



**End Term Evaluation Report of
UN Trust Fund to End Violence against Women-Supported
Project:
“Preventing Violence Against Women and Girls in Nakuru Town”**

March 2017- March 2020

Evaluation Commissioned by Trócaire Kenya

Conducted by:



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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 Trocaire, its partners or the UN Trust Fund.

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Acronyms

CAs	Community Activists
CCUCs	Children Court User Committees
CEC	County Executive Committee
CEDGG	Centre for Enhancing Democracy and Good Governance
CHVs	Community Health Volunteers
CHWs	Community Health Workers
CIDP	County Integrated Development Plan
CO	Chief Officer
CSOs	Civil Society Organizations
EMTCT	Elimination of Mother-to-Child Transmission
FBOs	Faith Based Organizations
FGD	Focus Group Discussion
GBV	Gender Based Violence
GHR	Governance and Human Rights
HIV	Human Immunodeficiency Virus
IGA	Income Generating Activity
KDHS	Kenya Demographic and Health Survey
KII	Key Informant Interview
LHC	Love and Hope Centre
LRF	Legal Resource Foundation
NCAJ	National Council of Administration of Justice
PADV	Prevention Against Domestic Violence Act
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
PPS	Population Proportional to Size
SGBV	Sexual and Gender Based Violence
SOA	Sexual Offences Act
SPSS	Statistical Package for Social Sciences
TSC	Teachers Service Commission
TWGs	Technical Working Groups
UN	United Nations
VAW/G	Violence Against Women and Girls
WEL	Women's Empowerment Link
WHO	World Health Organization

Executive Summary

Preventing Violence against Women and Girls in Nakuru Town was a project funded by the United Nations Trust Fund and implemented by Trócaire Kenya over a three-year period from March 4, 2017 to March 15, 2020. The overall goal of the project was that *“Adolescent girls and young women (15-24 years) in eight informal settlements in Nakuru experience a reduction in levels of violence, abuse, discrimination and stigmatization by March 2020”*. The project aimed to increase personal and economic power of adolescent girls and young women, promote positive transformation in community gender norms, attitudes, behaviours and practices relating to violence against women and girls, increase capacity of frontline service providers to identify, prevent and respond to risks of violence, discrimination and abuse against adolescents and young women and strengthen implementation of laws, policies and plans to protect adolescent girls and young women from violence, abuse, discrimination and stigmatization by County and National Governments. The primary project beneficiaries were 1,900 adolescent girls and young women between ages 10-24, while secondary beneficiaries were 9,220 community members, comprising of male elders, boys, motorcycle taxi drivers, community gatekeepers, parents, teachers and Government officials and the general community, identified on the basis of documented evidence from partners located in the project sites. Implementation of the project was accomplished in partnership with four other organizations: Love and Hope Centre; Women’s Empowerment Link; Legal Resources Foundation and; Center for Enhancing Democracy and Good Governance.

Implementation of the project followed the Trócaire theory of change that focused on change at the individual, household, community, civil society and institutional levels. The primary beneficiaries were targeted to benefit from increased ability to make decisions and take control over their lives, reproductive health, inter-personal and social relations; experience reduction in violence, abuse, stigmatization and discrimination; increased economic and personal power and; improved access to safer and more effective, efficient and good quality services and support systems including legal aid. Secondary beneficiaries would benefit from: increased capacity of police, nurses, teachers , other actors in the criminal justice system, community policing structures, residents’ associations and community leaders to foster a safe environment for all; increased capacity of local and national government institutions to provide improved access to more efficient, effective and good quality public services; increased awareness and understanding of gender relations and the determinants of violence and of the roles that they can play in preventing and responding to violence against women and girls in the household and the community.

Having been commissioned by Trócaire, the overall purpose of the end of project evaluation was to measure the progress made on the project outcomes and strategic objectives, and determine the relevance, efficiency and effectiveness of the interventions. The evaluation also sought to establish how the project had impacted on direct beneficiaries and assessed the scope of stakeholder participation and ownership of project implementation processes, the degree of sustainability for the various project interventions, highlight and document promising practices, identify key challenges encountered and lessons learnt.

The evaluation methodology followed a pre-post intervention approach without a comparison group. Besides the quantitative survey, a variety of qualitative methods that included focus group discussions, key informant interviews and most significant change stories were deployed to allow for triangulation of qualitative and quantitative findings. Evaluation data was sourced from both secondary and primary data sources. Secondary data sources included project planning/design documents, baseline assessment, internal, mid-term review and annual progress reports, project participants’ training reports and pre and post-test records. Primary data sources included women and girls in general, women and girls survivors of violence, women and girls living with HIV, key stakeholders (community leaders, healthcare service providers, implementing complimentary/related programs, national and county government institutions and paralegals), male and female community members within the project implementation sites and frontline workers in different line ministries (health, judiciary, education, police) who were part of the formal VAW/G prevention and response mechanisms in Nakuru county. Respondents in the quantitative survey were selected through probabilistic sampling methods while purpose and convenience sampling approaches were utilized in selecting respondents in qualitative interviews.

Overall, the findings of the evaluation suggest that the multi-sectoral approach was efficacious and relevant in addressing violence against women and girls by improving access to timely and quality prevention and response services. The key findings from the evaluation based on the project goal and outcomes were as follows:

Goal: Adolescent girls and young women (ages 15-24 years) in 8 informal settlements in Nakuru experience a reduction in levels of violence, abuse, discrimination and stigmatization by March 2020

- Based on an 8-item index measured on a 4-point rating scale, the average level of perceived safety from GBV in public spheres among the targeted women and girls increased significantly from 2.78 at baseline to 2.93 at the end-line, reflecting a 7.6 percentage increase.
- On a similar scale, the average level of perceived safety from GBV in home spaces among the targeted women and girls increased from 3.1 at baseline to 3.2 at the end of the project;
- Measured on a 5-point scale ranging from “Strongly disagree” to “Strongly agree”, the average level of discrimination experienced in public spheres by women and girls who are survivors of partner/non-partner violence declined significantly by 38.5 percent from 3.66 at baseline to 2.25 at end-line;
- Similarly, the average level of discrimination experienced within the home spaces by the targeted women and girls’ survivors of violence dropped 48.3 percent to reach 1.99 at the end-line from a baseline value of 3.85 and;
- On a 5-point Likert scale, HIV/AIDS-related stigma against women and girls living with HIV/AIDS reduced significantly by about 59 percentage points from 3.96 at baseline to 1.63.

Outcome 1: Adolescent girls and young women from 8 informal settlements in Nakuru have increased levels of economic and personal power by March 2020

- Adolescent girls and young women in Nakuru reported increased levels of economic power following their engagement in income-generating activities. They demonstrated increased personal power in their reported improved ability to take control of their lives and the confidence to do so;
- Up to 52 percent of the targeted AGYW reported having reliable, own income sources. The proportion of targeted women and girls reporting reliable own sources of income improved by about 20 percent from a baseline value of 32 percent to 52 percent at the end of the project;
- The proportion of AGYW who reported that they had received vocational skills training was 48 percent. The average level of knowledge on the key vocational skills [mainly hairdressing, catering and tailoring/dressing-making] increased significantly from 0.87 at baseline to 2.16 at the end-line based on a 3-point rating scale. Most of the AGYW had either applied the knowledge and skills gained from the training to start their businesses or secure employment in established enterprises
- The proportion of targeted AGYW supporting a married woman’s refusal to have unwanted sex with her husband increased from 20 percent at baseline to 81 percent by the end of the project. The AGYW emphasized that they knew the place of consent when it comes to sexual advances and that they would exercise such consent in the relationships;
- Among the surveyed AGYW who reported having experienced sexual violence during the project period, 66 percent indicated that they had reported or shared their experiences with someone else.

Outcome 2: The safety and dignity of adolescent girls and young women in 8 informal settlements in Nakuru are supported by positive transformations in gender norms, attitudes, behaviours and practices that relate to VAW/G within their community by March 2020

- The evaluation results show that overall, there was a 41 percent increase in the proportion of women and men demonstrating positive attitudes towards women participating in decision-making in public spheres

and the household from 56 percent at baseline 97 percent at the end-line. The increment was relatively larger among men (47 percent) compared to women's 38 percent.

- Women and girls felt that they are supported to participate in decision-making because they had seen improvements in their levels and areas of participation in decision-making both in the household and public spaces or community level.
- At the household level, women were extensively involved in making decisions on rental payments, reproductive health & family planning matters, which schools their children would attend, feeding their families, and general family welfare. At the community level, women and girls had been nominated and voted or selected to be members of community structures that make important decisions affecting the whole community.
- Community members demonstrated high levels of knowledge on what constitutes VAW/G. On average, 94.3 percent of the community members demonstrated knowledge of various specific acts of violence against women and girls that broadly fall into physical, controlling behavior, emotional and economic forms of violence.

Outcome 3: Front-line service providers in Nakuru town have strengthened capacity to effectively identify, prevent and respond to risks posed by violence and abuse against adolescents and young women in the community by March 2020

- The targeted frontline workers who included the police officers, members of community policing committees, healthcare providers at the facility-level as well as community health volunteers, paralegals, and focal point teachers demonstrated knowledge in their prevention of and response to VAW/G.
- The police officers' improved knowledge on forms of GBV and their causes, the standard operating procedures for the management of GBV and the legal framework related to the prosecution of SGBV offenses was manifestly demonstrated by their improved handling and management of cases.
- The police were said to be exercising more caution in investigating child abuse and cases of VAW/G, professional handling of survivors and preservation of evidence, recording of statements and the ability to make applications to record further statements in cases where survivors had not provided adequate information
- Focal Point Teachers and members of school administrators were reported to be proactively responding to cases of violence and abuse reported by learners by taking relevant administrative actions as well as referring survivors to appropriate service providers
- The community paralegals' application of knowledge gained from the project's capacity building initiatives was demonstrated through their efforts in linking survivors of violence to the criminal justice value chain through a variety of entry points.

Outcome 4: Community members and duty bearers at county level gain skills to influence and implement laws, policies and plans to protect adolescent girls and young women from violence, abuse, discrimination and stigmatization by March 2020

Frontline service providers demonstrated improvements in overall coordination of response to VAW/G cases by ensuring compliance to VAW/G standard operating procedures. While the Police Officers and nurses demonstrated improved documentation and evidence collection and preservation from the VAW/G survivors, Community Policing Committees were very supportive in ensuring community members provide timely witness statements. The County Government of Nakuru developed the County Gender Policy and allocated a cumulative KSh. 59.5 Million between Financial Years 2018/2019 and 2020/2021 towards programs targeted at gender equality and women's empowerment, construction of an SGBV rescue centre and support to PWDs. On the other hand, the national government facilitated the development of the frameworks for the operationalization of the Protection Against Domestic Violence Act (2015), developed a new Children's Bill (2018) to replace the Children's Act (2001) to strengthen the prosecution for

children's cases reviews and amendments to the SOA (2006) to make it more responsive to current women's needs.

Key recommendations based on the findings of the evaluation include:

1. In light of the disruptions caused by the impact of COVID-19 pandemic that threatens to undermine the nascent gains project outcomes, there is need to consider extending post-implementation support of a limited number of activities aimed at enhancing the sustainability of the project outcomes.
2. Sustained lobbying and advocacy efforts beyond the project period by the relevant implementing partners to ensure passage in the Parliament of Kenya the reviews and amendments to the Sexual Offences Act (2006) and the Prevention Against Domestic Violence Act (2015) and the Children's Bill (2018).
3. Future projects should consider targeting more men as allies and partners right from project start to bring about enduring sociocultural transformations. Nonetheless, consideration should be made to produce and issue the male allies and partners involved in the project IEC materials on prevention of VAW/G to enable them sustain the awareness-raising tempo and peer influence towards transforming existing gender and cultural norms.
4. The multi-sectoral approach also needed time for the relationships to mature and cross-sectoral cooperation and coordination of prevention and response services to be institutionalized for sustained delivery of prevention and response. It would be imperative to consider assigning relevant actors the responsibility of ensuring continuous engagement, which would also enhance accountability.
5. Lobbying of the government through the relevant training institutions to mainstream content related to prevention and response to VAW/G and GBV in general in the foundational training curricula of frontline service providers since prevention and response to GBV is pertinent to their mandate

Part I: Background and Context

1.1 The Project Context

Kenya is one of the countries with the highest levels of gender inequality. The World Economic Forum's Global Gender Gap Report 2020 ranked Kenya in position 109 out of 153 countries on their progress towards gender parity in 2019. Kenya scored an index of 0.671 out of the possible ten marks. Further, the United Nations Programme on HIV/AIDS (UNAIDS - 2019) has reported that Kenya has the joint third-largest HIV epidemic in the world, alongside Tanzania, with 1.6 million people living with HIV in 2018. In the same year, the Kenya National Bureau of Statistics reported that Nakuru was among the three leading counties with the highest number of new HIV infections and other sexually transmitted after recording a total of 2,180 cases in about five years. The Nakuru County HIV/AIDS strategic plan of 2015/2016 and 2018/2019, shows that the most vulnerable populations include adolescents, young people, women, truck drivers and migrant workers. Women are disproportionately affected by the epidemic; in 2012, seven percent of women were living with HIV compared to four percent of men, with young women (aged 15-24) being almost three times as likely to be living with HIV than men of the same age (www.avert.org). Further, in 2014 forty-five percent of Kenyan women reported having experienced some form of violence (Kenya Health Demographic Survey, 2014).

Nakuru is considered a hotspot for violence against women and girls [VAW/G]. Research by the Danish Institute Against Torture (2016) showed that 63 percent of women and girls in Nakuru had experienced violence between 2015-2016. The typical setting for violence against women in Nakuru is informal settlements of urban areas where living standards and the quality of life is low (Danish Institute Against Torture, 2018). In informal settlements such as Bondeni and Kaptembwo, women are exposed to a significant risk of sexual and gender-based violence especially when they go out of their homes to fetch water (Ngina, 2016). The most reported forms of violence were child neglect and abuse and sexual violence in the community. Youth (18-26 years) were most vulnerable to domestic violence and violence perpetrated by organized groups, including motorcycle taxi drivers. Perceived drivers of violence included socio-cultural gender norms, poverty, lawlessness, and politics, with unemployment being considered the major driver of all forms of violence. Also, poor supply of water and other essential utilities in the informal settlements forces women and girls to walk in poorly lit and generally unsafe alleys and during odd hours to fetch water from shared water points. Women were twice as likely as men to seek emotional, financial or other support from social networks.

While Kenya has a comprehensive and progressive policy and legislative framework on the management of violence against women and girls, the major obstacle often lies in their implementation. During a rapid assessment at the design phase, the project partners observed that significant gaps existed in government service provision to meet the specific needs of girls and young women at risk of/survivors of VAW/G in Nakuru Town. Research by SIDA on Preventing and Responding to Gender Based Violence Expressions and Strategies (2015) revealed that there is need to bridge the gap between practice and law. Regrettably, traditional attitudes and behaviours around gender perpetuate the cycle of VAW/G and the social stigma attached to VAW/G and HIV and prevent women and girls, as well as other community members, from disclosing abuse and accessing response services.

1.2 Project Description

Trócaire implemented the United Nations Trust Fund (UNTF) supported, "Preventing Violence against Women and Girls in Nakuru Town" project from March 2017, which came to an end in March 2020. The project focused on different forms of Violence against Women and Girls (VAW/G) namely: Intimate partner violence that included physical violence, sexual violence, psychological and emotional violence, economic violence, non-partner violence, violence against girl children and; VAW/G in the public spheres with focus on sexual violence by non-partners e.g. rape and sexual assault. The aim of the project was to improve prevention of VAW/G through changes in behaviour, practices and attitudes.

1.2.1 Goal and Objectives of the Project

The overall goal of the project was that “Adolescent girls and young women (15-24 years) in eight informal settlements in Nakuru experience a reduction in levels of violence, abuse, discrimination and stigmatization by March 2020”. Specifically, the project aimed at achieving the following objectives.

1. To increase personal and economic power of adolescent girls and young women
2. To promote positive transformation in community gender norms, attitudes, behaviours and practices relating to VAW/G
3. To increase capacity of frontline service providers to identify, prevent and respond to risks of violence, discrimination and abuse against adolescents and young women
4. To strengthen implementation of laws, policies and plans to protect adolescent girls and young women from violence, abuse, discrimination and stigmatization by County and National Governments.

1.2.2 Description of Project Beneficiaries

Primary project beneficiaries were 1,900 adolescent girls and young women between ages 10-24 (1,000 women and girls in general, 300 living with HIV, 300 living with disabilities and 300 survivors of violence), identified through partner scoping missions. Secondary beneficiaries were 9,220 community members, comprising of: male elders, boys, motorcycle taxi drivers, community gatekeepers, parents, teachers and Government officials and the general community, identified on the basis of documented evidence from partners located in the project sites.

Primary beneficiaries benefited from: increased ability to make decisions and take control over their lives, reproductive health, inter-personal and social relations; reduction in violence, abuse, stigmatization and discrimination; increased economic and personal power; safer access to more effective, efficient and good quality services and support systems including legal aid.

Secondary beneficiaries benefited from: increased capacity of police, nurses, teachers, other actors in the criminal justice system, community policing structures, residents’ associations and community leaders to foster a safe environment for all; increased capacity of local and national government institutions to provide improved access to more efficient, effective and good quality public services; increased awareness and understanding of gender relations and the determinants of violence and of the roles that they can play in preventing and responding to violence in the household and the community.

1.3 Project Strategy and Results chain

1.3.1 Project Implementation Strategies

The project had three interrelated **strategies** to deliver a holistic and integrated intervention that also mitigated risks associated with effecting shifts in established power structures:

1. **Personal and economic empowerment at the individual level:** This was achieved through structured training of adolescent girls and young women on life-skills, rights, economic and vocational skills, and through provision of business incubation support. These activities were implemented in a layered fashion that graduated primary beneficiaries from 1) training on life skills and foundational rights to 2) vocational training or enterprise skills development and finally to 3) business incubation and/or gainful employment. Participants were supported throughout the project via forums, follow-up trainings and mentorship support
2. **Community level gender transformative social behavioural change:** This was applied through the use of intensive community engagement and sensitization (CS) activities, which were supplemented by the use of SASA! Faith in 4 settlements. This approach allowed the project to

assess the differential impact of these two methodologies, thereby contributing to learning. This strategy was expected to contribute to a positive transformation of social norms, attitudes and practices within the community, supporting individual level interventions by reducing barriers to project participation and by mitigating the potentially negative consequences of increased social capital amongst primary beneficiaries.

3. **Advocacy and training of stakeholders and service providers at institutional levels:** Trócaire's Integrated Gender and HIV Programme Baseline Study Report (2016) recommended intensified awareness creation on VAW/G emphasizing domestic violence through additional efforts to improve GBV services, especially legal aid. This strategy, therefore, was aimed at supporting standardization of service delivery procedures for police, legal aid services and health care, ensuring frontline service staff were trained on their responsibilities to identify and monitor their provision of care to AGYW who experienced/were at risk of VAW/G.

Focused advocacy efforts on the regulatory framework at County and National levels aimed to increase the protection of the rights of vulnerable groups by key government institutions. This strategy was a multi-dimensional process of ensuring citizens were aware of how their rights are protected in law, as well as influencing government officials on the ways in which policy implementation is flawed and can be strengthened.

I.3.2 Results Chain/Theory of Change

As stated earlier, the project aimed at having adolescent girls and young women (15-24 years) in eight informal settlements in Nakuru experience a reduction in levels of violence, abuse, discrimination and stigmatization by March 2020. The project outcomes were as follows:

- i. Increased personal and economic power of adolescent girls and young women;
- ii. Positive transformation in community gender norms, attitudes, behaviours and practices relating to VAW/G;
- iii. Increased capacity of frontline service providers to identify, prevent and respond to risks of violence, discrimination and abuse against adolescents and young women;
- iv. Strengthened implementation of laws, policies and plans to protect adolescent girls and young women from violence, abuse, discrimination and stigmatization by County and National Governments.

Table I summarises the results framework of the Project.

I.4 Project Partners and Stakeholders

Implementation of the project followed the Trócaire theory of change that focused on change at the individual, household, community, Civil Society and Institutional Levels. Trócaire's main partners in the project implementation were Love and Hope Centre (LHC), Women's Empowerment Link (WEL), Legal Resources Foundation (LRF) and Center for Enhancing Democracy and Good Governance (CEDGG). Trócaire partners worked with stakeholders at the national and county levels who cut across the spectrum of State and non-state actors. The project also engaged with formal and non-formal community structures such as church/religious and community leaders for capacity building to enhance access to quality services.

Table 1: Results Framework of the UNTF Project

Goal	<i>Adolescent girls and young women (ages 15-24 years) in 8 informal settlements in Nakuru experience a reduction in levels of violence, abuse, discrimination and stigmatization by March 2020</i>	
<p>Outcome 1: Adolescent girls and young women from 8 informal settlements in Nakuru have increased levels of economic and personal power by March 2020</p>	<p>Output 1.1: Adolescent girls and young women gain awareness of rights, capacity to participate in decision-making, and knowledge of how to identify, prevent and report violence</p>	<p>Activity 1.1.1: Conduct 2-day rights trainings for 450 young women and girls from 8 informal settlements in Nakuru town (3 cohorts of 150). Activity 1.1.2: Conduct a 3-day training for 150 girls and young women from 8 informal settlements in Nakuru focused violence against women and girls, early violence warning signs and legitimate support mechanisms Activity 1.1.3: Conduct 5-day life skills and effective decision-making trainings for 450 young women and girls at risk from project sites (3 cohorts of 150) Activity 1.1.4: Conduct 2-day follow up forums on life skills training for the same 450 young women and girls Activity 1.1.5: Facilitate quarterly one-day support group forums for the yearly cohorts of young women and girls who had participated in life-skills training</p>
	<p>Output 1.2: Vulnerable adolescent girls and young women who are at risk of SGBV, HIV and/or have disabilities develop vocational skills and understand their labour rights</p>	<p>Activity 1.2.1: Conduct 5-day trainings to 450 girls and young women on informal sector work knowledge, skills and rights (3 cohorts of 150) Activity 1.2.2: Organise cost sharing in vocational skills trainings to help support livelihood opportunities for 300 young women and girls (emphasis on YW/G with disability (3 cohorts of 100) Activity 1.2.3: Conduct 1-day economic empowerment mentorship forums for 450 young women and girls engaged in the informal sector training (3 cohorts of 150) Activity 1.2.4: Conduct 2-day trainings for 180 young women and girls to become ambassadors to stand up and speak out against VAW/G in organised forums and media (3 cohorts of 60)</p>
	<p>Output 1.3: Young women have capacity and assets to establish and manage small business enterprises</p>	<p>Activity 1.3.1: Conduct five 5-day 'Leadership camps' for 110 young women including pre-assessment forum for 2 WEL, 1 Love and Hope staff and 2 experts on economic skills, leadership skills, and business skills [group management, group dynamics, group formation and leader identification] Activity 1.3.2: Conduct 2-day business forums on economic empowerment for the 110 young women wishing to incubate their businesses Activity 1.3.3: Conduct three 2-day Selection forums for the young women presenting ideas for businesses to be incubated Activity 1.3.4: Facilitate Mentorship forums for the selected businesses groups Activity 1.3.5: Conduct three trainings and three learning platforms for key stakeholders in community and organisations on what works IGA, Economic empowerment for young girls/women</p>
<p>Outcome 2: The safety and dignity of adolescent girls and young women in 8 informal</p>	<p>Output 2.1: Community members gain knowledge and understanding of their roles in preventing VAW/G in their communities</p>	<p>Activity 2.1.1: Organise and Conduct all SASA! related trainings including staff training and 1-day forums for each of four SASA! phases. To include partners and consultant in Nakuru and Orientation trainings for (action groups) Activity 2.1.2: Participate in International Calendar Days Nakuru - Day of African Child, International Women's Day, International Youth Day, World AIDS Day, Disability Day, and International Day for Elimination days of Activism Activity 2.1.3: Conduct training of SASA! Community including pre-assessment on the community activists/Community mapping and identification of community activists</p>

