. in terms of full understanding of the purpose, risks and benefits of the activity) and freely given)
 - Strategies for engaging and developing a rapport with participants in order to minimize participant distress
 - Referral options for survivors of sexual violence (team members will be trained to be able to judge when it would be appropriate to offer advice and information about the options for survivor support and know how to refer participants to follow-up support services); - GBV hotline numbers in Kenya- 0729 209 398 / 0800720308 (free) or 0717 968 219.

- How to recognize, establish and keep appropriate professional boundaries strategies for self-care. Given the potential for emotional or social harm to those collecting the information, as part of the training programme, team members will engage in candid and honest discussions about this and develop strategies to minimize such effects.

The following ‘Dos’ and ‘Don’ts’ to be undertaken in this evaluation:

Do’s	Don’ts
<ul style="list-style-type: none"> ✓ DO end the interview if the survivor is uncomfortable (observe and listen) to continue and offer support, focus on them ✓ DO allow the survivor to approach you. Listen to their needs. ✓ DO ask how you can support with any basic urgent needs first. ✓ DO ask the survivor if s/he feels comfortable talking to you in your current location. If a survivor is accompanied by someone, do not assume it is safe to talk to the survivor about their experience in front of that person. ✓ DO provide practical support like offering water, a private place to sit, a tissue etc. ✓ DO, to the best of your ability, ask the survivor to choose someone s/he feels comfortable with to translate for and/or support them if needed. ✓ DO treat any information shared with confidentiality. If you need to seek advise and guidance on how to best support a survivor, ask for the survivor’s permission to talk to a specialist or colleague. Do so without revealing the personal identifiers of the survivor. ✓ DO manage any expectations on the limits of your confidentiality. ✓ DO manage expectations on your role. ✓ DO listen more than you speak. ✓ DO say some statements of comfort and support; reinforce that what happened to them was not their fault ✓ DO respect the rights of the survivor to make their own decisions. 	<ul style="list-style-type: none"> ❖ DO NOT ignore someone who approaches you and shares that s/he has experienced something bad, something uncomfortable, something wrong and/or violence. ❖ DO NOT force help on people by being intrusive or pushy. ❖ DO NOT overreact. Stay calm. ❖ DO NOT pressure the survivor into sharing more information beyond what s/he feels comfortable sharing. The details of what happened and by whom are not important or relevant to your role in listening and providing information on available services. ❖ DO NOT ask if someone has experienced GBV, has been raped, has been hit etc. ❖ DO NOT write anything down, take photos of the survivor, record the conversation on your phone or other device, or inform others including the media. ❖ DO NOT ask questions about what happened. Instead, listen and ask what you can do to support. ❖ DO NOT make comparisons between the person’s experience and something that happened to another person. Do not communicate that the situation is “not a big deal” or unimportant. What matters is how the survivor feels about their experience. ❖ DO NOT doubt or contradict what someone tells you. Remember your role is

<ul style="list-style-type: none"> ✓ DO share information on all services that may be available, even if not GBV specialized services. ✓ DO tell the survivor that s/he does not have to make any decisions now, s/he can change their mind and access these services in the future. ✓ DO ask if there is someone, a friend, family member, caregiver or anyone else who the survivor trusts to go to for support. ✓ DO offer your phone or communication device, if you feel safe doing so, to the survivor to contact someone s/he trusts. ✓ DO ask for permission from the survivor before taking any action. ✓ DO end the conversation supportively. 	<p>to listen without judgment and to provide information on available services.</p> <ul style="list-style-type: none"> ❖ DO NOT exaggerate your skills, make false promises or provide false information. ❖ DO NOT offer your own advice or opinion on the best course of action or what to do next. ❖ DO NOT assume you know what someone wants or needs. Some actions may put someone at further risk of stigma, retaliation, or harm. ❖ DO NOT make assumptions about someone or their experiences, and do not discriminate for any reason including age, marital status, disability, religion, ethnicity, class, sexual orientation, gender identity, identity of the perpetrator(s) etc. ❖ DO NOT try to make peace, reconcile or resolve the situation between someone who experienced GBV and anyone else (such as the perpetrator, or any third person such as a family member, community committee member, community leader etc.) ❖ DO NOT share the details of the incident and personal identifiers of the survivor with anyone. This includes the survivor's family members, police/security forces, community leaders, colleagues, supervisors, etc. Sharing this information can lead to more harm for the survivor. ❖ DO NOT ask about or contact the survivor after you end the conversation
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Ethical Considerations for Photography

PARS ensured that the photos taken respect human dignity and ensure the rights, safety and well-being of the person or people being portrayed. Prior, PARS ensured the respondent or community representatives gave their consent before any photo was taken, PARS ensured that:

- There was compliance with local traditions or restrictions when taking photos of people, objects or places.
- Verbal or written consent was obtained before embarking on a story.

- There was respect for a person’s right to refuse to be photographed. If the researcher sensed any reluctance or confusion, he/she refrained from taking the photo.
- Adherence to “Do no harm” principle
- We also ensured that we do not misrepresent the individual, situation, context or location by taking the photos at the place where the meeting was held.

5 EVALUATION FINDINGS

Findings of this evaluation have been presented based on the Organization for Economic Co-operation and Development/Development Assistance Committee (OECD/DAC) criteria and the relevant evaluation questions under each criteria.

Disclaimer: “This Evaluation Report has been developed by an independent evaluator. The analysis presented in this report reflects the views of the author and may not necessarily represent those of CREAM, its partners or the UN Trust Fund”

5.1 DEMOGRAPHICS

In terms of demographics of the respondents for the quantitative survey, a total of 522 interviews were achieved with 62% of the sample being female and 38% male. At least 46% of the respondents were aged between 19 and 34 years and a similar proportion of respondents were between 35 and 54 years. Only 8% were above 55 years. Notably these demographics are in line with the target beneficiary groups as the project reached more female beneficiaries and also targeted all age groups. In terms of marital status, 61% were married and 17% single. At least 25% had no formal education while the main occupations were small scale businesses (22%), crop and livestock farming (21%) and casual labour (20%).

		Total	County	
			Narok	Isiolo
		522	216	306
Gender	Male	38%	48%	31%
	Female	62%	52%	69%
Age	19-24 years	13%	12%	14%
	25-34 years	33%	29%	36%
	35-44 years	28%	29%	27%
	45-54 Years	18%	21%	16%
	Above 55 years	8%	9%	7%
Marital Status	Single	17%	19%	16%
	Married	61%	64%	59%
	Separated/Divorced	13%	6%	17%
	Widow/widower	8%	11%	7%

Highest level of Education	Never gone to school (Informal education)	25%	21%	27%
	Primary level	35%	23%	44%
	Secondary level	31%	44%	22%
	Tertiary level	8%	12%	6%
Main source of income	Small scale business (e.g. kiosk, market etc.)	22%	21%	23%
	Crop farming & sales	21%	25%	19%
	Casual labor	20%	15%	23%
	Livestock farming & sales	12%	13%	11%
	Firewood/charcoal sales	8%	6%	10%
	No income sources	6%	2%	8%
	Permanent employment e.g. government	5%	9%	2%
	Skilled work/artisan	3%	4%	1%
	Natural resources (e.g. salt, gum, incense)	2%	3%	1%
Rental income	1%	1%	1%	

5.2 RELEVANCE OF WAJIBIKA PROJECT

In this section, the evaluation focused on project management and the extent to which the stated outcomes and outputs correctly addressed the identified problems or real needs both at the time of identification of the project and at the time of the evaluation.

- (i) ***Evaluation Question: Was the project relevant to identified needs? Were the inputs and strategies identified realistic and adequate to achieve the results and appropriate in the new Covid-19 context?***

The overall goal of the project is “Women and girls in Narok and Isiolo counties are better protected against GBV through effective implementation of national legislation, policies, national action plans and accountability structures to prevent and end VAW/G”.

Baseline study findings indicated that more than half (51%) the respondents in the 2 counties did not feel safe from VAWG either at home or in public places. The survey also found that women who faced various forms of violence hardly reported such cases for action. This was attributed to limited self and community awareness of GBV, limited freedom to report in confidence, dysfunctional service centres and duty bearer apathy towards VAWG which viewed VAWG as a private matter and poor enforcement of existing policies. VAWG cannot be addressed outside the broader issue of voice and power for women. Women who experience worst forms of violence are often poor, excluded and inaccessible to decision making platforms. Empowerment of women is critical in dealing with various forms of VAWG such as cultural, psychological,

physical and economic forms of violence³. At the policy level, the findings indicated an opportunity in influencing policy at national and county levels. There was need for policy advocacy work to be done through domesticating the national policies to provide effective safeguards against various forms of violence at the county level.

Thus the project was relevant to the needs of the beneficiaries-women and girls in general, women and girls GBV survivors, young men and adolescent's, members of the community based groups, members of the general public, stakeholders (decision makers, policy implementers) and service providers (health, social, legal, police) in Narok and Isiolo Counties.

The program used a multisectoral approach by offering training and capacity building of several stakeholders including those providing health care support, pro bono counsellors for psychosocial support, law enforcement officers, paralegals, education stakeholders-beacon teachers, SASA champions and supporting the safe havens financially to enable them offer support to survivors. This approach worked well and resulted in improved participation of the beneficiary communities in the project activities as evidenced through FGDs with men and women. Creating awareness on VAWG to the community member's and other stakeholders (teachers, police officers, community leaders, local administration and paralegals) continues to be relevant to the needs of women and girls in the project area. This was evidenced by acceptance of the community members to participate in project activities on a voluntary basis as well as behavior change which attest to the fact that activities were appreciated as relevant by those targeted. Focus group discussions held at the community level revealed that the project created awareness levels on VAWG reporting channels as well as the rights of women and girls.

“Previously we didn’t know where to report but right now we have CREAW which has opened a way for us, right now if such a thing happens you tell them report to the chief and also the police, and even if the girl is pregnant she has to deliver the child and then go back to school, so mostly we find girls who have been married off are brought back and resume their studies”
FGD Ngaremara

“The project was quite relevant as it engaged various stakeholders as well as empowered the people in the community to ensure that the policies that are passed through the laws at the County and the National level, reach the people at the grassroots level” **KII Judicial Officer**

The baseline study undertaken during the inception of the project was used to determine baseline values and provide an information base against which the projects assumptions would be tested and confirmed and provide data required to monitor and assess the project’s progress and effectiveness during and after implementation. This was quite relevant as it provided values for tracking outcomes through the program implementation period. A results framework was

³<https://home.creaw.org/wp-content/uploads/2019/11/Baseline-Survey-Website.pdf>

developed which outlined the project goals, outcomes, activities and outputs. The project goals were well specified and outcome statements were also aligned to the project goals. The results framework was reviewed yearly during the project cycle which allowed for tracking, adjustment especially on Covid 19 and the acceleration of some of the activities which were lagging behind during project implementation. During Covid 19 outbreak outcome 4 was added into the project with a focus on GBV and Covid 19 messaging as well as ensuring CREAM & KEWOPA had improved knowledge, skills and capacities to maintain or adapt EAW/G interventions within the UNTF funded project.

(ii) Evaluation Question: To what extent were the results (impacts, outcomes and outputs) achieved

The four project outcomes addressed by the project contributed towards increased awareness of VAWG. Focus group discussions held with both women and girls revealed that the project created awareness on VAWG issues and they had confidence to share their experiences and occurrences at the community level and report the incidences to the law enforcements officers. Through FGDs it emerged prior to the intervention that the most common forms of VAWG experienced in the two counties were, domestic violence, FGM and early marriages. Most of these violations were either unreported or were resolved at the community level by village elders. However, the sensitization and awareness done by the project created the need for the survivors to report to the law enforcers and talk openly about VAWG. Thus the project provided alternative means of seeking justice other than the traditional means of reporting cases to the community elders.

Outcome 1: Improved capacity and coordination of service providers across health, social, legal, security, education sectors to respond to VAW/G in Narok and Isiolo counties

Some of the issues that the project intended to address under this outcome were limited capacity to respond to GBV by duty bearers and legislators at the county levels and weak protocols for coordination of county GBV prevention and response. From Key Informant Interviews (KIIs) with service providers the project was very relevant as it addressed capacity gaps that existed amongst state and non-state actors including limited understanding of what SGBV means, the laws and policies that disallow VAW/G, forensic management, clinical management, various referral pathways for the survivor of SGBV, psycho social considerations of survivors, support structures for PRC service provisions and humanitarian crisis and sexual violence and response to crisis situation. All the service providers that were interviewed indicated that their capacity had increased in terms of preventing and responding to cases of SGBV. They reported improved efficiency in terms of investigation and prosecution of GBV offenses and that the officers were able to present admissible evidence which was of great value to persecution of cases. The law enforcement officers reported improved ability to adequately enforce laws and policies that protect the rights of women and girls and prevent violence as well as improved coordination with local government and local leaders within the community. The project was quite relevant to the

community as they were now aware of the reporting channels which had increased reporting of cases leading to reduction of VAWG in the two counties.

The project was also relevant as it addressed the weak protocols for coordination of county GBV prevention and response that existed in both counties. This problem was addressed through the formation and operationalization of coordination mechanisms such as the Gender Sector Working Group, the Court User's Committee as well as village level SGBV committees. These structures were beneficial to CREAWS work and instrumental in preventing and responding to violence in the county.

The Gender Sector Working Group is composed of 5 GBV services providers in the county who include: the police, judiciary, local administration, teachers' service commission and health department representative as well as non-state interest groups i.e. religious/cultural leaders, private sector and development partners. The working group meets quarterly to give updates as per their departments on the GBV cases in the regions and is further tasked with coordinating county gender and GBV related activities and initiatives. From KIIs it emerged that these service providers have improved knowledge in responding to GBV cases and have the capacity to report on GBV cases.

The Court Users Committee comprises of the duty bearers from the legal and justice sectors as well as religious and cultural representatives and development partners. The members meet quarterly and it is an avenue through which all consumers of judicial and related services share feedback with the judiciary. CREAWE used this platform to track SGBV cases and address any SGBV challenges within the courts.

SGBV committees at ward level comprise of all ward level SGBV service providers as well as religious, cultural and the SASA champions on the ground. CREAWE utilized this committee to enhance accountability for SGBV cases at the grassroots level. The committees in all the wards meet quarterly to review progress and draw action plans for mitigating and eradicating SGBV.

“Through the Wajibika project the teachers and parents were sensitized and reporting increased and then with reporting we were able to stop these acts. Cases where girls were supposed to have gone through the FGM were reported in good time and we were able to save them..... cases where girls were supposed to be married off were reported and we'd rescue them and take them to rescue centers and so generally those cases have reduced” KII TSC

Outcome 2: Improved prevention of VAW/G through changes in behavior, practices and attitudes

The program sought to change community member's behavior, attitudes and practices about women's and girls' legal/human rights and take action to prevent VAW/G. This was achieved

through training of the SASA champions, holding community dialogues, holding advocacy meetings between the SASA champions and county government as well as holding information dissemination forums. Through the project, men, boys, village elders and other community leaders were sensitized on VAWG and how they should handle VAWG cases identified or reported in the community. The program was relevant to the community as from FGDs it emerged that the community was aware of different forms of violence and they understood that there were laws prohibiting the same.

“I am a parent, we want to stop this practice of FGM because it has even made us lose respect and has made our daughters, stop to speak to us. It seems this practice is a pandemic and we should leave it.” FGD Men Isiolo

Outcome 3: Improved and effective implementation of the gender related laws and policies on VAW/G at National and County levels

A needs assessment was carried out at the beginning of the project, to capture the training needs for MPs and MCAs. This was to ensure the project activities were relevant to the MCAs and MPs as legislators. From the KIIs, it emerged that there had been increased engagement at the county assembly level, which led to the formulation of county-specific gender policies. The policies have been passed and adopted by the executives of the two counties. KEWOPA undertook training of the entire assembly including women and men MCAs and speakers in Narok and Isiolo counties. They were trained on leadership as well as VAWG and GBV issues and how they can influence these areas within the assembly. Through the capacity building received, the MCAs were able to lobby the county government for the registration of gender policies as well as increased budget allocation. This has improved prevention and response of GBV while ensuring effective coordination of GBV actors in the counties and some of the MCAs have been able to create awareness at the community level on laws governing VAWG.

“I remember, there was one meeting that I went to and the MCA was telling people that they need to know that the current policy on gender based violence and female genital mutilation has been changed to be a life sentence” KII Judicial officer

“We were able to intervene in regards to budgetary allocation. In 2020 there was an increase in budget allocation on the immunization and girl child education sectors.” MCA Narok

Capacity enhancement of SASA champions through trainings has equipped the community champions with knowledge on how best to offer support to GBV survivors and ensure justice is served by ensuring perpetrators are reported to the relevant authorities and face the rule of law. Armed with the knowledge gained, SASA champions have been able to increase awareness regarding the importance of reporting cases, reporting channels available and where to seek

support and report cases. This has been achieved through community dialogues and mass media mainly local media stations.

Outcome 4: Organizations are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls.

The outbreak of COVID-19 which led to nation-wide lockdowns across the world, including in Isiolo and Narok Counties, resulted in an increase in gender-based violence and sexual harassment cases. A study by the Kenya National Bureau of Statistics showed that 23.6 per cent of Kenyans had witnessed or heard cases of domestic violence in their communities since the introduction of COVID-19 containment measures while the national GBV Hotline 1195 received 810 cases in September (as of 29 September 2020) compared to 646 cases in August, an increase of 25 per cent. All cases received psychosocial first aid and referral services. A study undertaken by the Ministry of Health and Population Council (April 2020) on COVID-19 Knowledge, Attitudes, Practices and Needs showed that 39 per cent of women and 32 per cent of men were experiencing tensions in their homes⁴.

In response, the Wajibika project printed posters and branded reflector jackets with key GBV and COVID-19 messaging to be distributed to community champions and members of the COVID-response committee who carried out interventions within communities. The project established a functional referral pathway for VAWG survivors to access multi-sectoral services and to safe havens. Women and girls received dignity kits and cash transfers. The survivors in the project areas have now been able to increase their access to medical, legal, and psychosocial and justice systems, as well as access to safe, havens/homes.

What are the main lessons learned with regard to the relevance of the project?

Multi-sectoral approach in the project planning and implementation is key to the achievement of project goals. This ensured improved coordination of activities from community level, reporting, case managements and prosecution.

Community leadership: Strengthening Communities leadership is very crucial in ending SGBV the project sought to strengthen community champions. The campaigns against SGBV therefore must be led from within communities and not from outside. Engaging the local institutions and community members in the project implementation helped capacity building initiatives thus the project was quite relevant

School girls' /Boys club's was a good approach to sensitize and empower girls on their rights to say no to SGBV and speak out on the challenges they faced.

⁴<https://reports.unocha.org/en/country/kenya/card/2rC8ktJetx/>

The Technical working groups with members drawn from Government, communities, development partners and religious leaders enabled dialogues be conducted with cultural elders who are custodians of culture to influence them to change behavior in support of ending SGBV, also engaging the with Muslim Leaders-Sheikh's/Imams was good as they interpreted their scripture better to lead their faithful's in de-linking FGM/C and SGBV from religion.

Training of the six cadres of services providers (Teachers, Police, health care providers, Judicial officers, pro bono lawyers ensured improved coordination and communication at all levels

Engaging cultural elder's /community leaders as agents of behavior change is the way to go in ending SGBV. If cultural elders change them attitude and behavior to abandon the cultural harmful practice and declare SGBV and FGM beading and child marriage as being illegal, the rest of the community will also change their behavior much more easily.

5.3 EFFICIENCY OF THE PROJECT

Efficiency of the project was assessed by how well the project outputs were achieved at reasonable costs and whether the activities transferred the available resources into the intended results.

- (i) ***Evaluation Question: Was the process of achieving results efficient? Did the actual or expected results justify the costs incurred? Were the resources effectively utilized? / How efficient were the management and accountability structures of the project?***

In terms of personnel and financial management, other than the extension caused by Covid 19 outbreak the project was implemented in a cost efficient manner and most of the activities were implemented by end of the project as planned. For most of the project outputs, the project surpassed the original project targets indicating the outcome levels were attained to a great extent

The project implementation approaches and strategies were noted to have enhanced efficiency. The project worked with women led groups, SASA Champions, school clubs, men and boys to create awareness on VAW/G at the community level. This enabled the project to reach a higher number of beneficiaries and overcome some of the challenges, for example difficult terrain and insecurity in the project implementation sites. This also created general acceptance within the community. During Covid 19 the project employed the use of printed IEC materials in its campaigns to create awareness which is a cost-effective method of communication. The project used channels of communication which include local radio stations, toll free lines, and international celebration day events which have a wider audience increasing the project's efficiency.

CREAW partnered with KEWOPA, which is an umbrella body of female legislators and through the partnership, they were able to effectively engage legislators in the target counties on adoption and implementation of key national GBV laws and policies. CREAW was also able to leverage its networks of women led groups in the target counties and strengthened their capacity to demand accountability for adoption and implementation of national GBV laws and policies.

In terms of efficiency in meeting project outputs, observations by the consultant and information from the key informants like the project staff, duty bearers, service providers and SASA champions participating in the study indicated that the project resources yielded the expected results. This was mainly observed in terms of increased knowledge of various forms of VAWG, increased awareness of reporting channels, improved services for survivors at the health centres and police help desk, increased budget allocation at the county level for the gender office and policies and laws enacted at the county level.

“The project targets were achieved and actually for some of them we were able to capture more. For example, with regard to community dialogues, the initial number was 500 but again we were able to reach more; In Narok approximately more than 700 members have been reached so if you look at the numbers we were able to go beyond the numbers that were stated in the proposal “. KII staff

There was value for money (VFM) identifiable with project implementation, as the project utilized local structures -Gender sector working group, the Court User’s Committee as well as village level SGBV committees, these structures were beneficial in ensuring the project achieved its objectives. In addition, the project was delivered using 65% of the budget and was able to impact the beneficiaries in terms of improved knowledge in VAWG, change of attitude towards VAWG and gender equality, development of 2 GBV county policies among other impacts documented in this report.

“if I give it percentage I would say seventy percent of resources went directly to the community interventions. From the resources that were provided to CREAW a huge part of it went to implementing the activities that focused directly on bringing change to the community, like facilitating community dialogues and capacity building the SASA champions” KII Project Staff

“I would say there was value for money as we tried to spend our money very economically. And looking even at the way some of those activities, were done we’ve been able to reach more beneficiaries. For example, for the mentorship forums and also the leadership forums, we had proposed 30 or 35. And we've been able to reach more than that” KII KEWOPA

(ii) Evaluation Question: How has the organization adapted to the changing needs and conditions brought by the pandemic?

Most of the key informants interviewed indicated that the project was successfully implemented on time with the only challenge being external factors like Covid 19 which was outside the

project's control. Due to Covid 19 outbreak the project asked for a costed extension to focus on Covid 19 interventions which went on from March to August 2020 and September 2020 to January 2021. The project activities were also modified to cater for spikes in GBV cases reported during that period and which were mainly attributed to Covid 19. Some of the modifications included adoption of virtual meetings instead of physical meetings. Additional interventions introduced included cash transfer, dignity kits, psychosocial support and temporary shelter for GBV survivors. These interventions were quite responsive to the needs of girls and women who required this support during the Covid 19 pandemic.

“if you can see the reports there was a spike in cases of GBV and as such we tried modifying activities. And I must thank the donor for they were able to approve the modification of these activities to provide support through the cash transfer, provision of dignity kits and through this the project was quite responsive to the needs of women and girls especially girls who were at home for almost one and half years” KII CREAW staff

“Covid 19 intervention activities went on from March to August August 2021 and from September 2021 to January 2022. We were able then to finalize on pending activities so apart from Covid then the timelines were well thought of”. KII CREAW staff

In terms of efficiency in reporting, the project had one main reporting period that is the annual reports. This was done very efficiently through the production of annual reports on the activities that were done accompanied by a financial report that showed the amounts of money that had been spent and the balances thereof for planning purposes. For efficiency in reporting quarterly review meetings were held to discuss progress and milestones achieved and any deviations.

(iii) ***How was the project's collaboration with the relevant stakeholders/state and non-state actors?***

Sufficient technical support was given to the project by all parties concerned and there existed good coordination and communication among project partners CREAW & KEWOPA. There was great support from stakeholders such as the Women Caucus at the county assembly, the county governments and the project worked closely with department of Gender, the MPs, MCAs, health workers, police and teachers. Their level of involvement was high and as a result, a close cooperation was nurtured throughout the project period among stakeholders.

(iv) ***Did project activities overlap and duplicate other similar interventions (funded at the targeted counties and/or by other donors?)***

Gender services at the county levels including coordination of the Gender-Based Violence (GBV) technical working groups (TWGs) are done using the intergovernmental coordination framework. The project worked in close collaboration with the state and non-state actors GBV –TWGs on a multisectoral approach for coordination of GBV services and actors in the counties of implementation. To avoid duplication, CREAW held an inception meeting at the county level. The

inception meeting brought all stakeholders implementing similar activities, for example, in Narok the CREAM did not cover all the six sub counties, after a sit down with COVAW during inception, who had similar activities and covered Narok South and West.

A memorandum of understanding was signed between the County government (Isiolo and Narok), CREAM, and KEWOPA. This affirmed the County Government leadership support to the project and the MoU stipulated the role and obligations of each party in ensuring the women and girls in the two counties were protected and were safe from any form of gender-based violence. This buy in by the county government ensured smooth implementation and support of the county leadership.

(v) How did the project's financial management processes affect project implementation?

CREAM instituted yearly project and institutional financial audits and ensured that its audited accounts were submitted to the NGO board and donors in good time. For accountability purposes KEWOPA has in place a financial and procurement manual to guide approvals and utilization of its financial resources, the approving authority usually being members of the Executive Committee with clear separation of roles including authorization for expenditures and accounting. A financial policy lays down internal procedures governing procurement of supplies and services using Quick Books application and conducts annual audits.

The program was implemented through specific activities which had well aligned budgets. There was prudent financial management with all financial requirements for any staff/department approved prior to funds disbursement. The project ensured that all spending decisions were guided by the budget and the resources were allocated to the project activities along the budget lines. The project budget provided clarity on how much the interventions costed and this ensured that good monitoring, reporting and accountability of expenditure was done. CREAM also utilized computerized systems such Navision to integrate the project core processes such as purchasing, operations and accounting. This ensured operational data was easily retrieved, managed and interpreted thus increasing efficiency.

Are there more efficient ways and means of delivering more and better results (outputs and outcomes) with the available inputs?

According project staff, the budget for the project was largely spent according to plan, Observations by the consultant and information from the key participating in the study indicated that the project resources yielded the expected results. This was mainly observed in terms of improved coordination and communication through the formation of Gender Sector Working Group, the Court User's Committee as well as village level SGBV committees. These structures were efficient in delivering to project outputs and were instrumental in preventing and responding to violence in the two counties.

One of the project goal was, increased awareness of SGBV, behavior changes towards reporting and responding to SGBV cases at the community level, the use of SASA model proved to be efficient, as the champions were able to organize community dialogues and participate in radio shows.

The programme also benefited from KEWOPA experience in implementing interventions around VAW/G that involve drafting and championing passage of GBV related laws and policies at National and County levels. KEWOPA, which is an umbrella body of female legislators is able to leverage on this platform to effectively engage legislators in the target counties on adoption and implementation of key national GBV laws and policies.

The partnership with KEWOPA created support from stakeholders such as the Women Caucus at the county assembly, the county governments, department of Gender, the MPs, MCAs. this facilitated buy in at the county level. In addition, both organizations are well versed with the dynamics involved in engaging with duty bearers and strengthening their capacities to deliver on results around VAW/These include the police, Teacher Service Commission, health institutions at County levels etc. CREAM also has extensive experience working with communities to reduce tolerance to VAW/G and strengthen community ownership and Acton in preventing VAW/G using the SASA! Approach.

The program also utilized mass media interventions, especially community radio, combined with community dialogue and engagement. The project engaged Local FM radio stations in raising awareness on integrated SGBV. This strategy is cost-effective as it was able to reach a wide audience at a low cost.

What are the main lessons learned with regard to efficiency?

Community dialogue meetings at the community level were very important and increased efficiency in the sense that they brought chiefs, opinion leaders, local leaders, women accountability group leaders and church leaders together to deliberate on issues of VAW/G and common solutions were arrived at. Notably these are the people who act as change agents within the community as they are known and their opinion are respected.

Carrying out a skills assessment to determine capacity gaps for MPs/MCAs and service providers was plus, and enabled the project to run efficiently since they were able to address existing capacity gaps

SASA Model that promoted community sensitization and mobilization: This approach enhanced community awareness on GBV issues including referral pathways. This enhanced confidence on the part of the direct beneficiaries in reporting cases of violence and follow up. It also enabled the project beneficiaries to raise their voices in case they are violated.