<p>settlements in Nakuru are supported by positive transformations in gender norms, attitudes, behaviors and practices that relate to VAW/G within their community by March 2020</p>	<p>Output 2.2: Boys, men and community elders gain capacity to become VAW/G Change agents and to promote positive transformation in gender-related social norms, attitudes and practices within their communities</p>	<p>Activity 2.1.4: Organise/Facilitate Project Hype Activities including one cycling event in Nakuru for SASA! (Q2), and 24 (8 conversant per year) community theatre performances that increase awareness of VAW/G. One theatre group with GHR will tweak their performances to champion VAGW issues</p> <p>Activity 2.1.5: Support SASA! Activities and Activists including conducting SASA! Rapid assessments, both before and at the end of every phase; conducting monthly monitoring, support and peer review throughout project; and support and facilitate CA exchange visits</p>
	<p>Output 2.3: Community facilitators and members of residents' associations gain capacity to promote the establishment of safe environment for adolescent girls and young women</p>	<p>Activity 2.2.1: Conduct quarterly 1-day gender sensitization forums with 260 motorcycle taxi drivers from 8 informal settlement riders focused on how power relations feed into violence</p> <p>Activity 2.2.2: Conduct one 5-day training for 210 boys from schools and 40 community elders on how to be effective of change against VAW/G</p> <p>Activity 2.2.3: Conduct one 2-day post-training follow up community sensitization forum for 210 boys and 40 elders</p> <p>Activity 2.2.4: Participate in three annual White Ribbon campaigns with 250 agents of change</p> <p>Activity 2.2.5: Conduct six 2-day forums for 25 community Leaders on GBV. The community leaders will include chiefs, elders and key decision makers in the communities on different matters affecting the children</p>
	<p>Output 2.4: School children, youth, parents and guardians who attend school-based sensitization forums gain capacity to recognize and respond to VAWG within the community</p>	<p>Activity 2.3.1: Conduct one 3-day training for 126 community facilitators on gender and integration of gender equity in community development</p> <p>Activity 2.3.2: Conduct two 1-day Gender/GBV training follow up for 126 community facilitators</p> <p>Activity 2.3.3: Conduct eight 1-day community GBV committee forums for 400 community gatekeepers</p> <p>Activity 2.3.4: Conduct eleven 1-day community sensitization forums for 12 Residents Associations</p>
	<p>Outcome 3: Front-line service providers in Nakuru town effectively identify, prevent and respond to risks posed by violence and</p>	<p>Activity 2.4.1: Conduct 1-day trainings per term in 21 schools' rights of children club trainings and mentorship on skills, and gender with students (14 primary schools and 7 secondary schools)</p> <p>Activity 2.4.2: Produce, design and distribute 1,500 Young Voices Children's Magazine featuring articles and essays by student members of the Rights Clubs who participated in training</p> <p>Activity 2.4.3: Conduct yearly 1-day forums with parents and guardians on IPV and inter-generational transmission of violence in 21 schools (7 secondary & 14 primary)</p>
<p>Output 3.1: Front-line service providers (Police and Health) have strengthened capacity to provide safe, adequate and appropriate response and care to survivors those at risk of VAW/G</p>	<p>Activity 3.1.1: Conduct 3-day trainings of police officers who are identified from the Gender & Child Protection units the target sites on GBV and the law</p> <p>Activity 3.1.2: Conduct 1-day forums to strengthen community policing committees with community members and who have been selected to represent their communities in local policing committees</p> <p>Activity 3.1.3: Conduct training for 50 health providers (nurses) at health facility level on post rape care. Currently only one functional gender-based violence recovery centre serving the populations in the 8 project sites.</p>	
<p>Output 3.2: Legal aid service providers gain knowledge and skills to support and provide appropriate legal support VAW/G survivors or those at risk</p>	<p>Activity 3.2.1: Facilitate Legal aid support for survivors through representation of 15 cases a year</p> <p>Activity 3.2.2: Organize weekly legal aid advice, tracing and follow up services for survivors and those at risk in the 8 informal settlements</p> <p>Activity 3.2.3: Conduct training of paralegals with special emphasis on GBV (to include identification of cases, reporting, profiling, evidence collection and preservation, protection, etc.)</p> <p>Activity 3.2.4: Conduct training Child Court User Committees on GBV and Law</p> <p>Activity 3.2.5: Support Quarterly meetings with CCUCs</p>	

<p>abuse against adolescents and young women in the community by March 2020</p>	<p>Output 3.3: School management teams and focal point teachers gain awareness and capacity to identify, respond to, and refer VAW/G survivors or those at risk to appropriate support</p>	<p>Activity 3.3.1: Facilitate one 2- day training workshop for 45 school management teams on how to develop mechanisms to document violence Activity 3.3.2: Facilitate two 1- day follow up and feedback workshops for the 45 school management teams to develop and document violence and produce management mechanism Activity 3.3.3: Conduct one 3-day training for 42 focal point teachers to recognize, prevent and respond to VAG/B Activity 3.3.4: Conduct two 1-day follow up trainings for focal point teachers to recognize, prevent and respond to VAG/B</p>
<p>Outcome 4: Community members and duty bearers at county level and implement laws, policies and plans to protect adolescent girls and young women from violence, abuse, discrimination and stigmatization by March 2020</p>	<p>Output 4.1: Community members gain knowledge and understanding of County and National laws, policies and standards of best practices related to gender and VAW/G</p> <hr/> <p>Output 4.2: Advocacy champions and other community members participate in County government planning and budgeting processes to address issues of VAW/G</p> <hr/> <p>Output 4.3: Duty bearers and identified stakeholders gain knowledge and awareness of the risks faced by adolescent girls and young women and have strengthened capacity to plan and budget to address those issues</p> <hr/> <p>Output 4.4: The National government strengthens and supports the operationalisation of the Children’s Statute and the Sexual Offences Act (SOA)</p>	<p>Activity 4.1.1: Conduct Community Awareness forums on GBV and the Law Activity 4.1.2: Radio Broadcasting (interactive call-in shows to increase awareness of the existence, roles and responsibilities of paralegals; quarterly radio programmes on existing legislation of VAW/G Activity 4.1.3: Reach community members using interactive media: short messages on existing laws (twitter account)-short messages on monthly basis to 1000 community members, and hold quarterly discussions involving Bloggers who are survivors and experts on VAW/G issues Activity 4.1.4: Produce and disseminate Popular version of the Legal Aid Act Activity 4.1.5: Produce and disseminate simplified PADV at National and county levels using print, radio and radio talk shows.</p> <hr/> <p>Activity 4.2.1: Conduct a 3-days training for 30 advocacy champions on issues related to county level mechanism and relating to budget processes and implementation and audit protocols Activity 4.2.2: Conduct two 1-day follow up trainings for 30 advocacy champions Activity 4.2.3: Provide support to pre-Budget forums Activity 4.2.4: Provide support to public participation in development of the CIDPs Activity 4.2.5: Provide support to development of Memoranda</p> <hr/> <p>Activity 4.3.1: Hold twelve 1-day Consultative forums with County government duty bearers (police/county inspectorate, judiciary, MoL, TWGs for PADV, GBV) Activity 4.3.2: Hold 5 stakeholder forums per year with County Protection Working Groups Activity 4.3.3: Perform a Gender Audit on VAW/G Activity 4.3.4: Hold two engagement forums for County Government Officials including members of the County executive and County Assembly to sensitize them on VAW/G and the importance of including VAW/G programs/activities in County plans and budgets Activity 4.3.5: Conduct Governor's Roundtable platform meetings to convene County Governor, CECs and COs and the Nakuru CSOs to establish relationships and harmonize policy and influence for championing VAW/G the cause of</p> <hr/> <p>Activity 4.4.1: Lobby the NCAJ technical committee for children to operationalize the Children’s Statute Activity 4.4.2: Lobby the NCAJ Technical Committee on the Sexual Offences Act to operationalize the Act fully Activity 4.4.3: Provide support to lobbying and Advocacy efforts</p>

Part 2: The End of Project Evaluation

Trócaire commissioned an End of Term Evaluation to measure the overall progress of the UNTF project towards outcomes and the goal.

2.1 Purpose of the Evaluation

The overall purpose of the end of the UNTF project evaluation was to measure the progress made on the project outcomes and strategic objectives, and determine the relevance, efficiency and effectiveness of the interventions. The evaluation also sought to establish how the project had impacted on direct beneficiaries and assess the scope of stakeholder participation and ownership of project implementation processes, the degree of sustainability for the various project interventions, highlight and document promising practices e.g. SASA! Faith methodology, identify key challenges encountered and lessons learnt. The project further evaluated the cross-cutting theme of gender equality and human rights.

2.2 Utilization of Evaluation Results

The evaluation results will be used to develop a policy brief on VAW/G prevention and response that will be used as an advocacy tool at county and national levels, targeting relevant line ministries and state departments. The findings will also be shared with relevant stakeholders across the development sector, particularly with institutions working in the field of women's empowerment and SGBV to inform practice and learning on VAW/G programming around transformations in social norms. Civil Society Organizations in the country will use the evaluation findings for advocacy to establish effective VAW/G services delivery structures and processes. National and county government will require this evaluation feedback to identify best approaches for establishing integrated VAW/G prevention and response projects. Further, the evaluation results have informed the proposed recommendations to Trócaire's on future programming around VAW/G especially on programme design, partner selection, project management and stakeholder engagement.

2.3 Decisions to be taken based on the Evaluation Results

Trócaire will identify dissemination forums for sharing the evaluation findings with project partners, community members and stakeholders at the county and national levels as well as other development partners. The purpose of the dissemination will be to create awareness on the identified best practices and lessons learnt and engage on targeted policy advocacy. Decisions on how to address gaps identified through the evaluation will also be taken to inform next steps in the implementation and revision of project design to incorporate recommendations from the evaluation process.

2.4 Objectives of the Evaluation

The end of project evaluation was guided by the following objectives:

- i. **To evaluate the entire three-year programme** against the effectiveness, relevance, efficiency, sustainability and impact criteria, as well as the cross-cutting gender equality and human rights criteria and;
- ii. **To identify key lessons and promising or emerging good practices** in the field of Women's Empowerment and ending violence against women and girls, for learning purposes.

2.5 Scope of the Evaluation

- a) **Timeframe:** The evaluation covered the entire duration of project from March 2017 to March 2020.
- b) **Geographical Coverage:** Data collection for the evaluation was undertaken in the eight informal settlements in Nakuru town, where the project was implemented. These were: Kaptembwo; Bondeni; Nyamarutu; Free Area; Hilton/London; Rhonda; Mwariki and; FLAPAK.

- c) **Target groups:** The evaluation covered both primary and secondary beneficiaries target groups for the UNTF project. These included the following: women and girls in general; women and girls survivors of violence; women and girls living with HIV; key stakeholders [community leaders, health care service providers, government officials, academic institutions, counties government officials, the National Police Service officers, judicial officers and paralegals]; male and female in the general community within the project implementation sites; front line workers in different line ministries (health, judiciary, education, police) who were part of the formal VAW/G prevention and response mechanisms in Nakuru county.

2.6 Key Evaluation Questions

The key questions linked to the evaluation objectives were as summarized in Table 2.

Table 2: Key Evaluation Questions

Evaluation Criteria	Key Evaluation Questions
Effectiveness	<ol style="list-style-type: none"> 1. To what extent were the intended project goal, outcomes and outputs achieved and how? 2. To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached? 3. To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? 4. What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How? <ul style="list-style-type: none"> ✓ To what extent was the project successful in advocating for legal or policy change? If it was not successful, why. ✓ In case the project was successful in setting up new policies and/or laws, is the legal or policy change likely to be institutionalized and sustained?
Relevance	<ul style="list-style-type: none"> ✓ To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls? ✓ To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
Efficiency	<ul style="list-style-type: none"> ✓ How efficiently and timely has this project been implemented and managed in accordance with the Project Document? ✓ Was the length of the project implementation period sufficient to achieve the project outputs and outcomes? ✓ What factors of the project facilitated the efficient development, delivery and impact of the project? ✓ What factors obstructed the efficient development, delivery and impact of the project?
Sustainability	<ul style="list-style-type: none"> ✓ How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?
Impact	<ul style="list-style-type: none"> ✓ What are the intended and unintended consequences (positive and negative) resulted from the project?
Knowledge Generation	<ul style="list-style-type: none"> ✓ What are the key lessons learned that can be shared with other practitioners on ending violence against women and girls? ✓ Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?
Gender Equality & Human Rights	<ul style="list-style-type: none"> ✓ To what extent have human rights-based approaches been incorporated into the project? ✓ To what extent have gender-responsive approaches been incorporated into the project?

2.7 Evaluation Team

The evaluation team was led by a development evaluation expert and co-led by a gender expert. The Lead Consultant was responsible for the overall delivery of the assignment while the gender expert took charge of gender technical aspects of the evaluation. The Lead and Co-lead were supported by two associate consultants with expertise in M&E and Gender, who provided direct supervision to field data collection teams. Three teams of 5 research assistants each, working under the direct supervision of a field supervisor, were deployed to administer quantitative interviews from the sampled evaluation participants. Table 3 illustrates the roles that the team members played in the evaluation process.

Table 3: Roles and Responsibilities of Key Team Members of Research Team

Position	Roles and Responsibilities
Lead Evaluator	<ul style="list-style-type: none"> ⇒ Client Liaison; ⇒ Overall coordination, execution & supervision of assignment; ⇒ Development of Inception Report and Tools; ⇒ Quantitative Data analysis ⇒ Development of Reports; ⇒ Validation of Evaluation Findings
Co-Lead Evaluator and Gender Specialist	<ul style="list-style-type: none"> ⇒ Gender technical oversight; ⇒ Development of Inception Report & Tools; ⇒ Qualitative data analysis; ⇒ Development of Evaluation Reports ⇒ Validation of Evaluation Findings
Associate Consultant – M&E	<ul style="list-style-type: none"> ⇒ Review of Inception Report and Tools; ⇒ Team I Supervision [Nairobi]; ⇒ FGD and KII Interviews; ⇒ Sub-team I Supervision ⇒ Quantitative Data analysis
Associate Consultant - Gender and Women Empowerment	<ul style="list-style-type: none"> ⇒ Review of Inception Report and Tools ⇒ Team II Supervision [Nakuru] ⇒ FGD and KII Interviews; ⇒ Sub-team 2 Supervision ⇒ Qualitative Data analysis

Part 3: Evaluation Design and Methodology

3.1 Evaluation Design

The evaluation was designed as a pre-post intervention study without a comparison group. Through this approach, the evaluation adopted causal attribution strategies by comparing the differences between the end-line and baseline [as well as mid-term] indicator estimates to evaluate the changes brought about by the project among the targeted beneficiary groups. This was made possible by ensuring that the end of project evaluation largely replicated the baseline and mid-term assessment processes to allow for valid comparisons of indicator estimates across the three evaluations. Secondary pre and post-test training data collected by project implementation partners was considered in analysing the quantitative changes in knowledge, attitudes and practices among some of the secondary target populations. Besides the quantitative approach, the evaluation team extensively utilized a variety of qualitative methods to allow for the triangulation of qualitative and quantitative findings through integrated analysis. Triangulation of information collected through different methods ensured broadened the understanding of evaluation results leading to valid and credible conclusions and recommendations.

3.2 Stakeholder Participation

The evaluation process was participatory, involving all the relevant stakeholders in all stages of the evaluation from planning, data collection and dissemination of evaluation results. Trócaire Kenya facilitated an inception workshop in Nakuru that brought together the evaluation Consultants, project implementing partners [LHC, WEL, CEDGG and LRF] and other stakeholders from County, National Government, Religious leaders and like-minded NGOs on the 6th March 2020. The purpose of this workshop was to ensure that all the stakeholders had a common understanding of what the evaluation intended to achieve, provided an opportunity for the evaluation Consultants to clearly describe and explain the evaluation process and stakeholder engagement plan and agree on the roles and responsibilities of each stakeholder. During the workshop, all the organizations, institutions and persons involved in the project implementation were mapped out and those with most relevant information that would add value to the evaluation identified for possible interviews by the evaluation team during field data collection. An Evaluation Reference Group [ERG] was set up, comprising of representatives from all implementing partner organizations, Trócaire and the Evaluation Consultants. The ERG provided logistical backstopping during field data collection reviewed all outputs of the evaluation process and actively participated in the review, validation and dissemination of evaluation findings.

3.3 Data Sources

The evaluation benefited from both secondary and primary data sources. Secondary data sources included project planning/design documents, baseline assessment, internal, mid-term review and annual progress reports, project participants' training reports and pre and post-test records. Primary data sources included women and girls in general, women and girls survivors of violence, women and girls living with HIV, key stakeholders (community leaders, healthcare service providers, officials from CSOs implementing complimentary/related programs, national and county government institutions and paralegals), male and female community members within the project implementation sites and frontline workers in different line ministries (health, judiciary, education, police) who were part of the formal VAW/G prevention and response mechanisms in Nakuru county.

3.4 Data Collection Methods

Evaluation data was gathered through a combination of methods as follows:

Desk Review: The documents reviewed included project progress reports, project proposal, the log-frame, monitoring and evaluation reports [baseline survey, mid-term review, annual progress and training reports], national and county governments' strategic development documents and budget statements, legal and legislative documents at both national and county levels.

Researcher-Administered Beneficiary Questionnaire: Structured questionnaires were administered by trained research assistants through a household-based survey to both primary [AGYW ages 15-24 years] and secondary beneficiaries within the general public/community [women and men]. The survey mainly covered project quantitative outcome and output indicators under outcomes 1 and 2.

Focus Group and Guided Discussions: Focus group discussions [FGDs] were conducted with both primary beneficiaries [AGYW ages 15-24 years] as well as secondary beneficiaries [men and women] in the general public/community. The FGDs focused on the participants' experiences in the project in line with the key evaluation questions and indicators contained in the evaluation matrix [Annex 1]. Whereas the FGDs were facilitated by the evaluation Lead Consultants with the support of Associate Consultants as note-takers, the content and focus of the conversations were participant-led to make them more participatory. Groups of Community Resources Persons [CRPs] clustered per key outcome area and based on their roles in the project participated in guided discussions that entailed prompted and stimulus-driven conversations and reflective exercises.

FGDs were conducted simultaneously with quantitative surveys in the project implementation sites. The primary purpose of conducting FGDs was to explore changes that had occurred or expected changes that had not happened in the lives of the direct project beneficiaries. The FGDs further explored how the change [may have] occurred and the factors that underpinned the change, or lack of it thereof. Insights from FGDs triangulated and helped in explaining quantitative findings.

Key Informant Interviews: In-depth interviews were held with Trócaire's UNTF project staff, project implementation partners and selected stakeholders in Nakuru county as well as national level officials from relevant departments and agencies. Use of open questions allowed for focused data collection to directly address issues related to performance and process as well as to identify social change observed/perceived. Semi-structured interviews were conducted with front-line service providers in Nakuru Town.

Most Significant Change Stories: Project implementation partners identified and scheduled interviews with beneficiaries perceived to have been impacted most significantly by the project. Using an MSC guide, this technique was deployed to collect a selection of stories of changes experienced by the identified beneficiaries from their participation in project activities. The spheres of change that the evaluation focused on included changes at the individual and institutional levels as well as lessons learned. Data was presented in terms of the picture before and after. Some of the selected change stories covered transformed AGYW, male allies/partners in the project, the SASA! Faith methodology, Advocacy champions, community and county structures promoting prevention of and response to VAW/G, and most outstanding frontline workers e.g. police officers and health workers. At most 3 stories were considered for every sphere of change, out of which one outstanding change story based on a strict evaluation criterion was selected for publication.

3.5 Sampling and Selection of Evaluation Participants

3.5.1 Quantitative Sample Design

The databases for AGYW who were the primary beneficiaries formed the main sampling frames from which independent quantitative evaluation survey samples for each age group [adolescents aged 15-19 years and young women aged 20-24 years] were picked. Lists of program beneficiaries reached in each implementation site were provided by Trócaire's UNTF project team. The sampling frame for men and women beneficiaries from the general/public community was based on the households in residential blocks within the 8 informal settlements where project activities targeting the general public were implemented. The sampling frame for the Christian faith community that participated in the SASA! Faith initiative was based on the lists of members of six [6] Parishes of the Catholic Diocese of Nakuru [CDN] in four out of the eight informal settlements where the project was implemented.

Using the sampling frames, simple random sampling methodologies with probability proportional to size (PPS) allocation of the samples suitably stratified at locational levels was deployed in picking quantitative evaluation samples. To ensure reliable estimates for each indicator and facilitate valid comparisons between

the baseline, mid-term and end-term indicator values, independent samples for each target group were computed using the Fleiss, et al. (2003) sample computation formula that facilitated measurement of indicator changes within the target beneficiary groups over the life of the project as shown below.

$$n = D \frac{[Z_{\alpha} + Z_{\beta}]^2 \times \{p_1[1 - p_1] + p_2[1 - p_2]\}}{[p_2 - p_1]^2}$$

Where:

n = required minimum sample size;

D = design effect for cluster sampling [assumed to be the *default* value of 2]. However, since this evaluation survey utilized simple random sampling, this value was excluded from the sample computation;

P₁ = the estimated level of an indicator measured as a proportion at the time of the first survey (*The % of targeted adolescent girls and women who were willing to say no and/or know how to report any experience of unwanted sexual activity was 20.3% at baseline and 45.5% at mid-line*);

P₂ = the *expected* level of the indicator either at end of the project such that the quantity (P₂ - P₁) is the size of change it was desired to be able to detect. (*Based on a projected conservative increment of 12% [between mid-term and end-term] in the proportion of targeted adolescent girls and women who were willing to say no and/or know how to report any experience of unwanted sexual activity, the target value at end-line was such that P₂ = 55.5%*)

Z_α = the Z-score corresponding to the degree of confidence with which it was desired to be able to conclude that an observed change of size (P₂ - P₁) would not have occurred by chance (*the level of statistical significance. In this evaluation, a standard 95% level of significance is proposed with a Z_α value of 1.645 and*;

Z_∞ = the z-score corresponding to the degree of confidence with which it was desired to be certain of detecting a change of size (P₂ - P₁) if one had actually occurred (statistical power). *In this end-line evaluation, a standard statistical power of 80% as used at both baseline and mid-term was used [Z_∞ = 0.840]*

NOTE: In calculating the sample for the secondary beneficiaries (men/boys and women/girls) in the general public within the project sites, the indicator used was “*Proportion of women and men demonstrating positive attitudes towards women participating in decision-making in public spheres and the household*” with a value of 56.1% at baseline and 64% at mid-term was utilized. P₂ was set to 74%, while values of Z_α and Z_∞ (1.282 and 0.840 respectively) were utilized as this was a secondary beneficiary population. Similarly, for the SASA! faith sub-group of the general/public community, the baseline survey and mid-term evaluation reports showed that the proportion of Catholic faith Christians who agreed that a man cannot rape his wife was 43% and 35% respectively at baseline and mid-term. Consequently, P₁ for this group was 35%, P₂ was set to 25%, while values of Z_α and Z_∞ were 1.282 and 0.840 respectively.

Substituting the values in the sample size calculation formula yielded sample sizes presented in the second column of Table 4. The final sample sizes reached for each target group are provided in the third column, with the corresponding response rates shown in the last column of the table.

Table 4: Sample Sizes for Evaluation Target Groups and Response Rates

Target Beneficiary Groups	Sample Size	Final Sample Size	Response Rate [%]
i) Adolescent girls and young women aged 15 – 29 years	422	316	75
ii) Women aged 30 years & above	100	121	121
iii) Boys and Men aged 15 – 49 years	100	176	176
SASA! Faith participants			
iv) Male	100	54	54
v) Female	100	132	132
Total	822	799	97

The sample sizes in Table 4 were proportionately allocated based on the total number of beneficiaries reached in each project implementation site (informal settlement) as well as beneficiary category e.g. based on the type of vulnerability [PLHIV, PwD and GBV survivors], gender and location using PPS sampling methodology.

3.5.2 Qualitative Sample Design

During the main field data collection process, FGD participants were purposively selected from among the primary and secondary beneficiary groups. The sampling frames from which quantitative survey participants were selected were used to pick FGD participants who had not participated in the quantitative survey to broaden the scope of opinion and perspectives of beneficiaries in the evaluation. The selection of FGD participants was based on shared characteristics, key among them age, gender, vulnerability status and targeted group outcomes. In particular, FGD groups were constituted from among adult women and men (aged 25 years and above), young women and men (aged 20-24 years) and adolescent girls and boys (aged 15-19 years). Each FGD featured 8-10 participants. In terms of locations from where beneficiary FGD participants were selected, the best-worst case strategy was used. This entailed selecting half the participants from both locations that exhibited high and low changes in some of the outcome indicators/behavioural changes based on existing project monitoring data. In selecting individual FGD participants, “typical case sampling” approach was adopted. This entailed the identification of individuals that were “typical” representatives of those with the shared characteristics highlighted. In this regard, the consultant worked in consultation and close coordination with the project implementing partners in identifying the desired FGD participants. The selected participants were invited to centrally organized, convenient and safe places where the FGDs were conducted. The FGDs were gender-differentiated to allow for maximum participation.

Additional FGDs/guided discussion groups were constituted from among community resource persons including Community Activists, Paralegals, Community Health Volunteers and Community Facilitators. Advocacy Champions, Resident Associations, Community Elders, Community GBV Committees and Male Champions. The FGDs with these groups primarily focused on project outcome areas 3 and 4 that related to policy and advocacy where the participants played key roles in implementing associated project activities. The guided discussions explored changes brought about by the project in these outcome areas and how, what, and what did not work well, success factors and challenges besides exploring other key evaluation questions. Table 5 shows the distribution and composition of the FGD groups that participated in the evaluation.

Table 5: Distribution and Composition of FGDs

Target group	No of FGDs	FGD Composition	No of Participants
1. PWDS	1	Three [3] Caregivers and Seven [7] PWDs	10
2. Community Resource Persons [CRPs]	2	a) Two {2} female members of Resident Associations; 2 Male Champions; 4 Community Facilitators (2 Male, 2 Female) and; 2 Community Activists (1 Female; 1 Male	10
		b) Three {3} 3 Paralegals (2M; 1F); 3 Advocacy Champions and; 4 Community Health Volunteers (2 M; 2 F)	10
3. Adolescents Girls (15-19 years) in general	1	Adolescents girls aged 15 – 24 years who are direct project beneficiaries	12
4. Young Women (20-24 years) in general	1	Young Women-20-24 years who are direct project beneficiaries	12
5. Women (25-49) in general	1	Women 25-49 years who are direct project beneficiaries	12
6. Men	1	Male boda boda operators	10
	1	Men in the general community	10
7. SASA! Faith participants	1	Females from targeted Small Christian Communities in two Parishes of the CDN	10
	1	Male from targeted Small Christian Communities in two Parishes of the CDN	10
Total	10		106

Key informant participants were drawn from the programme implementation partners and stakeholders in Nakuru County and at the national level as well as Trocaire’s UNTF project staff. A total of 25 key informants drawn from a variety of organizations/institutions and sectors were interviewed. The list of all key informants reached and their organizations is provided in Annex II.

3.6 Development and Pre-testing of Evaluation Tools

The development of end of project evaluation tools was based on the baseline and mid-term evaluation tools. These tools were reviewed and modified in line with the final project evaluation criteria. The Evaluation tools repertoire included a quantitative questionnaire, KII guides, FGD guides and MSC guide. The structured quantitative questionnaire was programmed into the **World Bank’s Survey Solutions** platform following approval by both Trócaire’s programme staff and the UNTF Monitoring and Evaluation focal point to allow for electronic data collection using the android-based Interviewer application. The pilot and field-testing of the approved evaluation tools was carried out before the fieldwork and following the research team’s training. Each interviewer conducted one interview drawn from a convenience sample of a similar population to which the study was administered.

3.7 Research Assistants Recruitment and Training

Recruitment of research assistants (RAs) was guided by among other criteria, educational background, good communication skills in both English and Kiswahili, and previous experiences in conducting quantitative and qualitative interviews involving adolescent girls, young women and adult women. The RAs recruited had a minimum of a Bachelor’s degree in social sciences. Further, RAs who demonstrated the ability to gather and record accurate data, were willing to abide by the ethical requirements for research by way of written and signed undertaking, including maintaining respondent confidentiality and to reliably and efficiently complete the interviews assigned were recruited.