Public policy advocacy by women led accountability groups: This ensured that women were at

the centre of the change that the project envisioned. Women led accountability groups developed and implemented key advocacy actions which strengthened accountability for implementation of GBV laws and policies in the target counties and also carried out community sensitization and mobilization.

Working with men as champions to prevent VAW/G: The strategy involved identifying male champions for women rights; strengthening their capacity to engage other men and boys on prevention of VAW/G. Male champions used SASA! Model to carry out community dialogues amongst men and youth groups around VAW/G.

Best practices in efficiency

Communication – there was clear communication of the project goal and objectives to the key people including the partners, team members, managers, donor, stakeholders and beneficiaries. This ensured that the project deliverables, goals, outputs /outcomes and quality standards are clear to everyone working on it.

Project budget-clear guidelines were established to track budget and project spending, the project budget provided clarity on how much the interventions costed and this ensured that good monitoring, reporting and accountability of expenditure, the resources available for the project were clearly defined the team and the stakeholders all understood the resources available.

Team Systems and Structure- the project had clear team structure, with each member's roles clearly defined each team member understood the systems at work and their role in those systems, thus they were able to work more independently and utilize their unique skills.

Work plan/project indicator plan- detailed work plan was instituted to ensure everyone was aware of their responsibilities and help project members to check off their project tasks and meet deadlines. Regular work plan reviews were done to determine the progress in terms of schedule and budget also to identify activities that have been completed during the previous time period and update the work plan to show they are finished. this also helped in tracking the amount of money consumed per activity and determine whether the actual spending is more than originally estimated based on the work that has been completed.

Proper documentation-. CREAM utilized computerized systems such Navision to integrate the project core processes such as purchasing, operations and accounting. This ensured operational data was easily retrieved, managed and interpreted thus increasing efficiency.

Project deliverables-The project had clear defined log frame, with stated outcomes, inputs and outcomes. each deliverable was stated with action plan to realise them, these helped with work flow and in meeting project targets

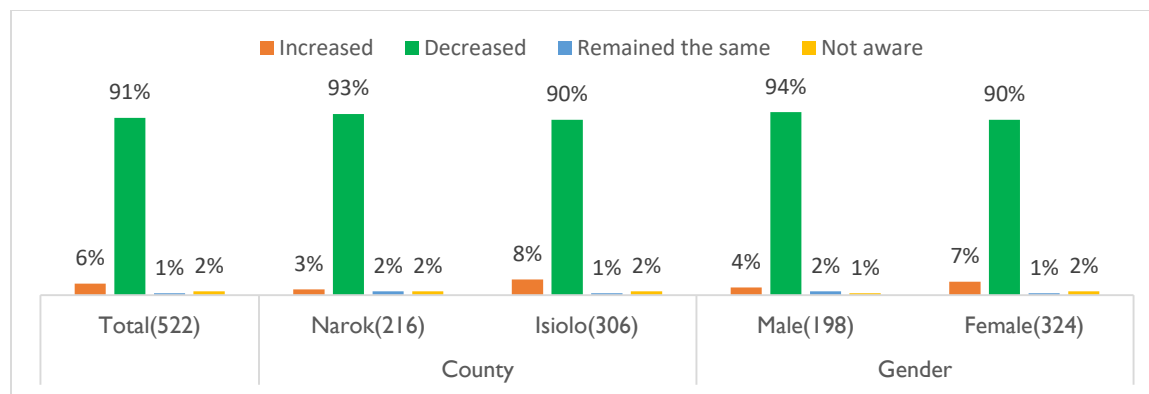
5.4 IMPACT OF THE PROJECT

This section illustrates the impact realized from the implementation of the Wajibika project.

- (i) **How did the project contribute to the achievement of its overall goal of the project as per the design of the project? What, if any, were the unintended effects of the project interventions, both positive and negative?**

Through the various strategies and interventions implemented by CREAM together with other implementing partners and stakeholders, 91% percent of the total respondents said that violence against women and girls has reduced in the last 12 months. Further disaggregation of this data by county and gender is as shown in the figure below.

Figure 2: Status of violence related cases



Q6. During the past 12 months, has violence against women and girls increased or decreased in this area?

Below are responses from qualitative data;

“No, may be the one which is about to end is FGM. It is almost getting eradicated because we know when people see the cases which are still in court and they are still going on it is almost two years. So everyone has felt the pain because they have to sell a piece of land to facilitate them in court cases.”– Respondent FGD Women Transmara East

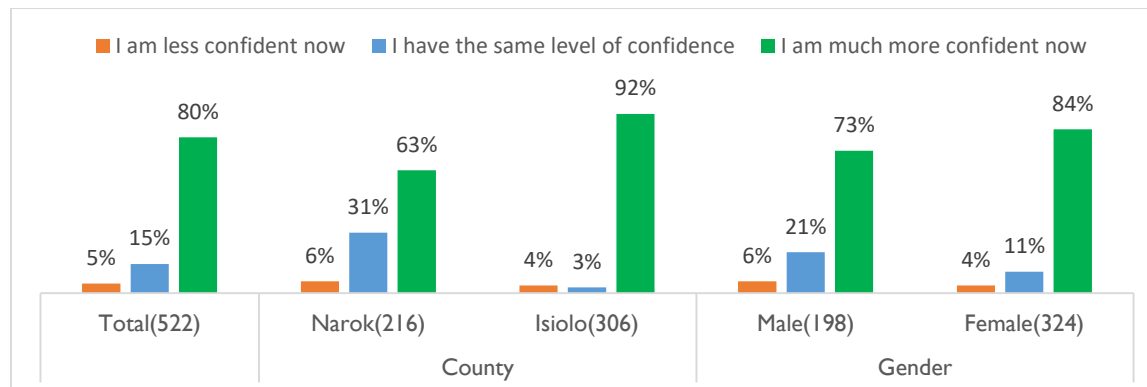
“..if I may say physical violence has reduced as a result of this project..”– Respondent KII Community Leader

“They have reduced because female circumcision has reduced and even if you circumcise a girl there is no celebration. Previously there used to be a big celebration if a girl was circumcised.”– Respondent FGD Women

The enhanced capacity and coordination of the various service providers has improved the way the VAWG cases are being handled. This has increased the confidence levels of the community

members in handling of these cases in general at 80%. 92% of the respondents from Isiolo County and 63% from Narok County indicated that they are now confident on handling of violence related cases as shown in the figure below.

Figure 3: Confidence level in handling VAWG cases



Q14. Overall, how would you rate your level of confidence in handling a case of violence compared to 3 years ago?

Below is a response from one of the respondents during end line evaluation of the project;

“So, that I know me as a woman, if I'm experiencing gender-based violence, who is very close to me that can help me? Many women never knew that you can comfortably go to the chief's office or police and it is your right.” – Respondent KII Women Accountability Group

(ii) What, if any, were the unintended effects of the project interventions, both positive and negative?

Some of the unintended results include the service providers being responsive to the work of the community accountability groups. Also women accountability groups were able to link women with economic empowerment opportunities such as women enterprise fund, youth fund, microfinance institutions and the National Government Affirmative Fund (NGAF) to support in their economic empowerment.

(iii) To what extent did the additional funds under the Spotlight Initiative for institutional strengthening and adaptations contribute to ending violence against women and girls under the UNTF funded Wajibika project.

To strengthen various institutions to end violence against women and girls, the program focused on training the service providers, The police, Judiciary, Local administration, Teachers service commission and health department on a coordinated approach and response to VAWG. This was done through organized trainings and formation of groups comprising of the service providers of gender based violence cases.

As a result of additional funding towards capacity development of these duty bearers, their knowledge, attitudes and skills to respond to the needs of the VAWG survivors in a coordinated

manner has improved. This has led to reduction of these cases in the community and also increased the confidence levels of the locals in handling of VAWG related cases by the duty bearers as shown by the two figures above.

“...the project trained my officers, especially on all matters touching on GBV, rights of children, women, and the most vulnerable in the society as well as how to handle case recording. It really assisted their competencies in handling such cases”– Respondent KII Police Officer

“...So for us we were trained on medical management of sexual and gender based violence, which includes, how to plan and take them through in terms of health pathway once they get to the hospital, where next they should go. We’ve also been taught on how to pick laboratories specimens and how to preserve them up to the point of handing over to the police.”– Respondent KII Health Officer

(iv) What knowledge products have resulted from the project? How effective were they in bringing new information? What products were most useful/effective?

As a result of this project, Both Narok and Isiolo counties have come up with policies against gender based violence. This was as a result of trainings and workshops held with the policy makers and other relevant institutions.

a. Isiolo becomes the fifth county to unveil gender policy

Isiolo County government has unveiled a gender policy for promoting equality and addressing gender imbalances. The gender policy 2021/2025 that would push the realisation of sustainable development in the region, was drafted by Centre for Rights Education and Awareness (Creaw) and Kenya Women Parliamentary Organisation (Kewopa).

Like other pastoralist counties, gender inequality, marginalization and discrimination, especially against women, remains a thorn in the flesh in Isiolo due to cultural beliefs and traditions. Besides offering guidelines for gender-responsive planning and budgeting, the policy provides a legal framework to fast-track initiatives that seek to promote gender inclusion and equality.

Governor Mohamed Kuti said the policy will promote realization of two-third gender rule by offering equal empowerment opportunities for women, youth and girls, and strengthening already existing institutional structures aimed at eliminating all forms of violence.

“The policy will ensure a just society where all live free of discrimination, violence and marginalization and enjoy equal rights and opportunities for sustainable development,” ... said in a speech read on his behalf by county secretary

The policy, the governor said, will apply to all county government departments, sectors and boards. He exuded confidence that this will align his administration’s interventions with aspirations of women, men, boys and girls.

CREAW Executive Director Wangechi Wachira, asked the county government to ensure gender parity, especially in recruitment and appointments. She also appealed for establishment of a safe

centre for gender-based violence (GBV) victims in the region to rid them of the struggle of traveling to as far as Nairobi County.

Source: <https://nation.africa/kenya/news/gender/isiolo-becomes-the-fifth-county-to-unveil-gender-policy-3732076> (March 2020)

b. Gender Policy Launched in Narok

Gender stakeholders in Narok County have launched a Gender policy that will protect the interest of the minority groups in the county. Narok County Commissioner Isaac Masinde who presided over the launch said the policy is a big plus to the residents as the vulnerable groups like people living with disability, women, and youth will be included in all government initiatives.

The policy is expected to be tabled in the county assembly where the Members of the County assembly will debate it before it is enacted to be law. Masinde called on all the residents to read and understand what the policy contains so that they can give their inputs and understand their rights.

The function was held at the William Ole Ntimama stadium and brought together different stakeholders among them Members of County Assembly, women groups, government officials, Non-Governmental organisations and religious leaders. Ms ... , the chair, Gender committee in the County Assembly said the policy is a big plus to women as they will get a chance to participate in the decision making and development of the county. *“The women are not flower girls in the assembly. We are very important because we have to speak issues affecting women, which are many, in the assembly,”* she said.

The Nominated MCA reminded that FGM is a crime in the county saying the women who will engage in the retrogressive practice will risk being arrested and prosecuted. *“We want to make it open in this county that FGM, early marriages and child labour are crime in this county. These are some of the issues the police is addressing,”* she said.

Narok Executive Member in Charge of Education, Youth and Gender Cecilia Wepali lauded the NGOs that have been in the forefront of developing the policy that will benefit the Narok residents. She asked women to vie for political seats and compete for other jobs available so that they too can participate in the development of the Nation.

Chairlady ... asked the stakeholders not to forget the boy child saying empowering a girl too much demeans the boy child. *“We have seen the boy child engaging in drugs and bad practices because most of the focus has been shifted to the girl child. The policy we are launching today addresses all these issues,”* she said.

Since the onset of devolution in the year 2013, Narok County has had only the Women Representative elected as a woman, all other elective positions are normally taken by men.

Source: <https://www.kenyanews.go.ke/gender-policy-launched-in-narok/> (March 2020)

(v) Are there new areas of concern that future programming should focus on?

Communication between various stakeholders should be effective for proper coordination and implementation. All funds required in the projects should be disbursed in a timely manner to ensure that projects run un-interrupted. In case of a delay, communication should be done to all relevant stakeholders. This will ensure transparency in project implementation

“Because sometimes the breakdown of communication is maybe sometimes, when for example, that example I’ll give when the money did not show up for six months, sometimes as KEWOPA, we feel like CREAM are hiding it for me, you know? Because we don’t know what’s happening at the other end.”– Respondent KII KEWOPA

5.5 EFFECTIVENESS OF THE PROJECT

This section discusses the project’s performance in terms of achievement of its project objective and outcomes.

(i) Was the project effective in delivering desired/planned results even in the phase of the pandemic?

The Project Goal: The Wajibika project goal was to have women and girls in Narok and Isiolo counties better protected against GBV through effective implementation of national legislation, policies, national action plans and accountability structures to prevent and end VAW/G. This goal was to be achieved by realizing four (4) outcomes namely (i) Improved capacity and coordination of service providers across health, social, legal, security, education sectors to respond to VAW/G in Narok and Isiolo counties; (ii) Improved prevention of VAW/G through changes in behavior, practices and attitudes; (iii) Improved and effective implementation of the gender related laws and policies on VAW/G at National and County levels and (iv) Organizations that are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls.

The evaluation established that the project goal was achieved to a larger degree as evidenced by the achievement of the two performance indicators of the goal. Performance indicator one for the goal was proposition of adolescent and young women who report feeling safe in private and public spaces from violence. The baseline for this indicator was 48% and the project target was 70%. The evaluation established that this indicator was surpassed since 78% of the survey respondents indicated that they feel safe in private and public spaces at end line. This was attributed to the community dialogues that were held with community elders, chiefs, women leaders, and men champions and women accountability groups where issues of GBV were discussed and solutions proposed.

The second indicator was the extent and nature of county specific policies and institutional practices in preventing and responding to violence against adolescent and young women in Narok and Isiolo counties. The baseline was lack of County Gender Policy and weak multi- sectoral GBV Coordination mechanism that informs GBV stakeholder coordination, gender sensitive and inclusive formulation, implementation and evaluation of laws policies and budgets that address VAWG in the Counties. The indicator target was to two gender Policies frameworks adopted that

guides the GBV service delivery in the respective counties. The evaluation found out that this indicator was fully achieved since both counties had developed a gender policy that had started being implemented by the county governments at the time of the end line evaluation.

In addition, coordination mechanisms of service providers were established since none existed before the commencement of the project. The evaluation established that through the Wajibika project three levels of inter-agency coordination mechanisms were established to facilitate coordination of the prevention and response to SGBV issues. These include establishment of GBV sector technical working group, court users committees and village level SGBV Committees. For example, the GBV Gender sector working group which composed of 5 GBV services providers including the police, Judiciary, Local administration, Teachers service commission and health department as well as non-state interest groups including religious/cultural leaders, private sector and development partners was tasked with coordinating county gender and GBV related activities.

The Project outcome and outputs:

Outcome 1: Improved capacity and coordination of service providers across health, social, legal, security, education sectors to respond to VAW/G in Narok and Isiolo counties.

This outcome was to be realized through capacity building of key duty bearers in Narok and Isiolo counties and by the establishment and operationalization of inter - agency coordination mechanisms to improve the prevention and response to GBV cases in both Counties. Indicators of success included percentage of service providers who report having knowledge, attitudes, and skills to respond to the needs of VAWG survivors, and do so in a coordinated manner and perspectives of key stakeholders on the nature of inter-agency coordination mechanism at the county level engaged with GBV service delivery.

The evaluation found that this outcome was achieved fully. Most of the service providers that were interviewed indicated that their capacity to handle GBV had improved and that the coordination of all service providers had significantly improved. This is evidenced by the evaluation data on the two performance indicators that shows that the targets for indicators were met and in most instances surpassed. Also, overall, the project targeted a total of 108 services providers, where by end of the project this was surpassed and a total of 635 (60 health care workers, 67 police officers, 178 teachers and 330 local administrators including the chiefs and the assistant chiefs)⁵ service providers were reached. There was also the establishment of various coordination mechanisms such as GBV sector technical working group; court users committees and village level SGBV Committees which were not in existence at the beginning of the project. The section below discusses the project performance under each of the two outcome indicators.

⁵ Wajibika project Final report (01/09/2018 – 30/08/2021)

Outcome Indicator 1.1: Percentage of service providers who report having knowledge, attitudes, and skills to respond to the needs of VAWG survivors, and do so in a coordinated manner.

The evaluation through qualitative interviews with 14 service providers found that the percentage of service providers who report having knowledge, attitudes, and skills to respond to the needs of VAWG survivors, and do so in a coordinated manner was 80%, which is way above the baseline of 24.78% and a target of 70%, meaning that CREAM surpassed the target for this indicator. This was attributed to tailor made trainings for different cadres of service providers including school teachers who were trained using the beacon teacher model, police officers at the gender desks, local administration including chiefs and sub –chiefs, the health care providers, the judicial officers, prosecutors, the officers at the county department of gender and the state department for Gender and CSOs.

The evaluation found out that CREAM utilized a training resource pack that was developed by UN- women Kenya office to train different cadres of the service providers⁶. The pack provided a ‘one-stop- shop’ of consolidated capacity-building information for state and non-state GBV prevention actors, including health, psychosocial, legal/justice, and security service providers. It had various training modules including introduction to sexual gender based violence, sexual violence and the law, clinical management, forensic management, psychosocial considerations of survivors, support structures for PRC service provisions and humanitarian crisis and sexual violence and response to crisis situation. The resource pack was used to train and empower all duty bearers to effectively respond to the needs of GBV survivors. This was one of the strategies that CREAM used to ensure efficiency since it did not have to develop its own training manual.

Training of teachers: A total of 178 teachers were trained using the TSC beacon teacher-training model. The objective of beacon teachers training was to improve the understanding amongst teachers on detection, prevention and response to School Related Gender Based Violence (SRGBV) and on strategies to increase positive discipline in schools. The trainings used beacon movement model used by the teachers’ service commission. It focused on increasing the understanding amongst teachers on gender equality and equity; school related gender based violence (role of teachers, type of violence, the perpetrators, child abuse and how to prevent it, how to detect child abuse, how to respond to child abuse); developmental stages of a child from infant to older adult including stages of psycho social development; positive discipline including causes of misbehavior and legal framework that outlaws corporal punishment; legal and policy framework that outlaws SGBV including rights and responsibilities of a child, national instruments (Constitution of Kenya , 2010, The Children’s Act of 2001, The Sexual Offences Act, 2006, The Basic Education Act, 2013, The Penal Code, Employment Act, 2007, TSC circular No. 3/2010, TSC revised code of regulations and ethics, 2015); Case Management including reporting pathways if a child is abused, challenges in reporting child abuse cases and how they can be addressed, community support in reporting child abuse and how survivors of child abuse can get urgent medical services. The beacon teachers who were trained were supported by the school

⁶ Wajibika project Annual Report for year one

administration to institute measures that ensured the learners felt safe in the learning environment before COVID-19 and have safe reporting mechanisms to report cases of violations within and out of schools. For instance, some schools set-up speak-out boxes for the learners, sessions with learners to have conversations on their safety in and out of school.

Training of health workers: A total of 60 health care workers were trained. The 60 health care providers were from different cadres drawn from a number of health facilities across the two counties. The training was on medical education on clinical management of SGBV as well as the management of collected evidence from SGBV survivors. Specifically, health workers were trained on description of the standard clinical management for survivors and alleged perpetrators of sexual violence as per the National Guidelines on Management of Sexual Violence (2012) in Kenya. The training also focused on informed consent, description of the process of history taking including mental assessment, description of the process of physical examination of survivors of sexual violence, description of the essential laboratory investigations, description of the management of physical injuries following sexual violence, description of the prophylactic management of survivors of sexual violence and demonstration of the ability to fill the PRC, (MoH 363) and P3 forms. After the training and with support from the County Reproductive health Officer, the health facilities where health officers were drawn from operationalized and commenced SGBV services. The training and operationalization of services in these rural health facilities ensured continued health service provision for survivors even during the COVID -19 pandemic.

Training of police officers: A total of 67 police officers were trained. The police officers at the gender desks gained knowledge on documentation and evidence management. The training of the police especially those at the gender desks improved their capacity and enhanced their knowledge in service delivery especially towards handling and supporting GBV survivors. The training enabled them to start using appropriate storage materials for the exhibits that prevent exhibits from damage or loss such as using the manila packages; and the officers begun engaging with other actors in the county under the technical working groups to support in the coordination of GBV services and addressing referral challenges. The police were also able to develop a tool that captures GBV cases that are reported to them on a monthly basis. The evaluation found out that the training has strengthened their capacities in handling GBV cases and in supporting the survivors by ensuring the evidence is preserved.

Training of Local administrators: A total of 330 chief and sub –chiefs were trained. They were trained on various legal instruments pertaining to SGBV in Kenya i.e. the Sexual Offences Act and the FGM Act as well as strategies for improving SGBV reporting and referral mechanism at the community level.

Training of SASA champions: SASA champions were trained on various aspects including introduction to sexual gender based violence, prevention of SGBV, sexual violence and the law, response to SGBV cases, psychosocial considerations for survivors and various referral pathways for the survivors that would enable them to get justice. Through this training they have been able

to sensitize the community through various initiatives and also act as a link between the community and the various service providers on service delivery for GBV related cases.

The following are voices from some of service providers on the capacity building sessions they attended

“...One of them was the training which we organized with the County Police Commander which took the police officers through an overview of the sexual offences act, things to do with state expectation when it comes to GBV cases”– Respondent KII Prosecutor

“They used to train us on the issue of gender based violence, and they invited all the various stakeholders from the police, from the children department, from the courts as well as the community stakeholders.”– Respondent KII Judicial Officer

“in terms of building capacity I can say that within Isiolo County they have done a lot in terms of counselling capacity of the stakeholders and in particular the people who are involved in fighting violence against women. Particularly the police, the courts, people who are also in the medical fields, we have seen them organize trainings.”– Respondent KII Magistrate

“Yes. It is well aligned with the needs of the community, because the training that we got from CREAM, brought those skills to the community and it has really helped them.”– Respondent KII SASA Champion

Outcome Indicator 1.2: Perspectives of key stakeholders on the nature of inter-agency coordination mechanism at the county level engaged with GBV service delivery.

The outcome was also to be realized through the establishment of inter-agency coordination mechanisms to improve GBV services in Narok and Isiolo Counties. The baseline data showed that there was no clear coordination framework for interagency coordination in the counties on GBV. Through the Wajibika project three levels of inter-agency coordination mechanisms were established to facilitate coordination of the prevention and response to SGBV issues. These include establishment of GBV sector technical working group, court users committees and village level SGBV Committees. For example, the GBV Gender sector working group which composed of 5 GBV services providers including the police, Judiciary, Local administration, Teachers service commission and health department as well as non-state interest groups including religious/cultural leaders, private sector and development partners was tasked with coordinating county gender and GBV related activities.

The Court Users committee was a court-established committee, comprising of the duty bearers from the legal-justice wing as well as representations of religious, cultural and development partners. The members met quarterly and provided an avenue through which all consumers of

judicial and related services share feedback with the judiciary. The evaluation found out that these coordination structures are instrumental in preventing and responding to violence in the two counties. For example the Sector working group meets quarterly to give updates on what each service provider is doing on prevention and response to GBV cases and is also tasked with coordinating county gender and GBV related activities and initiatives. CREAM used these coordination platforms to track SGBV cases and address any SGBV challenges with the courts.

All the stakeholders who were interviewed noted that the coordination mechanisms have improved the efficiency and effectiveness in processing and concluding GBV cases. The judicial officers and the prosecutors who are part of the court users' committee indicated that they help in making sure that the court cases are reviewed and concluded within the shortest time possible. Health officers and sometimes the teachers helped the police in preparation of evidence, which was presented, to courtrooms for prosecution of the offenders.

The following are some of the voices of stakeholders that were interviewed on coordination of service providers in prevention and response to SGBV.

“You know how our courts work. There must be tangible evidence and this evidence is always written. There must be a P3 and there must be medical reports. So with all these things now being done faster, definitely the cases are moving to the end.” – Respondent KII Health Officer

“When I recorded a statement, the police advised that we should get a medical report from hospital, they contacted a nurse and were sent there. After that report I was told that the perpetrator was arrested and prosecuted.” – Respondent KII Beacon teacher

Outcome 2: Improved prevention of VAW/G through changes in behavior, practices and attitudes - Target communities (men, women, boys and girls) in Narok and Isiolo Counties are better equipped with knowledge to take action against violence against women and girls

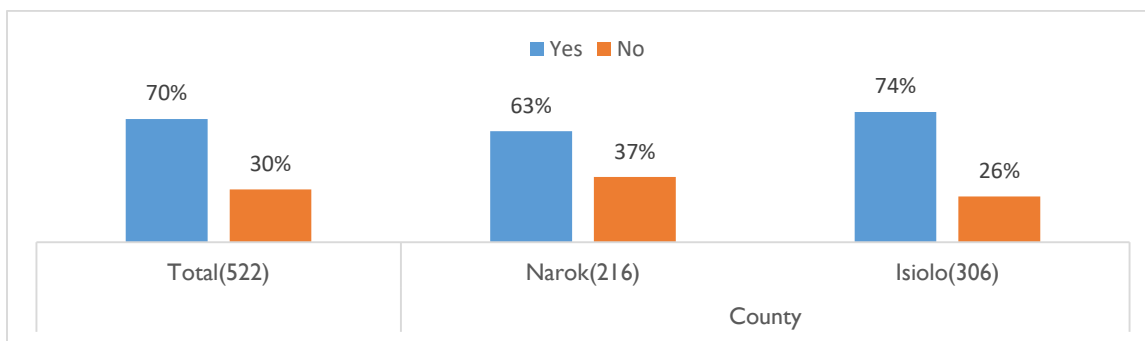
This outcome was to be realized through equipping of at least 5,500 community members (men, women, boys and girls) in Narok and Isiolo Counties with knowledge and skills on ending violence against adolescent and young women. This was to be done through training of SASA teams and CCE-CC change agents on VAW/G, holding community dialogue sessions with CCE-CC in collaboration with local CBOs across the targeted Counties, holding advocacy meetings between SASA teams, CCE-CC hosting communities and County government development of SASA! Online platform linking CCE-CC practicing communities; and holding information exchange and dissemination forums

The evaluation found out that the Wajibika project adopted the SASA Model to sensitize and create awareness through various initiatives by community SASA champions. The SASA champions were trained on the four phases (Start, Awareness, Support, Action) in order to equip them with the skills to influence change in their communities. These initiatives sensitized the

community members in an effort to reduce the number of GBV cases. The champions were further supported by CREAM to conduct community outreaches and dialogues targeting men, women, boys and girls so as to find solutions to increased violence related cases.

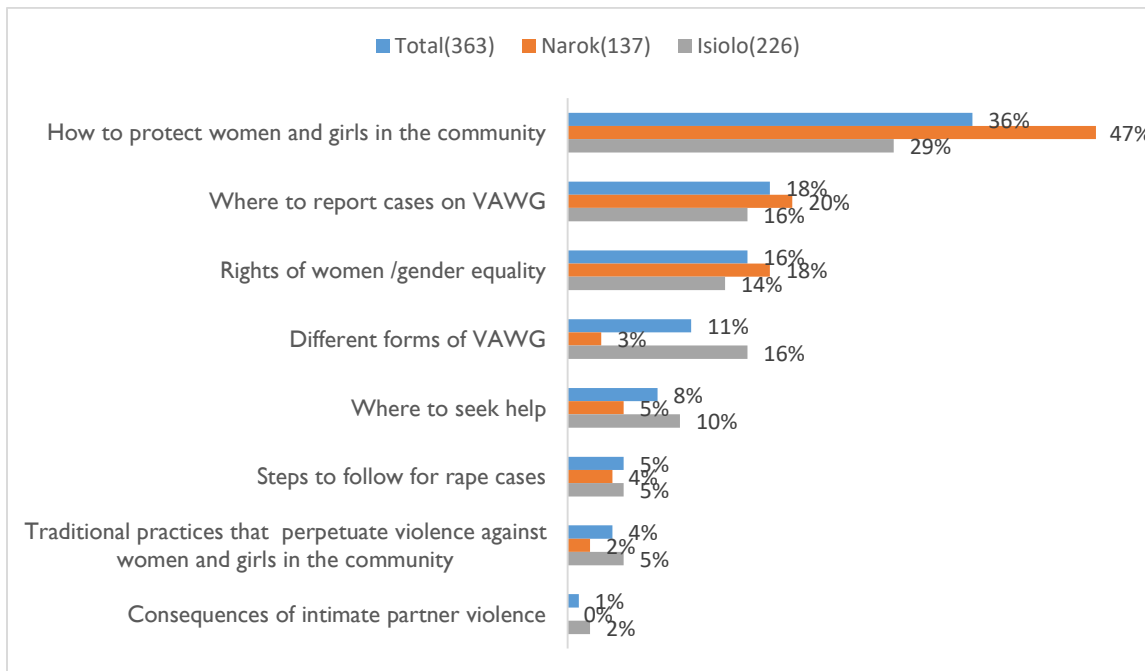
The evaluation found out that 70% of the respondents from both counties (Narok 63% and Isiolo 74%) reported that they had participated in community dialogues where they were sensitized on the various ways of protecting women and girls against violence in the community. These statistics are presented in Figure 6 below. The dialogues also focused on where to report on cases of VAWG, rights of women/gender equality, and different forms of violence among other areas on gender based violence.