The RAs were trained for 3 days at Tumaini Conference Centre in Nakuru Town. The training package included modules on the RAs responsibilities and expectations for their work, the goals and expectations of the data collection exercise, project methodology, use of the data collection tools and ethical standards

related to the research on violence against women and girls, how to ask sensitive questions, ensuring privacy and building rapport between interviewer and respondent. Since the tools were not translated into Kiswahili, a major component of the training program was dedicated to active and participatory discussions on the RAs understanding and interpretation of the questions to ensure that the questions were easily askable and could be paraphrased during interviews without changing their meaning.

The field supervisors were trained on maintaining the integrity of all field protocols, such as locating respondents, gaining cooperation, survey administration, data confidentiality, and field data review, in addition to enumerator scheduling, quality oversight and other field management techniques.

A total of 15 interviewers [10 female; 5 male] and 4 supervisors [3 female, 1 male] were recruited to administer all the targeted quantitative interviews in 5 days. Besides, one data management/IT support staff was deployed to design, develop and manage the database of study participants and all the data collected. The average number of survey interviews per day was based on reasonable assumptions made concerning all factors, including travel time to and from communities, attention to social protocols including COVID 19 prevention guidelines, gaining cooperation, review and correction as necessary of completed questionnaires and reporting to field supervisors of relevant experiences and insights gained from the day's work. Between 6 to 8 interviews were completed every day by each interviewer.

3.8 Data Management Plan

Data management plan and procedures were intended to ensure that the evaluation data were as complete and accurate as possible for meaningful analysis and conclusions. Therefore, data management was the responsibility of all members of the data collection team supervised by the Lead Evaluator. Data were managed throughout participant recruitment and data collection. The steps that were undertaken in managing data are highlighted below.

3.8.1 Quantitative Data

All quantitative data were collected on password-protected tablets. At the end of each interview, the interviewer checked for completeness of the forms and ensured that all the responses were captured for every participant. On completion of each interview, the interviewer immediately synchronized with their Supervisor's application to send the completed form. The Supervisor reviewed each received form to ensure completeness and consistency of responses before sending it to the central server [Headquarter] managed by the Data Management personnel. Whenever the Supervisors' inspection of a data form revealed missing or questionable data, they rejected the data form and sent back to the concerned interviewer with comments on the action[s] to be taken before resubmitting the interview.

3.8.2 Qualitative Data

All FGDs were administered by the Lead and Associate Consultants. The FGDs were voice-recorded using Dictaphones for further transcription. At the end of each qualitative interview/FGD, the Consultants typeset and expanded on the notes as appropriate. The notes were shared with the Lead and Co-Lead Consultants for review each day. All recorded interviews were forwarded to transcription clerks for transcription.

3.9 Data synthesis, Analysis and Collation of Evaluation Findings

The analysis was based on all materials collected during the literature review and data and information collected using the various primary evaluation tools (quantitative survey questionnaire, key informant interviews and focus groups). These were combined to verify the information collected and underpin the arguments in the analysis. The quantitative data were exported from the Survey Solutions server into the Statistical Package for the Social Sciences (SPSS) software that was deployed in the quantitative analysis.

Quantitative data analysis entailed the use of descriptive statistics [proportions, percentages and means]. All quantitative results were disaggregated by relevant variables including age, sex and respondent categories. Tests for proportional differences in the means between baseline, mid-term, and end-term

estimates for relevant indicators were done using t-tests to determine the statistical significance of the differences and changes in the outcome indicators. On the other hand, simple differences were used to show change for indicators measured in proportions.

The qualitative primary data collected during participatory FGDs and KIs were analyzed on an ongoing basis throughout every stage of the evaluation study. Qualitative data were analyzed using a comprehensive thematic matrix that facilitated the identification of common patterns on key evaluation questions. Any variations in responses and insights from the qualitative interviews between the groups based on sex, age and respondent categories were also captured in the presentation of evaluation results.

The draft End of Project Evaluation was shared with the Trócaire UNTF Project implementation team for review, comments and feedback. Thereafter, the Consultants will make a presentation to the project implementation team and stakeholders at a validation workshop, who will have the opportunity to provide comments in oral form during the validation workshop or later in written form. The Consultants shall incorporate feedback from the implementation team and stakeholders into the Final End of Project Evaluation Report.

3.10 Limitations of the Evaluation Design

Given the evaluation context and constrained delivery schedules, constructing a control group against which the treatment group of project participants would have been compared was not feasible for this evaluation. As such, the evaluation study instead compared the end-line estimates against baseline and mid-term estimates to determine the magnitude of change in the quantitative outcome indicators, thus falling short of determining project-specific impact. That being the case, every possible effort was made - including through KIs and FGDs - to determine if other social, cultural, and factors played a role in affecting knowledge, attitudes, and behaviors related to VAW/G in the targeted population.

3.11 Compliance with Ethical Issues

All relevant ethical standards when researching human subjects particularly adolescents were strictly adhered to as described below.

- i) **Informed consent:** Participation in the evaluation was voluntary and based on informed consent. Informed consent entailed providing study participants with information on the evaluation study and its approach, their role in the study, benefits of their participation (both directly and indirectly) and finally obtaining consent from each person willing to participate in the study.
- ii) **Anonymity and confidentiality:** The participants' right to anonymity and confidentiality was given due attention. During the data collection phase, study participants were assured of the confidentiality of all data collected from them, including restricted use of the data for the evaluation exercise only. This was clearly stated in the introductory section of all tools and was read to the study participants with whom the research team directly interacted in the course of interviews. Further, the assessment tools did not contain fields that captured personal data that could have been used to identify respondents.
- iii) **Privacy:** Confidentiality was enhanced through privacy. Researchers ensured interviews were carried out in private settings by informing other household or community members that only the respondent was expected to participate. The researcher used tact as imparted during training to ensure that privacy did not elicit suspicion and anxiety on the part of the interviewee and significant others. Assigning female researchers the responsibility to interview female respondents, and vice versa, minimized possible causes of suspicion and anxiety. The interactions between the research team and the participants as well as among the study participants themselves were based on mutual respect and trust.
- iv) **Non-maleficence and beneficence:** Research principles of non-maleficence and beneficence were adhered to throughout the evaluation. These were emphasized during the training of the RAs and deliberate measures to monitor this put in place during data collection. The consultant ensured

that there were no other ancillary interests or motivations supported by the analysis other than what served the cardinal objectives stipulated by the client.

v) **Cultural sensitivity:** Separating male and female participants during FGDs further strengthened sensitivity to cultural nuances attendant to the analysis.

vi) **Survivors of gender-based violence:** The evaluation team interacted with survivors of violence against women and girls, which necessitated proactive measures for engagement with survivors of violence. Accordingly, the study adhered to WHO guidelines on interacting with GBV survivors during research as outlined below:

- The benefits to respondents or communities of documenting GBV are greater than the risks to respondents and communities.
- Information gathering and documentation was done in a manner that presented the least risk to respondents, was methodologically sound, and built on current experience and good practice.
- Basic care and support for survivors/victims was available locally before commencing any activity that would involve individuals disclosing information about their experiences of sexual violence.
- The safety and security of all those involved in information gathering about GBV was of paramount concern and continuously monitored.
- The confidentiality of individuals who provided information about GBV was protected at all times.
- Anyone providing information about GBV must give informed consent before participating in the data gathering activity.
- All members of the data collection team were carefully selected and received relevant and sufficient specialized training and ongoing support.

i) **Minors:** The evaluation also targeted adolescent girls as a key sub-set population, requiring adherence to recommended guidelines for interviewing minors. Accordingly, the evaluation team adhered to the following guidelines recommended by UNICEF.¹

- Do no harm to any child; avoidance of questions, attitudes or comments that were judgmental, insensitive to cultural values, that would potentially place a child in danger or expose them to humiliation, or that reactivate their pain and grief from traumatic events.
- Non-discrimination in choosing children to interview based sex, age, religion, status, educational background or physical abilities.
- No staging: Not asking children to tell a story or take an action that is not part of their own history.
- Ensuring that the child or guardian knows they are talking with an interviewer. Explaining the purpose of the interview and its intended use.
- Obtained permission from the child and their guardian for all interviews. Permissions were obtained in circumstances that ensured that the child and guardian are not coerced in any way and that they understood that they were part of a story that might be disseminated locally and globally.

¹ https://www.unicef.org/esaro/5440_guidelines_interview.html

3.12 Integration of Gender Equality and Human Rights

In carrying out the evaluation study, a critical concern was ensuring that the process and methodologies adopted guaranteed meaningful and active participation of respondents; ensured information on sensitive topics was elicited; ensured confidentiality of the information provided, and captured the different and unequal situations of women and men together with girls and boys. Thus, in context, human rights, gender equality and cultural sensitivity formed key components of this evaluation study. Table 6 illustrates how gender equality and human rights were mainstreamed in the evaluation process.

Table 6: Integration of Gender Equality and Human Rights in the Evaluation Process

Area	Description	Explanation
1. The research methodology and tools	a) Evaluation methodology	<ul style="list-style-type: none"> The ToR explicitly referred to gender equality as a cross-cutting issue and therefore reflected in the study objectives The methodology was gender-sensitive as it took into account gender differences in the conceptual and analytical framework. Further, the methodology entailed the use of approaches and tools that were participatory and accountable to gender realities e.g. use of a gender-balanced sample as well as giving value to concerns and experiences of both female and male participants through FGDs
	b) Study tools and questions	<ul style="list-style-type: none"> To explicitly reach both men and women, different tools were utilized to ensure that girls'/women's and boys'/men's unique concerns and experiences were documented e.g. use of FGD as a participatory tool that ensured that voices of either gender were heard and documented. Through existing concepts, definitions and methods, the study questions took into account gender differences and inequalities It was ensured that the types of data collected were adequate to respond to basic questions from a gender equality perspective
2. Data Collection, Analysis and Presentation	a) Key Informant Interviews (KIIs)	<ul style="list-style-type: none"> While ensuring gender equality when consulting gender experts, both local and national experts were reached. This enabled the utilization of their knowledge and provided them with a platform to influence policy discussions within the context of the evaluation.
	b) Data collection exercise	<ul style="list-style-type: none"> Besides guaranteeing that equal gender ratios were observed when recruiting interviewers, the team had relevant expertise to understand the gender dimensions of the study. This ensured that appropriate methodology was aptly used and gender perspectives integrated throughout the evaluation study. To guarantee the meaningful and active participation of girls and boys, women and men in the study, the following were carried out: [1] Advising participants on the right to participate or not to; [2] Ensuring that the participants were able to freely express their views/ albeit with respect – e.g by informing the participants before the proceedings that the questions were not a test and that there were no wrong or right answers; [3] Sensitivity and responsiveness to the context in which the study participants live; [4] Flexibility through allowing the necessary time for participants to work together and come up with their own opinions.
	c) Data analysis	<ul style="list-style-type: none"> As a means of ensuring attention to gender perspectives in analysis, all data collected were disaggregated by sex and age The unit of analysis adequately represented gender-based differences. A deeper analysis of the causes and implications of these differences and inequalities were carried out.
	d) Presentation	<ul style="list-style-type: none"> The gender dimension of the evaluation was highlighted through making visible the gender differences especially concerning: concerns, experiences, roles and involvement, opinions and needs. Thus, gender-specific findings and recommendations were identified and documented.

Part 4: Evaluation Findings

4.1 Overview

In this part of the report, the findings of the end of project evaluation are presented and discussed based on the evaluation criteria and the key evaluation questions. However, the findings of the evaluation of SASA! Faith approach have not been included in this part; they have been analyzed and presented in a separate standalone report.

4.2 Effectiveness

Evaluation Question 1: To what extent were the intended project goal, outcomes and outputs achieved and how?

Goal: Adolescent girls and young women (ages 15-24 years) in 8 informal settlements in Nakuru experience a reduction in levels of violence, abuse, discrimination and stigmatization by March 2020

Key Findings:

- Based on an 8-item index measured on a 4-point rating scale, the average level of perceived safety from GBV in public spheres among the targeted women and girls increased significantly from 2.78 at baseline to 2.93 at the end-line, reflecting a 7.6 percentage increase.
- On a similar scale, the average level of perceived safety from GBV in home spaces among the targeted women and girls increased by 3.2 percentage points from 3.1 at baseline to 3.2 at the end of the project;
- Measured on a 5-point scale ranging from “Strongly disagree” to “Strongly agree”, the average level of discrimination experienced in public spheres by women and girls who are survivors of partner/non-partner violence declined significantly by 38.5 percent from 3.66 at baseline to 2.25 at end-line;
- Similarly, the average level of discrimination experienced within the home spaces by the targeted women and girls’ survivors of violence dropped 48.3 percent to reach 1.99 at the end-line from a baseline value of 3.85 and;
- On a 5-point Likert scale, HIV/AIDS-related stigma against women and girls living with HIV/AIDS degenerated significantly by about 59 percentage points from 3.96 at baseline to 1.63.

Detailed Findings:

Average level of perceived safety from GBV in public spheres and in the household among target women and girls

Based on multidimensional, 8-item indices measured on a 4-point rating scale in each case, there was an improvement in the level of perceived safety from GBV among the targeted women and girls. The average level of perceived safety from GBV in public spheres increased significantly from 2.78 at baseline to 2.93 at the end-line. Similarly, there was a significant increase in the average level of perceived safety from GBV in home spaces from 3.1 at baseline to 3.2 at the end of the project. The differences in indicator estimates between the baseline and end-line reflect positive deviations of 7.6 percent and 3.2 percent respectively in the average levels of perceived safety from GBV in public spheres and the household among the targeted women and girls as shown in Table 7.

As Figure 1 illustrates, the dimensions of AGYW’s perceived safety from GBV in public spaces with average scores that exceeded 80 percent of the highest possible level of safety related to the ability to engage in religious activities of choice without fear of discrimination (3.6), unrestricted movements while doing business (3.3) and the freedom to report sexual violence incidences without fear of retaliation (3.2). It is also worth noting that the average scores on all the other five dimensions of the variable were within 63 percent and 73 percent of the highest possible level of 4, and all above the baseline values.

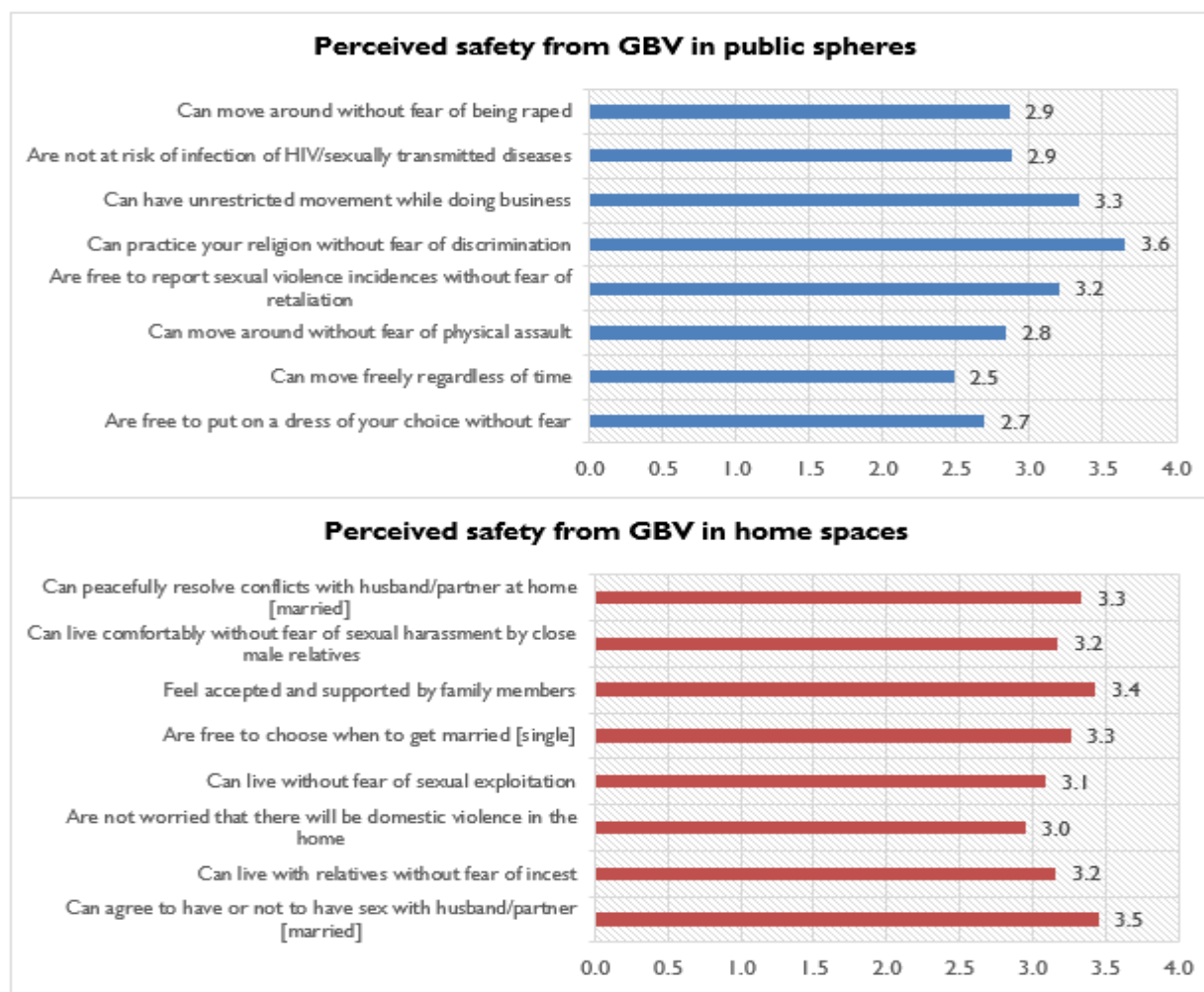
Table 7: Average Level of Perceived Safety from GBV in Public and Home Spaces among Adolescent Girls and Young Women in Nakuru Town

Indicator Description	Averages				%Δ
	Baseline	Mid-Term	End-Term	Δ [End-Term - Baseline]	
i) Average level of perceived safety from GBV in public spheres	2.78 (0.72)	2.92 (0.66)	2.93 (0.65)	+0.21***	+7.6%
ii) Average level of perceived safety from GBV in home spaces	3.10 (0.66)	3.23 (0.68)	3.20 (0.76)	+0.10***	+3.2%

***The mean difference is significant at 0.01 level of significance; Figures in parentheses () are std deviations of the mean

Regarding perceived safety from GBV within home spaces, the average scores for all the eight dimensions were found to be within 75 to 88 percent of the highest possible level of 4. Notably, the dimension with the highest average score that was 88 percent of the apical value was the possibility of married women to negotiate with their spouses on whether to have or not to have sex. For AGYW who were not married at the time of the evaluation, the perception that they were free to choose when to get married had an average score of 3.3 or 83 percent, tied on the same level with the married women’s perception that they could peacefully resolve conflicts with their spouses. The lowest average score of 3.0 (75 percent) was obtained on the AGYW’s perception that they were not worried that there would be domestic violence in the home.

Figure 1: Average Scores on the Individual Dimensions of AGYW’s Perceived Safety from GBV in Public and Home Spaces



The improvement in average levels of perceived safety from GBV in public and home spaces is a result of a significant reduction in cases of violence against women and girls both in public spaces and within home environments, increasing social accountability and positive transformations in attitudes towards women's rights. In all FGDs with girls, women and men as well as in-depth interviews with key informants, the evaluation participants observed that cases of violence against women had significantly gone down over the project period. The reduction in violence was attributed to positive changes at individual, family and community levels as well as supportive institutions.

In focus group discussions with women and girls during the evaluation, participants talked about how their participation in the project had changed the way they thought about themselves, inspired them to be assertive and exercise control over their lives. Additionally, the participants indicated that they can now speak out on violence in the community and their personal lives besides offering support to GBV survivors based on their experiences of similar violations. According to a participant, the knowledge women and girls gained through participation in the project activities has made it possible for them to break the cycle of violence because initially, most women settled in violent relationships. Generally, participation in the project made the women and girls become self-aware, improved their self-confidence and enabled them to gain control over their lives. One of the FGD participants, a woman explained:

“Our experiences of violence are different. Following our participation in this project, we have become self-aware and gained confidence which has helped us make better choices regarding our sexual lives. For those who had been in violent relationships, we have learned our rights and have left violent marriages. I am now a single but happy parent after walking out of an abusive marriage. The skills I have in hairdressing and tailoring enable me to feed my children, pay rent and have some savings.”

Evidence collected through FGD conversations with men suggested that the project had increased awareness on the rights of women and the negative effects of violence among community members, thus contributing to changes in knowledge, attitudes, practices and gender norms especially among men, that hitherto perpetuated VAW/G. The participants talked about how some of them would previously take advantage of women and end up violating their rights based on their perception of women as lacking the power to take any action. This was mostly done on the streets and the most common is catcalling. However, since joining the project, their attitudes and perceptions of women have transformed. They now consider women to be as human as men worth enjoying the same human rights, particularly protection from all forms of violence. Additionally, the male FGD discussants revealed that their involvement in the project had made them appreciate the importance of community members' collective responsibility for the safety of children especially girls, whether they are one's own or not. One of the male participants remarked: *“It is the responsibility of all of us to prevent and respond to violence against women and girls.”* Another male participant explained;

“Before, I never used to bother about other people's children but after the second session with LHC, I encountered a defilement case. This made me start looking at children in the community differently, especially girls. I took it upon myself to advocate for their rights. The training I received has enabled me to hold the police accountable especially on SGBV cases, which I follow up to ensure that they get to court and that justice is served.”

More evidence of positive changes in knowledge and attitudes was captured in the words of yet another male participant:

“I now understand most of the things that I did not before. Most violence against women and girls occurs in places where it is not expected to happen, mostly in homes where most of the people consider it a safe space. Unfortunately, most of the cases do not get to the police and the majority end at the household levels. As men, we have realized that we had been bound and brainwashed by our cultures and traditions and this had made us look down on women which should not be the case.”

Another participant added:

“Violence against women and girls has reduced in recent years. Before, motorbike operators were among the highest-ranked perpetrators of SGBV but in the last 3 years, thanks to the training from Love and Hope Centre, they have transformed into champions for the elimination of SGBV. VAWG in the residential areas has also gone down since they have taken upon themselves to enlighten their neighbours on SGBV issues and provide support in reporting whenever a neighbour has a VAW/G related problem.”

From both documented information in project progress reports and narrations of individual actions taken in response to incidences of violence against women and girls within the community settings, further evidence emerged of boys and men working as allies and partners for the prevention of violence against women and girls and broadly, gender equality. For instance, LHC reported² that in schools where the project had identified and trained focal point teachers, boys were already actively involved in the campaign to end violence against girls. An incident was reported in which boys in one of the target schools had identified and reported a teacher who had allegedly been violating girls, including impregnating one. Following the action by the boys, the Teachers Service Commission (TSC) was said to have taken up the case for disciplinary and administrative action. However, the boys revealed that they were finding it increasingly challenging to report cases where teachers were suspected to be perpetrators. In the FGD with male *boda boda* riders, each participant narrated at least one incident in which they had responded appropriately to incidences in which a girl or a woman had been violated either in public or within the spaces. The actions taken included assisting the survivors to report/reporting the incidents to the police and following up cases in court, standing as witnesses in court and taking the survivors to hospital. Notably, due to general inefficiencies in the public and emergency health services in the country, the motorcycle taxi riders have stepped in as first responders by taking the women and girls survivors of violence to the hospital or the police stations for emergency response before linking them up with the professional front line workers. One of the participants said:

“Recently, I was in the process of taking to the hospital an expectant female relative who had developed labour pains late in the night. Since the time was past the curfew hours, I had to pass through a police station to get clearance to allow me to proceed. While at the police station, I was requested to assist the police in taking to the hospital another woman who had been violated. Unfortunately, my permit would only allow me to go to the Bondeni Maternity. When I got there and had my relative admitted, I was told that the other lady could only be attended to at the Nakuru Level 5 Hospital. I became devastated since my permit restricted me to Bondeni. However, I decided to take the risk and proceed to Nakuru Level 5 Hospital. When I got there, the process was very long. I couldn't wait until the patient could be attended to. I had to leave and at this point, it pained me but there is nothing much I could have done. I met the lady later on and learned that she had been attended to. I was grateful to know that the lady had gotten the support”

In yet another incident, a *boda boda* (Motor Cycle Taxi riders FGD participant said: *“I had to intervene when my sister was being assaulted by the husband. I talked sense into the man and even reported him to the police at some point. This made my sister's husband change his behaviour and now they are living peacefully.”*

Improvements in institutional support and response to cases of violence against women and girls may also be cited as a contributing factor to improvements in the average level of perceived safety among the targeted AGYW. According to information gathered from the key informants, the project enhanced the capacities of various community-level institutions including community leaders, community policing committees and GBV committees. These institutions have played an active role in preventing VAW/G through awareness creation in the community and improved response to cases of VAW/G by linking the survivors to police, healthcare and legal services within the referral system. According to a police officer interviewed in this evaluation, the presence of a decent and private office to address all matters related to gender-based violence has boosted the morale of young girls and women. The officer added that there has

² Annual UNTF Project Report for the Reporting Period: 15th March to 14th March 2020

been a noted increase in reporting and women now have the confidence to come to the police station as they have a decent place to report cases.

Average level of discrimination experienced in public spheres and in the household by targeted women and girls who have ever experienced any form of violence from a partner or non-partner.

Measured on a 5-point scale on the “Strongly disagree” to “Strongly agree” continuum, the average level of discrimination experienced in public spheres by women and girls who are survivors of partner/non-partner violence declined significantly by 1.4 [38.5%], from 3.66 at baseline to 2.25 at the end-line. At the household level, the average level of discrimination experienced by the targeted women and girls survivors of violence also dropped significantly by 1.86 [48.3%] to reach 1.99% at the end-line from a baseline value of 3.85. Table 8 provides a summary comparison of baseline, mid-term and end-line estimates on the indicator.

Table 8: Average level of discrimination experienced in public spheres and the household by targeted women and girls who have ever experienced any form of violence from a partner or non-partner

Indicator Description	Averages				%Δ
	Baseline	Mid-Term	End-Term	Δ [End-Term – Baseline]	
i. Average level of discrimination experienced in public spheres by targeted women and girls who have ever experienced any form of violence from a partner or non-partner	3.66 (0.78)	2.41 (0.89)	2.25 (0.95)	-1.41***	-38.53%
ii. Average level of discrimination experienced in the household by targeted women and girls who have ever experienced any form of violence from a partner or non-partner	3.85 (0.83)	2.20 (1.04)	1.99 (1.05)	-1.86***	-48.31%

***The mean difference is significant at 0.01 level of significance; Figures in parentheses () are std deviations of the mean

Average level of Social stigmatization against adolescent girls and young women living with HIV/AIDS within the HH and the community.

The stigma directed at women and girls living with HIV/AIDS declined significantly by about 59 percentage points from 3.96 at baseline to 1.63, based on a 5-point Likert scale. As Table 9 illustrates, the margin of the drop was relatively larger over the period between baseline and mid-term evaluations [2.14] compared to the drop experienced post-mid-term review [0.19].

Table 9: Average level of Social stigmatization against AGYW living with HIV/AIDS within the HH and the community

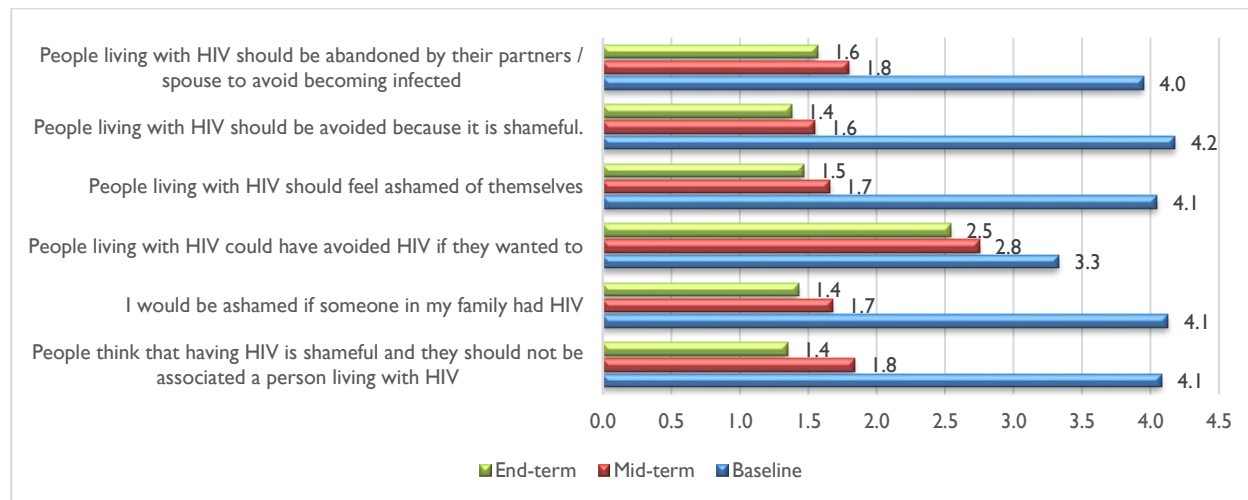
Indicator Description	Averages				%Δ
	Baseline	Mid-Term	End-Term	Δ [End-Term – Baseline]	
Average level of Social stigmatization against adolescent girls and young women living with HIV/AIDS within the HH and the community	3.96 (0.70)	1.82 (0.61)	1.63 (0.56)	-2.33***	-58.84%

***The mean difference is significant at 0.01 level of significance; Figures in parentheses () are std deviations of the mean

As Figure 2 shows, there were significant declines in the average scores each of the six individual items measuring social stigmatization directed at AGYW living with HIV within the household and the community. The largest margins of decline in stigma were realized on three closely related items: “PLHIV’s should be avoided because it is shameful”; “People think that having HIV is shameful and they should not be associated with such persons,” and; “I would be ashamed if someone in my family had HIV.” The pattern of negative stigmatic

shift on these three key items is underpinned by attitudinal changes towards PLHIV's that have led to improvements in social relations with PLHIV's within the project communities, informed by the community's improved understanding of the modes of HIV/AIDS transmission following extensive awareness creation activities under the project. Evidence collected from both male and female FGD participants may adequately explain the observed decline in the average level of stigmatization on the item "People living with HIV should be abandoned by their partners/spouse to avoid becoming infected." The evaluation team's interactions with the FGD participants revealed that community members have the knowledge and appreciate that HIV-infected persons can continue living with their spouses as discordant couples and retain their marital relationships.

Figure 2: Average Scores on Individual Scale Items of the Social Stigmatization Against AGYW living with HIV/AIDS within the HH and the community



Despite a slight decline in the average score on the HIV/AIDS social stigmatization index item "People living with HIV could have avoided HIV if they wanted to" the value at the end-line remained relatively high. This may be attributed to the community members' understanding that prevention of HIV/AIDS infection is a behavioural issue that may be achieved through the modification of sexual behaviours.

Converging evidence from FGDs with both female and male FGD participants, key informants and project progress reports provided support for a reduction in stigma against women and girls living with HIV/AIDS in particular, and PLHIV's in general. While women FGD participants stated that they had observed a reduction in stigma directed at persons living with HIV, male FGD discussants opined that PLHIV's need love and any form of support that they may need and that can make them feel better about themselves. A female FGD participant said:

"Through this project, we have experienced a lot of change in mindset especially when it comes to persons living with HIV. The project also engages persons living with HIV and we have seen that people can live as discordant couples. We have also noticed a reduction in stigma associated with persons living with HIV."

The men FGD participants agreed that PLHIV should be talked to and encouraged to not lose hope or look down upon themselves. One of the male participants stated:

"We now know that HIV/AIDS is not a life sentence. We have just realized that COVID-19 is worse. We have learned that HIV/AIDS is not a hindrance to work and people living with HIV/AIDS live a normal life as long as one adheres to the anti-retroviral treatment. Stigma kills therefore we should refrain from stigmatizing PLHIV's"

Outcome 1: Adolescent girls and young women from 8 informal settlements in Nakuru have increased levels of economic and personal power by March 2020

Key findings:

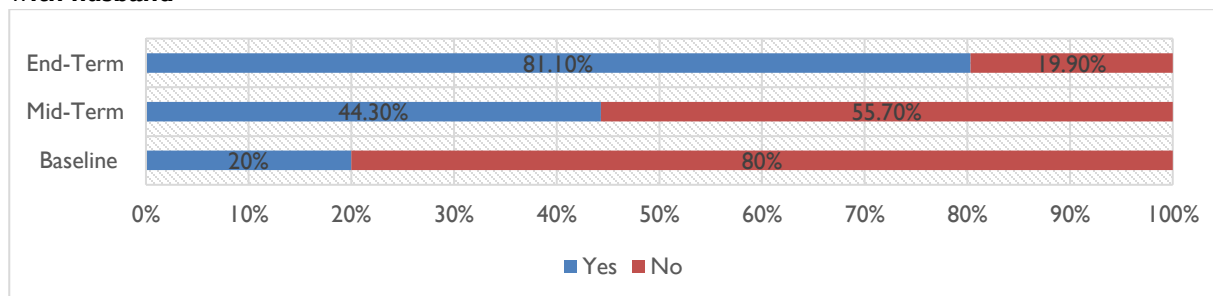
- Adolescent girls and young women in Nakuru reported increased levels of economic power following their engagement in income-generating activities. They demonstrated increased personal power in their reported improved ability to take control of their lives and the confidence to do so;
- Up to 52 percent of the targeted AGYW reported having reliable, own income sources. The proportion of targeted women and girls reporting reliable own sources of income improved by about 20 percent from a baseline value of 32 percent to 52 percent at the end of the project;
- The proportion of AGYW who reported that they had received vocational skills training was 48 percent. The average level of knowledge on the key vocational skills [mainly hairdressing, catering and tailoring/dressing-making] increased significantly from 0.87 at baseline to 2.16 at the end-line based on a 3-point rating scale. Most of the AGYW had either applied the knowledge and skills gained from the training to start their businesses or secure employment in established enterprises
- The proportion of targeted AGYW supporting a married woman’s refusal to have unwanted sex with her husband increased from 20 percent and baseline to 81 percent by the end of the project. The AGYW emphasized that they knew the place of consent when it comes to sexual advances and that they would exercise such consent to the latter;
- Among the surveyed AGYW who reported having experienced sexual violence during the project period, 66 percent indicated that they had reported or shared their experiences with someone else.

Detailed Findings:

Adolescent girls and young women are willing to say no and/or know-how to report any experience of unwanted sexual activity.

The proportion of targeted adolescent girls and young women supporting a married woman’s refusal to have unwanted sex with her husband increased four-fold from 20 percent and baseline to 81 percent by the end of the project as illustrated in Figure 3. At mid-term, up to 46 percent of the targeted AGYW had supported a married woman’s refusal to have unwanted sex with her husband. LHC’s annual Project Report for the Reporting Period 15th March to 14th March 2020 indicated that out of a sample of 126 AGYW, about 41 percent reported that they had declined unwanted sexual advances.

Figure 3: Proportion of women and girls supporting a married woman’s refusal to have unwanted sex with husband



In FGDs with both young and adult women, the unwanted sexual activities listed by participants included rape, marital rape, defilement, sexual harassment, coercive or exploitative sex, indecent touching, and sexual advances by relatives (incestuous advances). The FGD participants emphasized that they knew the place of consent when it comes to sexual advances and that they would exercise such consent to the latter.

This, they said, is informed by their understanding of the need to respect their bodies as well as their ability to tell off a man whose sexual advances violated a woman’s rights. One of the girls said: *“Given my present understanding of my rights due to the knowledge I gained through the training I have attended in this project, I cannot allow a man to simply walk in and out of their life.”* Another participant added: *“We now have the confidence to say no to what we do not want, and we know where to seek help in case such violence occurs”.*

Analysis of the primary evaluation data revealed that among the surveyed AGYW who reported having experienced sexual violence during the project period, 66 percent indicated that they had reported or shared their experiences with someone else. Close to two-thirds (62 percent) of the survivors shared their experiences with a female confidant who was either a parent, family member, or friend. Equal proportions of the survivors (17 percent) reported to the police or shared with a counselor. The rest of the survivors indicated that they had shared their experiences with a community health volunteer, community activist or paralegal, religious leaders, a women’s rights organization, or a male friend.

Women and girls directly linked their increased capacity to counteract and report experiences on unwanted sexual activities to their increased awareness and knowledge of their rights, following their participation in life skills and women’s rights training provided by the project. They stated that through the training, they had gained knowledge of how to identify, prevent and report violence as well as where to make such report and/or whom to share information with on their experiences. Further, the life skills training was hailed as having considerably enhanced their capacity to make the right choices and decisions about their lives.

Percentage of target beneficiaries who report that they are more financially independent and have increased levels of economic security (own source of income) (Proportion of target women and girls who have their own sources of income that are reliable)

Whereas 69 percent of the targeted girls reported having their own source of income, only 52 percent considered the sources to be reliable. Nonetheless, the evaluation revealed that the proportion of targeted women and girls reporting own sources of income that are reliable improved by about 20 percent from a baseline value of 32 percent to 52 percent at the end of the project as shown in Table 10. The project implementation period post-mid-term review recorded a relatively larger increment in the proportion of women and girls with own income sources that are reliable [17 percent] compared to the two-percentage increment between the baseline and mid-term. The own sources of income listed by the surveyed AGYW included casual labour, selling of vegetable produce, working for a regular wage, petty trade, operating salon business, selling of agricultural produce such as cereals and pulses, and selling of handicraft and other arts activities.

Table 10: Proportion of targeted adolescent girls and young women who have their own sources of income that are reliable

Indicator Description	Proportions			
	Baseline	Mid-Term	End-Term	Δ [End-Term – Baseline]
<i>Proportion of target women and girls who have their own sources of income that are reliable</i>	32.2	34.8	52.0	+19.8

Life skills and business entrepreneurship training sessions were conducted by the economic empowerment partner – Women Empowerment Link – to empower the targeted AGYW with entrepreneurial capabilities. Documented evidence³ showed that through these sessions, a total of 110 AGYW were reached and that eight (8) business ideas were incubated among them. The incubated business ideas included food and beverage kiosks, vegetable groceries and retail shops, tailoring, salon and cosmetics, fashion clothes, shoes, poultry keeping, day-care center and a carwash business. Subsequently, 80 AGYW

³ WEL’s Annual UNTF Project Report for the Reporting Period: 15th March to 14th March 2020

were financed with seed capital to start their businesses. Besides, two groups were supported to establish a carwash and day-care business ventures respectively that created job opportunities for several AGYW. Some individual members of the groups started their businesses while still attached to group ventures.

In FGDs with women and girls, the participants highlighted how the life skills and business entrepreneurship training had empowered them with knowledge and skills to not only start businesses and other income-generating projects but also get involved in waged employment following the acquisition of relevant and employable vocational skills reported in this evaluation report under the next Outcome indicator. For instance, some of the women and girls said that they had secured employment in some of the well-established hairdressing and beauty shops/salons within their localities as well as Nakuru Town. Responding to a question on the extent to which they felt empowered economically since joining the project or the changes they had experienced in their economic status as women, an FGD participant said:

I started my business of selling chapatis after attending the WEL's training sessions on economic empowerment. Also, out of this project, I was connected to a sponsor who has enrolled me in nursing school at the Kenya Medical and Training Centre, Nakuru. I know of many other women who participated in the project who are economically empowered as demonstrated by their ability to pay rent, feed their families, and even pay school fees for their children

Income-earning opportunities through businesses or employment in established business enterprises were hailed as having increased the AGYW's economic independence. Increased economic independence was said to have improved the AGYW's bargaining power at home in terms of participation in decision-making and influence within the household.

Percentage of Girls at risk of violence, HIV and/or with disabilities who demonstrate understanding and knowledge of labour rights in the informal sector and key vocational skills

The end-line evaluation survey data showed that the proportion of adolescent girls and young women [15-29 years] who reported that they had received vocational skills training was 48 percent. Among these, the largest proportion (41 percent) indicated that they had been trained on hairdressing, followed by 23 percent and 19 percent who reported that they had received training on catering and tailoring/dressmaking respectively. Other skills included baking (10 percent), cosmetology (5 percent), computer skills and artwork (2 percent). Less than a unit percentage of the interviewed adolescent girls and young women had been trained on beadwork, electrical works and repair of electronics skills. These evaluation survey findings were largely consistent with secondary information extracted from LHC's project activity and output monitoring reports which showed that the project had supported girls to undertake vocational training in institutions that offered courses in hairdressing & beauty, catering, baking, food & beverage and tailoring, dressmaking & fashion design. The institutions were mainly Nakuru Training Institute, Mwangaza College managed by the Catholic Diocese of Nakuru and Ujima Foundation College. Others were the Rift Valley Institute of Science and Technology and the Serein Institute of Counselling and Business Studies.

Overall, the average level of knowledge on the vocational skills that were reported to have been imparted increased significantly from 0.87 at baseline to 2.16 at the end-line based on a 3-point rating scale. The positive deviation in the (1.29) represented a 148% increment in levels of knowledge of key vocation skills as illustrated in Table 11.

Table 11: Average level of knowledge on vocational skills

Indicator Description	Averages				%Δ
	Baseline	Mid-Term	End-Term	Δ [End-Term - Baseline]	
Average level of knowledge on vocational skills demonstrated by targeted girls who are at risk of violence, HIV and/or with disabilities	0.87 (0.70)	2.20 (1.03)	2.16 (0.66)	+1.29***	+148.28%

***The mean difference is significant at 0.01 level of significance; Figures in parentheses () are std deviations of the mean

As reported under the preceding indicator in the evaluation findings, the AGYW who were supported by the project to undertake vocational training had either applied the knowledge and skills gained from the training to start their businesses or secure employment in established enterprises. In particular, most of the women and girls who had vocational skills in hairdressing and beauty had either started salon businesses or were employed in established hairdressing and beauty shops/salons. Notably, some of the AGYW from the initial beneficiary cohorts who had graduated and established thriving and sustainable businesses by utilizing their vocational skills were engaged as mentors of the subsequent beneficiary cohorts to influence change. Among the mentors were the following:

- A survivor of defilement during childhood pursued a catering course with the project's support. She secured a job following completion of training and at the time of her involvement as a mentor, she was comfortably taking care of her child, supported her mother to refurbish the family house, and was paying college fees for her sisters.
- A physically challenged and a survivor of violence who had separated from an abusive partner following her exposure to the project's awareness-raising activities. She had been supported to undertake a tailoring course and successfully opened a tailoring shop. At the time of her engagement as a mentor, she had managed to secure opportunities to make uniforms for a school in her neighbourhood and employed a part-time tailor. Besides creating employment for at least one other young woman, she was also living independently on her income that enables her to take care of all her financial needs.
- A young woman with vision impairment and a survivor of defilement and intimate partner violence who, after joining the project and having been empowered, decided to separate from her abusive partner. Although she had reported to the police more than five incidents of violence by the partner, no action had been taken against him including the very last that had influenced her decision to leave, when he had almost killed her and had been hospitalized for a week. Through the project's support, she pursued tailoring, fashion and design course after which she bought a machine and started her own business. At the time of engaging her as a mentor, she was sustainably taking care of her child as well as her parents who, regrettably, had previously forced her back to her abusive partner.
- A survivor of defilement and intimate partner violence who had been suicidal and had also attempted to kill her child. Following her participation in the project's activities, she had to separate from the abusive partner, pursued tailoring fashion and design with the project's support. At the time of her engagement as a mentor, she had been employed as a tailor, made savings from her wages, and managed to buy a sewing machine in preparation for the opening of her tailoring shop
- A survivor of defilement, child neglect and attempted defilement by her father on two occasions. She had lived on the streets for some time and attempted suicide twice. After joining the project, she was supported to pursue a catering and pastry vocational course. On completion, she started a cake-baking business from which she earns a living and paying fees as she pursues advanced vocational training in catering at the Nakuru Training college

Despite the project's reported positive effects from the vocational training support, there were isolated voices of discontent some of which were, in the evaluation team's view, based on over expectations. For instance, a female FGD participant expressed her disappointment that the training was very short and some of the trainees did not benefit as much as they expected since they had never practiced the skills they had been trained on due to a lack of support from one of the implementing partner organizations. In their progress report, LHC noted that some of the challenges experienced by the AGYW who had received vocational training included a lack of ready market for their products, limited employment opportunities, low wages offered and limited options due to few opportunities available.

Information obtained from LHC's activity and output reports provided evidence to suggest that the girls and young women who had participated in the training on informal sector work knowledge, skills and labour rights had demonstrated increased knowledge of labour rights. For instance, the reports showed

that in one training the participants recorded an average post-training score of 62 percent from 33 percent before training. In another training, the average post-training score on knowledge of labour rights in the informal sector was 70 percent compared to 56 percent pre-test score. Combining the knowledge scores from the two separate training activities resulted in 66 percent post-test and 42 percent pre-test scores, thus reflecting a 24 percent increment in the level of knowledge of labour rights in the informal sector by the targeted AGYW.

The project progress report for the Reporting Period 15th – 14th March 2020 by LHC indicated that despite the improved knowledge on labor rights, implementation by employers was still a challenge. The employees had to comply and accept to work on negotiable and flexible terms given that employment opportunities were limited in the context of harsh economic conditions. For instance, some of the AGYW who were employed as house helps or in small business enterprises earned an average of USD 50 per month, which was below the USD 100 minimum monthly pay as provided for under Kenya’s labor laws.

Outcome 2: The safety and dignity of adolescent girls and young women in 8 informal settlements in Nakuru are supported by positive transformations in gender norms, attitudes, behaviours and practices that relate to VAW/G within their community by March 2020

Key Findings:

- *The evaluation results show that overall, there was a 41 percent increase in the proportion of women and men demonstrating positive attitudes towards women participating in decision-making in public spheres and the household from 56 percent at baseline 97 percent at the end-line. The increment was relatively larger among men (47 percent) compared to women’s 38 percent.*
- *Women and girls felt that they are supported to participate in decision-making because they had seen improvements in their levels and areas of participation in decision-making both in the household and public spaces or community level.*
- *At the household level, women were extensively involved in making decisions on rental payments, reproductive health & family planning matters, which schools their children would attend, feeding their families, and general family welfare. At the community level, women and girls had been nominated and voted or selected to be members of community structures that make important decisions affecting the whole community.*
- *Community members demonstrated high levels of knowledge on what constitutes VAW/G. On average, 94.3 percent of the community members demonstrated knowledge of various specific acts of violence against women and girls that broadly fall into physical, controlling behavior, emotional and economic forms of violence.*

Detailed Findings:

Proportion of women and girls who feel that they are supported by members of their HHs and communities to participate in decision making (3.2.3.1.2: Proportion of women and men demonstrating positive attitudes towards women participating in decision-making in public spheres and the household)

Overwhelmingly, 96 percent of all the evaluation survey participants responded affirmatively that “women should have a say in important decisions at the household”. Similarly, a majority of the survey participants (95 percent) supported women’s participation in decision-making at the community level. On aggregate, 97 percent of the surveyed participants - 98 percent of women and 95 percent of men - demonstrated positive attitudes towards women’s participation in decision-making in public spheres and the household as shown in Table 12.

The evaluation results show that overall, there was a 41 percent increase in the proportion of women and men demonstrating positive attitudes towards women participating in decision-making in public spheres

and the household from baseline to end line. The increment was relatively larger among men (47 percent) compared to women’s 38 percent.

Table 12: Proportion of women and men demonstrating positive attitudes towards women participating in decision-making in public spheres and the household

Indicator Description	Averages			
	Baseline	Mid-Term	End-Term	Δ [End-Term – Baseline]
a) Proportion of WOMEN and MEN demonstrating positive attitudes towards women participating in decision-making in public spheres and the household	0.56	0.64	0.97	+0.41
b) Proportion of WOMEN demonstrating positive attitudes towards women participating in decision-making in public spheres and the household	0.60	0.67	0.98	+0.38
c) Proportion of MEN demonstrating positive attitudes towards women participating in decision-making in public spheres and the household	0.48	0.55	0.95	+0.47

Further analysis of evaluation data on actual participation in decision-making revealed that 75 percent of women have input in decisions on how money is spent; 74 percent participate in decisions on where children go to school and; 62 percent actively participate in making decisions about major household purchases such as land, a car, house, farm. In FGDs with women, the discussants talked widely about improvements in their levels and areas of participation in decision-making both in the household and public spaces or community level. They stated they are extensively involved in making decisions on rental payments, reproductive health & family planning matters, which schools their children to attend, feeding their families and general family welfare. At the community level, women and girls are now nominated and voted or selected to be members of community structures that make important decisions affecting the whole community. These include Nyumba Kumi (Community Policing committees), Residents’ Associations, School Management Committees, Committee-Based Organizations and mixed-sex Voluntary Savings and Loan groups’ management committees. The women and girls attributed their increased participation in decision-making to their economic empowerment that has enabled them to financially support their families hence earning them respect from spouses, family members, peers and other community members. According to AGYW, the community members have great respect for women who can afford house rent and as such, some are called upon to talk to other girls as mentors by community elders or youth leaders. An FGD participant said: *“Spouses and partners have a newfound respect for women because they can stand on their own and have some money. They are recognized as mentors who can support others. They are particularly a good reference point for those interested in table banking”*.

The men who participated in FGDs unanimously vouched for women’s participation in decision-making both at the household and community levels. The observation by one participant in one of the FGDs that a woman has a right to participate in decision-making and can hold a leadership position at any level received applause from all the other participants in that FGD. According to a participant, women can make decisions that can enable one to see things differently and better than how a man would have done it alone. Yet, in the view of another male FGD participant, major changes and developments in life can occur when a husband involves his wife in decision-making in the household. In supporting women’s and girls’ participation in decision-making, the men used such phrases as *“A woman is a co-driver in a relationship. Both man and woman are equal”*; *“Marriage should be a partnership in which man and wife are equal in all respect”*; *“A woman is meant to help a man achieve what a man might not be able to achieve. A woman is meant to help a man make a home. A woman should support a man in making all decisions in the family and vice versa”* and; *“If a man and a woman in a household support each other, that home will prosper on its own with minimal effort”*.

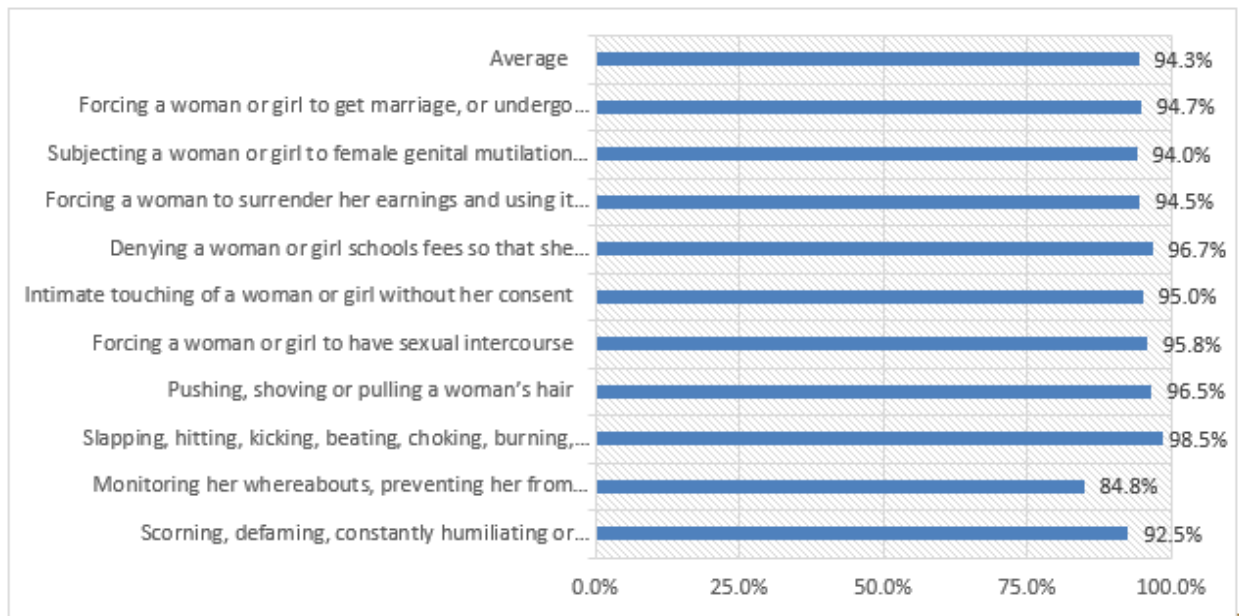
To sum it up, one male FGD participant put it this way: *“A woman is an advisor, a mirror who guides you in all you do and reflects who we are. A woman is a builder and they make us who we are. They are caregivers and especially to the girls. Together, women and men build each other. If you give women the chance then they will prosper. We should not put an identity for women depending on the work that the society expects them to do.”*

Weighing in on the need to support women and girls participation in decision-making, another male FGD discussant said: *“I have made it my responsibility to change perceptions in the community that undermine women and girls and make people understand why it is important to view women as partners and not inferior human beings. The societal expectations have defined roles for men and women and that is wrong since allowing men and women to be equal in the household does not make someone a lesser man”*.