Figure 4: Participation in the community dialogue on VAWG



Q23. Have you or anyone in your households participated in community dialogue on violence against women and girls?

Figure 5: Information received on community dialogues



Q24. Which information did you or the other member receive?

As a result of the Wajibika Project, most community members were aware of the various forms of violence. Table 7 below shows that more than half of the respondents had knowledge on the various forms of violence with rape having the highest awareness at 93% an increase from 39% during the baseline survey, beating of a woman/girl at 85% (38% at baseline) and verbal abuse being the fourth at 84% (38% at baseline).

Table 7: Knowledge of VAWG in the community

Type of violence	Form of violence	Knowledge	
		Baseline	Endline (522)
Sexual Violence	Rape	39%	93%
	Defilement	42%	59%
	Sexual Assault	-	45%
	Incest	-	38%
	Sodomy	-	34%
Physical violence	Hitting/battering/ beating of woman/girl	38%	85%
	Bodily harm inflicted by man on a woman	37%	65%
	FGM/ cutting of female genitals	41%	50%
Economic violence	Lack of participation in decision making regarding resources	37%	76%
	Deprivation of resources at home or community (e.g. land, swindling widow's property)	39%	53%
	Economic deprivation of women by men (financial restrictions)	38%	51%
Psychological violence	Verbal abuse/abusive language/insults from home or community	38%	84%
	Intimidation in community or home	39%	52%
	Restrictions/denial of freedom of movement	42%	47%
	Isolation from friends/family members	43%	41%
Cultural violence	Forced marriages	-	89%
	Child marriage/beading	-	58%
	Widowhood practices (wife inheritance/cleansing)	-	48%

Q1 i. Are you aware of the following types of violence?

Verbal abuse was rated as the highest form of violence occurring in both counties with Narok County having the highest incidence rate of 81% and Isiolo County at 49%. Hitting/battering of women and girls was the second highest in terms in prevalence at 56% overall and with Narok County 61% and Isiolo County 52%.

Table 8: Prevalence of VAWG in the community

Type of violence	Form of violence	Prevalence	
		Baseline	Endline (522)
Sexual Violence	Rape	34%	36%
	Defilement	35%	26%
	Sexual Assault	-	12%
	Incest	-	2%
	Sodomy	-	4%
Physical violence	Hitting/battering/ beating of woman/girl	37%	56%
	Bodily harm inflicted by man on a woman	36%	42%
	FGM/ cutting of female genitals	33%	17%
Economic violence	Lack of participation in decision making regarding resources	37%	53%
	Deprivation of resources at home or community (e.g. land, swindling widow's property)	37%	27%
	Economic deprivation of women by men (financial restrictions)	38%	32%
Psychological violence	Verbal abuse/abusive language/insults from home or community	36%	63%
	Intimidation in community or home	37%	27%
	Restrictions/denial of freedom of movement	36%	26%
	Isolation from friends/family members	36%	19%
Cultural violence	Forced marriages	-	41%
	Child marriage/beading	-	27%
	Widowhood practices (wife inheritance/cleansing)	-	19%

Q1 ii. Have the following types of violence occurred in your area in the last 12 months?

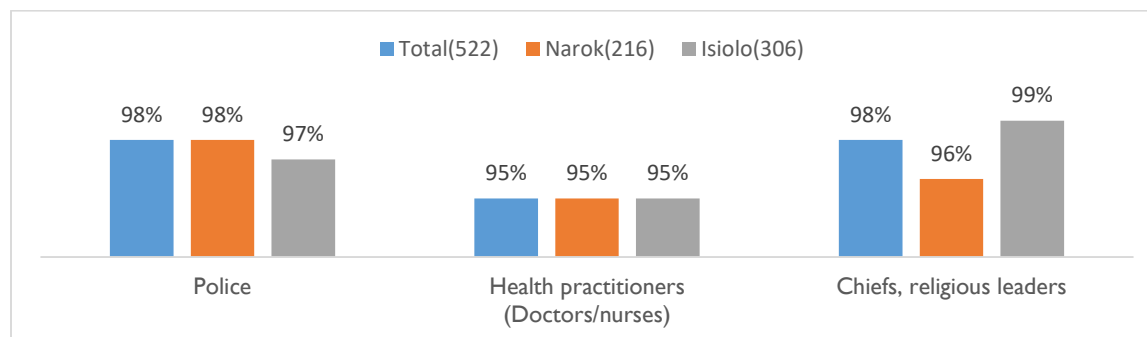
The high knowledge rates and low prevalence rates of the various forms of violence is an indication that most community members are aware of the various forms of violence. Through the various initiatives by the Wajibika project, the occurrence of these cases have reduced.

"..if I may say physical violence has reduced as a result of this project.."- Respondent KII Community Leader

"They have reduced because female circumcision has reduced and even if you circumcise a girl there is no celebration. Previously there used to be a big celebration if a girl was circumcised.."- Respondent FGD Women

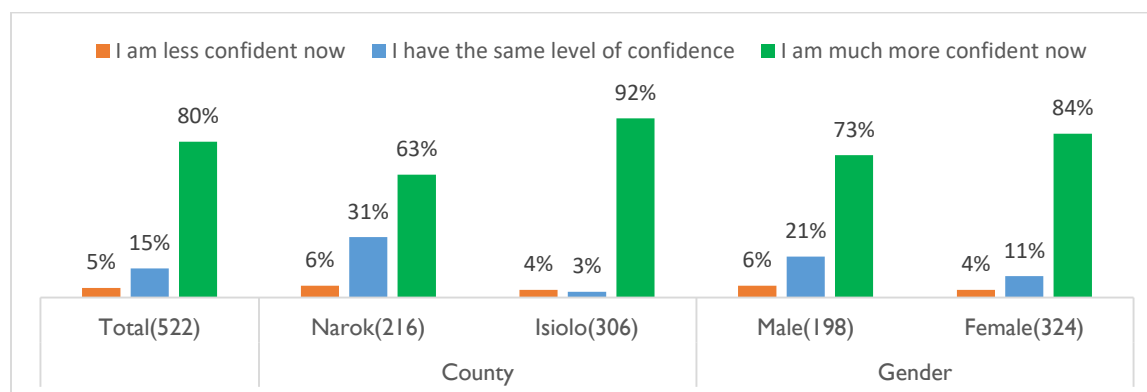
As a result of these dialogues almost all beneficiaries are aware on the roles of the police (98%), health practitioners (95%), chiefs and religious leaders (98%) on violence against women cases.

Figure 6: Knowledge on the work of duty bearers by the community members



Q35. Do you know what the following category of people should do about VAWG?

Following these sensitizations, community members reported increased confidence in handling a case of violence compared to three years below. 80% of the respondents said that they were much more confident in handling a case of violence compared to three years ago. The confidence level for the respondents of Isiolo was 92% while that of Narok was 63%. Women reported high confidence levels of handling cases at 84% compared to men at 73% as shown in the figure below.



Q14. Overall, how would you rate your level of confidence in handling a case of violence compared to 3 years ago?

“Most of the time if you find a house hold that has violence, with the guideline we have given them; they take to the village elder. If the village elder cannot handle, he takes it to the chief then to the police.” – Respondent KII SASA Champion

“So, that I know me as a woman, if I’m experiencing gender-based violence, who is very close to me that can help me? Many women never knew that you can comfortably go to the chief’s office or police and it is your right.” – Respondent KII Women Accountability Group

Outcome Indicator 2.1: Percentage of community members who have participated in the project demonstrate skills and knowledge on gender equality and non-violence.

The achievement of outcome one was to be measured by indicator 2.1 and 2.2. The level of achievement of these indicators is described below.

Indicator 2.1: From the table below, the attitudes of community members towards VAWG had changed as most of them agreed that a married woman can refuse sex with husband (62%) which was an increase compared to baseline (53%). Most of the respondents also disagreed that a woman is to be blamed for having an abusive partner (67% an increase from 53% during baseline) and she should tolerate violence to keep her family together (68% an increase from 41% during baseline). Overall attitudes with regards to violence against women changed positively from an average score of 49% at baseline to 67% by endline (aggregated by averaging positive attitudes towards ending VAWG)

Table 9: Attitudes towards violence against women

		Baseline Total	Endline Total (522)	Narok (216)	Isiolo (306)
A woman is to be blamed for having an abusive partner	Agree	44%	25%	26%	25%
	Disagree	53%	67%	70%	64%
	Indifferent	3%	8%	4%	10%
A married woman can refuse sex with husband	Agree	52%	62%	64%	60%
	Disagree	45%	31%	34%	29%
	Indifferent	4%	7%	2%	10%
A woman should tolerate violence to keep her family together	Agree	58%	27%	31%	25%
	Disagree	41%	68%	66%	70%
	Indifferent	1%	5%	3%	6%
Overall % showing disagreement with violence/agreement with positive practice-highlighted in green		49%	67%	67%	64%

16. Please tell me, to which extent do you agree or disagree with the following statements on violence against women

In addition, the attitudes of community members towards VAWG survivors seeking outside help was noted to have changed. A majority (95%) were in agreement that women/girls exposed to violence should seek help from service providers which was an improvement from baseline (83.5%). Furthermore, 34% disagreed that when a woman was hit or violated it was a family matter to be resolved within the family. This improved from a baseline value of 16.8%. However,

the level of trust in survivors of VAWG seeking help from a trusted non-family member was slightly lower compared to baseline (see table below) especially in Narok. Overall attitudes with regards to VAWG survivors seeking outside help changed positively from an average score of 60.3% at baseline to 69% by endline (aggregated by averaging positive attitudes towards seeking outside help)

Table 10: Attitude towards seeking outside help for survivors of VAWG

		Baseline Total	Endline Total (522)	Narok (216)	Isiolo (306)
Woman/girl exposed to violence should seek help from service providers like police, hospital, NGO, CBO, religious entity	Agree	83.5%	95%	93%	95%
	Disagree	15.7%	3%	6%	2%
	Indifferent	0.80%	2%	1%	3%
Woman/girl exposed to violence can seek help from a trusted non-family member	Agree	80.6%	78%	64%	90%
	Disagree	18.8%	18%	35%	6%
	Indifferent	0.6%	4%	1%	4%
If a woman is hit/violated, it is a family matter to be resolved within the family	Agree	81.8%	58%	70%	57%
	Disagree	16.8%	34%	29%	31%
	Indifferent	1.4%	8%	1%	13%
Overall % showing disagreement with negative practice/agreement with positive practice- highlighted in green		60.3%	69%	62%	72%

Community attitude towards child marriage had improved compared to baseline. A majority (89%) were in agreement that marriage of a girl under 18 years was detrimental to her health compared to 79% who felt the same at baseline. More than three quarter (78%) disagreed that marriage of a girl under 18 years was acceptable in order to ease the financial burden of the family compared to only 38% who felt the same at baseline. Overall attitudes with regards to child marriage changed positively from an average score of 53% at baseline to 83% by endline (aggregated by averaging positive attitudes against child marriage)

Table 11: Attitude towards child marriage

		Baseline Total	Endline Total (522)	Narok (216)	Isiolo (306)
Marriage of a girl under the age of 18 can negatively affect the health of the girl	Agree	79%	89%	91%	90%
	Disagree	20%	9%	7%	9%
	Indifferent	1%	2%	2%	1%
Marriage of a girl under the age of 18 is acceptable to help	Agree	61%	18%	10%	24%
	Disagree	38%	78%	89%	72%

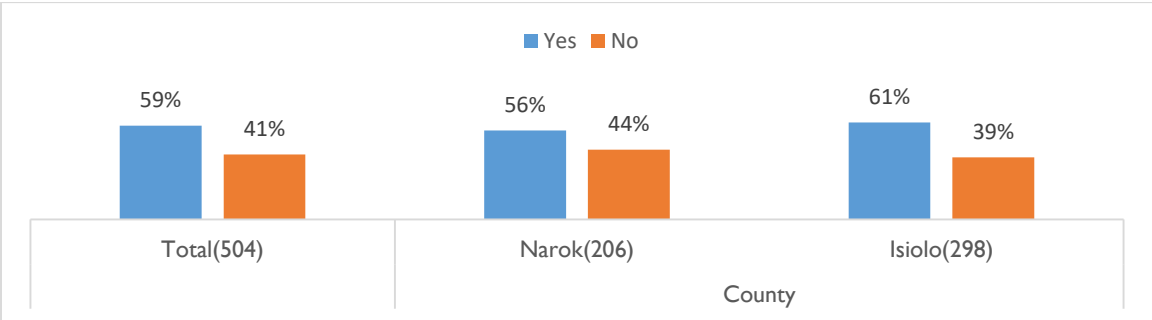
ease the financial burden of the family	Indifferent	1%	4%	2%	4%
Marriage of a girl under the age of 18 is acceptable way to protect the family's reputation	Agree	57%	15%	6%	21%
	Disagree	43%	82%	93%	75%
	Indifferent	0%	3%	1%	4%
Overall % showing disagreement with negative attitude/agreement with positive attitude- highlighted in green		53%	83%	91%	79%

In conclusion, at least 73% of community members (average of attitude towards VAWG, seeking outside help and child marriage) showed improved skills and knowledge on gender equality and non-violence, which was an improvement from 40% at baseline and surpassed the target of 60%

Outcome Indicator 2.2: Evidence and nature of actions by community members exposed in the project initiated to end violence against adolescent and young women

From figure 9 below, 59% of the respondents said that that they have protected a woman/girl against violence in the last one year recording an increase from 16% at baseline. This percentage comprised of 56% from Narok County and 61% from Isiolo County.

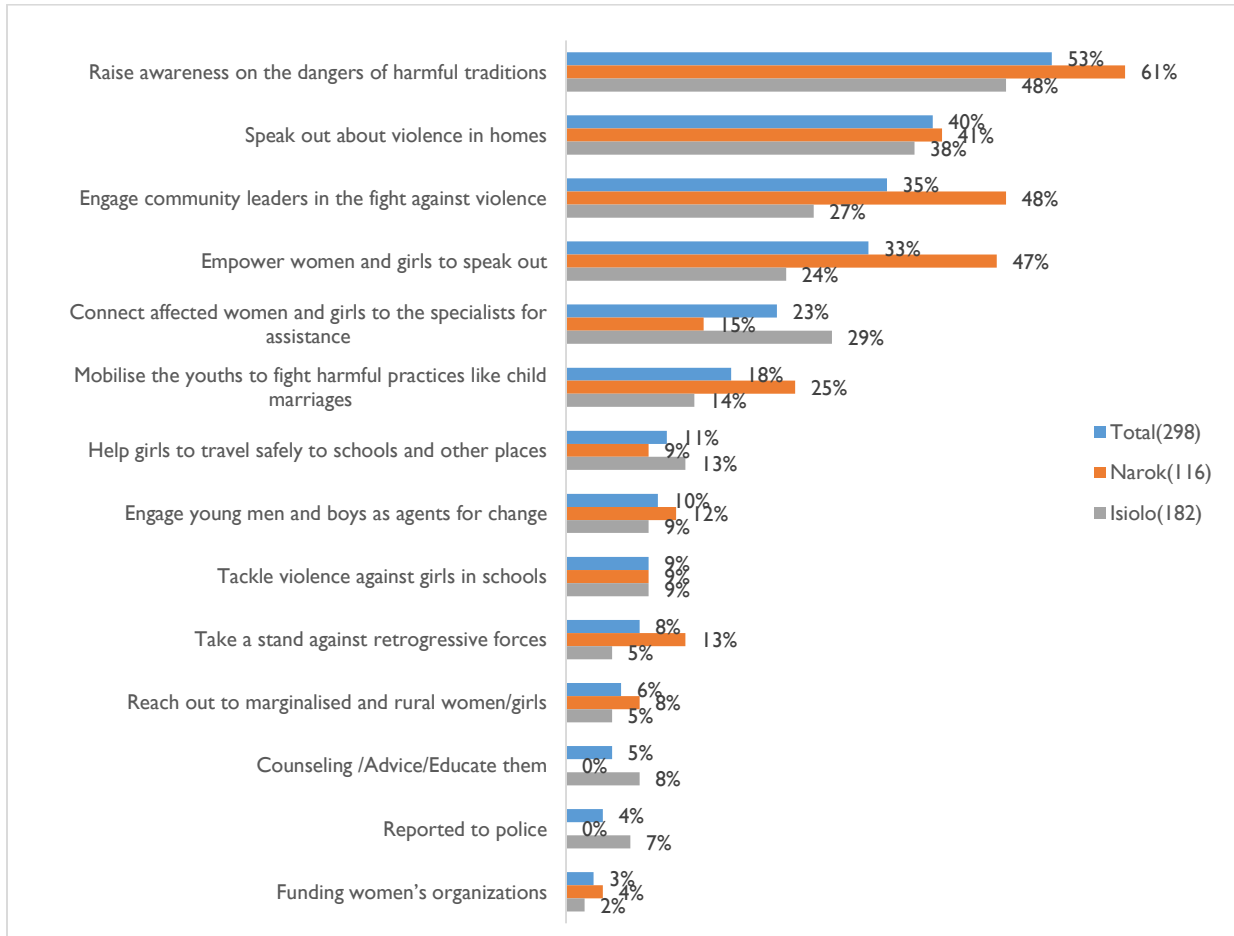
Figure 7: Protection of VAWG



Q4. Have you protected any woman/girl against violence in the last 12 months?

Most respondents protected women/girls from violence through raising awareness, having dialogues at home about violence, engaging the community leaders in the fight against violence, empowering women/girls to speak out on any kind of violence they undergo, linking affected women/girls to specialists for assistance, mobilizing the youths to fight harmful practices like child marriages among other steps taken by the community to protect women/girls against violence as shown on the figure below.

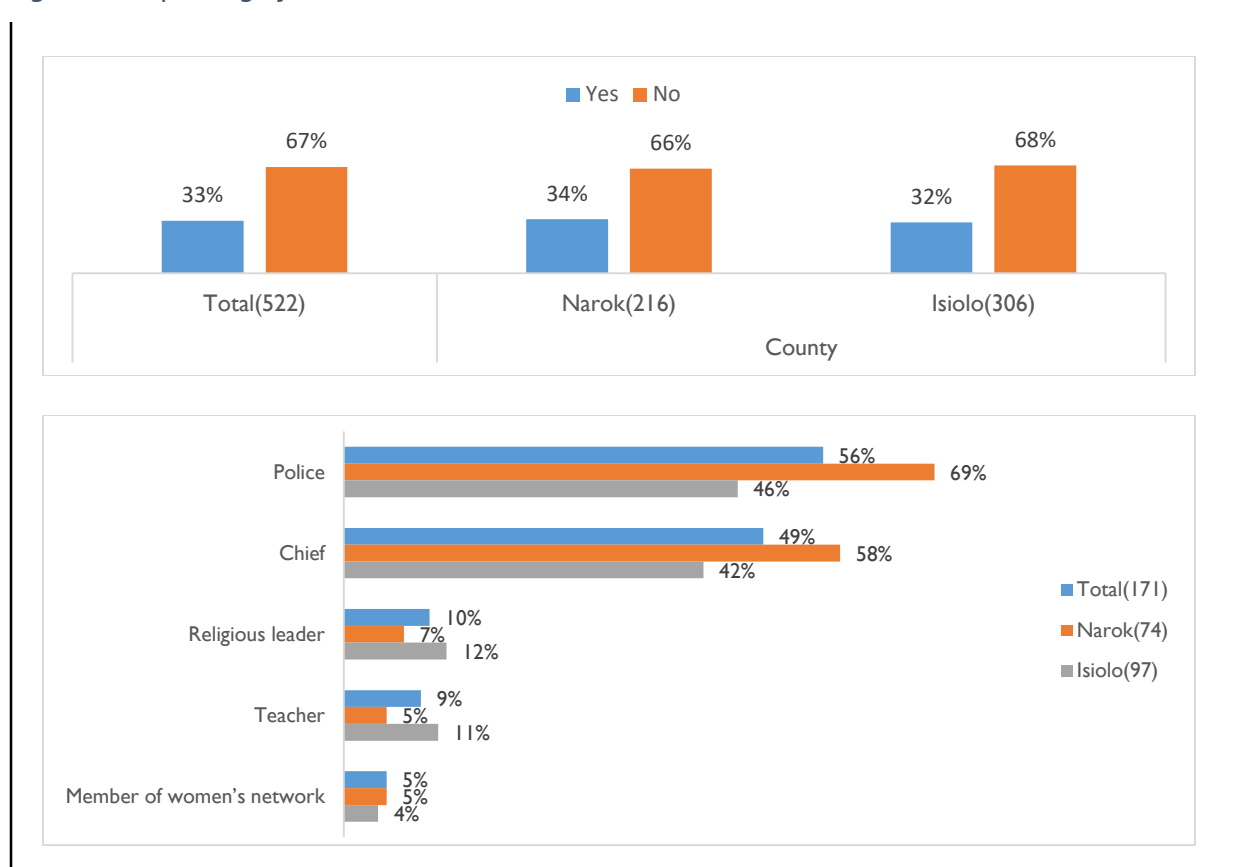
Figure 8: Steps taken to stop VAWG



Q5. Which step did you take to stop violence against women and girls?

From both counties, 33% of the respondents (Narok 34% and Isiolo 32%) stated that they had reported any form of violence meted on them or someone else in the community. 69% of the Narok respondents who reported cases, did so to the police while 58% reported to the local administrator (chief). In Isiolo, 46% reported to the police while 42% reported to the chiefs as shown in the figure below.

Figure 9: Reporting of violence related cases and to whom



Q7. During the past 12 months, have you reported any form physical and/or sexual violence done to you/to someone else in the community? / Q8. To whom did you report to?

As a result of increased knowledge and reporting of cases, the levels of convictions in end line evaluation have increased as compared to the baseline survey. The convictions in cases related to “bodily harm inflicted by man on a woman” increased from 27% (Baseline) to 56% (Endline). Conviction of cases related to defilement increased from 23% to 53%, verbal abuse/abusive language/insults from home or community from 26% to 53%, hitting/battering/ beating of woman/girl and child marriage/beading from 26% to 52% as shown in the table below.

Table 12: Convictions of violence related perpetrators

Type of violence	Form of violence	Baseline	Endline
Sexual violence	Defilement	23%	53%
	Rape	28%	48%
	Female Genital Cutting	26%	37%
	Sexual Assault	-	29%
	Incest	-	14%
Physical violence	Bodily harm inflicted by man on a woman	27%	56%

	Hitting/battering/ beating of woman/girl	26%	52%
Economic violence	Deprivation of resources at home or community (e.g. land, swindling widow's property)	20%	46%
	Economic deprivation of women by men (financial restrictions)	26%	40%
	Lack of participation in decision making regarding resources	27%	39%
Psychological violence	Verbal abuse/abusive language/insults from home or community	26%	53%
	Intimidation in community or home	24%	44%
	Restrictions/denial of freedom of movement	22%	40%
	Isolation from friends/family members	21%	32%
Cultural violence	Child marriage/beading	26%	52%
	Forced marriages	27%	40%
	Widowhood practices (wife inheritance/cleaving)	20%	29%

Q15. Please tell me, are you aware of anyone who has been convicted of the following types of violence?

Outcome 3: Improved and effective implementation of laws and policies on VAW/G at National and County levels

The project focused on capacity building of the policy makers so that they could come up with laws and policies to end VAWG both at the national and county levels. CREAM with other implementing partners, like KEWOPA, organized various workshops and seminars for the policy makers towards realization of this objective.

Outcome Indicator 3.1: Proportion of policymakers demonstrating knowledge and skills in EAW/G.

The project held a series of leadership training workshops for the county women legislators drawn from Isiolo and Narok County. The training was facilitated in partnership with KEWOPA and the women leaders from the National Assembly. The first series of training was aimed at improving the skills and capacity of the women MCAs to ensure effective implementation of legislative policies and other government directives on gender-based violence. The two (2) days leadership training reached a total of ten (10) women MCAs and four (4) county assembly staff from Narok County and was held in Naivasha while in Isiolo County, the training reached a total of six (6) women MCAs, eight (8) county assembly staff and was held in Isiolo. The second series

of training for the women legislators aimed at improving leadership, communication, influence and negotiation skills of the women MCAs to ensure effective implementation of legislative policies and other government directives on gender-based violence. The two (2) days training workshop reached a total of nine (9) women MCAs and three (3) county assembly staff of Narok County while in Isiolo County, the training reached a total of five (5) women MCAs, two (2) male MCA, five (5) county assembly staff. The third series of workshop was aimed at developing and strengthening the county women legislators caucus and to strengthen collaboration and coordination among the members as well as develop a clear governance structure, internal procedures and work practice with the needs of the MCAs and the legislative and oversight mandate.

The effect of this was the unanimous support for the gender policy. The MCAs have an understanding of their role in supporting gender issues and they are able to apply that knowledge and have oversight on the implementation on the gender policies as well as following up on the two thirds gender rule.

“I presented a motion to the house, for the establishment of rescue centers for those GBV survivors, this was a success as the county government of Isiolo has put aside funds of 18 million to construct the rescue centers. Our legacy is policy for Gender and youth enterprises fund, they took us through the policy now it is in place and ready for use by the people who come after us, the laws are in place, it’s just implementation” KII MCA

Outcome Indicator 3.2: Number and nature of actions taken by national and county policymakers to improve the effectiveness of legislation, policies, national action plans to prevent and end VAW/G.

The project conducted lobbying and advocacy meeting with each of the county government in Narok and Isiolo counties. In Narok the focus was to create awareness of the proposed gender policy; confirm authenticity of the proposed policy provisions; confirm sufficiency of content by quality evidence provided by the situation analysis; determine the currency in meaning and applicability of the policy; confirm and agree on the key policy actions, commitments and intervention strategies; recommend reasonable adjustments where amendments were required and understand wholesomely the document that was being forwarded to the Executive for enactment. In Isiolo the focus was on creating awareness and familiarization of key issues, actions and commitments by the Executive on the Gender Policy; to lobby for ownership, support and championship from male counterparts in the assembly and to secure legislative process commitment by the clerk and county assembly members. The output was the realization of the gender policy in both counties. This development came amidst a background of gender inequality, marginalization and discrimination, especially against women, due to cultural beliefs and traditions in the two counties. Besides offering guidelines for gender-responsive planning and budgeting, the policies provide a legal framework to fast-track initiatives that seek to promote gender inclusion and equality. The policies will also be useful in promoting the realization of two thirds gender rule by offering equal empowerment opportunities for women,

youth and girls, and strengthening already existing institutional structures aimed at eliminating all forms of violence.

KEWOPA conducted leadership training workshop forums for women MCAs in both counties with the aim of enabling the male MCAs to: understand the key issues facing women and girls in relation to gender-based violence and offer their support; identify the best strategies and tactics to employ in agitating for policy, legislative and administrative changes in county practices; identify key players and their influences; identify and build networks of like-minded players; and identify and pursue opportunities for resource mobilization. After the training in Narok it was noted that the male MCAs had better understanding of the role played by women MCAs and the county assemblies in general in advancing women rights and gender gains and improved understanding of the strategies and tactics to use in influencing the county planning processes especially on issues related to VAWG. There was a mutual agreement by the MCAs that affirmative action and nomination of seats have been created to take care of women's representation. They noted the importance of fighting for the rights of women and girls in Narok County given that the county still lags behind in realizing the Gender and Women Empowerment (GEWE) agenda and that women's representation in decision making processes was important for the development of Narok County.

In Isiolo after the two-day training, the participants proposed public awareness and civic education programs in all wards, legislative measures and investing in more training opportunities for girls and women as well as media campaigns to sensitize the public. They also noted the need for resources to be allocated for GBV through partnerships with other stakeholders as a way of realizing the achievements identified.

Mentorship forums were conducted for aspiring women leaders from Narok County and in Isiolo County with the aim of ensuring that the aspiring women leaders were equipped with the rights skills and capacity to prepare them for their leadership role/s from campaigning to nominations and eventually to winning the seats. From discussions with key informants, as a result of the training and mentorship programs the MCA used the skills gained to engage the county government and lobby for issues like increased budgeting, participated in debates and were able to make meaningful contributions to motions being tabled in the assembly.

“We have been able to get more experience on matters of legislation and we have been able to participate in debates on the motions that are in the house through the implementation of the Wajibika project, our women were able to intervene in budgetary allocation like 2020 there was an increase in budget allocation on the immunization and girl child education sectors. KII MCA

Evaluation participants also reported an increase in the number of women seeking elective position instead of nomination which could be attributed to the training and mentorship received through the project.

“Like here in Narok, we have seen more women have engaged themselves in leadership as they are fighting for big positions and I think this has come up through the project the capacity building that we have been engaged with. KII MCA

Outcome Indicator 3.3: Number and nature of accountability action/Initiatives executed by the women led accountability

The project trained 60 (30 per county) women advocacy champions drawn from 40 women led accountability groups in Narok and Isiolo Counties on advocacy and the county planning and budgeting process. The training was organized by the Wajibika project in collaboration with the county department of planning and budgeting. The training was aimed at equipping women leaders with skills and knowledge on their role and that of the community in planning, budgeting, expenditure tracking and budget performance monitoring.

The women champions were trained on the various social accountability frameworks that provide for the various rights and entitlements for women and girls and tools available in order to effectively hold public authorities accountable to effective implementation of laws and policies around GBV. Some of the tools include; the community score card to increase the effectiveness of public services; citizen’s report card on women’s satisfaction with GBV and SRHR services they receive and their response to the relevant authorities; participatory planning and budgeting where the women participate in the county planning and formulation of gender responsive sector and county budgets. Through these capacity building forums held by the project, the knowledge and skills gained has seen the women increase their participation in the county policy making process by having their representatives in the stakeholder’s consultative forums, engagements at the ward level that is the grassroots administrative unit in the county planning and budget making processes.

As a result of the training on gender-responsive budgeting, the women champions from Isiolo County petitioned the County government on the county fiscal paper 2018/2019 for the allocation of more funds for the gender department that would see resources towards prevention and response of GBV in the County.

The trained women-led accountability groups established ward-level citizen forums to hold duty bearers accountable for service delivery, track county budget use and advocate for needed change. In Isiolo, 3 citizen forums were formed (Burat, Wabera and Ngaremara). Results from their initiatives include the upgrading and construction of health facilities (Wabera and Burat). The women accountability groups also participated in drumming up support for the protection of the rights of women and girls during the international calendar events and through the various communication platform during the COVID19 forums. The women accountability group in Narok County is currently supporting the development of the Anti FGM policy document for the county.

In a case study with one of the citizen forums whose leader is a SASA champion, they highlighted their success in being able to bring community voices together as well as giving women and girls leadership roles and having a platform to raise their concerns.

*“We have been able to come together, write a memorandum which we presented to the MCA. That’s the reason why this road was developed; our hospital was also upgraded. Before we never had medicine and doctors but when we presented a memorandum, the MCA and the minister went to assess the hospital.cases of men taking farms from women have reduced. Right now there is a case we handled where the husband died, so the family wanted to take the farm from the wife and chase away the wife. Citizen Forum came in and followed up to when the assured that the woman stayed in her farm” **KII Citizen Forum Member***

Outcome 4: Organizations are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls.

Output 4.1 GBV and COVID 19 Messaging

CREAW SASA champions disseminated COVID 19 and GBV message through community sensitizations and through the mass media using the local vernacular languages. This was done to control the escalating numbers of gender based violence cases during this period. The sensitization forums brought together men, women, boys and girls from the projects intervention areas to find solutions to the increased cases of gender based Violence. The radio engagements gave them the opportunity to share their own stories and link audience to GBV support services including CREAWs toll-free number. Local community radios (Angaff Radio, Radio Shahidi and Baliti FM) were used to sensitize the residents on the need to prevent violence which was effective in reaching out to larger audiences. From the project reports, an estimated 600,000 listeners were reached through radio. The project also reached out to the community with messaging through the SMS-USSD platform reaching over 10,000 people. Social media platforms such as WhatsApp, Facebook and twitter were also used to pass the same messages. CREAW’s toll free SGBV helpline was shared and survivors linked to other services. Overall the community outreach and media engagement during the period was reported as a great success as it significantly rolled back the incidences of violence.

Output 4.2 CREAW & KEWOPA have improved knowledge, skills and capacities to maintain or adapt EVAW/G interventions under the UNTF funded Wajibika project in Nairobi,

Under this outcome, the institutional staff of CREAW and KEWOPA would be able to adapt to the COVID-19 context, be resilient, and support access to support services for women and girls during the pandemic.

CREAW trained SASA champions, the police, local administrators, beacon teachers with the main aim of responding to survivors and preventing violence. The knowledge acquired enabled the champions respond and support survivors to seek justice. CREAW was able to work in collaboration with KEWOPA to empower the institutions with knowledge on how to support GBV

survivors through trainings and constant review and follow up meetings to effectively handle and support SGBV survivors.

CREAW held a webinar session aimed at improving access to justice for GBV survivors during the pandemic. The webinar brought together 119 participants representing the judiciary, the national police service and the state department for gender. The project also strengthened the community referral systems during the pandemic through capacity building the community champions on GBV laws, referral pathways, and linkages with the existing GBV service providers at the community level. In addition, the community champions also supported the dissemination of the CREAW Toll-free number (0800-720 186) at the community level.

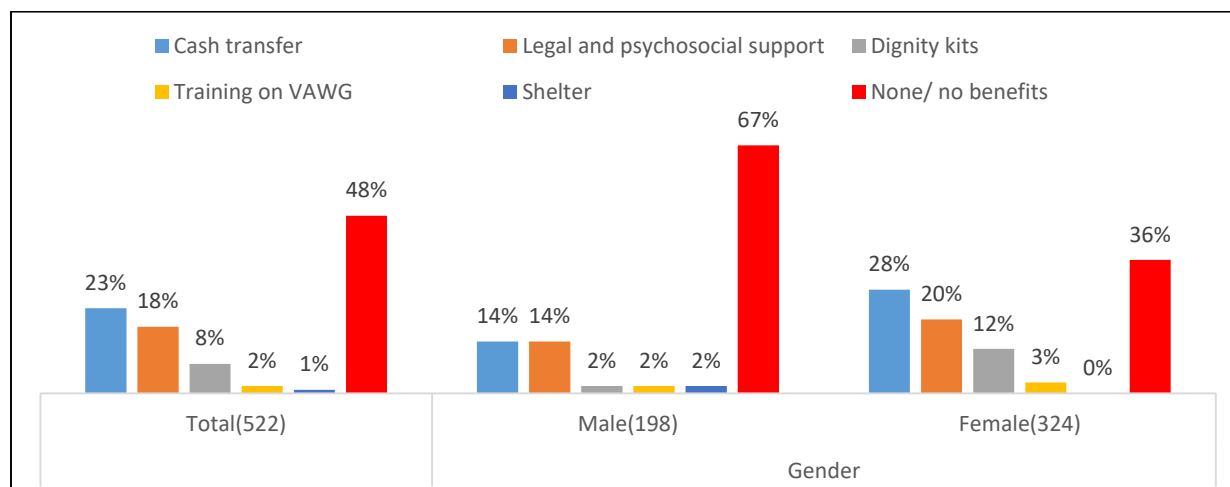
“...after the victim reports the case to me. One thing I will do, I will not tamper with evidence in terms of sexual harassment or sexual abuse. I’m not supposed to tell that girl to take a bath so that we go or I’m not supposed to tell her take off those clothes to wear nice ones so that we can go. And if those clothes are in a bad shape, we will remove and keep them in a place, then she will wear at least those which are nice and then take her to the hospital first thing if its rape. She is given PEP and also gets tested and gets a step forward to take a P3 then we forward the case to the police in charge of gender based violence.”– Respondent KII Beacon Teacher

Beneficiaries Reached Under Outcome 4

Type of Intervention	Target	Achieved	Comment
Provision of temporary shelter facilities	300	819	Surpassed by 273%
Cash Transfer	300	306	Surpassed by 2%
Dignity Kits	2000	2000	Achieved at 100%
Legal and Psychosocial support	2000	2185	Surpassed by 2%

From the figure below, 63% of the females interviewed confirmed that they received benefits during covid-19 period i.e. 28% received cash transfer, 20% legal and psychosocial support, 12% dignity kits and 3% training on VAWG.)

Figure 10: Received benefits during Covid-19 Period



Q36. Did you receive any of the following benefits from the Wajibika project during the Covid-19 period?

Cash Transfer

The Wajibika project provided women and girls with cash transfer program which enabled them to have access to food, soaps, sanitizers, water tanks and other immediate needs. This was done through mobile money platform to SGBV survivors and amounts allocated per household was 50% of the Minimum Expenditure Basket approved in April 2020 by the Cash Working Group for a household of 4 of 15,336 KES, hence three-monthly cash transfers, valued at KES 7,668 for each survivor. A total of 306 beneficiaries were reached slightly surpassing the target of 300.

“The seven thousand really helped me because I received that money during corona period, at that time we would not have gotten food because we were not allowed to travel. So I first bought my children food, and because I was not sure if the program would go on I rented a farm and planted so that in case the program does not go on I will still be on the safe side. When I received the fourteen thousand I added some small amount of money to that and I purchased a tank so that whenever it rains I will be getting enough water that can cater for my family needs”

FGD Cash Transfer Narok

Dignity Kits

The project distributed dignity kits to a total of 2000 beneficiaries thus meeting its target. This was achieved with the assistance of the Special Education Department, the county branch of the National council for Persons Living with Disability (NCPLD), and the SASA Activists who mapped, identified and reached the vulnerable girls with the needed commodities. The dignity kits provided during the program helped the girls to improve their hygiene and feel comfortable.

Legal and Psychosocial Support

In terms of legal and psychosocial support the project was able to secure a toll-free number and have both the services of lawyers and counsellors on call 24 hours to respond to beneficiaries in need via phone. Additionally, the project engaged Counsellors from the Kenya Counselling and Psychology Association of Kenya to provide physical counselling and psychosocial support services to GBV survivors. A total of 2,185 beneficiaries were reached surpassing the target of 2,000- 771 were supported with psychosocial support through pro-bono counsellors, 814 received legal advice from pro bono lawyers and 600 survivors were supported through the toll-free line.

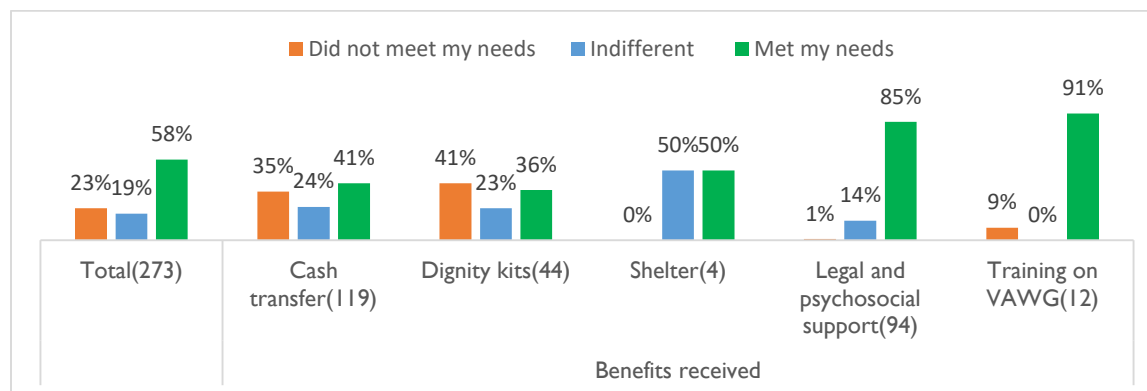
“...We benefited through counselling and help provided to us financially. Since CREAMW came, our voices can be heard unlike before when we didn’t get help after reporting the issue. CREAMW organises meetings where we meet and relieve our stress and speak out on the problems we have. They have counsellors, lawyer, a toll free line. Through counselling we get help that police didn’t give us before. So CREAMW has brought a positive impact on our lives.”– Respondent FGD Legal and psychological support

Shelter Facilities

With regard to shelter facilities, a verification process was initiated and completed, culminating in the facilities signing MoUs with CREAMW to commence the service provision. A total of 819 beneficiaries against a target of 300 benefited from the shelter facilities ranging from different cases (defilement, FGM, sodomy and early marriage).

Overall, 58% of the respondents said that the benefits they received met their needs. The needs of the beneficiaries of training on VAWG were the most met at 91%, legal and psychosocial support at 85% and shelter at 50%. The needs of the beneficiaries of cash transfer and dignity kits were not met to a large extent as shown in the figure below. This was due to the cash transfer program and the dignity kits not being adequate in relation to their needs. However, having the two programs (cash transfer and dignity kits) was a great idea as this made the beneficiaries to have a decent living during the covid-19 pandemic.

Figure 11: Extent of the benefit meeting the need



Q37. To what extent would you say the benefit you received met your needs at the time?

(ii) To what extent did the project adaptation during COVID-19 contribute to meeting project results?

The COVID- 19 pandemic that was first witnessed in Kenya in March 2020, affected the implementation of the project. The pandemic put at risk the hard-won gains that the project had made on gender equality, women’s voice, and regressing norms, and created challenges for the smooth implementation of the project. The pandemic also exacerbating already existing negative gender impacts like gender-based violence and unpaid care work.

The evaluation found out that CREAM was able to adapt with the new normal and ensured that the project implementation did not stall completely. Some of the adaptation strategies included working with other women-led organizations in the counties to issue a Joint Advisory to the Government of Kenya on how to conduct a Human Rights-Based response to COVID-19, undertaking some activities virtually, engaging local radios to disseminate information on SGBV and holding physical meetings with small numbers of individuals while adhering to the ministry of health COVID -19 protocols. Also, additional funding from UNTF to address emerging GBV issues due to the pandemic enabled CREAM to continuously provide legal services, psychological support services, support for temporary shelters to accommodate survivors, provision of dignity kits to the school going children and provision of cash transfers to the survivors to support reduce vulnerability and aid in reintegration. Also, through SASA community champions CREAM continued with the fight towards eliminating GBV in the community. The champions took up the role of supporting survivors by rescuing them at the community, ensuring perpetrators are arrested and by spreading the word of the importance of reporting and creating awareness in the community on the GBV reporting channels. All these adaptation strategies contributed to the meeting of the project results as they ensured continuous implementation of the project and addressing of the emerging issues that had affected the gains that had been realized.

(iii) How effective were the strategies and tools used in the implementation of the project?

The evaluation found out that CREAM adopted diverse strategies and tools that were effective in the realization of the project goal, outcomes and outputs. These strategies included undertaking a baseline survey that provided data against which performance was to be measured, capacity building of service providers, use of a rights based approach to project design and implementation that ensured that project beneficiaries were meaningfully engaged throughout the project cycle, coalition and partnership building with state and non-state traditional actors to build synergy, avoid duplication and provide learning platforms and information sharing, coaching and mentoring county based female legislators on agenda setting, caucusing, moving motions, policy development, negotiations and conflict resolution and monitoring on issues around VAW/G, skills building and capacity strengthening for GBV duty bearers, legislators and service providers and adoption of the SASA Model that enhanced

community sensitization and mobilization to address citizen apathy and increase their demand for accountability of public authorities on implementation of laws and policies on VAW/G. Other strategies included public policy advocacy by women led accountability groups to develop and implement key advocacy actions that seek to strengthen accountability for implementation of GBV laws and policies in Narok and Isiolo counties; working with male champions for women rights to carry out community dialogues amongst men and youth groups around VAW/G, use of COVID-19 response mechanism to address GBV, holding monitoring and reflection learning forums and documentation and dissemination of best practices and retention of knowledge and skills within institutions.

The evaluation found that all these strategies were effective since they contributed on the achievement and sometimes surpassing the performance indicators and targets across the three levels of results thus goal, outcomes and outputs.

(iv) How effective has the project been in responding to the needs of the beneficiaries, and what results were achieved?

The Wajika project focused on addressing GBV in the family (intimate partner violence and sexual violence) and violence in the community (Sexual violence by non-partners (rape/sexual assault), sexual harassment and violence in public spaces/institutions and violence in schools. In addition the project intended to address lack of legislative laws, policies and agenda on addressing GBV at the county level, lack of budgetary allocations on GBV interventions in the county service delivery plans, limited capacity on the GBV duty bearers and legislators at the county levels, weak protocols for coordination of county GBV prevention and response, poor quality of prosecution in GBV cases, poorly equipped police service with limited capacity for forensic evidence collection, analysis and preservation, limited citizens awareness on GBV laws and apathy and limited capacity of women led advocacy groups to seek accountability from public authorities on implementation of laws and policies addressing GBV.

The evaluation established that the project to a larger degree met the needs of the beneficiaries. For example the evaluation through qualitative interviews with 14 service providers found that the percentage of service providers who report having knowledge, attitudes, and skills to respond to the needs of VAWG survivors, and do so in a coordinated manner was 80%, which is way above the baseline of 24.78% and a target of 70%.

Also, the baseline study findings indicated that more than half (51%) the respondents in the two counties did not feel safe from VAWG either at home or in public places compared to 78% at the project endline. Before the implementation of the project there was no framework for coordinating VAWG service provider but during the project implementation coordination mechanisms were established both at the national, county and community levels. Also, both counties lacked a gender policy but the through the implementation of the project gender policies were developed in both counties.

(v) What are the future intervention strategies and issues?

The following are the future strategies.

- 1. Support to the implementation of the gender policy:** With passage of the gender policy in Narok and Isiolo counties, there will be need for financial and technical support to ensure that the policies are implemented effectively. Women accountability groups and other organizations should shift the advocacy efforts towards the implementation of the policies by ensuring strategies to implementation are included in the counties CIDPs and ADPs. CREAM should also involve the service provider technical working group in development of a monitoring and evaluation plan for the policy, undertake monitoring on how the policy is being implemented and produce quarterly monitoring reports while holding the duty bearers to account.
- 2. Economic Empowerment of Women:** The evaluation found out that if women are economically empowered, issues of GBV are likely to reduce since they will be able to cater for some expenses in the house including supporting a girl child to go school in instances where their education rights have been denied. They will also have economic power to follow up on GBV cases that have been reported to the police or cases going on in courts. The cash transfer strategy was found to be a one off support that is not sustainable after the project ends. The evaluation found out that women who are survivors of GBV continue to stay with perpetrators who in most cases are their partners because they lack resources to move out and take care of themselves. Others give up in following cases that are in courts because they do not have bus fare to keep on going to courts. Therefore, to improve the prospects of project sustainability it is important that strategies are put in place to ensure that women are economically empowered.
- 3. Continued dialogue meetings with stakeholders at the community level:** The evaluation found out that community dialogue meetings at the community level were very important in the sense that they brought chiefs, opinion leaders, local leaders, women accountability group leaders and church leaders together to deliberate on issues of VAW/G and common solutions were arrived at. These dialogue meetings should continue as they provide a good platform for ensuring that gains that have been realized are safeguarded and emerging issues are addressed.
- 4. Continued support to men champions:** Men champions that were interviewed shared their experiences in regard to reaching out to other men to change their beliefs on GBV including FGM and early marriages. It was found out that it was not easy to have men attend meetings and more so to change their beliefs on some of the cultural practices. Therefore, there is need to continuously support men champions and if possible to increase the number so that more men can be reached.
- 5. Linking project beneficiaries to networks concerned with ending violence against women and girls (both direct and indirect).** This will help to build on gains achieved or emerging

issues touching on VAW/G to ensure that issues that impact on sustainability measures are addressed.

- 6. Continuous awareness creation and refresher capacity building of service providers:** There is need for CREAM to consciously create and capacity build service providers through other programmes and platforms such as during the celebration of international days and other projects that the organization is implementing. This will ensure that VAW/G continues to be an agenda in the community and the need to have it ended.
- 7. Support girls from poor families and survivors of GBV to access education.** The evaluation found out that as much as dignity kits were crucial to these girls, it was important that those who cannot afford to pay schools fees are supported to go to school otherwise they end up being at higher risks to experiencing violence including early marriages.
- 8. Economic Empowerment for Reformed Circumcisers:** Despite the positive gains in the reforming of circumcisers, the evaluation found that the practice offered them some financial empowerment. Thus in order for these reformed circumcisers not to be lured by financial gains in the long run, there is need to empower them through economic activities. Discussions with them revealed their intention to start economic activities as groups and thus economic support offered to them through grants, access to credit etc can go a long way to sustain them while enabling them to continue sensitization against GBV.
- 9. Continued training and awareness for the police officers and other key service providers:** The evaluation established that few police officers and service providers were reached during the project implementation. Therefore, the few that benefitted from the project can act as agents of disseminating the teachings to their colleagues to enhance their capacity to do investigations on cases of VAW/G and minimize tampering with evidence. This will ensure that all the reported cases are handled accordingly to ensure justice to the survivors and provide a lesson to the other perpetrators.

(vi) What partnerships were established and how did they facilitate the achievements of results

CREAW partnered with KEWOPA in the implementation of the project. The evaluation established that KEWOPA played a key role in the realization of outcome three, which was to have county legislation and policies on GBV. Through capacity building of legislators at the county level on policies and legislation drafting and advocacy, a gender policy was developed in both counties, which is currently being implemented. In addition, CREAM partnered with state and non-state actors, partnership that led to the formation of gender sector-working group that brings all players on gender issues from the government, private sector and CSOs is a practical strategy that will ensure sustainability of the outcomes. Initially, few cases of VAW/G were reported and were hardly followed to the letter. Therefore, the involvement of police officers in the Wajibika project through training created a pathway upon which the survivors were assured

of justice upon reporting any case of violence. This also reduces cases of VAW/G as it creates fear among the potential perpetrators because they know that action will be taken against them.

(vii) What capacities were built and how the facilitated achievement of results

Wajibika project strengthened the capacities of service providers in various areas that enabled them to effectively handle GBV cases better than before the project was implemented. CREAM undertook tailor made trainings for different cadres of service providers including school teachers who were trained using the beacon teacher model, police officers at the gender desks, local administration including chiefs and sub –chiefs, the health care providers, the judicial officers, prosecutors, the officers at the county department of gender and the state department for Gender and CSOs.

Part of the capacities that were build include introduction to sexual gender based violence, sexual violence and the law, clinical management, forensic management, psychosocial considerations of survivors, support structures for PRC service provisions and humanitarian crisis and sexual violence and response to crisis situation, how to effectively respond to the needs of GBV survivors. All the capacities raised understanding of the service providers on the legal framework on Issues of GBV, how to prevent VAW/G, the available pathways for the survivors and drafting of the gender policy framework. These capacities were instrumental in realizing the project results. For example, cases of rape are currently handled adequately because the service providers were taught the procedures to follow to avoid tampering of evidence and ensure that the offenders are sentenced in court. Women and girls have been empowered on the reporting mechanisms in case they are violated. These capacities will remain in the community and the skills and knowledge gained will be passed on to other community members even after the project has ended.

(viii) What were the main lessons with regard to effectiveness?

1. Undertaking a baseline survey was a good strategy for it provided baseline data that enabled the measurement of project progress and results realised. This is a strategy that should be adopted in future undertakings where baseline information is unavailable.
2. Adoption of a multi – sectoral approach that involves both state and not state actors to ending VAW/A is an effective strategy that ensures stakeholders work to achieve common objectives, strengthen advocacy efforts, improves coordination and provides better prevention and response to cases of GBV
3. SASA (Start, Awareness, Support and Action) model proved to be an affective community oriented model for sensitization and mobilization that to some extent addressed citizens' apathy on raising their voices on issues of VAW/G and holding leaders to account. Through the SASA model men champions, women community leaders, chiefs, boys, girls' community radio stations were involved in the implementation of the Wajibika project. Community

dialogue meetings were held with community leaders including chiefs, opinion leaders, women leaders, and men champions, men leaders where issues of VAW/G were discussed and consensus was built on how to address them.

4. The establishment of technical working group with all service providers is a strategy that worked very well. It ensured that each service provider was aware of what the other was doing and this provided opportunities for building synergies and collaboration in addressing issues of VAW/G. This also enhanced ownership and sustainability of the project results.
5. Engaging targeted project beneficiaries in the designing, implementation and evaluation of the Wajibika project is a good strategy for ensuring ownership and sustainability
6. Engaging men champions is a key strategy in addressing retrogressive cultural practices and change of attitude toward women and girls. Women whose husbands were engaged as men champions and those who were reached by the Wajibika project noted that their men had changed in that they consulted them when they wanted to sell the family property, others had been allowed by their husbands to do some business while others had stopped emphasizing that their daughters had to undergo FGM. However, the evaluation noted that few men champions were engaged and those who were engaged were not able to reach many men. This was attributed to the fact that it was more challenging reaching out to men than women.
7. Engaging Beacon teachers ensured children's right to education was promoted. The use of the 'speak out box' introduced by beacon teachers was an innovative way of ensuring girls raised issues that affected them through the beacon teachers who then looked for ways of helping them. This is a strategy that should be replicated in other areas where such a project will be implemented in future. However, the evaluation found out that there were few beacon teachers that were involved. In future more could be engaged bearing in mind that the school population is high and schools are many.
8. Strategic partnerships were key in facilitating achievement of project results and was found to be rewarding. CREAM's partnership with KEWOPA was important in enhancing the capacities of county women MCAs in legislation and policy drafting and ensuring gender policy was drafted and passed.

(ix) Were there unintended results?

Some of the unintended results include the service providers being responsive to the work of the community accountability groups. Also women accountability groups were able to link women with economic empowerment opportunities such as women enterprise fund, youth fund, microfinance institutions and the National Government Affirmative Fund (NGAF) to support in their economic empowerment.

5.6 SUSTAINABILITY

(i) Evaluation Question: To what extent are the benefits of the projects likely to be sustained after the completion of this project?

Some of the benefits that have been realized through the implementation of the Wajibika project include development and finalization of gender policies in Isiolo and Narok Counties, increased capacity of service providers in handling cases of Gender Based Violence against Women and Girls; improved coordination of service providers to better handle cases of GBV; increased awareness of women and girls on their sexual and economic rights and how, and where to report in case these rights are violated, reduced cases of GBV against women and girls, increased reporting of GBV cases, increased prosecutions of the GBV perpetrators, enhanced support as a result of involvement of men in the community in creating awareness on VAW/G, improved economic empowerment of women, strengthened voice of women and girls when their rights have been violated and improved attitude towards women and girls.

The above benefits of the project are highly likely to be sustained to a larger extent. This is because the project employed practical sustainability strategies such as working with the established community resources who include women led accountability groups, and/or community based organizations that champion rights of women and girls to ensure that the knowledge and skills remain within the community. CREAM also worked with the county departments especially the department of gender in the development of the gender policy to ensure they are incorporated in the County Integrated Development Plans (CIDPs) and Annual Development Plans (ADPs). The incorporation in the annual developments will facilitate allocation of resources for implementation. In addition, the passage of the gender policy in both counties is a key sustainability strategy as it provides guidelines on how cases of VAW/G will be handled by the duty bearers and right holders. This also means that issues of GBV will form part of the county planning agenda for the implementation of the policy beyond the life of the project. In addition, training of Trainer of Trainers (ToTs) will ensure dissemination of knowledge and empowerment of other women's groups and networks within the counties even after the exit of the project. The Wajibika project was also aligned with CREAM strategic outcomes meaning that issues of addressing GBV on women and girls will continue to be a growing concern even after the completion of the project.

(ii) Evaluation Question: What is the likelihood of continuation and sustainability of project outcomes and benefits after completion of the project?

The Wajibika project aimed to achieve three outcomes namely improved access for women and girls to essential, safe and adequate multi-sectoral services to end VAW/G in Isiolo and Narok Counties; improved prevention of VAW/G through changes in behavior, practices and attitudes and increased effectiveness of legislation, policies, national action plans and accountability systems to prevent and end VAW/G in Isiolo and Narok Counties. These outcomes are likely to be continued and sustained in the specific areas where the project was implemented. First, is the

passage of the gender policy in both counties, which is currently being implemented. The policy provides guidelines on how cases of SGBV should be handled, which institutions are obligated and how survivors should access justice. It also provides grounds on which women and girls will hold the state actors to account. It also means that the county government will be obligated to continuously plan and resource for issues of SGBV prevention, protection, investigation and reparation, which is key factor for sustainability.

Secondly, increased level of awareness of women and girls on their rights, what constitutes gender based violence; the available pathways of getting justice in case they are violated and capacity enhancement of service providers such as women led accountability groups, community leaders and chiefs on how to handle and report GBV cases will contribute greatly to the sustainability of the project. Third, the evaluation found out that men are the main perpetrators of GBV and because the project reached a good number of men as men champions, there is likelihood that the outcomes will be continued after the project in the specific areas where the project was implemented. Fourth, the reforming of circumcisers in the target locations enhances sustainability as they have turned away from the cultural practice of FGM after realizing its harmful effects. They thus remain a testimony within their villages that FGM is not an acceptable practice.