Average level of knowledge demonstrated by community members on what constitutes VAW/G

Evidence presented in the mid-term review report suggested that on average, 94.3 percent [Figure 4] of the community members demonstrated knowledge of various specific acts of violence against women and girls that broadly fall into physical, controlling behaviour, emotional and economic forms of violence. Notably, the project’s target for this quantitative indicator by the final year of implementation (75 percent above baseline) was achieved at mid-term.

Figure 4: Proportion of community members who demonstrate knowledge of what constitutes VAW/G



In responding to the question of some of the acts that they would consider as violence against women and girls, both male and female FGD participants listed acts that covered the broad categorizations of forms of VAW/G hence demonstrating appreciable knowledge in this area. On their part, women FGD participants mentioned the following as acts of VAW/G: rape; defilement; demanding for a sexual favour in exchange for consideration for an economic opportunity; forced sex in marriage or relationships; cutting off a woman’s/girls genital parts; early marriages; forced marriages; slapping/beating a woman/girl; battering; sexual harassment at home, workplace and on the streets; abusing/insulting and; denial of opportunities based on sex. On the other hand, the acts identified by male FGD participants as acts of VAW/G were physical assault; beating; slapping; female circumcision; rape; forced sex; sexual harassment; sexual exploitation; verbal abuse and; prevention from participating in economic activities;

One male participant emphasized that according to him, at times dowry payment is a form of violation of the rights of women. He explained that once dowry is paid, some families tend to forget their daughters and neglect them such that they cannot go back to them for help when need arises and when they do, they are told that her family is on the husband’s side. For the man who paid the dowry, they at times treat their wives as property just because they paid dowry and they use that to justify their inhumane actions against the woman.

Outcome 3: Front-line service providers in Nakuru town have strengthened capacity to effectively identify, prevent and respond to risks posed by violence and abuse against adolescents and young women in the community by March 2020

Key Findings:

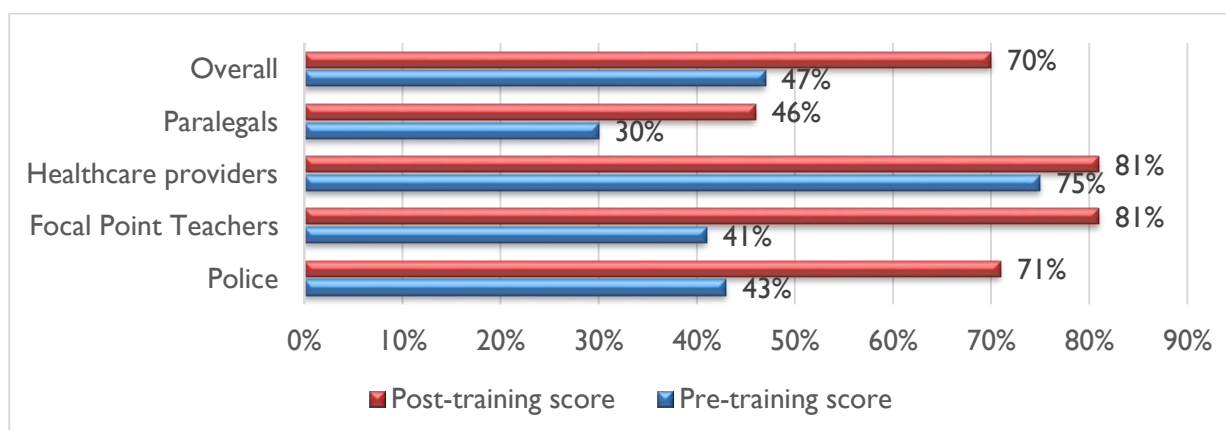
- The targeted frontline workers who included the police officers, members of community policing committees, healthcare providers at the facility-level as well as community health volunteers, paralegals, and focal point teachers demonstrated knowledge in their prevention of and response to VAW/G.
- The police officers’ improved knowledge on forms of GBV and their causes, the standard operating procedures for the management of GBV and the legal framework related to the prosecution of SGBV offenses was manifestly demonstrated by their improved handling and management of cases.
- The police were said to be exercising more caution in investigating child abuse and cases of VAW/G, professional handling of survivors and preservation of evidence, recording of statements and the ability to make applications to record further statements in cases where survivors had not provided adequate information
- Focal Point Teachers and members of school administrators were reported to be proactively responding to cases of violence and abuse reported by learners by taking relevant administrative actions as well as referring survivors to appropriate service providers
- The community paralegals’ application of knowledge gained from the project’s capacity building initiatives was demonstrated through their efforts in linking survivors of violence to the criminal justice value chain through a variety of entry points.

Detailed Findings:

Average level of knowledge demonstrated by target front line workers in the prevention of and response to VAW/G.

The frontline workers targeted by the project included the police officers, members of community policing committees, healthcare providers at the facility-level as well as community health volunteers, paralegals, and focal point teachers. Analysis of the results of pre and post-training assessments extracted from documented evidence provided to the evaluation team revealed that overall, the level of knowledge on various topics - laws, policies, standard operating procedures on GBV, referral pathways and forms and types of VAW/G – improved from 47 percent to 70 percent. The test results (Figure 5) showed that focal point teachers and healthcare providers exhibited the highest levels of knowledge at 81 percent post-training after realizing gains of 40 percent and six percent respectively.

Figure 5: Frontline Workers’ Pre and Post Training Assessment Scores on VAW/G Prevention and Response



The police officers recorded the second-largest gain in knowledge after the focal point teachers, moving from 43 percent before to 71 percent after training. Notably, the paralegals posted the lowest test scores both pre (30 percent) and post (46 percent) training.

The knowledge gained by the frontline workers was reported to have been and continues to be demonstrably applied in the prevention and response to GBV in general, and VAW/G in particular. For instance, documented evidence⁴ was provided indicating that Focal Point Teachers and members of school administrators were proactively responding to cases of violence and abuse reported by learners by taking relevant administrative actions as well as referring survivors to appropriate service providers. Available records showed that during the final year of project implementation, teachers and school administrators successfully handled cases of violence against girls through both administrative action, referral and linkage to relevant service providers. These included seventeen (17) cases of attempted defilement, three (3) defilements, four (4) physical abuse, one (1) incest and one (1) kidnapping. Out of these, 15 cases of attempted defilement and one case of physical abuse were referred to Love and Hope Centre for rescuing or counselling services.

According to the LRF's annual project progress report⁵, the community paralegals' application of knowledge gained from the project's capacity building initiatives was demonstrated through their efforts in linking survivors of violence to the criminal justice value chain through a variety of entry points. The entry points include community leaders, local administrators (Chiefs), Community Policing Committee (CPC), prosecution, *pro bono* advocates and the judiciary. The linkages have not only enabled the survivors to access justice and other survivor-centred support services but also facilitated information dissemination and created awareness that has enhanced the community's confidence in the justice system. The upshot of this has been a noted increase in the uptake of criminal justice services improved access to justice by the survivors. For instance, LRF recorded 112-cases in year-one, 227 in year-2, and 261 in year-3. Nature of cases included incest, defilement, rape, gang-rape, grievous harm, assault, indecent acts, FGM and child-neglect. During project life, 114 convictions were secured while 41 cases were lost due to withdrawals and discrepancies in evidence collected.

The police officers' improved knowledge on forms of GBV and their causes, the standard operating procedures for the management of GBV and the legal framework related to the prosecution of SGBV offenses was said to be manifestly demonstrated by their improved handling and management of cases. For instance, police officers were hailed as exercising more caution in investigating child abuse and violence against women cases, professional handling of survivors and preservation of evidence, recording of statements and the ability to make applications to record further statements in cases where survivors had not provided adequate information. These practices were said to have been both influenced by and resulted in good working relationships between the police, prosecution and the judiciary, thus contributing profoundly to the higher conviction rates compared to the period before the project.

The Community Health Volunteers revealed that following their participation in the project, they had changed their initial views about GBV which they had never looked at a health issue, a field that they mostly focus on. The project changed this perception and from then, they took GBV issues as a health problem and they now are among the frontline responders when it comes to SGBV issues. They added that as a result of the knowledge gained, they have been able to respond appropriately to women and girls' survivors of sexual violence by ensuring that they access medical services as soon as possible within 72 hours to ensure that medical examination, collection and preservation of potential evidence as well as treatment of the survivors.

Nurses who were trained under the program observed that unlike before, they rarely refer survivors to the Provincial General Hospital for VAW/G services, since they can offer the services themselves at the lower level facilities where they work. In the words of one of the nurses: *"Our facility started providing post rape care services immediately after I was trained. I'm the only one trained in our facility. since the training, I have*

⁴ LHC's Annual UNTF Project Report for the Reporting Period: 15th March to 14th March 2020

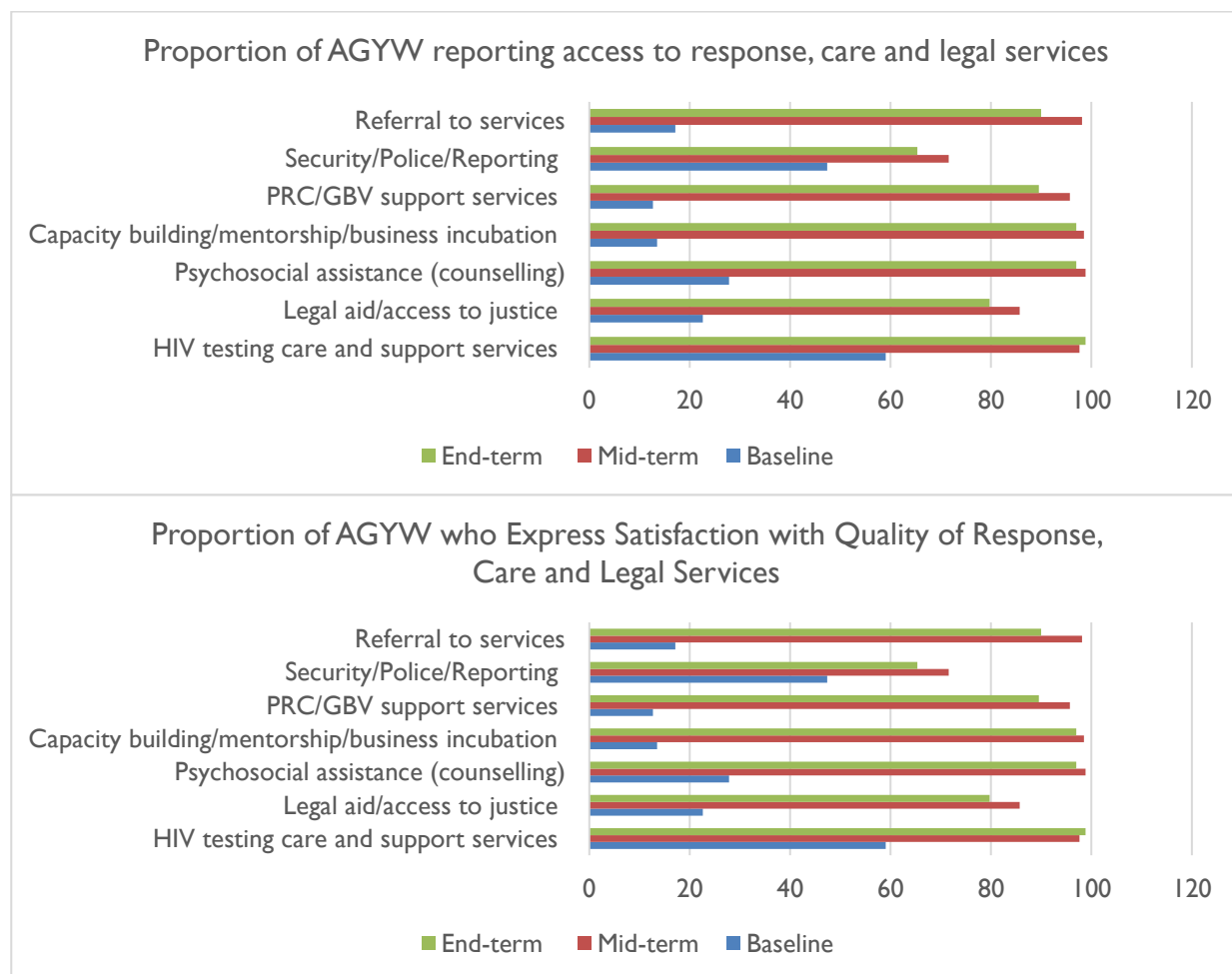
⁵ LRF's Annual UNTF Project Report for the Reporting Period: 15th March to 14th March 2020

handled 4 defilement cases, 2 rape cases and over 12 domestic violence cases”. Generally, the nurses demonstrated improved documentation and evidence collection and preservation from the VAW/G survivors as well as compliance to VAW/G standard operating procedures. However, the nurses lamented that they still face the challenge of survivors coming for the services past 72 hours which make it difficult to collect forensic evidence.

Proportion of target adolescent girls and young women who are survivors/at risk of VAWG who are reporting safe, adequate and appropriate access to response, care and legal services

There was a general and consistent increase in the proportions of AGYW reporting access to each of the response and care as well as legal services between the baseline, mid-term and end-line evaluations. HIV testing, care and support services ranked top in relation to reported accessibility across the three evaluation instances (87%, 91% and 81% respectively), followed by security/police/reporting services (74%, 90% and 56% respectively). The consistently high proportions of AGYW reporting access to HIV testing and care may be attributed to the lifetime need for care and support especially the anti-retroviral drugs for those living with HIV/AIDS and regular testing for both AGYW living with HIV/AIDS to keep track of the viral loads and the uninfected groups to know their status. Figure 3 illustrates and compares, between baseline, mid-term and end-term evaluations, the proportions of AGYW who report access to and satisfaction with the quality of response, care and legal services.

Figure 6: Proportion of AGYW who are Survivors/at Risk of VAWG who Report Availability and Express Satisfaction with the Quality of Response, Care and Legal Services



The proportion of targeted AGYW who express satisfaction with the quality of the services that they had utilized increased between the three evaluation points. Among the response services, PRC/GBV support services had the largest margin of change in the proportion of AGYW expressing satisfaction between the baseline and end of the project (+77 percent) followed by referrals to services (+73 percent) and security/police/reporting (+18 percent). Care services - HIV testing care and psychosocial assistance (counseling) recorded increments of 40 percent and 69 percent respectively of AGYW expressing satisfaction with the quality following utilization. Similarly, there was an improvement of +57 percent of AGWY expressing satisfaction with the quality of legal aid/access to justice after utilization. The high levels of satisfaction with the services were attributed to the responsiveness of the frontline workers to the needs of women and girls who seek the services, which in turn was linked to their increased capacity to deliver quality services following their participation in the project's capacity building interventions.

Information obtained from female FGD participants suggested that the increased access to VAW/G response and prevention services had transcended the primary target groups to also benefit the entire community. According to the women and girls, their colleagues within the community were now accessing most of the services with ease, and that most of those who had utilised the services had expressed satisfaction with the services offered.

Outcome 4: Community members and duty bearers at county level gain skills to influence and implement laws, policies and plans to protect adolescent girls and young women from violence, abuse, discrimination and stigmatization by March 2020

Number of concrete actions taken by Nakuru County government to reflect the priorities of adolescent girls and young women who are survivors/at risk of VAWG in development plans and budgets

Documented evidence extracted from activity and output reports suggested that during the 3-year pendency of the project, the implementing partners had engaged in sustained mobilization and support to community members to participate in gender-responsive budgeting initiatives and proactively lobbied the County Government of Nakuru to take actions that reflect the priorities of AGYW in the county. Due to these efforts, several achievements were recorded. First, the County Government allocated KSh. 7 million to support enactment into law the Gender Equality and Women's Empowerment in the budget for the 2019/2020 Financial Year. Second, In the Financial Year 2018/2019, KSh. 27.5 million was allocated from the County Disability fund to the procurement and disbursement of assistive devices to individuals and women's groups of persons with disabilities in Nakuru Town. From the same fund, some groups of women for persons with disabilities were also awarded grants to enable them to establish income-generating activities and economic support. Third, the County Government cumulatively allocated KSh. 15 million towards the establishment of the County GBV Rescue Centre at the Gilgil Sub County Hospital between Financial Year 2018/19 and Financial Year 2019/2020. Commitments had also been made in the County Integrated Development Plan 2018 – 2022 for continued gradual funding of the centre in subsequent financial years until it is fully established and operational. Other achievements included the development and tabling of the Nakuru County Gender Equality and Women Empowerment in the County Assembly of Nakuru, although it had not been passed at the time of the evaluation. As commitment towards gender mainstreaming and prioritization of women empowerment, the County Government facilitated a gender audit of its policies, systems, procedures and programmes with the financial support of the UNTF project in the second year of implementation. The audit paved way for the development of the Nakuru County Gender Policy.

Number of concrete actions taken by Kenyan National Government institutions to operationalize key pieces of legislation relating to VAW/G.

First, in developing the Third Medium-Term Plan (MTP III – 2018-2022) which operationalizes the Kenya Vision 2030 in the current 5-year implementation phase, The National Treasury and Planning prioritized and planned to undertake the following: a review of the Children Act (2001) and the Counter Trafficking in Persons Act (2010); Development of implementation guidelines for the Prohibition of Female Genital

Mutilation Act (2011) and; Development of the frameworks for the operationalization of the Protection Against Domestic Violence Act (2015), Marriage Act (2014) and Matrimonial Properties Act (2013). Second, in April 2019, a judgment was reached by the High Court of Kenya that victims of violence seeking medical treatment should not pay for filling of the P3 forms. This followed a successful petition by the Legal Resources Foundation Trust challenging the constitutionality of the charges levied on the forms. Implementation of this judgment will ensure that more survivors of violence access justice. Third, in January 2019, the National Police Service launched the Police Standard Operating Procedures (SOPS) for the Prevention and Response to Gender-Based Violence. The SOPs were developed in 2018 with the technical support from the Women’s Empowerment Link and have complementary to the UNTF project goal. Finally, in November 2017, the National Gender and Equality Commission (NGEC) published developed the Model Policy on Sexual and Gender-Based Violence and an accompanying Model Legislative Framework on Sexual and Gender-Based Violence for County Governments. The policy and model legislative framework were designed to guide county governments in effectively protecting women and girls from violence

Evaluation Question 2: To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?

The project targeted to reach a total of 1,900 primary beneficiaries - adolescent girls and young women between ages 10-24 - (1,000 women and girls in general, 300 living with HIV, 300 living with disabilities and 300 survivors of violence). Besides, a total of 9,220 secondary beneficiaries comprising of: male elders, boys, motorcycle taxi drivers, community gatekeepers, parents, teachers and Government officials and the general community were targeted. Table 13 provides a summary of the actual number of beneficiaries reached at the project goal and outcome levels.

Table 13: Number of Beneficiaries Reached at the Project Goal and Outcome Levels

Beneficiary Group		Total number of beneficiaries reached ⁶		
		At project goal level	At the outcome level	
			Female	Male
Primary	Women and girls in general	4,119	4,119	
	Women/girls with disabilities	109	109	
	Women/girls living with HIV & AIDS	108	108	
	Women/girls survivors of Violence	399	399	
Secondary	Men & Boys			2,020
	General Public/ Community at Large		4,720	7,319
	Government officials i.e decision makers & Policy implementers		113	114
	Sub Total	4,735	9,568	9,453
	Grand Total	4,735	18,794	

While the figures in the table above represent the number of primary and secondary beneficiaries recorded during various project activities in which they participated physically, it is worth noting that some project activities especially awareness-raising through television shows and radio talks reached a wider audience thus expanding the project’s reach.

⁶ Source: Aggregated Beneficiary Data Summaries – LHC, CEDGG, WEL & LRF

Evaluation Question 3: *To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls?*

Reduction in all forms of violence against women and girls in the home: There was strong evidence of a reduction in violence against women and girls in both home spaces and public spheres following analysis of information from multiple sources. The quantitative survey among women and girls showed improvements in the average levels of perceived safety in home spaces and public spheres, with specific items relating to specific forms of violence producing high safety scores. All women, girls and men participating in FGDs talked about how incidences of girls and women being violated had declined since the second year of project implementation. These observations were augmented by information obtained from key informants across a variety of sectors who were convinced that the project had contributed significantly to reductions in all forms of violence against women and girls.

Increased knowledge and awareness of issues related to VAW/G: The evaluation has adduced evidence of how the project led to increased knowledge and awareness of issues related to VAW/G among women. In particular, women and girls talked about how, through participation in project activities, they had gained knowledge of manifestations of violence. They stated that they are now aware of their rights to enjoy their lives free from all forms of violence, what they can do to prevent, and where to get help should they experience any form of violence.

Increased self-awareness and confidence: There were strong evidence to suggest that the project had contributed significantly to increased agency among women and girls. Testimonies provided by women and girls taking part in FGDs showed that their participation in the project had helped them to become self-aware, become aware of their rights, embrace self-worthiness and build self-confidence to take control and exercise responsibility for their lives.

Transformations in attitudes, awareness and behaviours among men and the ability to advocate for the prevention of violence against women and girls: Multiple sources provided strong, converging evidence of transformations in gender norms and attitudes towards women and girls among men in the community. For instance, testimonies were provided by male FGD participants on the actions they had taken at a personal level to prevent and/or respond to violence against women and girls.

Increased economic and personal power among AGYW: Through participation in vocational skills training with the project's support and entrepreneurship/business skills training, AGYW in Nakuru gained knowledge and skills in various vocational areas and business management that enabled some to start their own businesses/income-generating projects while others secured waged/salaried employment in well-established businesses. Having reliable sources of income improved the economic power of the targeted AGYW, enabling them to cater for the financial needs of their households such as payment of rent, school fees for their children and the general welfare of their families, and save part of the income to cushion them against any financial shocks in the future. On the other hand, increased self-awareness, self-confidence augmented by increased economic power led to an increase in personal power among the targeted AGYW. These have improved the ability to take control of their lives and say "No" to unwanted behaviors including refusal to engage in unwanted sexual activities.

Evaluation Question 4: What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?

Success factors:

Multi-sectoral approach

Interviews with project staff from the implementing partners as well as stakeholders revealed that the multi-sectoral approach to the implementation of the project was key in delivering results. Through this approach, the project brought together and enhanced partnership between a variety of organizations and institutions providing prevention and response to VAW/G services including the law enforcement agencies [the National Police Service, prosecution and the judiciary], legal, health and psychosocial services providers. Harmonization of service delivery and improved coordination among these actors led to improved quality of services provided to survivors of VAWG. At the same time, this approach was instrumental in preventing VAW/G by creating a strong institutional and community culture that VAW/G is not acceptable and tolerable.

Capacity building of partners and stakeholders

At the start and throughout the life of the project, the project built the capacity of partners, key service providers from the health, security, legal, prosecution and justice sectors as well as other stakeholders within the project communities. According to project staff from the implementing partners and other key informants, this strategy was a key strength of the project that created a network of well-trained service providers, with necessary skills and adequate behaviours to provide quality and effective survivor-centred response services and working resourcefully towards prevention of VAW/G. There was evidence of continuing partner mentorship and support to further deepen their capacity for long-term sustainability.

Complementary Expertise of implementing partners working in a consortium

The project was implemented by four partner organizations with strong expertise and experience in different areas in which most of the project activities were focused - psychosocial support, economic empowerment, and legal support, with the lead implementing partner coming in strongly on program management. These ensured that the partners complemented each other due to familiarity with the nuances of their areas of expertise. The consortium approach was very unique as it acted as a one-stop multi-agency shop with various partners being assigned different roles. In particular, LHC provided mobilization of beneficiaries, foundational, life skills and Psychosocial Support; WEL empowered the beneficiaries economically and implemented VAW/G prevention strategy on SASA! Faith; LRF provided legal aid and; CEDGG advocated for gender-responsive budgeting and gender policies. All the partners provided technical support, linkages and capacity building of the beneficiaries such as women and girls.

The implementing partners engaged the county and national government through the County Assembly, gender departments and the National Gender and Equality Commission (NGEC). Their work was complemented by other government partners such as the Youth Development Fund who provided life skills training and linkages to government and international programs such as the Uwezo Fund and KYEOP. The UNTF program also involved teachers, parents, advocates, religious leaders, health workers, community leaders, paralegals, and the police who were trained and supported to identify, train, assist, link and follow up beneficiaries.

Adequacy and timely disbursement of project funds

The implementing partners felt that the matched funding from the UNTF was adequate and was disbursed on time to facilitate the seamless implementation of planned activities. Flexibility from UNTF and Trocaire in the implementation of activities was also cited as a critical factor in the successful execution of the project activities.