Fifth, working with the gender sector-working group that brings all players on gender issues from the government, private sector and CSOs is a practical strategy that will ensure sustainability of the outcomes. Initially, few cases of VAW/G were reported and were hardly followed to the letter. Therefore, the involvement of police officers in the Wajibika project through training created a pathway upon which the survivors were assured of justice upon reporting any case of violence. This also reduces cases of VAW/G as it creates fear among the potential perpetrators because they know that action will be taken against them. Nonetheless, cases of GBV are still experienced in the interior parts of the counties that were not reached by the project and thus further outreach is required by future programmes into these locations.

(iii) Describe key factors that will require attention to improve prospects of sustainability of project outcomes and the potential for replication of the approach?

10. Support to the implementation of the gender policy: With passage of the gender policy in Narok and Isiolo counties, there will be need for financial and technical support to ensure that the policies are implemented effectively. Women accountability groups and other organizations should shift the advocacy efforts towards the implementation of the policies by ensuring strategies to implementation are included in the counties CIDPs and ADPs. CREAM should also involve the service provider technical working group in development of a monitoring and evaluation plan for the policy, undertake monitoring on how the policy is being implemented and produce quarterly monitoring reports while holding the duty bearers to account.

- 11. Economic Empowerment of Women:** The evaluation found out that if women are economically empowered, issues of GBV are likely to reduce since they will be able to cater for some expenses in the house including supporting a girl child to go school in instances where their education rights have been denied. They will also have economic power to follow up on GBV cases that have been reported to the police or cases going on in courts. The cash transfer strategy was found to be a one off support that is not sustainable after the project ends. The evaluation found out that women who are survivors of GBV continue to stay with perpetrators who in most cases are their partners because they lack resources to move out and take care of themselves. Others give up in following cases that are in courts because they do not have bus fare to keep on going to courts. Therefore, to improve the prospects of project sustainability it is important that strategies are put in place to ensure that women are economically empowered.
- 12. Continued dialogue meetings with stakeholders at the community level:** The evaluation found out that community dialogue meetings at the community level were very important in the sense that they brought chiefs, opinion leaders, local leaders, women accountability group leaders and church leaders together to deliberate on issues of VAW/G and common solutions were arrived at. These dialogue meetings should continue as they provide a good platform for ensuring that gains that have been realized are safeguarded and emerging issues are addressed.
- 13. Continued support to men champions:** Men champions that were interviewed shared their experiences in regard to reaching out to other men to change their beliefs on GBV including FGM and early marriages. It was found out that it was not easy to have men attend meetings and more so to change their beliefs on some of the cultural practices. Therefore, there is need to continuously support men champions and if possible to increase the number so that more men can be reached.
- 14. Linking project beneficiaries to networks concerned with ending violence against women and girls (both direct and indirect).** This will help to build on gains achieved or emerging issues touching on VAW/G to ensure that issues that impact on sustainability measures are addressed.
- 15. Continuous awareness creation and refresher capacity building of service providers:** There is need for CREAM to consciously create and capacity build service providers through other programmes and platforms such as during the celebration of international days and other projects that the organization is implementing. This will ensure that VAW/G continues to be an agenda in the community and the need to have it ended.
- 16. Support girls from poor families and survivors of GBV to access education.** The evaluation found out that as much as dignity kits were crucial to these girls, it was important that those who cannot afford to pay schools fees are supported to go to school otherwise they end up being at higher risks to experiencing violence including early marriages.

17. Economic Empowerment for Reformed Circumcisers: Despite the positive gains in the reforming of circumcisers, the evaluation found that the practice offered them some financial empowerment. Thus in order for these reformed circumcisers not to be lured by financial gains in the long run, there is need to empower them through economic activities. Discussions with them revealed their intention to start economic activities as groups and thus economic support offered to them through grants, access to credit etc can go a long way to sustain them while enabling them to continue sensitization against GBV.

18. Continued training and awareness for the police officers and other key service providers:

The evaluation established that few police officers and service providers were reached during the project implementation. Therefore, the few that benefitted from the project can act as agents of disseminating the teachings to their colleagues to enhance their capacity to do investigations on cases of VAW/G and minimize tampering with evidence. This will ensure that all the reported cases are handled accordingly to ensure justice to the survivors and provide a lesson to the other perpetrators.

(iv) Evaluation Question: To what extent are the women-led accountability groups able to carry out accountability initiatives after the life of the project?

The women accountability groups played a key role in the implementation of the project which included training of women at the village level on how to claim their rights, creating awareness on the national policies on GBV, cultural practices that inhibits the realization of their rights, understanding the referral pathways in case one is violated, how to advocate for women rights in a do no harm way in a patriarchal society, engaging men, undertaking follow ups and advocating for the approval of the gender policy in Isiolo and Narok Counties, linking women with economic empowerment opportunities such as women enterprise fund, youth fund, microfinance institutions and the National Government Affirmative Fund (NGAF) and working closely with the County gender sector working group that brings together all key players on matters gender.

The evaluation found out that to some extent women led accountability groups are able to carry out accountability initiatives even after the project has ended since their capacities have been enhanced. However, the groups pointed out some of the challenges that will require attention for them to be able to better carry on with their work. These include having more facilitation in terms of transportation to be able to follow up on GBV cases, being facilitated to reach out to women at the village level or Nyumba Kumi level since this is the level most GBV occurs, being supported to provide economic empowerment of women at the lowest level and being able to provide psycho social support to survivors of GBV. There is also need to enhance legal support to the survivors of GBV.

(v) Evaluation Question: What and how are capacities strengthened at the individual and organizational level (including contributing factors and constraints)?

Wajibika project strengthened the capacities of service providers in various areas that enabled them to effectively handle GBV cases better than before the project was implemented. For example, cases of rape are currently handled adequately because the service providers were taught the procedures to follow to avoid tampering of evidence and ensure that the offenders are sentenced in court. Women and girls have been empowered on the reporting mechanisms in case they are violated. These capacities will remain in the community and the skills and knowledge gained will be passed on to other community members even after the project has ended.

5.7 COHERENCE

(i) **Evaluation Question: Did the intervention add value in relation to others?**

The project strengthened the police, teachers, lawyers, doctors, rescue centres, SASA champions to improve the system of prevention and response towards GBV beyond the project period. Through school clubs, girls have become agents of change, enhancing peer to peer education which has reached more girls in the target areas. Teenage support groups were also appreciated by the beneficiaries as they gave the girls an opportunity to go back to school after pregnancy and also provided the listening ear that the girls desperately needed through the counsellors and peers. Cultural elders and religious leaders supported the end of VAWG (child abuse and early marriages, FGM). The project created awareness which makes the community and stakeholders become agents of behavior change.

Teenage Mother Support Group: *“This group plays an important role in our lives because we come together and share our experiences. Also when they (CREAW) visit us, they give us things like pads, panties and sometimes they take us out to relax for a while and this helps in releasing stress. We sit as a group and each of us share our stories and the stories are usually many. CREAW has helped in reducing FGM and one girl had gone through that, she has a child too but she tells us not to allow to ourselves go through FGM.”* **Case study Teenage Mother Support Group**

(ii) **Evaluation Question: To what extent was the project consistent with, complementary to, and synergized with other interventions and policies in the same area being implemented by the implementing partners (CREAW and KEWOPA)?**

The Wajibika project built on projects that CREAW had previously implemented in Narok and Isiolo counties. For example CREAW’s partnership with KEWOPA was very strategic since KEWOPA brought in its wealth of capacity and experience in drafting policies and especially SGBV policies at the national level. Further, KEWOPA had previously worked with Women MCAs in both counties of Isiolo and Narok building their capacities on gender responsive budgeting and their legislative skills. Therefore, Wajibika project leveraged on KEWOPA’s capacities on drafting policies and legislation and this contributed to the finalization of the gender policy. Before the

commencement of the Wajibika project CREAM, had previously implemented a three-year programme that focused on Sexual Reproductive Health Rights for women in Narok county. This project was implemented jointly with Christian Aid with funding from Comic relief. The project intended to address issues of Female Genital Mutilation, early marriages and issues of teenage pregnancies. The project enabled CREAM to engage with the community, women, young girls and with the health facilities. Therefore, the Wajibika project came in to address the gaps that were identified during the implementation of these projects and to also build on the gains that were realized.

In Isiolo CREAM had implemented a programme that was funded by DFID (Department for International Development). The project focused on maternal health including cases related to issues of sexual violence or gender-based violence. The Wajibika project therefore built on the gains achieved by this project in Isiolo. In Narok County a number of institutions that were part of the technical working group provided complimentary support in the development and passage of the gender policy by undertaking research, providing research findings and advocating for the passage of the gender policy. These included Coalition on Violence Against Women (COVAW), Shakenusho, Afyafrica, ADS, World Vision and Maasai Mara University.

- (iii) ***Evaluation Question: To what extent did the project carry out what it was supposed to do and in the manner envisaged? Any deviations? How effective were the changes if any? Any collaborations? Value addition?***

To a larger extent Wajibika project was implemented as envisaged. However, COVID-19 pandemic affected the implementation timelines and some of the envisaged strategies. For example due to the pandemic KEWOPA did not carry out the support study tours and exchange visits for cross learning and sharing of experiences. Instead, KEWOPA expanded the advocacy initiatives around the gender policies to ensure they were passed in both counties. In addition, the community dialogue meetings could not be held and CREAM reverted to community radio stations to disseminate information on GBV. COVID -19 exacerbated GBV issues in both counties meaning that CREAM had to change the project focus to address emerging issues such as support to shelter for survivors of GBV, dignity kits for girls who not access them since the schools were closed and cash transfers.

5.8 KNOWLEDGE GENERATION

- (i) ***To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?***

Some of the knowledge products that have been developed by the project include the gender policy that is currently being implemented in both counties, the training manuals that were used

to train various cadres of service providers, the project banner and the COVID- 19 messages that were disseminated through radio and other channels. Some of the practices that should be shared with other practitioners include

Capacity strengthening for service providers on VAW/G: This entailed identifying GBV service providers at County level, carrying out skills assessments to determine technical capacity and resources lacking to enable them efficiently address VAW/G. Training involved the use of trainer of trainer’s model which ensured retention of knowledge and skills within institutions.

Building of partnership with state and non-state actors at the county level. These included KEWOPA, the National Police Service, the judiciary, criminal justice actors, education sector, county executive for Gender and Health, county assemblies, local administration officials, prosecutors, health institutions, traditional / cultural and religious leaders and private sector. These partnerships ensured that there was a coordinated approach in addressing GBV.

SASA Model that promoted community sensitization and mobilization: This approach enhanced community awareness on GBV issues including referral pathways. This enhanced confidence on the part of the direct beneficiaries in reporting cases of violence and follow up. It also enabled the project beneficiaries to raise their voices in case they are violated.

Public policy advocacy by women led accountability groups: This ensured that women were at the centre of the change that the project envisioned. Women led accountability groups developed and implemented key advocacy actions which strengthened accountability for implementation of GBV laws and policies in the target counties and also carried out community sensitization and mobilization.

Working with men as champions to prevent VAW/G: The strategy involved identifying male champions for women rights; strengthening their capacity to engage other men and boys on prevention of VAW/G. Male champions used SASA! Model to carry out community dialogues amongst men and youth groups around VAW/G.

(ii) Evaluation Question: Describe the main lessons that have emerged

The following are some of the lessons that have emerged from this evaluation.

1. Undertaking a baseline survey was a good strategy for it provided baseline data that enabled the measurement of project progress and results realised. This is a strategy that should be adopted in future undertakings where baseline information is unavailable.
2. Adoption of a multi – sectoral approach that involves both state and not state actors to ending VAW/A is an effective strategy that ensures stakeholders work to achieve common objectives, strengthen advocacy efforts, improves coordination and provides better prevention and response to cases of GBV

3. SASA (Start, Awareness, Support and Action) model proved to be an affective community oriented model for sensitization and mobilization that to some extent addressed citizens' apathy on raising their voices on issues of VAW/G and holding leaders to account. Through the SASA model men champions, women community leaders, chiefs, boys, girls' community radio stations were involved in the implementation of the Wajibika project. Community dialogue meetings were held with community leaders including chiefs, opinion leaders, women leaders, and men champions, men leaders where issues of VAW/G were discussed and consensus was built on how to address them. However, the evaluation found out that the SASA model needs to be cascaded further to the lowest level of the community thus the village and Nyumba Kumi levels as this where violations mostly occur.
4. There is need for adaptive programming and flexibility to ensure that project implementation strategies and approaches are reviewed regularly to adapt to the changing environment. The evaluation found out that CREAM was able to adapt during the COVID-19 pandemic and some activities were undertaken virtually, local radios were also engaged to disseminate information on SGBV, physical meetings were held with small numbers of individuals while adhering to the ministry of health COVID -19 protocols and there was additional funding from UNTF to address emerging GBV issues due to the pandemic.
5. The establishment of technical working group with all service providers is a strategy that worked very well. It ensured that each service provider was aware of what the other was doing and this provided opportunities for building synergies and collaboration in addressing issues of VAW/G. This also enhanced ownership and sustainability of the project results.
6. Engaging targeted project beneficiaries in the designing, implementation and evaluation of the Wajibika project is a good strategy for ensuring ownership and sustainability
7. Engaging men champions is a key strategy in addressing retrogressive cultural practices and change of attitude toward women and girls. Women whose husbands were engaged as men champions and those who were reached by the Wajibika project noted that their men had changed in that they consulted them when they wanted to sell the family property, others had been allowed by their husbands to do some business while others had stopped emphasising that their daughters had to undergo FGM. However, the evaluation noted that few men champions were engaged and those who were engaged were not able to reach many men. This was attributed to the fact that it was more challenging reaching out to men than women.

8. Engaging Beacon teachers ensured children's right to education was promoted. The use of the 'speak out box' introduced by beacon teachers was an innovative way of ensuring girls raised issues that affected them through the beacon teachers who then looked for ways of helping them. This is a strategy that should be replicated in other areas where such a project will be implemented in future. However, the evaluation found out that there were few beacon teachers that were involved. In future more could be engaged bearing in mind that the school population is high and schools are many.



9. Strategic partnerships were key in facilitating achievement of project results and was found to be rewarding. CREAM's partnership with KEWOPA was important in enhancing the capacities of county women MCAs in legislation and policy drafting and ensuring gender policy was drafted and passed.

10. There is a need to go beyond the development of the gender policy in both counties to supporting its implementation.

3.1.5 Challenges Experienced During Project Implementation

COVID-19 pandemic: The evaluation found out that the pandemic impacted the project's planned timelines in the sense that most of the project activities were not implemented as planned. The project however made adaptations which ensured project activities continued despite the pandemic. The pandemic also exacerbated VAW/G cases due to socio – economic challenges that it brought and in some cases eroding the gains that the Wajibika project had realized. CREAM asked for a costed extension to enable the project respond to needs of beneficiaries in response to the pandemic.

Limited resources: The resources available were not adequate to support the implementation of the project in the entire counties. This meant that CREAM could not target the most rural parts of the counties and especially at the sub-county level.

Lack of safe places for women who are survivors of GBV: This was cited as key challenge as women lack safe places where they run for psychosocial support or as they await for the service providers (police and courts) to deal with the reported cases. This leads to sometimes having women to go back home to their husbands who in most cases are the perpetrators.

5.9 CASE STUDIES

A total of 6 case studies were undertaken. They highlight significant changes and illustrate the programme's achievements in changing attitude and behaviour with regards to GBV practices and the activities of women, men serving in committees, networks and groups towards public participation to ensure community needs are addressed by their leaders and the elimination of VAW/G. This section provides short extracts from 2 case studies

Case Study - Reformed Circumciser –Bulapesa, Isiolo

According to a reformed circumciser from Bulapesa in Isiolo, a group for reformed circumcisers was formed and registered with CREAM and has since been receiving sensitization.

“When the government said that they didn’t want circumcisers, we hid but CREAM and Isiolo women visited the manyattas (Maasai settlement/compound) and took us to a seminar. When we went to the seminar we were educated and we realized that FGM is not good so we decided to stop the practice. This is a cultural practice, you know we are doing it culturally because I am also circumcised and I have also circumcised by daughter and many other girls. In fact, during holidays like this one, I would be in business and we didn’t know it had any negatives. I was also abused and I didn’t know that I had been abused. Thanks to the seminar through CREAM and Isiolo Women, for educating us for almost three years. We hadn’t seen its risks then but we were educated and we realized it has many risks. We also realized that we were marrying girls early- we circumcise the girls at eight years when they get to 15 years we marry them off and never cared about education. We could take the boys to school and leave the girls at home while the girls would be asked to wash the dishes or even graze the animals. Since CREAM came they have collaborated with Isiolo Women to educate us. For us circumcisers we are now more knowledgeable and we work together telling people that female circumcision is bad and it should be stopped. We used to do it but we have stopped.”

Case Study -Teenage Support Group

The Teenage Support Group was formed by girls who had babies and it brought them together.

Caroline (not real name) is a member of teenage support group in Isiolo county. She got pregnant while in form one and later on lost her child.

How the Wajibika Project has helped Change the Situation

“Before CREAM came, girls who got pregnant would not go back to school, but things have changed now. When I was pregnant, ... would come home talk to me and advise me to wait until I gave birth then I could go back to school. She'd go to every village where she knew there was a young girl who was pregnant and then she'd have a sit down with her and give her advice and encouragement. You know when you're pregnant your parents are usually really disappointed and don't talk to you. She'd find ways in which she'd reach you and talk to you even when your parents didn't want to talk to you. She was supportive. Some of the reasons contributing to early pregnancies among girls are lack of basic needs, like sometimes when a girl asks for things like pads and soap some parents are reluctant to provide them. So the young girl opts to go and ask from a man who in turn asks for something else as payment. CREAM has brought a lot of changes like for example for me, I have been able to go back to school because of them and a large number of girls like me have also gone back to school.”

6 CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

Relevance

The project strategies and interventions were relevant, as they were able to address the gaps identified during baseline study - lack of legislative laws, policies and agenda on addressing GBV at the county level, lack of budgetary allocations on GBV interventions in the county service delivery plans, limited capacity on the GBV duty bearers and legislators at the county levels, weak protocols for coordination of county GBV prevention and response, poor quality of prosecution in GBV cases, poorly equipped police service with limited capacity for forensic evidence collection, analysis and preservation, limited citizens awareness on GBV laws and apathy and limited capacity of women led advocacy groups to seek accountability from public authorities on implementation of laws and policies addressing GBV.

The project was relevant as it was able to reach the targeted beneficiaries - women and girls survivors of violence aged between 10-24 years living in rural and informal settlements and community members -based groups/members; members of the general public/community at large; government officials (i.e. decision makers, policy implementers) / GBV duty bearers, county legislators and men and/ or boys in the project locations.

The project outcomes were aligned to the goal and were addressed through project strategies and activities that focused on capacity building sensitization and awareness for prevention and response to gender-based violence. The study findings indicate that there was great improvement in the prevention, reporting, awareness of VAWG and services offered to survivors at the end of the project as compared to the start of the project

During Covid 19 outbreak outcome 4 was added into the project with a focus on GBV and Covid 19 messaging as well as ensuring CREAM & KEWOPA had improved knowledge, skills and capacities to maintain or adapt ERAW/G interventions within the UNTF funded project. CREAM disseminated COVID 19 and GBV message through community sensitizations and through the mass media using the local vernacular languages. This was done to control the escalating numbers of gender based violence cases during this period. The project also provided dignity kits to 2000 women and girls, legal and psychosocial support services to 2,185 survivors, shelter services to 819 women and girls and cash transfer to 306 women and girls.

Efficiency

The project was implemented in a cost-effective manner and achieved its objectives despite the delays in funds disbursement and the associated logistical challenges in the project areas.

The project cost was calculated during the planning phase and budget allocations were done based on estimates. the project plan was executed without deviations expenses were documented and tracked, to ensure cost stayed within the cost management plan

Adequate resources were allocated to each of the project activities at the start of the project this helped to deliver the project on time and budget.

The project also utilized short development cycles based on the work plan and activity schedule, money was advanced based on specific project activities, this ensured that activities budget was tracked and documented and prevented wastage of money and resources

During Covid 19 the project utilized IEC materials, Radio and international days, this was a cost effective way to reach the masses with SGBV messages.

During the Covid 19 the project team were flexible enough and adopted online meetings to keep the project running.

The project utilized prudent financial management and reporting on the project expenditure however, there were delays in project implementation occasioned by the late release of funds for funding project activities. This was managed through reviewing the work plan and fast tracking project activities in order to ensure implementation was on course and still maintaining the project relevance.

There was flexibility which helped in realigning the project activities in response to Covid 19. With additional funding from UNIFW the wajibika project was able to respond to the COVID-19 pandemic with a focus on the most vulnerable women and girls.

Impact

Capacity building of the service providers is one of the main successful approaches to ending violence against women and girls. This helps to improve service delivery to the community which in turn motivates the community to be actively involved in the fight against VAWG. The study established high levels of confidence of the community in the service providers' handling VAWG cases. The study revealed the VAWG related cases had reduced gradually in the 12 months preceding the evaluation. Further, 82% of the respondents from both counties felt that women and girls were protected against any form of violence. This is as a result of improved knowledge, change of attitude and behavior of the community members towards women and girls as a result of this project.

The good coordination between KEWOPA, policy makers and women led accountability groups led to development of gender policies which are key in the fight on VAWG. Through the Wajibika project interventions during Covid-19 period, the lives of the beneficiaries were improved as

these activities met their needs to a large extent. This was as a result of provision of various benefits like cash transfers, dignity kits, shelter among other services.

Effectiveness

The Wajibika project goal was to have women and girls in Narok and Isiolo counties better protected against GBV through effective implementation of national legislation, policies, national action plans and accountability structures to prevent and end VAW/G. This goal was to be achieved by realizing four (4) outcomes namely (i) Improved capacity and coordination of service providers across health, social, legal, security, education sectors to respond to VAW/G in Narok and Isiolo counties; (ii) Improved prevention of VAW/G through changes in behavior, practices and attitudes; (iii) Improved and effective implementation of the gender related laws and policies on VAW/G at National and County levels and (iv) Organizations that are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls.

The evaluation established that the project goal was achieved to a larger degree as evidenced by the achievement of the two performance indicators of the goal. Performance indicator one for the goal was proposition of adolescent and young women who report feeling safe in private and public spaces from violence. The baseline for this indicator was 48% and the project target was 70%. The evaluation established that this indicator was surpassed since 78% of the survey respondents indicated that they feel safe in private and public spaces at end line. This was attributed to the community dialogues that were held with community elders, chiefs, women leaders, and men champions and women accountability groups where issues of GBV were discussed and solutions proposed.

The second indicator was the extent and nature of county specific policies and institutional practices in preventing and responding to violence against adolescent and young women in Narok and Isiolo counties. The baseline was lack of County Gender Policy and weak multi- sectoral GBV Coordination mechanism that informs GBV stakeholder coordination, gender sensitive and inclusive formulation, implementation and evaluation of laws policies and budgets that address VAWG in the Counties. The indicator target was two gender Policies frameworks adopted that guides the GBV service delivery in the respective counties. The evaluation found out that this indicator was fully achieved since both counties had development a gender policy that had started being implemented by the county governments at the time of the end line evaluation.

In addition coordination mechanisms of service provides were established since none existed before the commencement of the project. The evaluation established that through the Wajibika project three levels of inter-agency coordination mechanisms were established to facilitate coordination of the prevention and response to SGBV issues. These include establishment of GBV sector technical working group, court users committees and village level SGBV Committees. For example, the GBV Gender sector working group which composed of 5 GBV services providers

including the police, Judiciary, Local administration, Teachers service commission and health department as well as non-state interest groups including religious/cultural leaders, private sector and development partners was tasked with coordinating county gender and GBV related activities.

Extent to which outcome 1 was achieved

Outcome one was improved capacity and coordination of service providers across health, social, legal, security, education sectors to respond to VAW/G in Narok and Isiolo counties. This outcome was to be realized through capacity building of key duty bearers in Narok and Isiolo counties and by the establishment and operationalization of inter - agency coordination mechanisms to improve the prevention and response to GBV cases in both Counties. Indicators of success included percentage of service providers who report having knowledge, attitudes, and skills to respond to the needs of VAWG survivors, and do so in a coordinated manner and perspectives of key stakeholders on the nature of inter-agency coordination mechanism at the county level engaged with GBV service delivery. The evaluation found that this outcome was achieved fully.

The endline evaluation found out that Most of the service providers that were interviewed indicated that their capacity to handle GBV had improved and that the coordination of all service providers had significantly improved. For the indicator 1.1 that was Percentage of service providers who report having knowledge, attitudes, and skills to respond to the needs of VAWG survivors, and do so in a coordinated manner, the evaluation through qualitative interviews with 14 service providers found that the percentage of service providers who report having knowledge, attitudes, and skills to respond to the needs of VAWG survivors, and do so in a coordinated manner was 80%, which is way above the baseline of 24.78% and a target of 70%, meaning that CREAM surpassed the target for this indicator. This was attributed to tailor made trainings for different cadres of service providers including school teachers who were trained using the beacon teacher model, police officers at the gender desks, local administration including chiefs and sub –chiefs, the health care providers, the judicial officers, prosecutors, the officers at the county department of gender and the state department for Gender and CSOs.

For the indicator which was Perspectives of key stakeholders on the nature of inter-agency coordination mechanism at the county level engaged with GBV service delivery where the baseline was lack of a clear coordination framework for inter - agency coordination in the counties on GBV, the evaluation established that through the Wajibika project three levels of inter-agency coordination mechanisms were established to facilitate coordination of the prevention and response to SGBV issues. These include establishment of GBV sector technical working group, court users committees and village level SGBV Committees. For example, the GBV Gender sector working group which composed of 5 GBV services providers including the police, Judiciary, Local administration, Teachers service commission and health department as well as non-state interest groups including religious/cultural leaders, private sector and development partners was tasked

with coordinating county gender and GBV related activities. Also, all the stakeholders who were interviewed noted that the coordination mechanisms have improved the efficiency and effectiveness in processing and concluding GBV cases

Extent to which outcome 2 was achieved

Outcome two was improved prevention of VAW/G through changes in behavior, practices and attitudes - Target communities (men, women, boys and girls) in Narok and Isiolo Counties are better equipped with knowledge to take action against violence against women and girls. This outcome was to be realized through equipping of at least 5,500 community members (men, women, boys and girls) in Narok and Isiolo Counties with knowledge and skills on ending violence against adolescent and young women. This was to be done through training of SASA teams and CCE-CC change agents on VAW/G, holding community dialogue sessions with CCE-CC in collaboration with local CBOs across the targeted Counties, holding advocacy meetings between SASA teams, CCE-CC hosting communities and County government development of SASA! Online platform linking CCE-CC practicing communities; and holding information exchange and dissemination forums

The evaluation found out this outcome was achieved to a greater extent as evidenced by surpassing the performance indicators for the outcome. The Wajibika project adopted the SASA Model to sensitize and create awareness through various initiatives by community SASA champions. The SASA champions were trained on the four phases (Start, Awareness, Support, Action) in order to equip them with the skills to influence change in their communities. These initiatives sensitized the community members in an effort to reduce the number of GBV cases. The champions were further supported by CREAM to conduct community outreaches and dialogues targeting men, women, boys and girls so as to find solutions to increased violence related cases.

Outcome Indicator 2.1 was percentage of community members who have participated in the project demonstrate skills and knowledge on gender equality and non-violence. The evaluation found out that at least 73% of community members (average of attitude towards VAWG, seeking outside help and child marriage) showed improved skills and knowledge on gender equality and non-violence, which was an improvement from 40% at baseline and surpassed the target of 60%. The attitudes of community members towards VAWG had changed as most of them agreed that a married woman can refuse sex with husband (62%) which was an increase compared to baseline (53%). In addition most of the respondents also disagreed that a woman is to be blamed for having an abusive partner (67% an increase from 53% during baseline) and she should tolerate violence to keep her family together (68% an increase from 41% during baseline).