Partnerships between the government agencies/institutions and implementing partners

All the project implementation partners were found to have built rapport and good working relationships with relevant government institutions and agencies at both the national and county levels, especially the National Police Service, Ministry/Department of Health, Office of the Director of Public Prosecutions, the Judiciary and Ministry/Department of Basic Education. Through these partnerships, it was quite easy to get their buy-in and involve officers from the institutions in community-level project activities, thus affording community members opportunities to engage with the officers, ask questions and build relationships.

Community mobilization, engagement and use of local resources

The project reached out to different sectors of the community including working with men as allies and partners, religious leaders, community leaders, local administration, community policing committees, community health volunteers among others to focus on and address the problem of VAW/G. Community mobilization supported prevention and response to VAW/G efforts by empowering community members and groups to take action to facilitate change. This included mobilizing necessary resources, disseminating information, generating support, and fostering cooperation across public and private sectors in the community.

Challenges:

Frequent transfers and redeployment of public officers whose capacity had been built

In interviews with all key informants, there were concerns that the frequent transfers of frontline workers within the public sector especially the police officers and healthcare staff whose capacity had been built by the project to duty stations outside the jurisdiction of the project negatively impacted the continuity of the performance of the roles for which they had been trained. In particular, this would lead to an inadequate number of health workers with specialized training on VAW/G management. In cases where the trained officials would be expected to pass the knowledge gained to their colleagues or were in positions of influencing key decisions related to service delivery, their transfers implied complete discontinuity hence affecting the effectiveness and/or sustainability of prevention and response services. However, the project mitigated this by training more officers and working with departments to institutionalize VAW/G standard Operating Procedures for sustainability.

Lack of harmonization and uncoordinated scheduling of activities

Whereas the partnership between the four implementing partners brought on board complimentary expertise, targeting the same groups of primary beneficiaries [AGYW] with different back to back project activities implemented by the different partners posed the challenge in the scheduling of the activities, leading to time overlaps and clashes. In some instances, the clash in activity schedules meant that some partners had to reschedule their activities which to some extent impacted negatively the timely delivery of some of the activities. This was particularly significant because according to a project staff from one of the implementing partners, some processes and training sessions would be bypassed as a result of delayed execution of some activities especially given that mobilization was somehow time-consuming. While these challenges would be resolved within the partnership relations, they created perceptions of competition between partners to implement activities among the same beneficiary groups.

The intersectionality between poverty, gender roles and VAW/G

According to project staff, adolescent girls and young women face many challenges such that even when opportunities such as those offered by the project are presented to them, other challenges impact on their full participation in project activities to guarantee maximum impact. For instance, the burden of care made it difficult for some of the targeted AGYW with young children to fully attend the training sessions while those who came with children to the training could not fully concentrate during the sessions. In some cases, the challenges were overwhelming, forcing some of the AGYW to drop out.

Evaluation Question 5: To what extent was the project successful in advocating for legal or policy change? If it was not successful, why.

The primary output of the project targeted at bringing about legal or policy change was the strengthening and support towards the operationalization of the Children's Statute and the Sexual Offences Act (SOA) by the national government. Evidence accessed by the evaluation team suggested that the project had successfully lobbied and engaged with key policymakers and influencers at both the county and national levels to realize significant progress in policy and legislative changes, both planned and opportunistic. For the planned policy and legal changes, through the National Council on Administration of Justice (NCAJ), the project was successful in advocating for amendments and review of the Sexual Offences Act (2006) and the Children's Act (2001), to make the laws more responsive to the current realities of women's and children's needs.

The aim of the Sexual Offences Act (SOA- 2006) is to explain sexual offenses and provide mechanisms for the prevention and protection of all persons from illegal sexual acts. The Act consolidates different sexual offenses into one complete law, defines in full various sexual offenses including sexual offenses against children and prescribes different punishments for the offenses. It also looks at cases of sexual offenses against persons living with disabilities and recognizes them as persons who need special protection. However, the SOA-2006 had gaps that needed to be addressed such as minimum sentences for sexual offenses were too short, considering children offenders as criminals rather than as children in need of protection and care, the need to include safe houses for survivors of violence, harmonization of reporting tools for Sexual Violence (Post-Rape Care and Police 3 forms) and the formal recognition of the tools by law. To address these gaps and strengthen the SOA 2006 in the face of new realities for women and children, the project shaped the debate on amendments and reviews and working with project stakeholders in Nakuru, forwarded SOA Review recommendations to Senate for consideration. These recommendations are expected to be processed by the SOA taskforce that had just been reconstituted and awaiting gazettelement as at the time of this evaluation. The taskforce's mandate is to incorporate the proposed amendments into the SOA-2006. To ensure that this is ultimately achieved, the LRF will continue to work with other stakeholders in lobbying for the adoption and incorporation of the proposed amendments into the Act.

The Children's Act (2001) includes numerous provisions designed to protect children from abuse and neglect and defines child abuse to include "physical, sexual, psychological and mental injury". The Act makes the principle of the best interest of the child the primary driver of all decisions and actions involving children. It accords children protection from child labour and involvement in armed conflict, protection from and abuse treatment whenever they fall victim to it, and protects children from harmful cultural practices and sexual exploitation, barring anyone from subjecting a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development. Through the NCAJ's special task force on children in which the project implementing partner LRF is a member, various recommendations were developed and passed to ensure that prosecutions for children's cases especially sexual offenses are not lost on technical grounds e.g. being brought before the court on a wrong section of the law. This culminated in the development of a new Children's Bill which was validated in 2018 to replace the Children's Act (2001).

Several opportunities emerged for the project to contribute to legal and policy changes during the period of implementation through advocacy, lobbying and in some cases technical and financial support. For instance, In April 2019, the LRF Trust successfully challenged the constitutionality of the charges levied on the forms at the High Court of Kenya. A judgment was reached by the High Court that survivors of violence seeking medical treatment should not pay for filling of the P3 forms. Implementation of this judgment has enhanced access to justice by women and girls survivors of violence access justice. Trocaire's and CEDGG's support to and active participation by project implementation partners in the development of the Nakuru County Gender Equality and Women Empowerment Bill. The National Police Service launched the Police Standard Operating Procedures (SOPS) for the Prevention and Response to Gender-Based Violence were

developed in 2018 with the technical support from the WEL. Besides, WEL supported drafting of regulations for implementation of Prevention Against Domestic Violence [PADV] ACT-2015. The regulations are ready and in final approval stages to allow full implementation of the laws.

4.3 Relevance

Evaluation Question 1: To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls?

Key Findings:

- *The design of the project was informed by the felt needs of the targeted groups based on a pre-intervention situation analysis;*
- *Violence against women and girls was recognized as a serious challenge that impacted negatively on the socioeconomic standing of the survivors;*
- *The project sought to economically empower the targeted women and girls as economic disempowerment was recognized as a key factor that increased the vulnerability of women and girls to violence*
- *The multi-sectoral approach improved coordination among the hitherto isolated and uncoordinated providers of VAW/G prevention and response services leading to increased efficiency and improved access to services needed by women and girls*
- *The project engaged men and boys as allies and agents of change to transform attitudes and address harmful social and gender norms that contribute to, perpetuate and increase VAW/G*

Detailed Findings:

The design of the project was informed by the felt needs of the targeted groups based on a pre-intervention situation analysis

The design of the project interventions and implementation strategies was evidence-based. Preceding the development of the project proposal submitted to and successfully funded by the UNTF, Trócaire Kenya conducted a comprehensive situation and context analysis based on both primary and secondary data sources to further understand the needs of women and girls as far as violence was concerned. The situation assessments also included mapping of existing programs and a stakeholder analysis that culminated in the identification of strategic project implementation partners based on their previous experiences in different areas of programming on women empowerment in the Nakuru Town, internal expertise, local presence and strong community networks.

Women and girls who participated in focus group discussions praised the project as having responded directly to their personal, safety and economic needs. In particular, the FGD participants listed some of the challenges they faced before the project to include low self-esteem, stigmatization, discrimination, lack of self-confidence, lack of self-acceptance, lack of knowledge on their rights, lack of skills to engage in reasonable income-generating projects and drug use and abuse. They revealed that through their participation in various targeted project activities implemented by different partners, most of these challenges had been addressed to a large extent. They, therefore, appraised the project interventions as having been extremely relevant as they directly responded to their needs and helped them to become better off than they were before the interventions. The breadth of this was captured in the words of one of the female FGD participants who aptly said:

“This project has been very relevant because it has helped some of us in the process of overcoming drug use and addiction especially as a result of the life skills program offered by the Love and Hope Centre. The life skills and self-awareness training has contributed to our being able to accept ourselves despite our past experiences. Were it not for this project, we don’t know where we would be by now”.

Key informant interviews with stakeholders from the public sector institutions at both the national and county levels of government revealed that the project was largely aligned with their agencies' prioritized actions concerning the elimination and prevention of VAW/G and other marginalized groups such as PLWDs. One of the key informants emphasized that undertaking a mapping of stakeholders and existing programs was instrumental as it enabled Trocaire to have a grounded understanding of the context and match the programmatic responses not only with the needs of the targeted beneficiaries but also align the programmatic responses within the national and county level development goals, policies and priorities on the empowerment of women and girls.

Violence against women and girls was recognized as a serious challenge that impacted negatively on the socioeconomic status of the survivors and their families

Violence against women and girls has been recognized as one of the most pervasive human rights violations facing women and girls in Kenya by stakeholders at all levels. At the start of the project, available and reliable national statistics indicated that 45 percent of women aged 15-49 had ever been physically beaten since age 15, mainly by an intimate partner⁷. Trocaire's situation analysis (2016) revealed that Nakuru Town was a hotspot for VAW/G, while the project's baseline assessment report (2017) showed that one in every three women/girls had ever experienced physical violence, while one out of five had ever been coerced into unwanted sex. The impact of VAW/G is grave for the survivors as it exposes women and girls to stigmatization and discrimination in the public and private spaces, contributes to low economic participation and may negatively affect the families of survivors. Violence against women and girls and acts or threats of VAW/G instil fear and insecurity into the lives of females and hinder their development and achievement of socio-economic and political equality

Given the negative socioeconomic impact of VAW/G on the survivors and their families, all the interviewed stakeholders felt that the project was extremely relevant as it would contribute significantly towards mitigating such impact. Women and girls in FGDs emphasized that the project was relevant not only among the primary beneficiaries but also for women and girls within the communities where the project was implemented because it had influenced many to break the cycle of violence. Male FGD participants also strongly vouched for the relevance of the project's activities in opening up their eyes and enabling them to understand how VAW/G not only undermined the rights of women but also affected them as men and their families. Incidentally, the male FGD participants called for the expansion of education and awareness-raising activities to ensure that as many men as possible may receive the message and be influenced to change and protect women and girls.

The project aimed at economically empowering AGYW as economic disempowerment was recognized as a key factor that increased their vulnerability to violence

Violence against women and girls is exacerbated by their situation and the intersection of many socio-economic factors, key among them economic disempowerment. In its project design document submitted to the UNTF for funding, Trocaire cites women's and girls' unemployment and poverty in Nakuru Town among the leading drivers of VAW/G based on a study by the Danish Institute Against Torture (2016). Notably, a wealth of research has highlighted how women's lack of economic power places them at risk of intimate partner violence, as they have less bargaining power in relationships and less ability to exit violent relationships^{8,9,10}. While economic empowerment may not be the sole protective factor, the United Nations¹¹ strongly recommended the economic empowerment of women as a protective factor for

⁷ <https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf> p.xxiv

⁸ Aizer, A. (2010). *The Gender Wage Gap and Domestic Violence*. *American Economic Review*, 100(4), 1847–1859.

⁹ Buller, A. M., Hidrobo, M., Peterman, A., & Heise, L. (2016). *The way to a man's heart is through his stomach?: A mixed methods study on causal mechanisms through which cash and in-kind food transfers decreased intimate partner violence*. *BMC Public Health*, 16(1). <https://doi.org/10.1186/s12889-016-3129-3>

¹⁰ Gibbs et al., (2020). *The impacts of combined social and economic empowerment training on intimate partner violence, depression, gender norms and livelihoods among women: An individually randomised controlled trial and qualitative study in Afghanistan*. *BMJ Global Health*, 5(3),

¹¹ UNO. *Beijing Declarations, 1995*. http://www.unesco.ru/files/docs/pekinskaya_deklaraciya_eng.pdf

violence against women in its Beijing declaration. Thus, the *Preventing Violence Against Women in Nakuru Town Project* aimed at preventing VAW/G among AGYW through economic empowerment.

The evidence adduced from the qualitative information gathered through FGDs with both women/girls and men as well as key informant interviews pointed to the relevance of this strategy as responsive to the real needs of the targeted women and girls. In all FGDs with women, several participants narrated how they had been confined in abusive relationships/marriages as they feared walking out without a source of income that would enable them to continue providing for their children whom they could not dare leave behind. However, after becoming economically empowered following their participation in the project which enabled them to acquire relevant business skills and/or vocational skills through training as well as business mentorship/incubation of business ideas, they had eventually found the confidence to leave abusive relationships that were characterized by violence. Other participants revealed that following their improved economic empowerment, they had been able to contribute to their households' financial needs which earned them respect from their husbands leading to a reduction in domestic violence.

Men FGD discussants admitted that shouldering all household's financial needs alone was stressful, making them irritable especially during harsh economic times. This, they said, increased chances of conflict that transcended mere verbal exchanges into physical fights. They acknowledged that in households where both the man and woman were involved in some kind of economic activities and contributed to household welfare, chances of conflict were fewer. Consequently, they agreed that empowering women economically is a game-changer when it comes to minimizing cases of violence within homes. These sentiments were shared by most of the key informants who confirmed that indeed, the women/girls' economic empowerment strategy had induced a significant change in gender relationships not only among the targeted primary beneficiaries but also within the community where men had embraced women's participation in income-generating activities to supplement the man's income.

The integrated, multi-sectoral approach improved coordination among the hitherto isolated and uncoordinated providers of VAW/G prevention and response services

The reduction of VAW/G requires a community-based, multi-pronged approach, and sustained engagement with multiple stakeholders. The most effective initiatives address underlying risk factors for violence, including social norms regarding gender roles and the acceptability of violence. The adoption of the integrated, multi-sectoral approach to delivering the project activities was informed by research conducted by Trócaire in collaboration with the University of Windsor (UW & Trócaire, 2016). In this approach, Trócaire brought together different actors working in the health, legal, and protection (including security and psychosocial) sectors to improve coordination and delivery of prevention and response services. This was premised on the assumption that an integrated approach would empower young women and girls personally and economically while at the same time addressing entrenched and interlocking structural, social, material and individual factors that perpetuate VAW/G, including discriminatory legal and institutional frameworks, and harmful social and gender norms.

In interviews with all the actors from the health, legal and protection sectors, the participants appraised the approach as having been relevant and efficacious in producing results. The stakeholders were all in agreement that the approach significantly contributed to improved coordination and strengthened the accountability in the prevention of and response to not only VAW/G, but GBV in general. For women and girls reached through FGDs, the multi-sectoral approach was considered as having been very useful as they were linked to a range of services that they had never known to exist. Getting to understand the referral pathways and mechanisms and all the critical agencies involved was a game-changer for the survivors' service needs, as alluded to by a female FGD participant. According to women and girls, it is through the integrated multi-sectoral approach that timely access to quality services had improved significantly. They cited examples of improved services that included medical, counseling (psychosocial) legal assistance and reporting of incidents of VAW/G to through various channels - community policing as well as community-based police stations – where, they said, could now be treated with dignity and their cases handled satisfactorily.

The project engaged men and boys as allies and agents of change to transform attitudes and address harmful social and gender norms that contribute to, perpetuate and increase VAW/G

Patriarchal attitudes, most clearly seen in gender inequitable norms, particularly the acceptability of violence, are among the key drivers of VAW/G especially IPV. Thus, the project considered engaging men and boys in social norms change as an effective strategy that would work well in combination with other strategies. In a context where men and boys are seen as the main perpetrators of VAW/G, the project sought to transform them into allies and agents for change who could deconstruct negative social norms by reaching out to their peers, forming a critical mass against VAW/G. Participants in an FGD comprising of motorcycle taxi operators as discussants believed that the name “Change Agents” was very relevant as opposed to them being labelled as perpetrators, which motivated them to become part of the solution. Further, the considered their integration into the project as a good opportunity to share their challenges and demystify the perception that every other motorcycle taxi operator was a perpetrator of VAW/G. Indeed, the project’s baseline assessment report found that men and boys were willing to support the protection of women and girls against all forms of violence.

Evaluation Question 2: To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?

The discussions on the evaluation findings presented under the effectiveness section suggest that the project’s achieved results remain germane to the needs of women and girls especially in the face of the socio-economic disruptions induced by the current COVID-19 pandemic. For instance, despite available anecdotal evidence suggesting a peak in incidents of violence against women and girls nationally in the context of COVID-19, the evaluation findings suggest that the AGYW enjoyed enduring safety both in the public spheres and within the home spaces following a reduction in levels of violence, abuse, discrimination and stigmatization within the project implementation sites. The interviewed women and girls said that even though there continued to be isolated experiences of violence among themselves, the personal power and confidence they had gained as a result of their participation in the project went a long way to enable them to protect themselves. The economic empowerment interventions increased resilience as the vocational and entrepreneurship skills gained will remain relevant in the post-COVID-19 economic recovery period. As such, combining economic empowerment with social empowerment interventions has the potential to reduce women’s and girls’ experiences of violence. Indeed, the stakeholders alluded to the fact that the established coordination in prevention and response to VAW/G services had been tested during the period of the COVID-19 pandemic, found to be solidly and will continue to be relevant if sustained.

4.4 Efficiency

Key Findings:

- *The overall spend rate of the project grant was 96.8 percent as at the time of the evaluation against a 100 percent activity implementation and 169.3 percent beneficiary coverage;*
- *Overall, all the project activities were implemented within the project’s fixed 3-year period despite delays in the commencement of activities in Year 1 and Year 3;*
- *Four-months delays in Year 1 were caused by a prolonged and tension-filled electioneering period for the country’s presidential and parliamentary elections;*
- *Delays in Year 3 were occasioned by time lags in the approval and disbursement of project funds due to a project modification process that took longer than anticipated.*

Detailed Findings:

Evaluation Question 1: *How efficiently and timely has this project been implemented and managed in accordance with the Project Document?*

The total grant expenditure after implementing all planned project activities in the three years was USD 967,873.96, representing a 96.8 percent burn rate. This amount was expended to reach a total of 18,794 beneficiaries against a target of 11,100. Thus, the project realized a 169.3 percent achievement rate in terms of absolute beneficiary numbers, pointing to high levels of efficiency in grant utilization.

Overall, all the planned project activities were implemented within three years starting on the 15th of March 2017 and ending on 14th March 2020 as per the original project design document. However, some delays that were outside the purview of the project management team were recorded in the first and third years of implementation. For instance, in the first year, the implementation of project activities in the first half was slowed down from July to November 2017 due to uncertainty and tension associated with the general presidential and parliamentary elections. The electioneering period was prolonged followed by the nullification of the presidential election by the Supreme Court of Kenya following the successful petition by the main opposition candidate. Following the conclusion of the repeat presidential elections, the implementing partners had to innovatively turn-around and prioritize implementation of the initial activities on life skills and leadership to build a solid foundation among the targeted AGYW for the uptake of business skills and overall economic empowerment. Although the second half of the project year started on time, delays in disbursement of funds derailed the project implementation albeit to a negligible extent as the challenge was quickly resolved.

Notwithstanding the general delays caused by-elections and late disbursement of funds, a delay in the finalization and printing of the Children's Magazine that was meant for distribution to school children was attributed to the limited time allowed for extracurricular activities in schools by the Ministry of Education. The tight school learning program made it difficult to access children who had been earmarked to generate most of the magazine articles. On the other hand, accessing the National Police Service officers and Public Health Service Providers for training was also delayed in some instances due to the bureaucracies associated with government systems. However, the implementing partners – in particular LRF and LHC - were able to tap into the strategic relationships already established with influential Government officers to obtain authorization for training the Police and Health Service Providers.

In the third year, there was a delay in kicking off the implementation of project activities occasioned by the time lag in the approval of Year 3 budget. This was exacerbated by lateness in carrying forward Year 2 budget balances due to system challenges resulting from a GMS system bug. However, following the tentative approval for commencement and a pre-financing approval by the portfolio manager, the delay was resolved and implementation progressed smoothly. At the close of the project, the COVID-19 pandemic significantly affected the timely delivery of the final project evaluation. It is important to reiterate the factors discussed in the foregoing paragraphs that had an impact on scheduling and caused delays were beyond the project implementing teams' control.

Evaluation Question 2: *Was the length of the project implementation period sufficient to achieve the project outputs and outcomes?*

As demonstrated in the Effectiveness section, there was significant progress against the targets in terms of the achievement of project outcomes and outputs following the full implementation of planned activities. However, there was a general feeling among both the primary and secondary beneficiaries as well as stakeholders that the outcomes needed time to crystallize towards sustained impact. The targeted AGYW and male FGD participants believed that transformations in cultural and gender norms needed time to be achieved on a sustained scale. The male participants further wished that the project implementation could have prolonged to enable more new male entrants for a large-scale cultural transformation. For the stakeholders, the multi-sectoral approach also needed time for the relationships to mature and cross-sectoral cooperation and coordination of prevention and response services to be institutionalized.

Evaluation Question 3: What factors of the project facilitated the efficient development, delivery and impact of the project?

Commitment from the implementing partners: In spite of the myriad challenges (internal and external) experienced in the course of project implementation, strong commitment to and focus on results as well as the resilience of the project implementing partners was cited as the driving force for the project delivery.

Motivation and support of community resource persons: Part of the motivation included nominating resource persons for capacity building opportunities related to the project, providing them with IEC materials, providing mentorship and supporting them through events like sickness and loss of loved ones.

Complimentary expertise: Utilization of integrated strategies and partners technical expertise (Life skills training, economic empowerment, legal aid, psychosocial support, social accountability, advocacy and social norms transformation) in the project to promote holistic social change for AGYW was innovative and effective.

Joint planning of activities: Joint planning by consortium partners during calendar events promoted synergies and value for money through higher reach of beneficiaries and variety of messages disseminated.

Multi-sectoral approaches: Partnership with members of GBV cluster, Technical working Group, Public policy and legislative advocacy was effective towards realization of project outcome especially related to Gender Bill and Gender Policy

Evaluation Question 4: What factors obstructed the efficient development, delivery and impact of the project?

Delayed justice due to transfer of Magistrates in the Children's Courts: Transfer of the magistrates handling most of the children matters delayed completion of some of the matters to an extent of retrying afresh, thus escalating trauma for the survivors. The situation was exacerbated use of video link by newly deployed judicial officers to support children testimonies, leading to unintended exposure of children to perpetrators, fear and trauma especially where support through the investigating officers was delayed.

Intimidation of witnesses: Constant intimidation of witnesses and the existence of *Kangaroo courts* in solving cases such as incest adversely affected access to justice by VAW/G survivors through the formal criminal justice system. A key informant noted that sexual and gender-based violence had been normalized and that there were applications of alternative but illegal dispute resolution mechanisms on criminal cases.

Difficulty in mobilizing and retaining men: During the project, it was difficult to mobilize and retain male participation in the project, as compared to Women's participation. This adversely affected the changes in social norms and attitudes particularly among men in the target communities.

Drug use and abuse by the targeted AGYW: Many AGYW under the project were struggling with addiction to alcohol, drugs and substance abuse as a coping mechanism to the challenges they face in life. This adversely affected the delivery of some of the project services thus derailing the achievement of results.

Government bureaucracies: This led to delays in the implementation of critical engagement activities with government occasioned by government bureaucracies and lengthy political processes

Lack of standardized procedures in handing over from officers upon transfers: As discussed earlier, there were frequent transfers and redeployment of police officers. The lack of standardised procedures for handing over cases that were being handled by the transferred officers posed challenges to the continuity of the cases.

4.5 Project Impact

Evaluation Question: *What are the intended and unintended consequences (positive and negative) that resulted from the project*

Key Findings:

- *The targeted AGYW from the 8 informal settlements of Nakuru Town experienced a reduction in levels of violence, abuse, discrimination, and stigmatization*
- *To a large extent, AGYW from the 8 informal settlements in Nakuru demonstrated increased levels of economic and personal power*
- *There were positive transformations in gender norms, attitudes, behaviours, and practices among the community members within the 8 informal settlements of Nakuru, which are necessary to support the safety and dignity of adolescent girls and young women from VAW/G.*
- *Front-line service providers in Nakuru town demonstrated increased capacity to effectively identify, prevent and respond to risks posed by violence and abuse against adolescents and young women in the community*
- *Community members and duty bearers at the county level played a significant role in influencing both the national and county governments to prioritize women empowerment and to review, develop and implement laws, policies, and plans to protect adolescent girls and young women from violence, abuse, discrimination and stigmatization*

Detailed Findings:

Intended: The intended impacts are distilled by way of comparison with the project's goal and outcome indicators as discussed under the Effectiveness section.

The targeted AGYW from the 8 informal settlements of Nakuru Town experienced a reduction in levels of violence, abuse, discrimination, and stigmatization

The findings presented under the Effectiveness section suggested that across the average level of perceived safety from GBV in both public spheres and within home spaces increased significantly among the targeted women and girls between the baseline the end-line. Also, the average level of discrimination experienced in public spheres and within the home spaces by women and girls who are survivors of partner/non-partner violence declined significantly. Further, stigma directed at women and girls living with HIV/AIDS declined significantly. With these indications, there was a general feeling among the AGYW who were primary beneficiaries as well as stakeholders at all levels that there had been a significant decline in experiences of violence against women and girls as a result of the project.

To a large extent, AGYW from the 8 informal settlements in Nakuru demonstrated increased levels of economic and personal power

Adolescent girls and young women in Nakuru reported increased levels of economic power following their engagement in income-generating activities. They demonstrated increased personal power in their reported improved ability to take control of their lives and the confidence with which they were willing to take such control. The increased economic and personal power was manifested in an increased proportion of AGYW reporting reliable, own income sources which improved by about 20 percent from a baseline value of 32 percent to 52 percent at the end of the project. Increased personal power was exhibited in the willingness of the targeted AGYW to refuse unwanted sexual advances and their emphasis on consensual sex.

There were positive transformations in gender norms, attitudes, behaviours, and practices among the community members within the 8 informal settlements of Nakuru, which are necessary to support the safety and dignity of adolescent girls and young women from VAW/G

Overall, there was a 41 percent increase in the proportion of women and men in the community demonstrating positive attitudes towards women participating in decision-making in public spheres and the household. The increment was relatively larger among men compared to women. Women and girls felt that they were supported to participate in decision-making because they had seen improvements in their levels of participation and the domains in which they actively contributed to decision-making both in the household and public spaces or community level. At the household level, women were extensively involved in making decisions on rental payments, reproductive health & family planning matters, which schools their children would attend, feeding their families, and general family welfare. At the community level, women and girls had been nominated and voted or selected to be members of community structures that make important decisions affecting the whole community. Community members demonstrated high levels of knowledge on what constitutes VAW/G.

Front-line service providers in Nakuru town demonstrated increased capacity to effectively identify, prevent and respond to risks posed by violence and abuse against adolescents and young women in the community

The targeted frontline workers who included the police officers, members of community policing committees, healthcare providers at the facility-level as well as community health volunteers, paralegals, and focal point teachers demonstrated knowledge in their prevention of and response to VAW/G. The police officers' improved knowledge on forms of GBV and their causes, the standard operating procedures for the management of GBV and the legal framework related to the prosecution of SGBV offenses was manifestly demonstrated by their improved handling and management of cases. Focal Point Teachers and members of school administrators were reported to be proactively responding to cases of violence and abuse reported by learners by taking relevant administrative actions as well as referring survivors to appropriate service providers. The community paralegals' application of knowledge gained from the project's capacity building initiatives was demonstrated through their efforts in linking survivors of violence to the criminal justice value chain through a variety of entry points.

Community members and duty bearers at the county level played a significant role in influencing both the national and county governments to prioritize women empowerment and to review, develop and implement laws, policies, and plans to protect adolescent girls and young women from violence, abuse, discrimination and stigmatization

Several concrete actions were taken by the County Government of Nakuru to reflect the priorities of adolescent girls and young women who are survivors/at risk of VAWG in development plans and budgets. These included: The county government facilitated a gender audit of its policies, systems, procedures and programs with the financial support of the UNTF project in the second year of implementation. Subsequently, the Nakuru County Gender Policy was developed based on the recommendations of the gender audit; Allocation of KSh. 7 Million in the Financial Year 2019/2020 budget for Gender Equality and Women's Empowerment in 2019/2020; Allocation of KSh. 27.5 Million towards the disability fund, which was used to procure assistive devices for PWDs and support them with business seed capital. Allocation of KSh. 15 Million to support the construction of an SGBV rescue centre Nakuru; Allocation of Ksh 10 million in the Financial Year 2018/19 Budget for the construction of a Gender Violence Recovery Centre. Additional funds allocated for the renovation of Nakuru County Referral Centre which hosts a Gender Violence Recovery Centre Nakuru and; Tabling of the County Gender Equality and Women Empowerment Bill for enactment into law.

At the national level, The National Treasury and Planning, during the developing the MTP III (2018-2022), prioritized and planned to undertake a review of the Children Act (2001), Development of implementation guidelines for the Prohibition of Female Genital Mutilation Act (2011) and Development of the frameworks for the operationalization of the Protection Against Domestic Violence Act (2015). Subsequently, the

national government facilitated the review and amendments to the SOA which had been submitted to the Senate of Kenya for consideration and adoption. The government also developed a new Children's Bill (2018) to replace the Children's Act (2001) to strengthen the prosecution for children's cases, especially sexual offenses to ensure that the cases are not lost on technical grounds e.g being brought before the court on a wrong section of the law. Further, the regulations for the implementation of PADV ACT- 2015 and legal Aid ACT- 2016 are both awaiting approval. Implementation of these laws and regulations is expected to make them more responsive to current women's and children's needs.

Unintended Negative Impact:

Reports emerged of isolated incidents in which the husbands of beneficiaries supported under the economic empowerment component of the program felt that their partners were progressing and generating income without fully involving the husband. In other incidents, it was suggested that there would be tensions between spouses in some homes on control and utilization of incomes generated by the AGYW from their businesses. To mitigate such impact, the interviewed project staff from the implementing partner for the economic empowerment component revealed that they started conversations with both AGYW and their spouses to help male spouses understand why their partners were receiving support, and how the income earned would be beneficial to the entire family.

4.6 Sustainability

Evaluation Question: How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?

Key Findings:

- *Use of and Strengthening of Community-Structures and Resource Persons*
- *Engagement of Government Institutions and Structures*
- *Life skills Training and Economic Empowerment of AGYW*
- *Linking of AGYW with the Government's Women Economic Empowerment Programmes*
- *Establishment of the Children Court Users Committee (CCUC)*
- *Enduring Transformation in Social and Gender Norms and Attitudes*
- *Infrastructure Development and Capacity Building of Frontline Workers*

Detailed Findings:

The following strategies used/put in place by the implementing partners are likely to enhance the sustainability of the positive changes generated by the project:

Use of and Strengthening of Community-Structures and Resource Persons

The project leveraged existing community structures such as leaders, resource persons (Community Health Volunteers, Paralegals, Community Activists, Facilitators, Resident Associations and community policing committees) to mobilize the beneficiaries and implement all activities that targeted the communities. At the same time, the project established other structures such as the GBV committees in the wards whose mandate includes follow up on issues of GBV and linking survivors to services. To enhance their effectiveness, the project targeted these community-based structures for capacity building on prevention and response to VAW/G. During FGDs with the selected community resources persons, the participants indicated that they will continue to sensitize the community on VAW/G prevention and response while linking them to appropriate services through the established referral networks.

Engagement of Government Institutions and Structures

The project targeted and engaged officers from key government departments and agencies both at the county and national levels and established strategic relationships that contributed to achievement of project results. These institutions/departments such as county government departments, schools, hospitals, churches among others will continue to exist and support VAW/G prevention and response activities beyond the project implementation period. However, resource challenges are likely to limit the extent to which these institutions/agencies will continue to implement the activities.

Life skills Training and Economic Empowerment of AGYW

AGYW supported through the project were equipped with life skills, supported to acquire vocational skills, trained on business management skills, and provided with seed capital to start small businesses for economic empowerment. As at the time of the evaluation, more than half of those targeted through these interventions were already utilizing the skills gained to either access employment or set up a business hence generating income. However, some of the businesses that had been established were adversely affected by the COVID-19 pandemic that threatened their sustainability. Linking up beneficiaries with the economic stimulus packages under the Government and other community development projects by other non-state actors within the project implementation sites will be critical to enhance sustainability.

Linking of AGYW with the Government's Women Economic Empowerment Programmes

The women and girls targeted in the economic empowerment component of the project were organized into groups and encouraged to register with the Department of Social Services. Members of these groups received business entrepreneurship training and linked with government departments managing special affirmative action funds for women, youth and people living with disabilities. The managers of the government's affirmative action funds were integrated within the project and expressed willingness and commitment to continue supporting project beneficiaries to access business funds. The project implementing partners will continue to walk with the beneficiaries on their entrepreneurship journey to ensure that they register groups and obtain all legal requirements needed to access government funds.

Establishment of the Children Court Users Committee (CCUC)

The CCUC brings together all the stakeholders in the criminal justice system whose work will continue beyond this project. Through this committee, Trocaire and Project partners established strategic relationships with the government concerning the facilitation of access to justice for survivors of violence. The committee's mandate was handed over to the courts and magistrates to continue holding the CCUC meetings even after the project. Notably, the Court in Nakuru had accepted to continue hosting quarterly CCUC meetings that the UNTF project had been supporting. This will allow actors to continue with engagements on how to best support survivors of violence, including seeking solutions to challenges as they come up.

Enduring Transformation in Social and Gender Norms and Attitudes

The project invested heavily in social norms transformation by engaging men as allies and partners as well as the adoption of the SASA! Faith methodology to reach out to the Catholic Church faith communities. The project sensitized male allies and partners among motorcycle taxi riders, community elders and school-children to be agents of change. The change agents are expected and have indeed committed to reaching out to their peers and engage them in conversations on why men should uphold women's rights, respect women and contribute towards a violence-free community. On the other hand, the SASA! Faith approach sought to address power as the underlying cause of VAW/G and HIV. Using this approach, the implementing partners mobilized different gender groups under the Catholic Church, to support conversations on why violence happens, how they can end it, the benefits of a violent-free community, and how change can be sustained. Sustaining the conversations by both the change agents and through the churches is expected to continue influencing more people in the community and contribute to sustained and enduring positive transformations in social and gender norms and attitudes that support the prevention of VAW/G.

Infrastructure Development and Capacity Building of Frontline Workers

The Gender and Child Protection Unit established in Kaptembwo Police station by the project will continue to serve survivors of violence by ensuring that they access timely and dignified response services. The training and capacity building provided to front-line workers - the Police, Nurses, Magistrates, Prosecutors, County government officials, Teachers and Church leaders- on prevention and response to VAW/G will continue to be an asset in Nakuru Town. It is hoped that the trained personnel will support the provision of quality and effective VAW/G prevention and response services. Nonetheless, the frequent transfer of the trained public service officers to duty stations out of Nakuru Town poses a real challenge to the sustained delivery of quality response and prevention services.

4.7 Knowledge Generation

Evaluation Question 1: What are the key lessons learned that can be shared with other practitioners on ending violence against women and girls?

The following are the lessons that can be drawn from the implementation of the project:

Engagement of boys and men as allies and partners accelerates social norms transformation: Boys and men can play an important role as partners, allies, supporters and champions for prevention of VAW/G by learning about gender inequalities and human rights and actively challenging discriminatory gender and social norms. Engagement of men and boys must be done across all levels of society, from the individual, to the community to the institutional and systemic levels, and must include the engagement of community, religious and political leaders, most of whom are still men. However, social norms transformation is a journey that requires patience, multiple and coordinated strategies at the individual, family, community and institutional levels.

Demand generation at the grassroots, when well-designed and implemented, increases awareness of and demand for better VAW/G prevention and response services: Throughout the project implementation period, the partners proactively reached out to the community at the grassroots through organized groups, existing associations and community structures with awareness campaigns on demand for services and community organizing for effective participation in decision-making processes on service delivery. This strategy increased demand for better services from the community, leading to the identification, prioritization and budget allocations for projects including the gender rescue center, community resource centres and youth vocational centres. This approach also complemented efforts towards shifting social and gender norms that influenced VAW/G in the community.

The rights-based approach (RBA) enhances achievement of results and improves accountability of duty-bearers: The Project was keen to identify gaps on the rights holders and duty bearers on service delivery concerns. Through the RBA, all interventions were aimed at developing capacities the rights holders (demand side) to claim their rights and supporting duty bearers (supply side) to fulfil their obligations. This approach was strategic in the implementation phase as it provided opportunities for direct conversations and action between the demand and supply sides.

Sustained advocacy is critical to policy action and programming on prevention and response to VAW/G by duty bearers: VAW/G and gender equality concerns, generally, continue to be clustered into “peripheral” strategic areas/sectors by governments as evidenced by low budgetary allocations and limited strategic objectives despite sustained recognition of the importance of gender equality in development both globally and locally. Broader policy advocacy in the sector is, therefore, an imperative to achieve the desired milestone through policy influencing, budget allocations and programming.

Foundational skills are key to the success of programs targeting VAW/G survivors: The project's investment in foundational skills formed a solid basis for subsequent project interventions including economic empowerment and vocational skills training. At project closure, the managers of government funds on Women Empowerment observed that AGYW trained on life-skills performed better in businesses/income generation activities compared to those without life skills training. Life skills training helps women discover their power within, understand themselves (personal strengths, weaknesses, opportunities and threats), understand their rights, gain agency, learn decision making and develop coping mechanisms against adverse situations.

Psychosocial support services should include support groups for VAW/G survivors: Support groups were found to provide safe spaces where survivors could open up, share their experiences and challenges with other survivors and jointly seek solutions thereby facilitating their healing process and empowerment.

Youths are a dynamic project target group: Projects targeting young people should integrate strategies aimed at dealing with their high mobility rate and related dynamics e.g. retention in the project.

Evaluation Question 2: Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?

The following promising practices may be considered for replication in other related projects:

Negotiating with the youth on project activity schedules and provision of psychosocial support: Implementing partners negotiated for effective but shorter training contact hours for the AGYW attending vocational skills training to allow them attend to domestic chores and casual labour opportunities from which they would obtain income to fend for their families. Psychosocial support also contributed to retention of beneficiaries in the project since it created a sense of belonging among beneficiaries. Provision of a caring and supportive environment also motivates young beneficiaries to stay up to the end of the project.

Peer to peer mentorship: Peer to peer mentorship is an effective approach in contributing to the desired change. In economic empowerment mentorship forums, the implementing partners utilized the capacities and experiences of high achievers in managing small income generating businesses to pass on their skills and experiences to fellow AGYW. With this approach, vibrancy was observed in the engagement and positive influence during the forums.

Engaging duty bearers directly in implementation of awareness raising activities: When duty bearers engage directly with communities to sensitize them on VAW/G prevention and response, it reduces the gap between duty bearers and rights holders. This helps to build confidence among the rights holders to access services. The direct engagement of the Police, Nurses, Magistrates, Chiefs and other actors in the community sensitization activities enhanced public trust in the public institutions represented leading to willingness by community members to report and testify in VAW/G cases.

Engagement of the government and like-minded stakeholders: Involving both public and private sector entities in the implementation of such interventions, ensures that intervention goals are linked to national goals. In the long term, the benefits attained from the interventions can be sustained by government and private sector entities when the project comes to an end.

Partnership/Consortium approach: As already discussed under the Effectiveness section, one of the success factors for the project's achieved results was the use of the consortium approach in which the project was implemented by four partner organizations with strong expertise and experience in different areas. In this approach, the partners complemented each other due to familiarity with the nuances of their areas of expertise. The consortium approach was very unique as it acted as a one-stop centre with multi-disciplinary expertise relevant to specific sectors of service delivery.

Part 5: Conclusions

Evaluation Criteria	Conclusions
Overall	<p>The findings of the evaluation of the <i>Preventing Violence Against Women and Girls in Nakuru Town</i> Project suggest that overall, the multi-sectoral approach was efficacious and relevant in addressing violence against women and girls by improving access to timely and quality prevention and response services.</p>
Effectiveness	<p>At the goal level, adolescent girls and young women were found to have improved average levels of perceived safety from GBV in both public spheres and home spaces. The average levels of gender-based discrimination experienced in public spheres as well as in home spaces by women and girls who are survivors of partner/non-partner violence were also found to have declined, while HIV/AIDS-related stigma against women and girls living with HIV/AIDS also declined.</p> <p>At the outcome level the project contributed to increased levels of economic power following an increased proportion of the targeted AGYW with own reliable sources of income attributable to the utilization of business and vocational knowledge and skills training gained to start business and/or secure employment in established enterprises. Further, the AGYW demonstrated increased personal power in their self-reported improved ability to take control of their lives following improvements in self-awareness, self-confidence and refusal to have unwanted sex or willingness to report. There was evidence that the project had contributed to enduring positive transformations in gender norms, attitudes, behaviours and practices to support prevention and response to VAW/G within the community as demonstrated by 97 percent of women and men demonstrating positive attitudes towards women’s participating in decision-making in public spheres and the household. Women and girls felt that they were supported to participate in decision-making because they had seen improvements in their levels and areas of participation in decision-making at all levels.</p> <p>Frontline service providers demonstrated improvements in overall coordination of response to VAW/G cases by ensuring compliance to VAW/G standard operating procedures. While the Police Officers and nurses demonstrated improved documentation and evidence collection and preservation from the VAW/G survivors, Community Policing Committees were very supportive in ensuring community members provide timely witness statements. The County Government of Nakuru developed the County Gender Policy and allocated a cumulative KSh. 59.5 Million between Financial Years 2018/2019 and 2020/2021 towards programs targeted gender equality and women's empowerment, construction of an SGBV rescue centre and support to PWDs. On the other hand, the national government facilitated the development of the frameworks for the operationalization of the PADV Act (2015), developed a new Children’s Bill (2018) to replace the Children’s Act (2001) to strengthen the prosecution for children’s cases reviews and amendments to the SOA (2006) to make it more responsive to current women's needs.</p> <p>The factors identified as having led to the achievement of the project results included the multi-sectoral approach that improved coordination and response, capacity building of partners and stakeholders, complementary expertise of implementing partners working in a consortium, adequacy of project funds partnerships between the government agencies/institutions and implementing partners and community mobilization, engagement and use of local resources. However, frequent transfers and redeployment of frontline workers such as the police and healthcare staff, lack of</p>

	harmonized and uncoordinated scheduling of activities and intersecting vulnerabilities of VAW/G were cited as the main impediments to the project's effectiveness.
Relevance	Violence against women and girls was recognized as a serious challenge that impacted negatively on the socioeconomic standing of the survivors and that required to be addressed. The project's focus on women's economic empowerment was considered to be highly relevant as economic disempowerment was seen as a key factor that increased the vulnerability of women and girls to violence. The multi-sectoral approach improved coordination among the hitherto isolated and uncoordinated VAW/G prevention and response service providers, leading to increased efficiency and improved access to services needed by women and girls. The achieved results from the project implementation remain relevant to the needs of women and girls especially given the socio-economic disruptions induced by the current COVID-19 pandemic.
Efficiency	<p>Overall, all the project activities were implemented within the project's fixed 3-year period despite delays in the commencement of activities in Year 1 and Year 3. The efficient development and delivery of the project was facilitated by the commitment from the implementing partners, motivation and support of community resource persons, utilization of integrated strategies and partners technical expertise and joint planning by consortium partners.</p> <p>Project delivery was obstructed by delays in justice due to transfer of Magistrates in the Children's Courts: intimidation of witnesses, difficulty in mobilizing and retaining men, drug use and addition by the targeted AGYW, government bureaucracies and lack of standardized procedures in handing over from officers upon transfers.</p>
Impact	Overall, it can be concluded that the project impacted positively on the targeted primary and secondary beneficiaries in accordance with the project goal, objectives and expected outcomes. Based on the analysis of information from multiple sources, there was strong evidence of a reduction in all forms of violence against women and girls in both home spaces and public spheres. The evaluation has adduced evidence of how the project led to increased knowledge and awareness of issues related to VAW/G among women and men and increased agency among women and girls. Testimonies provided by women and girls taking part showed that their participation in the project had helped them to become self-aware, become aware of their rights, embrace self-worthiness and build self-confidence to take control and exercise responsibility for their lives. Besides, multiple sources provided strong, converging evidence of transformations in gender norms and attitudes towards women and girls among men in the community.
Sustainability	From the onset, the project put in place several measures to ensure sustainability of impact beyond the implementation period. Use of community structures that existed before the project e.g. community leaders and community resource persons to mobilize the beneficiaries and integration and engagement of government structures while at same time strengthening their capacities – these structures will continue to exist and support VAW/G prevention and response activities beyond the project implementation period. Building the business and vocational skills of AGYW and linking them to the government's economic stimulus packages and existing women economic empowerment programmes will be critical to enhance sustainability. Besides, the functioning of the of the Children Court Users Committee that was established by the project and brings together all the stakeholders in the criminal justice will continue beyond this project, while the male allies and partners are expected to continue acting as agents of change in terms of gender norms transformations by reaching out to their peers.
Knowledge generation	Key lessons learned from the implementation of the project and emphasized by the stakeholders are that engagement of boys and men as allies and partners accelerates

social norms transformation as are able to learn about gender inequalities and human rights and actively challenge discriminatory gender and social norms; Demand generation at the grassroots, when well-designed and implemented, increases awareness of and demand for better VAW/G prevention and response services; The rights-based approach enhances achievement of results and improves accountability of duty-bearers and that; Sustained advocacy is critical to policy action and programming on prevention and response to VAW/G by duty bearers since gender equality concerns continue to be receive low budgetary allocations and limited strategic focus despite sustained recognition of the importance of gender equality in development. More significantly, foundational skills are key to the success of programs targeting VAW/G survivors, and that projects targeting young people should integrate strategies aimed at dealing with their high mobility rate and related dynamics e.g. retention in the project.

Promising practices that may be considered for replication in other related projects included negotiating with the youth on project activity schedules and provision of psychosocial support, peer to peer mentorship, engaging duty bearers directly in implementation of awareness raising activities, involving both public and private sector entities in the implementation VAW/G interventions to ensure that intervention goals are linked to national goals and adoption of the consortium approach in which the partners complemented each other due to familiarity with the nuances of their areas of expertise.

Part 6: Recommendations

The following recommendations are provided based on the findings of the evaluation:

1. The results of the evaluation suggest that the project was effective in addressing violence against women and girls in Nakuru Town in line with the expected outcomes. Whilst the project's effectiveness was appreciated by both the beneficiaries and the stakeholders at all levels, there was a genuine and compelling concern that the sustainability of the gains made at both individual and institutional levels may be undermined by the prolonged COVID-19 pandemic that incidentally set in just as the project was ending and before the impact could crystallize. There is, therefore, need to consider extending post-implementation support of a limited number of activities aimed at enhancing the sustainability of the project outcomes.
2. The evaluation established that the reviews and amendments to the Sexual Offences Act (2006) and the Prevention Against Domestic Violence Act (2015) that had been supported by the UNTF project had been forwarded to the Parliament of Kenya but were yet to be debated and approved for adoption. Besides, the Children's Bill (2018) that was had been successfully developed to replace the Children's Act (2001) under the support of the project was yet to become law. These will require sustained lobbying and advocacy efforts beyond the project period by the relevant implementing partners that shaped the debates and contributed to the drafting of the amendments and regulations and laws.
3. According to the men interviewed at community level in this evaluation, transformations in cultural and gender norms that perpetuate VAW/G and entrench gender inequalities and which are deep rooted, require a considerable amount of time to be achieved on a sustained scale. Whereas the men appreciated that a large part of the project focused on women empowerment and multi-sectoral coordination of prevention and response, the activities targeted on transforming cultural and social norms were relatively inadequate to bring about large-scale change. It was, therefore, their recommendation that future projects should consider targeting more men as allies and partners right from project start to bring about enduring sociocultural transformations. Nonetheless, it was their wish that consideration is made to produce and issue them IEC materials on prevention of VAW/G to enable them sustain the awareness-raising tempo and peer influence towards transforming existing gender and cultural norms.
4. The multi-sectoral approach also needed time for the relationships to mature and cross-sectoral cooperation and coordination of prevention and response services to be institutionalized for sustained delivery of prevention and response. Notably, these relationships were just beginning to solidify at the time of project closure. As such, it would be imperative to consider assigning relevant actors the responsibility of ensuring continuous engagement, which would also enhance accountability.
5. Adoption of the consortium was found to be effective and delivering results. While such partnerships are encouraged in similar projects in future, it is recommended that they do make efforts to ensure harmonization of their actions including the joint selection of beneficiary at the project start. They should also share their work plans regularly in well-planned meetings to avoid conflicts.
6. Frequent transfers and redeployment of frontline workers such as the police and healthcare staff, was found to be one of the key obstructions to the development and delivery of the project, and its overall effectiveness. To overcome this challenge, it would be preferable to lobby the government through the relevant training institutions to mainstream content related to prevention and response to VAW/G and GBV in general in the foundational training curricula since prevention and response to GBV is pertinent to their mandate.

Part 7: Annexes

Annex I: Most Significant Change Stories

Domain: Self-Awareness & Economic Empowerment

Nyota

I am 20 years old. I was enrolled in this project in early 2019. I came to know about the project when Esther Wango (a Community Health Volunteer) visited our home and talked to mum and I about a project at Love and Hope Centre that was helping girls and young women from our community. At first, I had no interest in what Esther was telling us because I was at a point in my life where I was not willing to listen to anyone. In fact, I was hesitant to respond on that first day but she persisted and refused to give up on me. She came again, to find out whether I had made up my mind to join the project, but I was still adamant. After the second visit, my mum sat me down and prevailed on me to give it a try and when Esther came again the third time, I accepted though reluctantly.

Before joining the project, I had lost hope in life. Having become a teenage mother from a hit and run relationship, dropped out of school and my mother struggling to take care of us by selling scrap metals, I felt that life had turned upside down on me and this was unbearable. I had been suicidal at some point since I felt unwanted by the community, having been stigmatized by other children in our estate because of giving birth at young age. When I joined the project and met other girls, I realized that I wasn't the only one facing challenges in life. There were many other girls with even worse experiences than mine. As part of the project, we were taken through a counselling process and taught many things such as how to love and respect oneself, be self-reliant, live positively and say no to what one did not want. For once, I felt loved and appreciated by all the other girls I was with in the project. I was also supported through the project to undertake a course in hairdressing and taught business skills. Sincerely speaking, there was love and hope in that place.

To say the truth, a lot of things have changed in my life since I joined this project. However, I would say that the most significant change is my ability to earn my own income after successfully completing training on hairdressing. Am still living with my mum and she has really been struggling to take care of us, but I am now able to take care of my personal as well as my child's needs. Although my earnings are still low, I occasionally support mum financially. This is significant to me because I'm no longer suicidal, I have confidence in life and am now respected in this estate. Also, many other girls and young women who knew my situation before I joined the project always come to me for advice. Other families here see me as a source of inspiration to other girls and young women in the community. I have never shied away from sharing my story of transformation with the other girls in the community.

Domain: Capacity Building

Zawadi

I joined the project in 2018 through the Love and Hope Centre. At the time, I did not have anything. My situation was very bad. I had just delivered a baby and her father did not have a steady income. He could not afford providing for the family. It around the same time that I met a nurse at Kapkures Centre who linked me to with Love and Hope Centre. Upon joining the project, we were taught how to take care of ourselves besides undergoing business skills training offered by WEL [Women Empowerment Link]. I quickly learned how to make *simsim* which I would sell during the training sessions.

After the training, I joined hands with six other girls with whom we had been trained to form a business group. We chose to start a carwash business, for which we received seed capital from the project to purchase washing equipment and acquire premises. When we started, each one of us was to market the business and look for clients. Also, we used to contribute towards buying water and paying for electricity used at the facility. However, things were not easy at the initial stages and all my six colleagues got tired

and dropped off leaving me alone to run the business. I was later joined by another project beneficiary who was a member of a different team but due to the challenges in the business they had opted for, she opted to join the carwash.