The overall attitudes with regards to violence against women changed positively from an average score of 49% at baseline to 67% by endline (aggregated by averaging positive attitudes towards ending VAWG). In addition, the attitudes of community members towards VAWG survivors

seeking outside help was noted to have changed. A majority (95%) were in agreement that women/girls exposed to violence should seek help from service providers which was an improvement from baseline (83.5%). Furthermore, 34% disagreed that when a woman was hit or violated it was a family matter to be resolved within the family. This improved from a baseline value of 16.8%. Also, Community attitude towards child marriage had improved compared to baseline. A majority (89%) were in agreement that marriage of a girl under 18 years was detrimental to her health compared to 79% who felt the same at baseline. More than three quarter (78%) disagreed that marriage of a girl under 18 years was acceptable in order to ease the financial burden of the family compared to only 38% who felt the same at baseline. Overall attitudes with regards to child marriage changed positively from an average score of 53% at baseline to 83% by endline (aggregated by averaging positive attitudes against child marriage)

Outcome Indicator 2.2 was evidence and nature of actions by community members exposed in the project initiated to end violence against adolescent and young women. The evaluation established that 59% of the respondents had protected a woman/girl against violence in the last one-year recording an increase from 16% at baseline. This percentage comprised of 56% from Narok County and 61% from Isiolo County. From both counties, 33% of the respondents (Narok 34% and Isiolo 32%) stated that they had reported any form of violence meted on them or someone else in the community. 69% of the Narok respondents who reported cases, did so to the police while 58% reported to the local administrator (chief). In Isiolo, 46% reported to the police while 42% reported to the chiefs

As a result of increased knowledge and reporting of cases, the levels of convictions in end line evaluation have increased as compared to the baseline survey. The convictions in cases related to “bodily harm inflicted by man on a woman” increased from 27% (Baseline) to 56% (Endline). Conviction of cases related to defilement increased from 23% to 53%, verbal abuse/abusive language/insults from home or community from 26% to 53%, hitting/battering/ beating of woman/girl and child marriage/beading from 26% to 52%

Extent to which outcome 3 was achieved

Outcome three was improved and effective implementation of laws and policies on VAW/G at National and County levels. The project focused on capacity building of the policy makers so that they could come up with laws and policies to end VAWG both at the national and county levels. CREAM with other implementing partners, like KEWOPA, organized various workshops and seminars for the policy makers towards realization of this objective.

Outcome Indicator 3.1 was proportion of policymakers demonstrating knowledge and skills in EVAW/G. The evaluation found that the capacity of MCA's was enhanced that increased their understanding of their role in supporting gender issues and they were able to apply that knowledge and have oversight on the implementation on the gender policies as well as following up on the two thirds gender rule.

Outcome Indicator 3.2 was the number and nature of actions taken by national and county policymakers to improve the effectiveness of legislation, policies, national action plans to prevent and end VAW/G. The evaluation found out that the project conducted lobbying and advocacy meeting with each of the county government in Narok and Isiolo counties. In Narok the focus was to create awareness of the proposed gender policy; confirm authenticity of the proposed policy provisions; confirm sufficiency of content by quality evidence provided by the situation analysis; determine the currency in meaning and applicability of the policy; confirm and agree on the key policy actions, commitments and intervention strategies; recommend reasonable adjustments where amendments were required and understand wholesomely the document that was being forwarded to the Executive for enactment. In Isiolo the focus was on creating awareness and familiarization of key issues, actions and commitments by the Executive on the Gender Policy; to lobby for ownership, support and championship from male counterparts in the assembly and to secure legislative process commitment by the clerk and county assembly members. The output was the realization of the gender policy in both counties.

Outcome Indicator 3.3 was the number and nature of accountability action/Initiatives executed by the women led accountability. The evaluation found out that the project trained 60 (30 per county) women advocacy champions drawn from 40 women led accountability groups in Narok and Isiolo Counties on advocacy and the county planning and budgeting process. The training was organized by the Wajibika project in collaboration with the county department of planning and budgeting. The training was aimed at equipping women leaders with skills and knowledge on their role and that of the community in planning, budgeting, expenditure tracking and budget performance monitoring.

The women champions were trained on the various social accountability frameworks that provide for the various rights and entitlements for women and girls and tools available in order to effectively hold public authorities accountable to effective implementation of laws and policies around GBV. Some of the tools include; the community score card to increase the effectiveness of public services; citizen's report card on women's satisfaction with GBV and SRHR services they receive and their response to the relevant authorities; participatory planning and budgeting where the women participate in the county planning and formulation of gender responsive sector and county budgets. Through these capacity building forums held by the project, the knowledge and skills gained has seen the women increase their participation in the county policy making process by having their representatives in the stakeholder's consultative forums, engagements at the ward level that is the grassroots administrative unit in the county planning and budget making processes.

As a result of the training on gender-responsive budgeting, the women champions from Isiolo County petitioned the County government on the county fiscal paper 2018/2019 for the allocation of more funds for the gender department that would see resources towards prevention and response of GBV in the County.

The trained women-led accountability groups established ward-level citizen forums to hold duty bearers accountable for service delivery, track county budget use and advocate for needed change. In Isiolo, 3 citizen forums were formed (Burat, Wabera and Ngaremara). Results from their initiatives include the upgrading and construction of health facilities (Wabera and Burat). The women accountability groups also participated in drumming up support for the protection of the rights of women and girls during the international calendar events and through the various communication platform during the COVID19 forums. The women accountability group in Narok County is currently supporting the development of the Anti FGM policy document for the county.

Extent to which outcome 4 was achieved

Outcome 4 was organizations are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls. The evaluation found out that this outcome was largely achieved.

The first Output was GBV and COVID 19 Messaging. Under this output CREAM SASA champions disseminated COVID 19 and GBV message through community sensitizations and through the mass media using the local vernacular languages. This was done to control the escalating numbers of gender based violence cases during this period. The sensitization forums brought together men, women, boys and girls from the projects intervention areas to find solutions to the increased cases of gender based Violence. The radio engagements gave them the opportunity to share their own stories and link audience to GBV support services including CREAMs toll-free number. Local community radios (Angaff Radio, Radio Shahidi and Baliti FM) were used to sensitize the residents on the need to prevent violence which was effective in reaching out to larger audiences. From the project reports, an estimated 600,000 listeners were reached through radio. The project also reached out to the community with messaging through the SMS-USSD platform reaching over 10,000 people. Social media platforms such as WhatsApp, Facebook and twitter were also used to pass the same messages. CREAM's toll free SGBV helpline was shared and survivors linked to other services. Overall the community outreach and media engagement during the period was reported as a great success as it significantly rolled back the incidences of violence.

The second output was CREAM & KEWOPA have improved knowledge, skills and capacities to maintain or adapt EVAW/G interventions under the UNTF funded Wajibika project in Nairobi. The

evaluation found out that the institutional staff of CREAM and KEWOPA would be able to adapt to the COVID-19 context, be resilient, and support access to support services for women and girls during the pandemic. CREAM trained SASA champions, the police, local administrators, beacon teachers with the main aim of responding to survivors and preventing violence. The knowledge acquired enabled the champions respond and support survivors to seek justice. CREAM was able to work in collaboration with KEWOPA to empower the institutions with knowledge on how to support GBV survivors through trainings and constant review and follow up meetings to effectively handle and support SGBV survivors.

CREAM held a webinar session aimed at improving access to justice for GBV survivors during the pandemic. The webinar brought together 119 participants representing the judiciary, the national police service and the state department for gender. The project also strengthened the community referral systems during the pandemic through capacity building the community champions on GBV laws, referral pathways, and linkages with the existing GBV service providers at the community level. In addition, the community champions also supported the dissemination of the CREAM Toll-free number (0800-720 186) at the community level

Sustainability

To some extent, the benefits that accrued from the Wajibika project will be sustained in the specific areas where the project was implemented. However measures such as continued advocacy to ensure that the county governments plans and allocates adequate resources to implement the gender policy in both counties; support in the development of a Monitoring and Evaluation Framework of the gender policy in both counties; enhancing economic empowerment of women, continued planning and resource mobilization to address gender based violence; continued dialogue meetings with stakeholders at the community level, continued support to men champions, continuous follow-ups with project beneficiaries (both direct and indirect); continuous awareness creation and refresher capacity building of service providers; and support to girls from poor families and survivors of GBV to access education need to be addressed to enhance sustainability of the project.

Coherence

The project strengthened the police, teachers, lawyers, doctors, rescue centres, SASA champions to improve the system of prevention and response towards GBV beyond the project period. This was in addition to the skills they had acquired in line with their professional training.

The Wajibika project came in to address the gaps that were identified after CREAM had implemented another project with Christian Aid on Sexual Reproductive Health Rights for women in Narok County.

Knowledge

Some of the knowledge products that have been developed by the project include the gender policy that is currently being implemented in both counties, the training manuals that were used to train various cadres of service providers, the project banner and the COVID- 19 messages that were disseminated through radio and other channels. Some of the practices that should be shared with other practitioners include

Capacity strengthening for service providers on VAW/G: This entailed identifying GBV service providers at County level, carrying out skills assessments to determine technical capacity and resources lacking to enable them efficiently address VAW/G. Training involved the use of trainer of trainer’s model which ensured retention of knowledge and skills within institutions.

Building of partnership with state and non-state actors at the county level. These included KEWOPA, the National Police Service, the judiciary, criminal justice actors, education sector, county executive for Gender and Health, county assemblies, local administration officials, prosecutors, health institutions, traditional / cultural and religious leaders and private sector. These partnerships ensured that there was a coordinated approach in addressing GBV.

SASA Model that promoted community sensitization and mobilization: This approach enhanced community awareness on GBV issues including referral pathways. This enhanced confidence on the part of the direct beneficiaries in reporting cases of violence and follow up. It also enabled the project beneficiaries to raise their voices in case they are violated.

Public policy advocacy by women led accountability groups: This ensured that women were at the centre of the change that the project envisioned. Women led accountability groups developed and implemented key advocacy actions which strengthened accountability for implementation of GBV laws and policies in the target counties and also carried out community sensitization and mobilization.

Working with men as champions to prevent VAW/G: The strategy involved identifying male champions for women rights; strengthening their capacity to engage other men and boys on prevention of VAW/G. Male champions used SASA! Model to carry out community dialogues amongst men and youth groups around VAW/G.

6.2 Recommendations

Relevance

In order to enhance the relevance of activities in relation to VAW/G, there is need to consider an extension of the project with the goal of reaching more locations within the counties as well as supporting the implementation of the gender policies. Future programmes should also consider inclusion of persons with disabilities

Efficiency

In order to enhance efficiency of future programmes the following recommendations can be considered:

1. Disbursement of funds should be done in a timely manner to enable project activities to be done on time and prevent backlog of activities
2. There is need to have a component of economic empowerment to compliment the cash transfer as it was only implemented for a short period of time. The findings show that 35% of beneficiaries did not feel that the cash transfer met their needs. A deeper financial inclusion or stronger economic empowerment for survivors of violence is needed because this will free them from violence. This is because without them being financially stable or empowered continuously, they go back to these environments that are violent, and are not able to leave.

Impact

1. CREAM should continue improving the coordination of various service providers through seminars and workshop. This will lead to better handling of GBV cases even after the Wajibika project.
2. More funds should be provided to support victims and survivors of violence related cases. This should be done in a coordinated manner with the key stakeholders for effective utilization of resources.
3. Narok and Isiolo county policy makers should come up laws and more policies aimed at curbing GBV related cases.
4. In future projects, communication should be done to all relevant stakeholders on the various issues including delay of resources required for implementation of the project.

Effectiveness

This evaluation recommends sustainability measure enumerated in this report is implemented to ensure that the results that have been realized through this project live beyond the end of the project.

Sustainability

In order to enhance sustainability, the following recommendations are proposed

1. Advocate for the county governments to include GBV interventions in their CIDP plans and allocate adequate resources to the implementation of the gender policy in both counties
2. Support the development of a Monitoring and Evaluation Framework of the gender policy in both counties to facilitate tracking of the implementation process

3. Enhance the Economic Empowerment of Women aspects in future programmes: This will ensure women are able to make independent decisions when they are violated and support their children especially girls.
4. Continued dialogue meetings at the community level for they provide a good platform to ensure that gains that have been realized are safeguarded and emerging issues are addressed.
5. Continuous support to and engagement of more men champions as they are the custodians of the culture to change their mind set on GBV.
6. Linking beneficiaries to networks engaged in ending violence against women and girls. This will enable building on the gains achieved or emerging issues touching on VAW/G to ensure that issues that impact on sustainability measures are addressed.
7. Continuous awareness creation and refresher capacity building of service providers; There is need for CREAM to consciously create and capacity build service providers through other programmes and platforms such as during the celebration of international days and other projects that the organization is implementing. This will ensure that VAW/G continue to be an agenda in the community and the need to have ended.
8. Support girls from poor families and survivors of GBV not only with dignity kits but also to access education to reduce their vulnerability on GBV such as forced marriages and FGM.
9. Economic Empowerment for Reformed Circumcisers: Despite the positive gains in the reforming of circumcisers, the evaluation found that the practice offered them some financial empowerment. Thus in order for these reformed circumcisers not to be lured by financial gains in the long run, there is need to empower them through economic activities. Discussions with them revealed their intention to start economic activities as groups and thus economic support offered to them through grants, access to credit etc can go a long way to sustain them while enabling them to continue sensitization against GBV.
10. Continued training and awareness for the police officers and other key service providers: The evaluation established that few police officers and service providers were reached during the project implementation. Therefore, the few that benefitted from the project can act as agents of disseminating the teachings to their colleagues to enhance their capacity to do investigations on cases of VAW/G and minimize tampering with evidence. This will ensure that all the reported cases are handled accordingly to ensure justice to the survivors and provide a lesson to the other perpetrators.

Coherence

The various activities done as a result of the Wajibika project should be closely monitored by CREAM, KEWOPA, SASA champions and other relevant stakeholders to ensure that the community is well prepared in case of any related intervention in future on gender based violence.

Knowledge Generation

The training manuals adopted during trainings should be shared to the respective heads of service providers. This will ensure that all service providers have acquired the relevant knowledge and skills more especially those who missed those trainings.

Narok and Isiolo counties through the leadership of KEWOPA should develop more policies and procedures aimed at ending gender violence related cases.

7 ANNEXES

7.1 Beneficiary Data Template

TOTAL BENEFICIARIES REACHED BY THE PROJECT	
Type of Primary Beneficiary	Number
Female domestic workers	-
Female migrant workers	-
Female political activists/ human rights defenders	-
Female sex workers	-
Female refugees/ internally displaced asylum seekers	-
Indigenous women/ from ethnic groups	-
Lesbian, bisexual, transgender	-
Women/ girls with disabilities	70
Women/ girls living with HIV/AIDS	-
Women/ girls survivors of violence	4351
Women prisoners	50
Women and girls in general	11,102
Other (Specify here:)	-
TOTAL PRIMARY BENEFICIARIES REACHED	15,573
Type of Secondary Beneficiary	Number
Members of Civil Society Organizations	40
Members of Community Based Organizations	10
Members of Faith Based Organizations	10
Education Professionals (i.e. teachers, educators)	140
Government Officials (i.e. decision makers, policy implementers)	73 local administrators
Health Professionals (doctors, nurses, medical practioners)	100 health care workers
Journalists / Media	5
Legal Officers (i.e. Lawyers, prosecutors, judges)	13
Men and/ or boys	545
Parliamentarians	65 parliamentarians and MCA's
Private sector employers	-
Social/ welfare workers	-

Uniformed personnel (i.e. Police, military, peace keeping)	130 police officers
Other (Specify here:)	-
TOTAL SECONDARY BENEFICIARIES	1131
Indirect beneficiaries reached	Number 50,000 through radio shows
Other (total only)	66 814 (the primary and secondary beneficiaries reach reached four members of their households)
GRAND TOTAL	133,518

7.2 Terms of reference

End of the Project Evaluation Wajibika Project – Terms of Reference

1.0 About CREAM

Center for Rights Education and Awareness (CREAW) is a non-governmental organization working towards actualizing women’s rights with a vision of a just society where women and girls enjoy full rights and live in dignity. Established in 1999, CREAM’s mission is to champion, expand and actualize women’s and girls’ rights and social justice. CREAM uses bold, innovative and holistic interventions for the realization of women’s rights. Our programs have over the years focused on challenging practices that undermine equity, equality and constitutionalism, promoting women’s participation in decision making and deepening the ideology and philosophy of women’s empowerment. We also support movement building to advance the agenda for social transformation, besides preventing, mitigating and responding to Violence against Women and Girls (VAWG).

2.0 Overview of the Project

Under the 4 years United Nation Trust Fund (UNTF) Wajibika Project, CREAM aimed to ensure that women and girls in Nairobi, Narok and Isiolo counties are better protected against Gender-

Based Violence through effective implementation of national legislation, policies, national action plans and accountability structures to prevent and end violence against women and girls VAW/G.

This will be realized through improved capacity and coordination of service providers across sectors to address VAW/G in Narok and Isiolo counties, women and girls enjoy their rights in a safe community free from VAWG in Narok and Isiolo Counties and improved and effective implementation of the gender-related laws and policies on VAW/G at National and County levels.

The extent of COVID-19 pandemic in the country disproportionately affect women and girls in a number of ways, including adverse effects on their education, food security and nutrition, health, livelihoods, and protection. This crisis exacerbated gender inequalities and placed women, girls, and other vulnerable populations at increased risk of gender-based violence (GBV) and intimate partner violence (IPV). This had a significant impact on the project that called for adaptive approaches in the implementation of the project.

Strategies employed by the project include skills building and capacity strengthening, as well as public policy advocacy by women, led accountability groups; public awareness campaigns, COVID-19 response, to address citizen apathy and increase demand for accountability of public authorities on the implementation of laws and policies that address violence against women and girls; coalition and partnership building with state and non-state traditional actors; monitoring reflection and learning forums as well as documentation and dissemination of best practices.

a) Objectives and Outputs of the Project:

The specific objectives of the project are:

- Improved capacity and coordination of service providers across health, social, legal, security, education sectors to respond to VAW/G in Narok and Isiolo counties.
- Target community members (men, women, boys and girls) in Narok and Isiolo Counties who have participated in the project improve their knowledge, attitudes and behaviors related to gender equality and non-violence.
- Improved and effective implementation of laws and policies on VAW/G at National and County levels.
- Organizations and are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls.

3.0 Purpose of the Evaluation

CREAW conducts project evaluations as part of its commitment to results-based management. Evaluation results are used to improve decision-making and evaluate performance and improve project design and implementation. The purpose of this evaluation is to assess the relevance, efficiency, effectiveness, and sustainability of the project, to date, to identify lessons learned and best practices, and to provide recommendations for improving performance.

4.0 Scope and focus of the Evaluation

The evaluation will look at the following areas: Project management; project activities; a reflection of best approaches and models that were effective in the project implementation, results achieved, the partnerships established, as well as issues of capacity.

5.0 Methodology for Evaluation

The consultancy firm is expected to propose an appropriate evaluation design to assess the delivery, effectiveness and impact of the project which will be further refined in consultation with the WAJIBIKA project team. Evaluators should propose methodologies that can adequately demonstrate the project's interventions' contributions to outcomes for beneficiaries and stakeholders, and that acknowledge the ground-realities of data collection.

The proposed methodologies may utilize both quantitative and qualitative data collection methods which are participatory, inclusive and gender-sensitive, and sufficiently address the preliminary objectives outlined within the ToR. The consultancy firm is also expected to design reliable sampling methods and explain your approaches to answering the evaluation questions, choosing data collection methods and analyzing the data.

Due to Covid-19 restrictions and limitations, the Evaluation Team are expected to design a suitable evaluation approach utilizing current monitoring data, other research data and secondary data. The detailed data will be made available to do the sampling but mentioned below is the geographical coverage of the project in the two Counties of Narok and Isiolo Counties.

Geographical Coverage.

Narok

1. Narok East
2. Narok West
3. Transmara East
4. Transmara West

Isiolo

1. Wabera
2. Bulapesa

3. Burat
4. Ngaremara
5. Oldonyiro
6. Kinna

Due to Covid-19 restrictions and limitations, the Evaluation Team are expected to design a suitable evaluation approach that ensures the protection and safety of the participating stakeholders. It is suggested that the methodology should include, but not be limited to the following, but consultants must propose their own methodology, justify, and explain that proposal:

- Document review: The consultant will review of relevant project documents including Project proposal, Project Cooperation Agreement, Annual work plans, Results and Resources Framework, Six-month Progress and Annual reports (both narrative and financial).
- Field visits: Survey and In-depth interviews to gather primary data from key stakeholders using a structured methodology.
- Key Informant Interviews (KIIs). Interviews will be carried out during field visits. Appropriate questionnaires shall be developed by the consultant and discussed with Project Management Team for approval. Key informants will be drawn from the key project stakeholders including the beneficiary
- Focus Group Discussions (FGDs)- the consultant will allow for context-appropriate innovative participatory methods.

6.0 Stakeholders' Involvement

To answer the evaluation questions, the evaluator/s are expected to engage with all relevant stakeholders and partners to collect insights on:

- Their **respective engagement in the process, how it has been promoted and how it fits with their own work/aims.**
- **Their individual perspectives on the most important success and shortcomings of the project**
- **Their individual perceptions of the capacity, awareness, relationships and resources** developed during their engagement with the project and what they have been able to do with that.

7.0 Duration of the Evaluation

The evaluation is expected to start in February 2022 for an estimated duration of 30 consultancy days. This will include desk reviews, fieldwork – interviews, and report writing.

8.0 Expected Deliverables

The following deliverables are expected.

- An inception report, outlining the key scope of the work and intended work plan of the analysis, and evaluation questions – including the data collection tools.
- Draft Evaluation Report for discussion including all annexes detailed work done and discussions/focus meeting held.
- Final Evaluation Report

9.0 Required expertise and qualification

The Evaluator shall have the following expertise and qualification:

- At least a master's degree in Public Policy, International Development, Development Economics/Planning, Social science or others as may be relevant (at a minimum of Master's Degree level) is Essential.
- At least 4 years of writing experience in EAW in Kenya/region. (Essential)
- Experience in working with local communities and non-governmental organizations.
- A demonstrated a high level of professionalism and ability to work independently and in high-pressure situations under tight deadlines.
- The lead consultant must have demonstrated experience and expertise in designing and managing evaluation studies for similar projects and in delivering agreed outputs on time and within budget. (to provide copies of reports similar work in the last 3 years)
- Excellent written and verbal communication skills in English and Swahili.

How to Apply

Applicants should submit Technical and Financial proposals electronically with a subject line marked "Consultancy for end-line: 'Wajibika Project' on or before 31st January 2022 via email to consultancy@creaw.org.

All applications should include the following:

- Expression of interest/Cover letter outlining how the consultant meets the selection criteria and their understanding of the ToR and methodology
- A detailed technical proposal clearly outlining the proposed methods for the end-line evaluation and examples of tools to be used
- Names and Curriculum Vitae (CVs) of individuals or team members and their roles in the achievement of the assignment
- A financial proposal with a detailed activity-based budget and consultancy rates
- Names and contact information of three references who can be contacted regarding relevant experience

- Two copies of reports for previous work conducted by the consultant from similar assignments.
-

7.4 Updated Log Frame Indicators



Outcome	Indicator	Beneficiaries	Baseline	Target	Endline	Source of Data
Outcome 1: Improved capacity and coordination of service providers across health, social, legal, security, education sectors to respond to VAW/G in Narok and Isiolo counties.	Indicator 1.1: Percentage of service providers who report having knowledge, attitudes, and skills to respond to the needs of VAWG survivors, and do so in a coordinated manner		24.78%	70%	80%	Key informant Interviews with service providers (National police, Judiciary, prosecutors, Health officers, Gender officers etc.)
	Indicator 1.2: Perspectives of key stakeholders on the nature of inter-agency coordination mechanism at the county level engaged with GBV service delivery.	Operational Framework (Counties)	0.00%	100% (2 Counties)	50% (1 County)	Key informant Interviews with policy makers and KEWOPA, Literature Review
		Beneficiary 1 Government officials (i.e. decision makers, policy implementers)	0%	Institutions-6, individuals-108	Institutions-109, individuals-774 (479 F, 295M)	Annual reports years 1-3
		Beneficiary 2 (Community-based, groups/members)	limited capacity of women led advocacy groups to seek accountability from public authorities	Institutions-40, individuals-6000	Institutions-147, individuals-12,245 (8,358F, 3887 M)	Annual reports years 1-3

			on implementation of laws and policies addressing VAW/G.			
		Beneficiary 3 (Parliamentarians)	inadequate resourcing for implementation of laws and policies addressing VAW/G especially at County levels. existing laws and frameworks on VAW/G have not been incorporated into the legislative agenda of county assemblies nor are there budgetary provisions for the same in the county service delivery plans.	Institutions-2, individuals-35	Institutions-41, individuals-73 (65 F, 8M)	Annual reports years 1-3
Outcome 2: Improved prevention of VAW/G through changes in behavior, practices and	Indicator 2.1: Percentage of community members who have participated in the project		40.11%	60%	73%	Household surveys with project beneficiaries

attitudes Target communities (men, women, boys and girls) in Narok and Isiolo Counties are better equipped with knowledge to take action against violence against women and girls	demonstrate skills and knowledge on gender equality and non-violence.					
	Indicator 2.2: Evidence and nature of actions by community members exposed in the project initiated to end violence against adolescent and young women		16%		59%	Household surveys with project beneficiaries
Outcome 3: Improved and effective implementation of laws and policies on VAW/G at National and County levels	Indicator 3.1: Extend of actions taken by national and county policymakers to improve the effectiveness of legislation, policies, national action plans to prevent and end VAW/G.		0	At least 3 demonstrable contributions by national and county policymakers	2 policies launched in Both Narok and Isiolo Counties	Annual report years 3 and KIIs with staff and partners

	<p>Indicator 3.2: Evidence of women led accountability groups who demonstrate improved capacity and action to demand for accountability of duty bearers and GBV service providers on implementation of laws and policies that address VAW/G</p>		No Value Assigned	5 women led initiatives that demand better implementation of GBV related laws and policies	3 in isiolo County (Burat citizen forum, Wabera citizen forum, Ngaremara citizen forum)	Annual progress reports, Focus group discussions with the women led accountability groups, Key informant interviews with MCAs
<p>Outcome 4: Organizations and are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to</p>	<p>Output 4.1: GBV and COVID 19 messaging</p>			100000 SMS to women at risk of GBV		300 women were reached through messaging in Isiolo County
	<p>Output 4.2: CREAW & KEWOPA have improved knowledge, skills and capacities to maintain or adapt EAW/G</p>			Dignity kits to 2000 women and girls, Legal and psychosocial support services to 2000 survivors, shelter services to	Dignity kits to 2000 women and girls, Legal and psychosocial support services to 2185 survivors, shelter	Project staff, project documents

EVAW/G with a focus on the most vulnerable women and girls.	interventions			300 women and girls, cash transfer to 300 women and girls	services to 819 women and girls, cash transfer to 306 women and girls	
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7.5 Evaluation matrix

1. Evaluation Criteria Data Source

Evaluation Criteria	Evaluation Questions	Data Source and Data Collection Methods
Effectiveness	<p>11. To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?</p> <p>12. Was the project effective in delivering desired/planned results even in the phase of the pandemic?</p> <p>13. To what extent did the project adaptation during COVID-19 contribute to meeting project results?</p> <p>14. How effective were the strategies and tools used in the implementation of the project?</p> <p>15. How effective has the project been in responding to the needs of the beneficiaries, and what results were achieved?</p> <p>16. What are the future intervention strategies and issues?</p> <p>17. What partnerships were established and how did they facilitate the achievements of results?</p> <p>18. What capacities were built and how the facilitated achievement of results?</p> <p>19. What were the main lessons with regard to effectiveness?</p> <p>20. Were there unintended results?</p>	Literature Review, Face to Face (Beneficiaries), KIIs (Key stakeholders)
Relevance	<p>4. Was the project relevant to the identified needs?</p> <p>5. Were the inputs and strategies identified realistic and adequate to achieve the results and appropriate in the new COVID-19 context?</p> <p>6. What are the main lessons learned with regard to the relevance of the project?</p>	Literature Review, Face to Face (Beneficiaries), FGDs (Beneficiaries), KIIs (Key stakeholders, Project Staff)

Efficiency	<ol style="list-style-type: none"> 9. Was the process of achieving results efficient? Specifically, did the actual or expected results (outputs and outcomes) justify the costs incurred? Were the resources effectively utilized? 10. Did project activities overlap and duplicate other similar interventions (funded at the targeted counties and/or by other donors? Are there more efficient ways and means of delivering more and better results (outputs and outcomes) with the available inputs? 11. How has the organization adapted to the changing needs and conditions brought by the pandemic? 12. How was the project's collaboration with the relevant stakeholder/state and non-state actors? 13. How efficient were the management and accountability structures of the project? 14. How did the project financial management processes and procedures affect project implementation? 15. What are the main lessons learned with regard to efficiency? 16. Best practices in efficiency 	Literature Review, Face to Face (Beneficiaries), FGDs (Beneficiaries), KIIs (Key stakeholders, Project Staff)
Sustainability	<ol style="list-style-type: none"> 6. To what extent are the benefits of the projects likely to be sustained after the completion of this project? 7. What is the likelihood of continuation and sustainability of project outcomes and benefits after completion of the project? 8. Describe key factors that will require attention to improve prospects of sustainability of project outcomes and the potential for replication of the approach? 9. To what extent are the women-led accountability groups able to carry out accountability initiatives after the life of the project? 10. What and how are capacities strengthened at the individual and organizational level (including contributing factors and constraints)? 	Literature Review, Face to Face (Beneficiaries), FGDs (Beneficiaries), KIIs (Key stakeholders, Project Staff)
Impact	<ol style="list-style-type: none"> 6. How did the project contribute to the achievement of its overall goal of the project as per the design of the project? 7. What, if any, were the unintended effects of the project interventions, both positive and negative? 8. To what extent did the additional funds under the Spotlight Initiative for institutional strengthening and adaptations contribute to ending violence against women and girls under the UNTF funded Wajibika project. 9. What knowledge products have resulted from the project? How effective were they in bringing new information? What products were most useful/effective? 10. Are there new areas of concern that future programming should focus on? 	Literature Review, Face to Face (Beneficiaries), FGDs (Beneficiaries), KIIs (Key stakeholders),

Knowledge generation	<p>4. To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?</p> <p>5. Describe the main lessons that have emerged?</p> <p>6. What are the recommendations for similar support in future</p>	Literature Review, Face to Face (Beneficiaries), FGDs (Beneficiaries), KIIs (Key stakeholders),
Coherence Did the intervention add value in relation to others? How was duplication of effort avoided	<p>3. To what extent was the project consistent with, complementary to, and synergized with other interventions and policies in the same area being implemented by the implementing partners (CREAW and KEWOPA)?</p> <p>4. To what extent did the project carry out what it was supposed to do and, in the manner, envisaged? Any deviations? How effective were the changes if any? Any collaborations? Value addition?</p>	Literature Review, Face to Face (Beneficiaries), FGDs (Beneficiaries), KIIs (Key stakeholders),

2. Evaluation Indicators Data Source

Outcome 1: Improved capacity and coordination of service providers across health, social, legal, security, education sectors to respond to VAW/G in Narok and Isiolo counties		
Indicator 1.1: Percentage of service providers who report having knowledge, attitudes, and skills to respond to the needs of VAWG survivors, and do so in a coordinated manner	Key informant interviews, in-depth interviews	health, police, judiciary, Media, teachers Prosecutors and judicial officers in the criminal justice system county Anti FGM steering committee
Indicator 1.2: Perspectives of key stakeholders on the nature of inter-agency coordination mechanism at the county level engaged with GBV service delivery	In-depth interviews, key informant interviews	police, Judiciary, Local administration, Teachers service commission and health department, non-state interest groups i.e. Religious/cultural leaders, private sector and development partners who coordinate county gender and GBV women led advocacy
Outcome 2: Target community members (men, women, boys and girls) in Narok and Isiolo Counties who have participated in the project improve their knowledge, attitudes and behaviors related to gender equality and non-violence		
Indicator 2.1: Percentage of community members who have participated in the project demonstrate skills and knowledge on gender equality and non-violence	FGDs / Face to face Interviews	Community based household surveys, focus group discussion
Indicator 2.2: Evidence and nature of actions by community members exposed in the project initiated to end violence against adolescent and young women	FGDS key in-depth interviews Face to face interviews	Key in-depth interviews-CREAW SASA champions. Community leaders Household survey with community members-women, men, boys and girls
Outcome 3: Improved and effective implementation of laws and policies on VAW/G at National and County levels		
Indicator 3.1: Extend of actions taken by national and county policymakers to improve the effectiveness of legislation,	key informant interviews, review policy	MPs and MCAs

policies, national action plans to prevent and end VAW/G.	documents	
Indicator 3.2: Evidence of women led accountability groups who demonstrate improved capacity and action to demand for accountability of duty bearers and GBV service providers on implementation of laws and policies that address VAW/G	Key informant interviews FGDs	KIIs-Policy makers (MPS/MCAs) SASA champions, Leaders of women accountability groups, duty bearers-police, local administration, FGD-Members of Citizen Forum. Community members
Outcome 4: Organizations and are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EAW/G with a focus on the most vulnerable women and girls.		
Output 4.1: GBV and COVID 19 messaging	Key in-depth interviews	KIIs-TWG's and GBV committees village level SGBV committees police, Judiciary, Local administration, Teachers service commission and health department SASA champions, SGBV survivors, media
Output 4.2: CREAM & KEWOPA have improved knowledge, skills and capacities to maintain or adapt EAW/G interventions under the UNTF funded wajibika project in Nairobi	FGD, Key in-depth interviews , face to face interviews with beneficiaries	County gender Technical Working Groups FGD-Dignity Kit beneficiaries, Legal & Psychosocial beneficiaries, Shelter facility beneficiaries, Cash Transfer Beneficiaries

7.6 Data collection instruments and protocols

1. Survey Questionnaire

STUDY OBJECTIVES

- i. To assess the performance of the project (based on the evaluation criteria of relevance, efficiency, effectiveness, and sustainability) and make recommendations that would inform the future development of similar projects;
- ii. To establish if the program achieved any unintended results;

SECTIONS

- i. Section A: Introduction
- ii. Section B: Respondent's details
- iii. Section C: Main questions

SECTION A: INTRODUCTION

My name is working for PARS Research which is a consultancy firm based in Nairobi, Kenya. PARS is currently undertaking a study on behalf of the Centre for Rights Education and Awareness (CREAW), Wajibika programme. You have therefore been approached as a beneficiary of the programme. The survey will last approximately 45 minutes. Please note that your participation in this study is completely voluntary and you are free to stop the survey at any time or decline to answer any question. The information you provide during this survey will be confidential and will only be used to aggregate responses from different participants for development of our report.

Can we proceed with the survey? Yes/ No (If no, thank the respondent and proceed to identify another suitable respondent.

Do you agree to participate in the survey?

PARTICIPATION STATUS	CODE	INSTRUCTION
Yes	1	SIGN CONSENT AND PROCEED
No	2	TERMINATE

SECTION B: RESPONDENT'S DETAILS

B1. County and sub county/ward

FAVOURITE COLOUR	CODE	SUB COUNTY/WARD	CODE
Narok	1	Narok North	1
		Narok East	2
		Transmara East	3
		Transmara West	4
Isiolo	2	Bulapesa	1
		Burat	2
		Ngaremara	3
		Oldonyiro	4
		Kinna	5

B2. Record sex of respondent. DO NOT ASK

GENDER	CODE
Male	1
Female	2

B3. Please tell me, where do you belong in the following age brackets?

AGE BRACKET	CODE
Below 18 years	TERMINATE
19-24 years	2
25-34 years	3
35-44 years	4
45-54 Years	5

Above 55 years	6
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B4. What is your marital status?

MARITAL STATUS	CODE
Single	1
Married	2
Separated/Divorced	3
Widow/widower	4

B6. Please tell me, what is your highest level of education

EDUCATION LEVEL ATTAINED	CODE
Never gone to school (Informal education)	1
Primary level	2
Secondary level	3
High school level	4
Vocational training	5
Highest education level	6

B7.

- What are the different sources of livelihood/income in your household? MULTIPLE CODE
- Among these, which is the main source of income in your household? SINGLE CODE

SOURCES OF INCOME	B7 a	B7 b
Crop farming & sales	1	1
Casual labor	2	2
Livestock farming & sales	3	3
Small scale business (e.g. kiosk, market etc.)	4	4
Skilled work/artisan	5	5
Permanent employment e.g. government	6	6
Fishing	7	7
Firewood/charcoal sales	8	8
Beekeeping	9	9
Natural resources (e.g. salt, gum, incense)	10	10
Rental income	11	11
Other (specify)	12	12
No income sources	99	99

B.8 Please tell me, which one is your religion?

Religion	Code
Christian	1
Muslim	2
Atheist	3
Other (specify)	

SECTION C: MAIN QUESTIONS

A) KNOWLEDGE ON VAWG

1. Please tell me, which of the following types of violence;
 - i. Are you aware of;
 - ii. Have occurred in your area recently (in the last 12 months)

	CONVICTION AWARENESS	
	Knowledge	Prevalence
a) Sexual violence		
Rape	1	1
Defilement	2	2
- Incest	3	3
Sexual Assault	4	4
Sodomy	5	5
b) Physical violence		
Hitting/battering/ beating of woman/girl	1	1
Bodily harm inflicted by man on a woman	2	2
FGM/ Cutting of female genitals	3	3
c) Economic violence		
Lack of participation in decision making regarding resources	1	1
Deprivation of resources at home or community (e.g. land, swindling widow's property)	2	2
Economic deprivation of women by men (financial restrictions)	3	3
d) Psychological violence		
Verbal abuse/abusive language/insults from home or community	1	1
Intimidation in community or home	2	2

Restrictions/denial of freedom of movement	3	3
Isolation from friends/family members	4	4
e) Cultural violence		
Forced marriages	1	1
Widowhood practices (wife inheritance/cleansing)	2	2
Child marriage/beading	3	3

2. Do you feel that women and girls at your community are protected from any form of violence?

RESPONSE	CODE
Yes	1
No	2
Indifferent	3

3. Are you aware that you can protect women and girls against violence?

RESPONSE	CODE
Yes	1 (Continue)
No	2 (Go to Question 6)

4. Have you protected any woman/girl against violence in the last 12 months?

RESPONSE	CODE
Yes	1 (Continue)
No	2 (Go to Question 6)

5. Which step did you take to stop violence against women and girls?

STEP(S) TAKEN	CODE
Raise awareness on the dangers of harmful traditions	1
Help girls to travel safely to schools and other places	2
Tackle violence against girls in schools	3
Speak out about violence in homes	4
Connect affected women and girls to the specialists for assistance	5
Engage community leaders in the fight against violence	6
Mobilise the youths to fight harmful practices like child marriages	7
Engage young men and boys as agents for change	8
Empower women and girls to speak out	9
Reach out to marginalised and rural women/girls	10
Take a stand against retrogressive forces	11
Funding women's organizations	12

Other (specify)	
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6. During the past 12 months, has violence against women and girls increased or decreased in this area?

RESPONSE	CODE
Increased	1
Decreased	2
Remained the same	3
Not aware	

7. During the past 12 months, have you reported any form physical and/or sexual violence done to you/to someone else in the community?

RESPONSE	CODE
Yes	1 (Continue)
No	2 (Go to Question 12)

8. To whom did you report to?

RESPONSE	CODE
Police	1
Chief	2
Teacher	3
Religious leader	4
Member of women's network	5
NGOs	6
Others (specify)	

9. Was any action taken?

RESPONSE	CODE
Yes	1 (Continue)
No	2 (Go to Question 12)

10. Which action was taken?

RESPONSE	CODE
Was arrested, prosecuted and convicted	1(Go to Question 12)
Was arrested but released without prosecution	2(Continue)
Was arrested and prosecuted but acquitted	3(Continue)
Was arrested, prosecuted and case is ongoing	4
Others (specify)	

11. From your knowledge, why was there no prosecution/conviction or action on the case of violence you reported?

RESPONSE	CODE
Lack of evidence	1
Bribery	2
I dropped the case willingly	3
I was threatened to drop the case	4
I felt ashamed and dropped the case	5
We settled out of court	6
Police mishandled the evidence	7
Other (specify)	

12. To what extent do you agree or disagree with the following? **Reported cases of violence against women and girls are more effectively responded to now compared to 3 years ago**

RESPONSE	CODE
Strongly disagree	1(Go to Question 14)
Disagree	2(Go to Question 14)
Neither disagree or agree	3(Go to Question 14)
Agree	4(Continue)
Strongly agree	5(Continue)

13. On average, how long does it take for case to be responded to?

RESPONSE	CODE
Less than a day	1
1-2 days	2
3-4 days	3
5-7 days	4
More than a week	5

14. Overall, how would you rate your level of confidence in handling a case of violence compared to 3 years ago?

RESPONSE	CODE
I am less confident now	1
I have the same level of confidence	2
I am much more confident now	3

15. Please tell me, are you aware of anyone who has been convicted of the following types of violence?

a. Sexual violence

	CONVICTION AWARENESS	
	YES	NO
Rape	1	2
Defilement	1	2
Female Genital Cutting	1	2
Sexual Assault	1	2
Incest	1	2

b. Physical violence

	CONVICTION AWARENESS	
	YES	NO
Hitting/battering/ beating of woman/girl	1	2
Bodily harm inflicted by man on a woman	1	2

c. Economic violence

	CONVICTION AWARENESS	
	YES	NO
Lack of participation in decision making regarding resources	1	2
Deprivation of resources at home or community (e.g. land, swindling widow's property)	1	2
Economic deprivation of women by men (financial restrictions)	1	2

d. Psychological violence

	CONVICTION AWARENESS	
	YES	NO
Verbal abuse/abusive language/insults from home or community	1	2
Intimidation in community or home	1	2
Restrictions/denial of freedom of movement	1	2
Isolation from friends/family members	1	2

e. Cultural violence

	CONVICTION AWARENESS	
	YES	NO
Forced marriages	1	2
Widowhood practices (wife inheritance/cleaving)	1	2
Child marriage/beading	1	2

B) SKILLS AND BEHAVIORS RELATED TO VAWG

16. Please tell me, to which extent do you agree or disagree with the following statements in violence against women.

	Agree	Disagree	Indifferent
A woman is to be blamed for having an abusive partner	1	2	3
A married woman can refuse sex with husband	1	2	3
A woman should tolerate violence to keep her family together	1	2	3

17. Please tell me, to which extent do you agree or disagree with the following statements about your community to child marriages?

	Agree	Disagree	Indifferent
Marriage of a female under the age of 18 years can negatively affect the psychological wellbeing of a girl.	1	2	3
Marriage of a girl under the age of 18 can negatively affect the health of the girl	1	2	3
Marriage of a girl under the age of 18 is acceptable to help ease the financial burden of the family	1	2	3
Marriage of a girl under the age of 18 is acceptable way to protect the family's reputation	1	2	3

18. Please tell me, to which extent do you agree or disagree with the following statements about seeking help for survivors of violence against women/girls (VAWG)

	Agree	Disagree	Indifferent
Woman/girl exposed to violence should seek help from service providers like police, hospital, NGO, CBO, religious entity	1	2	3
Woman/girl exposed to violence can seek help from a trusted non-family member	1	2	3
If a woman is hit/violated, it is a family matter to be resolved within the family	1	2	3

19. Do you think it is strange for a married man if his friends see him regularly washing dishes at home, collecting water and cooking?

RESPONSE	CODE
Yes	1

No	2
----	---

20. Do you think it is strange that women and girls are supposed to stay at home while the men source and provide for the family?

RESPONSE	CODE
Yes	1
No	2

21.

a. Has your partner made most of the decisions about your own health care in the last 12 months?

RESPONSE	CODE
Yes	1
No	2

b. During the last 12 months, do you get your way most of the time when your partner and yourself disagree?

RESPONSE	CODE
Yes	1
No	2

c. Have you usually felt respected by your partner in the last 12 months?

RESPONSE	CODE
Yes	1
No	2

d. Did your partner make most of the decisions about when you could visit in the last 12 months?

RESPONSE	CODE
Yes	1
No	2

e. Do you think that all family members should contribute to the decision on how money is spent in the family?

RESPONSE	CODE
Yes	1

No	2
----	---

22.

- a. What steps can you take as an individual to protect women and girls from violence related cases?
- b. Which step do you consider to be the most important in making women and girls free from violence? SINGLE RESPONSE

Steps to be taken	22 a	22 b
Raise awareness on the dangers of harmful traditions	1	1
Help girls to travel safely to schools and other places	2	2
Tackle violence against girls in schools	3	3
Speak out about violence in homes	4	4
Connect affected women and girls to the specialists for assistance	5	5
Engage community leaders in the fight against violence	6	6
Mobilise the youths to fight harmful practices like child marriages	7	7
Engage young men and boys as agents for change	8	8
Empower women and girls to speak out	9	9
Reach out to marginalised and rural women/girls	10	10
Take a stand against retrogressive forces	11	11
Funding women's organizations	12	12
Other (specify)		

23. Have you or anyone in your households participated in community dialogue on violence against women and girls?

RESPONSE	CODE
Yes	1 (Continue)
No	2(Go to Question 26)

24. Which information did you or the other member receive?

RESPONSE	CODE
Where to report cases on VAWG	1
How to protect women and girls in the community	2
Steps to follow for rape cases	3
Where to seek help	4
Rights of women /gender equality	5
Consequences of intimate partner violence	6
Traditional practices that perpetuate violence against women and girls in the community	7

Different forms of VAWG-FGM, Early/Forced marriages, Unskilled deliveries care and Spouse/wife battering.	8
Other (specify)	

25. Based on the above knowledge overall, how would you rate your level of confidence in your ability to support survivors of violence compared to 3 years ago?

RESPONSE	CODE
I am less confident now	1
I have the same level of confidence	2
I am much more confident now	3

26. Are you a member of women networks/SASA Champion?

RESPONSE	CODE
Yes	1 (Continue)
No	2(Go to Question 33)

27. Are there cases of violence against women and girls brought to your attention?

RESPONSE	CODE
Yes	1
No	2

28. How do you handle this cases?

RESPONSE	CODE
Take the cases to the police	1
Take the cases to the chief	2
Take the case to the community head	3
Other (specify)	

29. On average how many cases have you received within the last 6 months?

30. Out of this cases, how many cases are responded to effectively?

31. Have you received any form of training on violence against women and girls?

RESPONSE	CODE
Yes	1
No	2

32. What type of training have you received?

RESPONSE	CODE
Protection	1
Case management	2
Other (specify)	

33. Are you aware of any law on violence against women/girls (VAWG)?

RESPONSE	CODE
Yes	1
No	2

34. Do you know how you can access legal information on VAWG?

RESPONSE	CODE
Yes	1
No	2

35. Do you know what the following category of people should do about VAWG?

	YES	NO
Police	1	2
Health practitioners (Doctors/nurses)	1	2
Chiefs, religious leaders	1	2

36. Did you receive any of the following benefits from the Wajibika project during the Covid 19 period?

RESPONSE	Yes	No
Cash transfer	1	2
Dignity kits	1	2

Shelter	1	2
Legal and psychosocial support	1	2
Other (specify)		

Q37. To what extent would you say the benefit you received met your needs at the time? (Did not meet my needs at all at the time)	Did not meet my needs to a large extent	Neutral	Met my needs to a large extent	Completely met my needs
1	2	3	4	5

Q38. Give your reasons to your answer above

2. Discussion Guide for Boys and Girls

Guidance for introducing yourself and the purpose of the session:

Welcome. My name is _____ (the other member of the team will also introduce him/herself) and I have been engaged by PARS which is a research firm aiming to understand the issue of violence against women and girls in your community. I would like to ask you a few questions about your community being a safe place for children. You have been asked to participate in this study because your personal views and experience as community members is important to us. The discussion usually takes around 45 minutes to complete. Whatever information you provide will be kept strictly confidential. Participation in this meeting is voluntary and you can choose not to answer any individual question or all of the questions. You can stop the discussion at any time. However, we hope that you will participate in this discussion since your views are important. Will you participate in this discussion? At this time, do you want to ask me anything about the study?

(After we are finished, we'll have time for some refreshments before we go).

Target participants 8-10 members

1. Girls (12-18 years)
2. Boys (12-18 years)

- **Note to facilitators** – there are several sections to this session. The space can be divided into two different areas, one for girls and one for boys. There will be one facilitator for girls and one facilitator for boys. The facilitators can begin together with an icebreaker for all the children.

1. Icebreaker/warm-up activity (5-10 minutes)
2. Safe environment for children (30 min)
3. Energizer (5-10 min)

Icebreaker (5 minutes) – Use one or two of the following examples or use others that you feel comfortable facilitating. If the group is large, each of these can be done with sub-groups.

Reorganize. Ask the children to stand in a line as quickly as possible and organize themselves by first name. The children whose name begins with “A” stand first, followed in alphabetical order. Also, those born in a particular month have to line up according to their birth dates. This process can be repeated using other categories like age, number of years in school (if all go to school), date of birth (birth month and date), if time permits. Ask them to give a name of their favourite animal and one thing they like about that animal.

Safe environment for children

1. In this community is there a place where boys and girls feel unsafe or try to avoid? (Day? Night?) What is it that makes this place unsafe?
2. What kind of issues make girls and boys feel unsafe?
3. From whom can boys and girls seek assistance when these issues arise?
4. According to you what is violence against girls and women? Probe if they consider the following as acts of violence against women and girls-
 - Bodily harm inflicted on woman/girls by a man
 - Sexual Violence (assaults, defilement, incest, rape) on women and girls
 - Psychological harm inflicted by man on woman/girl (fear, shame, bullying, controlling behaviour, constant criticism, humiliation, intimidation, verbal abuse)
 - Harmful traditional practice on woman/girl (FGM, early marriage, beading etc)
 - Verbal abuse

What support do girls receive when they are violated?

Are girls confident enough to report cases?

5. Probe for above (q4) acts of violence are common in the community and use participatory ranking to identify the most common acts of violence

Moderator: Select objects with the children to represent each of the types of violence identified. Go through each type of violence in turn and decide with the children what object can be used to represent it. Once linked with a type of violence, put the objects in a pile on the ground in front of the moderator.

Moderator: Ask the group to agree among themselves which are the most common type of violence and which are less common types by ordering the objects in a line on the ground with

the most common at one end of the line and the less common at the other. The moderator should guide but not direct the process.

Note taker: Record key verbatim statements used in negotiating the positioning of objects

Moderator: When the line is complete, check with the group to confirm positioning of types of violence and prompt the group to make adjustments to the line if they wish to change the ranking

Note taker: Record final rankings of problems

6. How does the family treat a woman or a girl who was the victim of rape or sexual assault? How do they support her?
7. What do women and girls do to protect themselves from violence? What does the community do to protect them?
8. Where can women and girls who are victims of violence report cases? List in order of preference (Facilitator to help the children using participatory ranking)

(Police/chiefs, Teacher community leader, social worker, hospital, women network (SASA Champions), CREAM's toll free and hotline number; child help line , others as mentioned)

Moderator: Select objects with the children to represent each of the referral pathways identified. Go through each pathway in turn and decide with the children what object can be used to represent it. Once linked with a referral pathway, put the objects in a pile on the ground in front of the moderator.

Moderator: Ask the group to agree among themselves which are the most used referral pathways and which are less used by ordering the objects in a line on the ground with the most used at one end of the line and the lesser used at the other. The moderator should guide but not direct the process.

Note taker: Record key verbatim statements used in negotiating the positioning of objects

Moderator: When the line is complete, check with the group to confirm positioning of referral pathways and prompt the group to make adjustments to the line if they wish to change the ranking

Note taker: Record final rankings of problems

9. What happens to the perpetrators of these acts of violence against women and girls? Are they punished? If so, how?
10. Can you recall any case of violence against a woman or girl in your community?
 - What happened to the woman or girl?
 - Did they seek help? Do you know why they did not? What happened to them after?
 - From whom did they seek help?

- What kind of help/ support did they receive
 - In your view could anything have been done differently to support them?
11. Are there other services or support (counseling, women’s support groups, legal aid, child right clubs, teenage/young mothers clubs, etc.) available for women and girls that are victims of violence in your community?

ENERGIZER – Facilitator should use a context friendly energizer to cheer up the group of participants.

CLOSING

1. This brings us to the end of our discussion.
2. We want to thank you for being so generous with your time today and for talking to us.
3. We will now work through the information that you shared with us today and identify some important ideas.
4. Please contact us should you have any questions or further comments.
5. Have a wonderful rest of your day! Goodbye. *OR If providing refreshments: Now that we are done, please enjoy refreshment before you go.*

Thankyou

3. Discussion Guide for MCAs

- Introduce self and PARS.
- State the objectives of the evaluation and explain why the respondent/s have been asked to participate in the research.
- Assure respondents of confidentiality of all information/views they will give.
 - Inform respondents that only their opinion is required and that there are no right or wrong answers.
 - Explain the purpose of the note taker and ask participants to express their opinions freely.

GENERAL

- Please introduce yourself by telling us your name and brief on your roles
-

WAJIBIKA PROJECT

- Are you aware of CREAM/KEWOPA? If so, are you familiar with the work of CREAM/KEWOPA?
- Are you aware of CREAM “WAJIBIKA PROJECT” implemented since 2018? How did you become aware? What are its objectives?
- How relevant was the project to the county government in terms of:
 - Addressing Violence against women and girls in this county?
 - Addressing lack of legislative laws, policies on addressing GBV at the county level,

- Lack of budgetary allocations on GBV interventions in the county service delivery plans
 - Capacity building the policy makers (MCAs MPs) on existing national laws and policies on VAW/G
 - What are some of the achievements that were realized as a result of intervention? If not mentioned, encourage discussion around the following to determine their level of achievement/progress
 - Drafting of county specific policy on SGBV from the Model County Policy on Sexual and Gender Based Violence
 - Lobbying and advocacy meeting on the draft county specific SGBV laws
 - Organizing and carrying out mentorship forums for 35 women MCAs and MPs on the gender sensitive reforms especially in VAW/G from the targeted Counties
 - Organizing and carrying out leadership training workshop for 35 women MCAs and MPs from the targeted counties
 - Support study tours and exchange visits for mentors and mentees for cross learning and sharing of experiences
 - Developing clear gender-based legislative assessment guidelines or toolkits (e.g. a gender-based checklist for all pieces of legislation)
 - Did the wajibika project have any positive or negative effects on VAWG outcomes in the county? Explain
 - What are some of the lessons learnt from this project that can be replicated to future projects? /What are some best practices that can be picked from this project?
 - Are the activities carried out by Wajibika project sustainable? Why/why not? What can be done to enhance sustainability?
 - What are some of the lessons learnt from this project that can be replicated to future projects?
 - What are some best practices that can be picked from this project?
- In your opinion are the positive changes (contributed to by the project) sustainable beyond the project period? Why /Why not?

4. Discussion Guide for Community members

INTRODUCTION

- Introduce self and PARS.
- State the objectives of the survey and explain why the respondents have been asked to participate.
- Assure respondents of confidentiality of all information/views they will give.
- Inform respondents that only their opinion is required and that there are no right or wrong answers.

- Explain the purpose of the tape recorder and switch on the recorder.

AWARENESS

- In your own words, what would you say is VAW/G?
- Have you previously been exposed to or currently aware of the occurrence of incidents related to VAGW in this area? (**Probe: intimate partner violence and sexual violence and violence in the community (Sexual violence by non-partners (rape/sexual assault), sexual harassment and violence in public spaces/institutions and violence in schools)**)
- What are the most common forms of violence that girls are exposed to in this locality? (**Probe for forced marriage, dowry-related violence, rape, defilement, sexual harassment, female genital mutilation, forced military recruitment, sexual, labour, slavery/servitude etc.**)
- **What is the driving force behind the increase in the form of violence mentioned above?**
- **What happens to the survivors and the perpetrator when an incidence of VAW occurs in your community?**
- Who are the common perpetrators responsible for violence against girl's offences? (*Probe profile of perpetrators*)
- In your view and from your experience, what would you say are some of the main reasons and factors contributing to the occurrence and practice of VAGW in this county?

TRENDS IN VAGW

- Is there any noted category of girls/women based on age, PWD or otherwise that are more predisposed to violence in this locality? (County levels)
- In your view, what would you say is the role that the local radio stations /media have played so far, in the reported increasing VAGW, in the county?
- **What has been the role of CREAM towards eradicating violence in the community?**
- *what would you say has been the impact of key moments like (International Day of the Girl Child; International Women Day; 16 days of activism; Zero Tolerance to FGM Day) on the reduction of VAGW*

PREVENTION AND RESPONSE MECHANISMS FOR VICTIMS OF VAGW

- Where do you usually go when you have concerns and questions about violence in general, and in particular VAGW?

- Specifically, where do you go to report cases of VAGW? (Police/chiefs, community leader, social worker, hospital, women network (SASA Champion)
- Why do you go to that specific agency or facility? Who recommended the facility /agency?
- Ave you received support from where you have reported the cases? If yes, what sort of support?
- How Do community members hold each other accountable? Probe if by making use of the toll free numbers to report any cases of violence, (CREAWS hot line & toll free number)
- Would say the Community dialogues with the men, women, and adolescents have increased awareness on GBV prevention and GBV referral pathways? if yes how? ask them to mention some of the referral pathways they have used? **(probe for challenges)**
- Are you aware of any forums or support groups for women and girls to disseminate information on violence prevention? If yes, which ones are they? How do they meet? How many times in a month?

INTERACTIONS WITH THE SERVICE PROVIDERS

- Are you comfortable asking questions and forwarding concerns about VAGW to the relevant persons e.g. the community leaders, religious leaders, women networks, Police etc., in this area?
 - If yes, what level/kind of input do you feel you have from them?
- How much information do they provide you concerning prevention, and response options and referral mechanisms in place against VAGW?
- Have you been able to cascade information regarding GBV prevention in any platform? If yes, which platforms?
- Do you feel that you are able to make informed decisions with the information given?
- In your view, to what extent and in what specific ways would you say that the community is involved in the prevention of VAGW in this county?
- Is there any formal procedure/protocol in place at community level for the identification of victims/survivors of VAGW in this area?
 - If yes, how effective are these systems in your opinion?
- Do you know of any safe spaces/shelters that respond to cases of violence for identified victims of VAGW? ***(Probe adequacy of legal frameworks & policies, sentencing of perpetrators, victim assistance etc.)***
- In your opinion, to what extent are the said response, referral and safe spaces adequate to deal with the violence against girl's situation? ***(Probe at county levels)***
- In your view, how would you describe the presence and coverage of girl protection structures and systems in this area? (Particularly agencies and service providers dealing with VAGW)

- What difficulties do you face with access to protection services/ safe spaces to girls?

THE ROLE OF THE COMMUNITY IN THE FIGHT AGAINST VAGW

- What is the attitude of your family and friends, towards prevention, identification and seeking response and redress for victims of VAGW? (*probe: their role in enabling or curbing the vice, their level of trust in the service providers; e.g. culture of reporting cases VAGW to law enforcement officers*)
- Do you think that the community is currently involved in tackling VAGW? if yes what are some of the **actions /activities initiated by community to end violence against girls and women?**
- As a community do you feel empowered with knowledge and skills towards ending VAWG?
- What impact do (police, chiefs, judiciary, prosecutors, community leaders, women networks, MCA, MPs) have on the fight against violence in this area?
- Are you aware of any initiatives and interventions that are in place at community level to enhance advocacy against VAGW and increase the levels of community awareness regarding the subject?

RECOMMENDATIONS ON WAY FORWARD

- What would you like to see happen or change to help you access more or better services, with regards to VAGW? (Probe: What would you change? What would you like to see happen or look different for the various community members- i.e. men, women?)

In your view, what would be the best approach to tackling VAGW? Any suggestions for the way forward (Disaggregated per stakeholder group i.e. duty bearers- humanitarian agencies, police, courts, teachers & other relevant government departments; rights holders and community as a whole)

5. Discussion Guide for Implementing partners

INTRODUCTION

- Please give a brief description of your organisation including its objectives and priorities
- What role do you play in this organisation? What is your specific role in the Wajibika project?

Wajibika Project /relevance

I would like us to now focus on the Wajibika Project

- Would you say that the project was relevant to the
 - ✓ Community
 - ✓ Duty bearers

- ✓ Policy makers/? Why do you say so?
- ✓ Did it target the right areas? Why/Why not?

Efficiency

- Have the key project activities been implemented within the proposed timelines?
 - Were project targets achieved within anticipated timelines?
 - Have the actual project expenditures been according to plan/schedule?
 - What are the major successes that can be attributed by your interventions?
- What challenges did you experience during implementation of the program?
 - How did Covid-19 affect implementation of the project?
 - What measures did you put in place to ensure implementation during the COVID 19 pandemic/ cessation of movement measures?
 - What steps did you take to ensure that the project activities were running?
- Were all project activities conducted according to project design?
 - Were there any deviations from the project plans?
 - If yes, what were the reasons behind the deviations?
- To what extent do you think the project resources have been economically converted into project results in terms of value for money? Please give reasons for your answers
- What channels of communication were used between the lead organization and KEWOPA?
 - Was communication efficient?
- Do you feel there was adequate capacity to implement the project as planned? Probe Fully for financial, human resource, technical capacity etc

Partnership

- What were the challenges of working in partnership with CREAW/? What improvements can be done?
- Do you think working with partners affected overall efficiency and effectiveness of the project negatively or positively? Probe for reasons

Effectiveness & Impact

I would like us to discuss the achievements of the project

- Would you say that the project achieved its outcome? What are the gaps in terms of policies knowledge gaps /capacity? Why do you say so?
- What key achievements would say the project has achieved, (Probe)
 - Training of MPs and MCAs in the target counties on existing national laws and policies on VAW/G
 - Drafting of county specific policy on SGBV from the Model County Policy on Sexual and Gender Based Violence
 - Lobbying and advocacy meeting on the draft county specific SGBV laws
 - Mentorship forums for women MCAs and MPs on the gender sensitive reforms especially in VAW/G from the targeted Counties
 - Study tours and exchange visits for mentors and mentees for cross learning and sharing of experiences
 - Develop clear gender-based legislative assessment guidelines or toolkits (e.g. a gender-based checklist for all pieces of legislation)

Would say the project has contributed to:?

- Reducing violence against women and girls?
- Leading to policy change/ actions at project areas? **(gender policy Narok & Isiolo, SGBV sector working, forming anti FGM steering committee)**
- Are there any additional achievements that fall outside the areas above that you would like to share?
- What are some of the unintended impacts as a result of project intervention?
- Have there been any unexpected outcomes of the program? Probe

Sustainability

- How would you describe the level of ownership of project activities by the beneficiaries?
- Where do you see the initiatives promoted by your organization under the Wajibika project in the next 5 years?
- What is the exit strategy for this program?
 - What measures are in place to ensure sustainability of the activities promoted by the program intervention?
- What is the one element in this project that you would say will contribute to its sustainability?
- Are there elements in the project implemented that have been adopted by other organizations? Give examples

- To what extent do you feel the project implemented can be replicated by other organizations or in other areas? Probe Fully

Lessons learnt and best practices

- What would you say are the strengths/ weaknesses of the program implemented?
- What lessons did you learn from the project implemented?
- What are the best practices that can be drawn from this project?
- What recommendations, if any, can you provide for any future work in a similar area?

How can future capacity building activities be improved?

6. Discussion Guide for Service Providers

SERVICE PROVIDERS IN HEALTH, SOCIAL, LEGAL, SECURITY, PROSECUTORS, (GENDER OFFICE), CSOS, PROBONO LAWYERS, COUNSELORS, MEDIA, TOTS, WOMEN LED ACCOUNTABILITY GROUPS

RESPONDENTS PROFILE/WARM UP

- Please introduce yourself and the role you carry out in the community/Office

RELEVANCE

- Would you say that the Wajibika project was relevant to community's needs in terms of reducing VAWG? Why do you say so?
- What interventions did Wajibika carry out that reduced VAWG?
- How was the situation of women and girls 3.5 years ago before the program?
 - What was the community perception of women and girls?
 - Which were the harmful practices that women and girls faced?
 - What forms of violence did they use to face?
 - *What was happening/ measures taken when one was violated?*
 - *Were societal norms regarded as forms of violence?*
- In your view, how has the situation for girls and women in the society changed since the inception of the project?
 - Would you say that women and men are having equal rights? Why do you say so?
 - Are women and girls being discriminated? Why do you say so?
 - What forms of violence do women and girls continue to face? Has there been a change?

- Are women confident enough to speak out and report to relevant authorities whenever they are violated?
- What happens to perpetrators who instill violence on women?
- What would you say was the capacity of you as a Service Providers in responding to VAWG cases 3 years ago? Rate on a scale of 1-10
 - How did you use to handle VAWG cases?
 - How are you handling now?
- What would you say is your **current** capacity as a Service Provider in responding to VAWG? Rate on a scale of 1-10
- What challenges did you as a duty bearer used to face three and a half years ago?
 - Do you face the same challenges? Why do you say so?
- How important has the wajibika project been to your role as a service provider?

EFFECTIVENESS OF PROJECT AND THE ROLE OF SERVICE PROVIDERS

- How would you describe the level of your involvement in this project? Describe the activities involved in? Was this sufficient? What could have been done better?
- How has the project impacted you as an individual?
- Overall, has there been an improvement in the response of service providers to VAWG since the beginning of the project? In which ways?
- *How many cases of VAWG have you responded to since the beginning of the project?*
- *On average, how many cases of VAWG do you respond to in a month?*
- *Take us through what happens when a VAWG case is reported to you ? probe for reporting pathways.*
- During the three years' period, how do the community members report cases of abuse? *Probe CREAM reporting through the hot line/toll free line, women networks, SASA Champions, paralegal, local administrators, CHVs, Religious leaders,*
 - What do you do when you receive such cases?
 - How is the safety of survivor's enhanced? How was it like three and half years ago?
 - What kind of support do you provide to survivors? Probe:
 - **Medical support- probe for Treatment, issue PEP, filling P3/PRC forms, collection of samples, referrals etc**
 - **Psychosocial support for sexual abuse survivor- probe for counselling, accompanying survivors to seek post violence services etc**
 - **Legal support- probe for reporting to police, recording statements, evidence collection, drawing charges, drawing pleadings, legal advice, prosecute, hearing of the matters in court,**
 - **Other....**
 - What happens if a case is taken to the police?

- Are cases being filled? How does this compare to three years ago?
 - Are police conducting investigation? How does this compare to three years ago?
 - How has the project enhanced response from the police? Probe for evidence collection, preservation & presentation in court, visiting the scene of crime, completeness of charge sheets
 - Are cases being taken to department of children, which type of cases? What happens at the department of children? What happens after cases are taken there?
 - How do you compare response of officers compared to three years ago?
 - How easy is it to access justice compared to three years ago? What kind of legal support is being offered? *Probe for virtual legal services through the toll free line, legal advice (on court process, rights) pro bono legal services including representation in court*
 - What happens to cases being taken to court?
- *How many cases have you responded to by following the referral pathway steps?*
- How would you describe the relationship between Service Providers and the community members as well as community champions?
 - How was it like three years ago?
 - How is it now?
 - What contributed to this change?
- Have you attended any training organized by CREAM?
 - What training have you attended? **(Probe on TOT for Police training, health workers training, local administration, beacon teachers training, women accountability groups and cross learning organised twice a year)**
 - How frequently have you been attending the training?
 - Has the training been helpful to you? In which ways?
 - Did you face any challenges during the training? Do you have any suggestions to improve such trainings?
- Have you attended dialogue meeting arranged by CREAM in the past on VAWG?
 - How many such meetings have you attended?
 - Do you feel the dialogue meetings have been important? In which ways?
- Have there been policies implemented on GBV as result of the project? What actions have been taken?
- What actions have you undertaken to improve your service and responsiveness in relation to VAWG? **(Production and dissemination of IEC materials, care of the survivors, sensitizing others, setting specific areas to attend to survivors, prompt investigations, installation of speak out boxes in school, child right clubs, having a focal point person in**

the institution, collaboration with other agencies, proper documentation of the cases and services offered, prioritizing hearing of GBV matters in court)

- Was the project effective in delivering desired/planned results even in the phase of the pandemic?
- To what extent did the project adaptation during COVID-19 contribute to meeting project results?

IMPACT OF THE PROJECT

- Has there been a change in the number of reported cases since the time of project? Why do you say so? Probe for examples
- How are men involved in eradicating violence in the community?
- Has there been a change in how you have responded to the cases you receive? Why do you say so?
- Have women and girls become more confident in reporting cases of violence? In which ways?
- Has the perception of community changed in relation to the rights of women and issues affecting women?
- How has the Marking of International advocacy events impacted on VAW/G (International women Day, 16 days of activism, day of African child, zero tolerance to FGM)

LESSONS LEARNT

- What could have been done better when CREAM was reaching out to Service Providers?
- What more needs to be done to reduce cases of violence against women and girls in this community?
- Do you have any other reflections / lessons learnt or recommendations to share?

7. Discussion Guide for Staff

INTRODUCTION

- Please give a brief description of your organisation including its objectives and priorities
- What role do you play in this organisation? What is your specific role in the Wajibika project?
- For how long has your organisation worked in these locations?

Wajibika Project /relevance

I would like us to now focus on the Wajibika Project

- Would you say the project was relevant to the community? Why do you say so?
 - Why did you consider to implement the project in this area?
 - How was the situation of women and girls before the project?

- How has the situation of women and girls changed since the beginning of the project?
- Would you say the project was relevant to duty bearers? Why do say so?
- Would you say the project was relevant to policy makers? Why do you say so?
- How was the Project implemented? **/probe involvement of different stakeholders – Women networks/Duty bearers/teachers/Community leaders/MPs/MCA/SASA champions etc)**
- What was the level of participation of the community members and other actors in your program?
- Why was the project implemented in the beneficiary areas?
- Do you think the project has been able to address the priority needs of the community members?
- How was the project aligned to the needs and priorities of the donor?

Efficiency

- Have the key project activities been implemented within the proposed timelines?
 - Were project targets achieved within anticipated timelines?
 - Have the actual project expenditures been according to plan/schedule?
- What challenges did you experience during implementation of the program?
 - How did Covid-19 affect implementation of the project?
 - What steps did you take to ensure that the project activities were running?
- Were all project activities conducted according to project design?
 - Were there any deviations from the project plans?
 - If yes, what were the reasons behind the deviations?
- To what extent do you think the project resources have been economically converted into project results in terms of value for money? Please give reasons for your answers
- What channels of communication were used between the lead organization and Women Right Networks as a partner?
 - Was communication efficient?

- Do you feel there was adequate capacity to implement the project as planned? Probe Fully for financial, human resource, technical capacity etc

Partnership

- Who were your partners in the implementation of this project? Probe Fully
 - How did you work with them?
 - What was your level of involving the stakeholders?
- What were the challenges of working with partners/? What improvements can be done?
- Do you think working with partners affected overall efficiency and effectiveness of the project negatively or positively? Probe for reasons
- To what extent was the project consistent with, complementary to, and synergized with other interventions and policies in the same area being implemented by the implementing partners (CREAW and KEWOPA)?

Effectiveness & Impact

I would like us to discuss the achievements of the project

- Would you say that the project achieved its outcome? Why do you say so?
- What are key achievements would you say the project has achieved, in terms of? (Probe)
 - Reducing violence against women and girls
 - Reporting of VAWG cases
 - Changing community perception on SGBV
 - Ensuring accountability of duty bearers?
 - Improved capacity and coordination of service providers across health, social, legal, security, education sectors to respond to VAW/G in Narok and Isiolo counties
 - Leading to policy change/ actions at project areas? (**enactment of Laws, policies, protocols, budgets and/or national action plans on VAW/G developed and/or improved to more effectively prevent and respond to VAW/G**)
 - adequate response and care for VAW/G survivors

- drafting of the gender policy in Narok, creation of the SGBV sector working groups to review progress made on Narok county gender policy, forming anti FGM steering committee)
- Are there accountability systems and/or mechanisms that have been set up or improved to demand for effective implementation of VAW/G policies.
- Are there any additional achievements that fall outside the areas above that you would like to share?
- in what ways would say that the project was able to strengthen the capacity of
 - duty bearers
 - policy makers
 - community champions?
 - What changes have been observed as a result of working with the above stakeholders?
- What types of training or capacity building has been offered by CREAM to implementing staff/Partner organizations and other stakeholders? **Probe fully**
- Do you think the capacity building offered by CREAM was effective? Explain your answer – were there any challenges with the capacity building and if so how did you mitigate them?
- Did the capacity building sessions lead to any opportunities? If yes please explain
- Would you say this program created and enhanced networks to assist women/girls - prevent and report cases of Violence? In which ways?
 - How did you support Women networks?
 - Would you say Women networks have been effective in fighting SGBV, why do you say so?
- How has the Wajibika project affected traditional systems practised by communities (Early Marriages, FGM, VAWG)?
- Which changes in the community have been observed?
- Have there been any unexpected outcomes of the program? Probe
- Was the project effective in delivering desired/planned results even in the phase of the pandemic?

- To what extent did the project adaptation during COVID-19 contribute to meeting project results?

Sustainability

- How would you describe the level of ownership of project activities by the beneficiaries? (Community **members, duty bearers**)
- Where do you see the initiatives promoted by your organization under the Wajibika project in the next 5 years?
- What is the exit strategy for this program?
 - What measures are in place to ensure sustainability of the activities promoted by the program intervention?
- What is the one element in this project that you would say will contribute to its sustainability?
- Are there elements in the project implemented that have been adopted by other organizations? Give examples
- To what extent do you feel the project implemented can be replicated by other organizations or in other areas? Probe Fully

Lessons learnt and best practices

- What would you say are the strengths/ weaknesses of the program implemented?
- What lessons did you learn from the project implemented?
- What are the best practices that can be drawn from this project?
- What recommendations, if any, can you provide for any future work in a similar area?
- How can future capacity building activities be improved?

8. Discussion Guide for Beacon Teachers

RESPONDENTS PROFILE/WARM UP

- Please introduce yourself and the role you carry out in the community/Office
- Tell us how you came to know of the Wajibika project? How did you become recruited as a beacon teacher?

RELEVANCE

- *Would you say that the Wajibika project was relevant school girls's needs in terms of reducing VAWG? Why do you say so?*
- What interventions did Wajibika carry out that contributed to reduced VAWG?
- How was the situation of school girls 3.5 years ago before the program?
 - What was the community perception on VAWG especially for school girls?
 - What forms of violence did they use to face? *Are these the same for in school and out of school girls? Which category of girls are most at risk?*
 - What was happening/ measures taken when one was violated? Were schools well equipped to handle VAG in the school?
- In your view, how has the situation for school girls in the society changed since the inception of the project?
 - Are women and girls being discriminated? Why do you say so?
 - What forms of violence do girls continue to face? Has there been a change?
 - Are school girls confident enough to speak out and report to relevant authorities whenever they are violated?
 - What happens to perpetrators who instill violence on women and girls?

EFFECTIVENESS OF PROJECT AND THE ROLE OF SERVICE PROVIDERS

- What is the role of Beacon Teachers in reducing VAWG cases?
- Has the project changed the way you as Beacon teachers respond to VAWG cases?
- Are there activities you have established in schools to enhance reporting cases of VAWG (**probe speak out boxes, support given to learners who report GBV cases to them**)
- Have you passed the information gained to other teachers /community?
- How many cases of VAWG have you responded to since the beginning of the project?
- On average, how many cases of VAWG do you respond to in a month?
- Take us through what happens when a VAWG case is reported to you? probe for reporting pathways.
 - How is the safety of survivor's enhanced? How was it like three and half years ago?
 - Have you referred any case to the police? How was the case managed?
 - Are cases being taken to department of children, which type of cases? What happens at the department of children? What happens after cases are taken there?
 - How do you compare response of officers compared to three years ago?
 - How easy is it to access justice compared to three years ago? What kind of legal support is being offered? *Probe for virtual legal services through the toll free line, legal advice (on court process, rights) pro bono legal services including representation in court*

- What happens to cases being taken to court?
- *How many cases have you responded to by following the referral pathway steps?*
- Have you attended any training organized by CREAMW?
 - What training have you attended?
 - Has the training been helpful to you? In which ways?
 - Did you face any challenges during the training? Do you have any suggestions to improve such trainings?

LESSONS LEARNT

- What could have been done better when CREAMW was reaching out to beacon teachers?
- What more needs to be done to reduce cases of violence against women and girls in this community?
- Do you have any other reflections / lessons learnt or recommendations to share?

9. Discussion Guide for Covid 19 Beneficiaries

INTRODUCTION

- Introduce self and PARS.
- State the objectives of the survey and explain why the respondents have been asked to participate.
- Assure respondents of confidentiality of all information/views they will give.
- Inform respondents that only their opinion is required and that there are no right or wrong answers.
- Explain the purpose of the tape recorder and switch on the recorder.

AWARENESS

- In your own words, what would you say is VAW/G?
- Have you previously been exposed to or currently aware of the occurrence of incidents related to VAGW in this area? (**Probe: intimate partner violence and sexual violence and violence in the community (Sexual violence by non-partners (rape/sexual assault), sexual harassment and violence in public spaces/institutions and violence in schools)**)
- What are the most common forms of violence that girls are exposed to in this locality? (**Probe for forced marriage, dowry-related violence, rape, defilement, sexual harassment, female genital mutilation, forced military recruitment, sexual, labour, slavery/servitude etc.**)
- **What is the driving force behind the increase in the form of violence mentioned above?**
- **What happens to the survivors and the perpetrator when an incidence of VAW occurs in your community?**

- Who are the common perpetrators responsible for violence against girl's offences? (*Probe profile of perpetrators*)
- In your view and from your experience, what would you say are some of the main reasons and factors contributing to the occurrence and practice of VAGW in this county?

COVID 19

- How did Covid 19 affect you and your household?
- How were you supported by the Wajibika project during the Covid 19 period? (Probe for Cash transfer, dignity kits, shelter facilities, legal and psychosocial support)

ASK CASH TRANSFER/ DIGNITY KIT BENEFECIARIES

- How were you selected as beneficiaries of cash transfer /Dignity kit by the Wajibika project?
- What challenges were you facing before being selected as a beneficiary?
- Would you say the beneficiary selection process was fair? Are there those that you feel were left out that needed the support you received? Please explain
- For cash transfer beneficiaries only
 - ✓ How much cash did you receive?
 - ✓ How was this cash transferred to you? Were there any difficulties accessing it?
 - ✓ How did you spend it?
 - ✓ Would you say anything significant happened in your life as a result of receiving this money?
 - ✓ How satisfied were you with the cash transfer process?(Use a scale of 1-10). What could have been done better?
- For dignity kit beneficiaries only
 - ✓ What was in the dignity kit?
 - ✓ Were you satisfied with the contents of the dignity kit? Was there anything you needed that was lacking and you feel should be considered in the future?
 - ✓ Would you say anything significant happened in your life as a result of being supported with the dignity kits?

ASK SHELTER FACILITY BENEFICIARY

- What is the name of the shelter you were placed in?
- What was the situation that led you to be referred to this shelter?
- Which services did you receive in this shelter? (**probe for psychosocial support, medical services, legal services, provision of necessities (food & clothing)**)

- Would you say anything significant happened in your life as a result of being provided with a shelter facility? explain
- Were you satisfied with the services that you received? if no why not? what can be improved?
- How long were you in the shelter? Was the time enough to recover and move back to normal life? If you are still in the shelter, what further support do you require to move back to normal life?

ASK LEGAL AND PSYCHOSOCIAL SUPPORT BENEFICIARIES

- What was the situation that led you to seek legal/psychosocial support?
- Who provided you with the legal/psycho social support?
- Would you say the outcome of the support you received was positive? Why?
- How satisfied were you with the support offered (use a scale of 1-10). What more could have been done?

10. Discussion Guide for Government Stakeholders

(Judiciary and ODP, National Police Service, County Government Gender department

- Introduce self and PARS.
- State the objectives of the evaluation and explain why the respondent/s have been asked to participate in the research.
- Assure respondents of confidentiality of all information/views they will give.
- Inform respondents that only their opinion is required and that there are no right or wrong answers.
- Explain the purpose of the note taker and ask participants to express their opinions freely.

GENERAL

- Please introduce yourself by telling us your name and the department that you work for.
- Please describe your role in the institution/ ministry.

WAJIBIKA PROJECT (Gender/Judiciary)

- Are you aware of CREAM/KEWOPA? If so, are you familiar with the work CREAM/KEWOPA?
- Are you aware of CREAM “WAJIBIKA PROJECT” implemented since 2018? How did you become aware? What are its objectives?
- How relevant was the project to the county government in terms of:
 - Addressing Violence against women and girls in this county?
 - Addressing lack of legislative laws, policies on addressing GBV at the county level,
 - Lack of budgetary allocations on GBV interventions in the county service delivery plans

- Capacity building the policy makers (MCAs MPs) on existing national laws and policies on VAW/G
- What are some of the achievements that were realized as a result of intervention? If not mentioned, encourage discussion around the following to determine their level of achievement/progress
 - Drafting of county specific policy on SGBV from the Model County Policy on Sexual and Gender Based Violence
 - Lobbying and advocacy meeting on the draft county specific SGBV laws
 - Organizing and carrying out mentorship forums for 35 women MCAs and MPs on the gender sensitive reforms especially in VAW/G from the targeted Counties
 - Organizing and carrying out leadership training workshop for 35 women MCAs and MPs from the targeted counties
 - Support study tours and exchange visits for mentors and mentees for cross learning and sharing of experiences
 - Developing clear gender-based legislative assessment guidelines or toolkits (e.g. a gender-based checklist for all pieces of legislation)
- Did the wajibika project have any positive or negative effects on VAWG outcomes in the county? Explain
- How would you describe your collaboration with the project team?
- What are some of the lessons learnt from this project that can be replicated to future projects? /What are some best practices that can be picked from this project?
- Are the activities carried out by Wajibika project sustainable? Why/why not? What can be done to enhance sustainability?

ASK JUDICIARY /OPP/NATIONAL POLICE SERVICE

- Are you aware of CREAM? If so, are you familiar with the work of CREAM?
- Are you aware of CREAM PROJECT “WAJIBIKA PROJECT” implemented since 2018? How did you become aware? What are its objectives?
- What is the role of your office when it comes to violence against women and girls? **(prevention, reporting, investigation, prosecution)**
- How was the situation of Violence against women and girls 3 years ago before the program? **prevention, reporting, investigation, prosecution)**
- what are some the challenges faced by your staff/office in **(prevention, reporting, investigation, prosecution) probe**
 - limited capacity on the GBV duty bearers and legislators at the county levels
 - poor quality of prosecution in GBV cases
 - poorly equipped police service with limited capacity for forensic evidence collection, analysis and preservation,
 - limited citizen’s awareness on GBV laws and apathy
 - limited capacity of women led advocacy groups to seek accountability from public authorities on implementation of laws and policies addressing GBV

- In your view, how has the situation for girls and women in the society changed since the inception of the project? **prevention, reporting, investigation, prosecution)**
- Did you or any of your staff participate in any training offered by the CREAW through the wajibika Programme? How would you rate the training offered?
- What was the outcome of that training? Why do you say so?
- What contribution do you think the Wajibika project has made in the area of violence against girls and women in this county?
- How would you describe your collaboration with the project team?
- What are some of the lessons learnt from this project that can be replicated to future projects?
- What are some best practices that can be picked from this project?

In your opinion are the positive changes (contributed to by the project) sustainable beyond the project period? Why /Why not?

11. Case study guide

INTRODUCTION

Hello, my name is _____ and I am working with PARS Research. We are carrying out an evaluation of the CREAW Wajibika project that was aimed at addressing VAWG in the community. You have been selected for this discussion to help us understand whether the project was able to address community needs in terms of reducing violence against women and girls and your views will inform future community projects, and there will be a report that summarizes your needs as the community.

Your participation is voluntary, and you have the right to withdraw your consent at any point during the process. If there are any questions you feel unable/uncomfortable to answer, please feel free to skip these questions. I request your honest answers to the questions I will be asking you. All information you provide is confidential and your name/identity will not be revealed to anyone. We ask your permission to record your voices and this will only be used for reporting purposes.

ASK / Teenage support group/GBV committee /citizen forums

- How and when was this group/committee/forum formed?
- Who are members of this committee/forum/group (probe both for number and composition)
- What is the role of this committee/forum/group?
- How many cases has this group/committee/ forum handled in regards to VAWG?
- How many cases have been, reported, prosecuted and convicted?
- What you would say has been the main success of this group/forum/committee?
- What is the significance/importance of the group/forum/committee in this community?

- Is this group/committee/ forum likely to continue even after the Wajibika project ends?
Why do you say so?

- **List of stakeholders interviewed or consulted (without direct reference to individuals unless consent has been given)**

Stakeholders Interviewed through KIIs	County of Interview
Shelter Manager	Narok Isiolo
Pro-bono Lawyer	Isiolo Narok
Local Police	Isiolo Narok
Sasa Champions	Isiolo (1) Narok (2)
Teachers Service Commission (TSC)	Isiolo Narok
Women Accountability Group	Isiolo Narok
Health Officer	Isiolo Narok
Local Leader	Isiolo Narok
Religious Leader	Narok
Beacon Teacher	Isiolo (1) Narok (2)
KEWOPA	National
Gender officer	Isiolo Narok
Member of County Assembly (MCA)	Isiolo Narok
Counsellor	Isiolo Narok
Judiciary	Isiolo Narok
Local Media	Narok
ODPP	Narok
Staff	Isiolo Narok

- **List of documents reviewed**

- (i) Wajibika Project Results Framework
- (ii) Abridged Version Isiolo Gender Policy 2021-2025

- (iii) Baseline Survey Report
- (iv) Annual Report Year 1
- (v) Annual Report Year 2
- (vi) Final Report Years 3
- (vii) CREAM Progress Report
- (viii) CREAM Annual Report 2018-2019
- (ix) UN Trust Fund Progress Report
- (x) UNTF Proposal

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