The most significant change for me is that I gained customer service skills that have helped a great deal in this business. Before the training, I was very impolite and would answer a person depending on my moods at that moment. I now know how to approach people and the clients as well as marketing my business. I never thought that I could manage but now I am managing the business very well. This is significant to me because despite all my colleagues with whom we started business dropping out, I have been able to use my marketing skills to attract more customers. This has enabled me to earn an income that I wouldn't be earning by now. Even if I had capital before joining the project, it wouldn't have been helpful because I did not know how to handle people. The business capital has also been very useful because were it not for that, I would probably be still looking for employment to raise capital. I never knew a day would come when I would have a business that I had always wanted even before I was introduced to the project. The carwash business has helped me start another business in which I sell paraffin, eggs and other commodities near my home. I have also learned to save from the little I get from both businesses.

Domain: Self-Awareness

Waridi

I am 30 years and a mother of two children. I joined the project in June 2018 after meeting Fatma [Community Health Volunteer] who referred me to Love and Hope Centre. Before going to the Centre, my life was tough. I was in an abusive marriage that had made me become stressed, confused and suicidal. At the Centre, first I received counselling. We were then taught many things including our rights as women and girls, self-awareness and how to take care of our bodies and protect ourselves. Later on, I was sponsored for a tailoring course at Mwangaza (vocational training college) and trained on life skills and financial management skills.

The most significant change for me has been leaving the abusive marriage. After participating in the project, I got to understand that I have my rights that no one should trample on. I got the courage and confidence to say "No" to this man who had abused me for a long time. This is significant to me because I have moved from being suicidal to having hope in life and looking forward to a better future. I know my rights as a woman and I am able to protect myself from abuse. I have been able to buy my tailoring machine and the skills I gained from the tailoring course combined with the peace of mind that I currently enjoy have enabled me to focus on my customers and earn income. This income has enabled me to pay rent for my house and take care of my two children comfortably without looking back. This project has really helped me to know that I can be a better person in the community. Am not afraid anymore and I am a positive influence to the larger community.

Annex 2: SASA! Faith Report

I.0: Introduction

I.1 Background

SASA! Faith is a community mobilization approach to prevent violence against women (VAW) and HIV that works by supporting faith communities¹² through a comprehensive process of social change, focused on interrogating and challenging unequal power dynamics between women and men. *SASA! Faith* primarily focuses on preventing intimate partner violence and breaking its connection to HIV by helping faith communities change the attitudes and behaviours that perpetuate VAW. The *SASA! Faith* process occurs in four phases (Start, Awareness, Support, and Action) to bring about enduring change in four outcome areas - knowledge, attitudes, skills, and behaviors.

In the first phase of change (**Start**), the faith community acknowledges VAW and HIV as a problem. The community is encouraged to begin thinking about the interconnection between VAW and HIV and to foster *power within* themselves to address the problem. The second phase of change - **Awareness** - is about engaging people in critical thinking, talking and learning to better understand the problem. Awareness is created among the faith community of how men use *power over* women and how the community's acceptance and silence about this power perpetuates VAW as well as its connection to HIV. During the **Support** phase, the faith community considers alternatives while offering support and encouragement to one another by joining their *power with* others to confront the interconnected issues of VAW and HIV. The final stage of change, the **Action** phase is about creating ways to change together and sustain that change. In this phase, the faith community is engaged in using their *power to* take action. Action takes the form of personal and institutional changes that normalize and show the benefits of balanced power and nonviolence, and as a result, prevent VAW and HIV. The effectiveness of *SASA! Faith* can be measured through the four outcome areas that correspond to the Stages of Change.

I.2 Violence Against Women and HIV in the Context of Nakuru

Women can experience violence in different ways including physical, emotional, sexual, or economic, from an intimate or non-intimate partner. The World Health Organization¹³ estimates that one in every three women has experienced physical and/or sexual IPV or non-partner sexual violence in her lifetime. Intimate partner violence is the most predominant form of violence committed by men against women with its prevalence¹⁴ estimated to vary within and between settings ranging from 13 percent to 71 percent. In Kenya, the 2014 Demographic Health Survey report estimated that about 4 in 10 ever-married women (39 percent) have experienced physical and/or sexual violence, and slightly less than half (47 percent) have experienced at least one form of IPV (KNBS, 2015).

Numerous global studies indicate a close link between IPV and HIV. IPV can increase the risk of HIV by limiting a woman's ability to negotiate safer sex and may lead survivors to engage in higher risk behaviours. IPV is common among women living with HIV, in part because IPV and HIV disproportionately affect some of the same populations. Women living with HIV may experience more severe or more prolonged IPV

¹² A faith community is everyone within a defined area who practices and supports a particular religion. It includes: religious leaders; program leaders at local churches/mosques; members of local churches/mosques and their families; faith-based media and services and; local faith-based organizations who run programs or provide services

¹³ World Health Organization. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*

¹⁴ Duvvury, N., Callan, A., Carney, P., & Raghavendra, S. (2013). *Intimate partner violence: Economic costs and implications for growth and development* (Women's Voice, Agency, and Participation Research Series No. 3). Washington, DC: World Bank. Retrieved from <https://openknowledge.worldbank.org/handle/10986/16697>

than people who are HIV-negative and experiencing IPV. Women living with HIV may be particularly vulnerable to IPV when they disclose their HIV status to their partner. Intimate partner violence can lead to poorer HIV care outcomes.

I.3 Trócaire’s Use of SASA! Faith Approach in Addressing VAW in Nakuru

Trócaire and partners adopted the *SASA! Faith* methodology in March 2017 at the start of the “Preventing Violence against Women and Girls in Nakuru Town” project that was supported by the United Nations Trust Fund (UNTF). The aim of the project was to improve prevention of violence against women and girls by promoting positive transformation in community gender norms, attitudes, behaviours and practices.

Following the training of the project implementation team on the *SASA! Faith* model, Community Activists (CAs) were selected and trained to support in community mobilization and implementation of the model activities. A rapid assessment was conducted and the Awareness phase activities began in four informal settlements in Nakuru Town. The community mobilization activities were implemented through the Small Christian Communities (SCCs) in five Catholic Churches under the Catholic Diocese of Nakuru, namely: St. Teresa’s; St. Joseph the Worker; St. Martin’s; St. Michael’s; and St. Augustine’s Church. Each of these churches were estimated to have about 500 active members, while the average membership of an SCC was 15.

The primary output from the implementation of the *SASA! Faith* activities was that community members would gain knowledge and understanding of their roles in preventing VAW/G in their communities. This would contribute to the achievement of the project outcome: *The safety and dignity of adolescent girls and young women in 8 informal settlements in Nakuru are supported by positive transformations in gender norms, attitudes, behaviours and practices that relate to VAW/G within their community.*

2.0: Evaluation Purpose, Scope and Methodology

2.1 Purpose of the Evaluation

The primary purpose of the end of the evaluation was to measure the effectiveness of the SASA! Faith methodology by assessing changes in the four outcome areas: knowledge; attitudes; skills and; behaviors among the beneficiaries. Besides, the evaluation purposed to identify key challenges encountered and lessons learnt from the use of this model towards transforming gender norms, attitudes, behaviors and practices that relate to VAW/G within their community.

2.2 Scope of the Evaluation

The evaluation covered the entire duration of project from March 2017 to March 2020 following completion of three phases of the SASA! Faith methodology – Start, Awareness and Support. Implementation of action phase is pending and will be implemented post UNTF supported project. Data was collected from members of the SCCs in the five Catholic Churches (St. Teresa’s, St. Joseph the Worker; St Martin’s; St Michael’s; and St Augustine’s) that had participated in the SASA! Faith activities. The target groups included both male and female members of SCCs as well as the project implementation staff.

2.3 Evaluation Methodology

2.3.1 Evaluation Design

A pre-post intervention study design without a comparison group was adopted for the evaluation. To measure changes in the four outcome areas of the SASA! Faith model, the evaluation team compared the end-term and baseline values on the performance indicators and deployed causal attribution strategies to evaluate the changes in the outcomes brought about by the project among members of the Catholic faith community. Besides the quantitative approach, qualitative methods of data collection and analysis that included mainly focus group discussions (FGDs) and key informant interviews (KIIs) were utilized. Integration of these methods allowed for the triangulation of information from qualitative and quantitative sources to enhance the understanding the results and strengthen the conclusions and recommendations of the evaluation.

2.3.2 Sampling Design

Both secondary and primary data sources were consulted in the evaluation. Secondary data sources included baseline and mid-term assessment reports. Primary data sources included male and female members of the SCCs in the five Catholic Churches that had participated in the SASA! Faith activities, Community Activists and the project implementation staff from Trócaire, WEL and LHC. Probability sampling methods were deployed in selecting a sample of the SCCs members participating in the quantitative survey. Whereas an equal number of male and female members (100 in each case) were originally targeted as per the sample design, a total of 54 male and 132 female SCC members were reached during the 5-days’ primary data collection period. Besides, two FGDs - one in each case for male and female SCC members - were conducted. Selection of the FGD participants followed the convenient sampling approach based on their availability and previous involvement in SASA! Faith community mobilization activities. The number of participants in each FGD was ten (10). The key informants that were selected on “purpose” due to the knowledge of the SASA! Faith approach based on their active role in its implementation included project three (3) staff from the implementing partners and one Community Activist.

2.3.3 Data Collection Tools and Evaluation Team’s Training

The SASA! Faith Rapid Assessment Survey Tool was adopted and used to collect quantitative data on the four outcome areas of knowledge, attitudes, skills, and behaviors from the members of the Catholic faith

community. The Rapid Assessment Survey Tool had been used at baseline and mid-term assessments. Two qualitative data collection tools – the FGD and KII guides – were developed to collect information on the qualitative aspects of the SASA! Faith methodology and the outcomes of its implementation. The structured, Rapid Assessment Survey Tool was administered through the android-based Interviewer application of the World Bank’s Survey Solutions.

Preceding the field data collection, a team of research assistants (RAs) was trained on data collection procedures. The training package included modules on the RAs responsibilities and expectations for their work, the goals and expectations of the data collection exercise, project methodology, use of the data collection tools and ethical standards related to the research on violence against women and girls, how to ask sensitive questions, ensuring privacy and building rapport between interviewer and respondent. A major component of the training program was dedicated to active and participatory discussions on the RAs understanding and interpretation of the questions to ensure that the questions were easily askable and could be paraphrased during interviews without changing their meaning.

2.3.4 Data Collection, Analysis and Development of Evaluation Reports

A total of 189 quantitative interviews (54 male and 132 female), two FGDs and five (5) KIIs were administered within a period of 5 days. Data collected using the outcome tracking tool was analyzed quantitatively using descriptive tools [frequencies and percentages] while qualitative data gathered from the FGDs and KIIs were analyzed thematically based on the key evaluation questions. The evaluation results were disaggregated by sex. Simple differences between the baseline and end-term were analyzed to determine the changes in outcome indicators and the findings explained through cause-effect attribution by triangulating with qualitative information. The evaluation report was developed and shared with the Trócaire UNTF Project implementation team for review, comments and feedback. The final evaluation report was developed by incorporating the comments received from the project implementation team’s reviews as well as feedback from a stakeholders’ validation workshop.

2.5 Limitations

One of the limitations of this evaluation relates to the extent to which observed changes in all the four outcome areas could be considered as a summative reflection of the SASA! Faith methodology. Due to the design of the SASA! Faith approach and the need to train the project implementation team at the beginning of each phase (which takes time), the project only managed to implement the first three phases during the project period. The Action Phase will be implemented by end of 2021, with possible delays due to the COVID-19 pandemic. This evaluation, therefore, could only fully cover the first three phases – Start, Awareness and Support – of the SASA! Faith.

The second and related limitation relates to sampling variations between the baseline and this evaluation. Whereas this evaluation’s sample was drawn from the membership of the SCC groups affiliated with the five Catholic Churches under the Catholic Diocese of Nakuru, the baseline sample had been drawn from the general population within the project sites. The baseline sample may, therefore, not have similar or comparable characteristics as the evaluation sample hence undermining comparability of the findings between the two evaluations. Additionally, the final male’s sample achieved in this evaluation [54] was less than the recommended minimum sample [100], hence affecting the power with which the observed changes could be detected and compared against the women’s sample.

The third and final limitation of this evaluation is that the SASA! Faith activities were implemented alongside the other interventions of the *Preventing Violence Against Women and Girls in Nakuru Town Project*. This implies that SASA! Faith activities largely complemented the other interventions aimed at transforming the socio-cultural gender norms that perpetuate VAWG hence making it practically impossible to determine the specific impacts of this methodology.

3.0: Main Findings

3.1 Overview

In this part, the findings of the evaluation study are presented and explained. As discussed in Part I of this report, the *SASA! Faith* methodology is designed to be implemented in four phases: Start, Awareness, Support, and Action. Full implementation of the phases was expected to lead to/contribute to changes in four corresponding outcome areas of knowledge, attitudes, skills, and behavior. However, due to the delayed implementation of Phase 4 of the model (Action) as cited under the limitations section in Part 2, the findings in this part focus strongly on changes that occurred in the participants' knowledge, attitudes and skills. Nonetheless, changes in behavior are analyzed on the assumption that behavioural transformations are likely to occur among the target groups following improvements [if any] in their levels of knowledge, attitudes and skill during the first three phases.

3.2 Knowledge

Changes in knowledge among the participants in the *SASA! Faith* activities were assessed using six questions. Two questions in each case assessed knowledge on men's exercise of power over women, violence against women by their intimate partners and interconnection between violence and HIV. Table I provides a summary of the findings of this evaluation compared with the baseline.

Table I4: Proportion of Faith Community Demonstrating Correct Knowledge

	Baseline {%}	End-term [%]			Δ [End-term – baseline] [%]
		Male	Female	Overall	
1. It is okay, for a man to control movements and determine friends for his wife as way to prove his authority over her [disagree]	61.4	68.5	72.7	72	+10.6
2. Sometimes as head of the family it is okay for the man to shout at his wife to prove his status [disagree]	80.0	92.6	94.7	94.0	+14.0
3. If a husband is violent toward his wife, she is at higher risk for getting infected by HIV [agree]	61.9	63.0	65.2	64.5	+2.6
4. Women often experience violence from their husband after sharing their HIV positive status [agree]	77.6	68.5	75.0	73.1	-4.5
5. A man cannot rape his own wife, since her primary role in marriage is to provide sex whenever her husband wants [disagree]	54.8	68.5	67.7	67.7	+12.9
6. Smart men do not beat their wives, they simply withdraw support from the family [disagree]	65.7	61.1	56.1	57.5	-8.2

The largest improvement was noted in the proportion of the participants demonstrating correct knowledge on men's exercise of power over women. Specifically, the proportion of *SASA! Faith* participants disapproving of a man's control over the wife's movement's and determine friends for her as a way to prove his authority over her increased from 61 percent at baseline to 72 percent. Similarly, the proportion of the faith community disapproving of the man shouting at his wife to prove his status as head of the family increased from 80 percent to 94 percent between the evaluations.

On violence against women, 68 percent (evaluation findings) compared to 55 percent (baseline) of the faith community disagreed with the statement "A man cannot rape his own wife, since her primary role in marriage is to provide sex whenever her husband wants". On the other hand, the proportion of the participants demonstrating correct knowledge by disagreeing with the statement: "Smart men do not beat their wives,

they simply withdraw support from the family” declined from 66 percent at baseline to 58 percent at the time of the evaluation.

Regarding knowledge on the link between violence and HIV, there was almost a three-percentage increase in the proportion of faith community members agreeing that if a husband is violent toward his wife, she is at higher risk for getting infected by HIV. However, there was a decline of about five percent in the proportion of the members agreeing that women often experience violence from their husband after sharing their HIV positive status.

3.3 Findings on Attitudes

The attitudes of the SASA! Faith participants on violence against women and HIV were evaluated using a set of six questions. The evaluation findings presented in Table 2 revealed that the evaluation sample responded more progressively/equitably to all the questions as depicted by the positive deviations between the baseline and end-term evaluation values on each question.

Table 15: Faith Community’s Attitudes

	Baseline [%]	End-term [%]			Δ [End-term – baseline] [%]
		Male	Female	Overall	
1. A married woman can refuse to have sex with her husband if she doesn’t feel like it	67.6	81.8	79.1	79.9	+12.3
2. A woman should NOT tolerate violence from her husband to keep her family together	66.7	81.5	79.5	80.1	+13.4
3. Women are NOT to blame for the violence their husbands or boyfriends use against them	69.5	88.9	80.3	82.8	+13.3
4. If a married woman has been beaten by her husband, it is okay for her to tell others	54.3	72.2	76.5	75.3	+21
5. Women are NOT mostly to blame for bringing HIV to the household	77.6	92.6	83.3	86.0	+8.4
6. If a husband beats his wife, others outside the couple should intervene	58.6	83.3	88.6	87.1	+28.5

A larger proportion of the end-term evaluation sample (80 percent) compared to the baseline (68 percent) responded affirmatively that a married woman can refuse to have sex with her husband if she doesn’t feel like it. The proportion of men showing agreeing was relatively larger (82 percent) compared to that of female participants (79 percent). Besides, the proportion of participants agreeing that a woman should not tolerate violence from her husband to keep her family together was larger in the evaluation sample (80 percent) than in the baseline sample (67 percent), with males showing more progressive attitudes (82 percent) compared to females (80 percent).

A large proportion of the evaluation sample (75 percent) compared to the baseline (54 percent) responded progressively to the question of whether a married woman who has been beaten by her husband, should tell others about the incident. Additionally, 87 percent of the evaluation participants compared to 59 percent at baseline agreed that if a husband beats his wife, others outside the couple should intervene. These results demonstrate a positive impact of the SASA! Faith initiatives in transforming the attitudes of target groups towards intimate partner violence by encouraging them to break the silence.

3.4 Findings on Skills

The aim of the third phase of the SASA! Faith model [Support] is changing skills related to the prevention of violence against women and HIV in the targeted communities. Analysis of the evaluation data showed

that the evaluation sample responded more progressively to all the three questions related to skills on the prevention of violence against women as shown in Table 3.

Table 16: Faith Community’s Skills on Violence Against Women

	Baseline [%]	End-term [%]			Δ [End-term – baseline] [%]
		Male	Female	Overall	
1. I have helped a woman who was experiencing violence at home	49.9	70.4	75.0	73.7	+31.8
2. I have told a local leader about domestic violence in a home nearby	11	35.2	47.7	44.1	+33.1
3. I have spoken out about violence against women to others in your community	34.8	70.4	72.7	72	+37.2

About 74 percent of the evaluation participants compared to 42 percent of the baseline sample indicated that they had helped a woman who was experiencing violence at home. Forty-four percent of the evaluation sample compared to 11 percent at baseline reported that they had told a local leader about domestic violence in a home nearby. Also, the proportion of the faith community that reported that they had spoken out about violence against women to others in your community was 72 percent in this evaluation compared to 35 percent at the baseline. These findings suggest that SASA! activists are succeeding at ending the silence around violence against women and helping community members to develop skills to prevent violence in their communities. Various cases in which individuals (both men and women) responded to incidents of violence against women were presented during focus group discussions. Types of responses included reporting the incidents to the police, standing as witnesses in court proceedings, taking the survivors to hospital and referrals to appropriate service providers.

3.5 Findings on Behaviours

Eight (8) questions were used to evaluate the participants’ behaviours. SASA! Faith, in its final phase (Action) aims to transform behaviours related to preventing violence against women and girls and HIV. Since activities of the final phase had not been implemented, it was expected that there would be no significant increase in progressive behaviours related to preventing violence against women and HIV among the targeted faith communities. As the evaluation results on the faith communities’ behaviours presented in Table 4 depict, progressive responses were received on women regularly performing roles typically thought of as men’s (85 percent) and in a similar fashion, men regularly doing things that are typically thought of as a woman’s roles (80 percent). However, the magnitude of change in these behaviours could not be ascertained due to missing baseline values on the same.

The evaluation results revealed that although activities of the final phase of SASA! Faith had not been implemented, a fairly larger proportion of the participants responded progressively questions on mutual decision-making, compromise in relationships and respect among spouses. In particular, 49 percent of the evaluation participants compared to 45 percent of the baseline sample agreed that in the previous 12 months preceding the evaluation survey, their partner did not make most of the decisions about the respondents’ own health care. Encouragingly, the proportion of women agreeing was relatively higher (52 percent) compared to men (42 percent), which could be indicative of increased women’s participation in decision-making. Also, 57 percent of the evaluation participants (51 percent female and 69 percent male) responded progressively that their partner did not make most of the decisions about when they could visit their family and relatives in the previous 12-month period before the evaluation. For women, this could be an indication of increased mobility.

Table 17: Faith Community’s Behaviours on VAW and HIV

	Baseline [%]	End-term [%]			Δ [End-term – baseline] [%]
		Male	Female	Overall	
1. I regularly do things that are typically thought of as men’s role	-	NA	84.8	84.8	-
2. I regularly do things that are typically thought of as a woman’s role	-	79.6	NA	79.6	-
3. My partner regularly helps with washing dishes in the home	-	NA	29.3	29.3	-
4. I regularly help with washing dishes at home	-	61.1	NA	61.1	-
5. During the last 12 months, my partner did NOT make most of the decisions about my own health care	44.8	41.7	52.4	49.2	+4.4
6. During the last 12 months when my partner and I disagreed, I did NOT get my way most of the time	37.6	55.6	52.4	53.4	+15.8
7. During the last 12 months, my partner did NOT make most of the decisions about when I could visit my family	37.6	69.4	51.2	56.8	+19.2
8. During the last 12 months, I have usually felt respected by my partner?	52.9	91.7	90.2	90.7	+37.8

SASA! Faith interventions are aimed at transforming men’s and women’s attitudes on sharing responsibilities and decision-making within the household. Encouraging men to engage in activities that are typically considered to be a woman’s domain promotes mutual responsibility hence helping to curtail violence or aggressive behaviours.

Fifty-three (53) percent of the evaluation sample compared to 38 percent at baseline agreed that whenever they disagreed with their partner during the last 12 months before the evaluation survey, they did not usually get their way, implying the possibility of compromises in conflict resolution within the family. Supported for this assumption is provided by the 91 percent of the evaluation participants (90 percent women and 92 percent men) who agreed that over the same period, they had usually felt respected by their partner.

4.0 Summary and Recommendations

This evaluation was conducted after completion of the third phase of the SASA! Faith methodology. Whereas mixed results were obtained with regard to knowledge of violence against women and its connection with HIV, improved levels of knowledge were demonstrated by the participants' on how men's power over women perpetuates violence against women. The attitudes of the project participants were found to be progressive in supporting gender-equitable norms and largely departed from the entrenched culture of silence on VAW, particularly in intimate relationships. Following the positive attitudinal shift, significant progress was realized in the participants' skills in the prevention of violence against women in the community as exemplified by various actions of both men and women who reported having responded to incidents of violence against women by reporting to the police, standing as witnesses in the prosecution of cases in the courts of law and linking the survivors to appropriate service providers within the referral pathway. Although behavioural changes were not expected to have occurred given that the final phase of SASA! Faith had not been implemented, the evaluation produced progressive behavioural indications on mutual decision-making, compromise in relationships and respect among spouses which are critical in the prevention of VAW.

Overall, the evaluation results point to substantial progress towards the achievement of expected outcomes across all the four domains of knowledge, attitudes, skills and behaviours related to violence against women and HIV among the targeted Catholic faith communities in Nakuru Town. However, since the SASA! Faith was one of the strategies implemented alongside a multitude of other prevention and response interventions within the realm of the main project [*Preventing Violence Against Women and Girls in Nakuru Town*], attributing the noted progress solely to the approach may not present a true reflection of the its specific impacts. Weaknesses and gaps were noted in the collection and management of SASA! Faith's learning and evaluation (L&E) data, hence undermining the confidence with which the evaluation findings could be compared with the formative evaluation and outcome tracking data to strengthen the conclusions about the impacts of the strategy. Also, it was evident that as implementation progressed through the first three phases, there was little utilization of the data collected for reflection and learning. Thus, as the implementing team proceeds to the final phase [Action], the following recommendations are made.

1. A final rapid assessment survey be undertaken after completion of the final phase as per the original design of the SASA! Faith methodology. When and if this is done, consideration should be made for utilization of samples from three groups – SASA! Faith communities, non-SASA! Faith communities where the other project activities were implemented and a control group where none of the project interventions were implemented. This will allow for estimation of the specific effects of the SASA! Faith methodology while comparing its efficacy with other strategies used in project implementation.
2. Moving forward, in future programming, it would be imperative to strengthen the capacity of the monitoring, learning and evaluation teams of the implementing organizations on the SASA! Faith approach at the project start to ensure that appropriate and quality data is collected and adequately managed to support learning throughout the implementation. Continuous support should also be considered.
3. The preliminary findings from the implementation of the first three phases of SASA! Faith suggest that this community mobilization approach could be an effective means for the prevention of violence against women particularly intimate partner violence. Validation of these findings as per the first recommendation above could provide support for replication and scaling up of the SASA! Faith interventions to address, a wide scale, the socio-cultural gender norms that perpetuate inequality and promote violence against women hence helping to prevent HIV.

Annex 3: Evaluation Matrix

Evaluation Criteria	Evaluation Questions	Indicators	Data Source, Data Collection Method & Analysis
Effectiveness	1. To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?	⇒ Total number of direct beneficiaries reached disaggregated by variables such as age, sex, vulnerability status and level of participation [micro, meso or macro]	Cross-matching of documentary data from Trócaire and implementing partners' databases and in activity tracking tables (ITTs)
		⇒ Number of project activities implemented and rate of [%] implementation of each activity	
	2. How effective has the UNTF project been in reducing levels of violence, abuse, discrimination and stigmatization among adolescent girls and young women (15-24 years) in 8 informal settlements in Nakuru, Kenya over the past 3 years? <i>[To what extent were the intended project goal, outcomes and outputs achieved and how?] / [To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls?]</i>	⇒ Changes in average level of perceived safety from GBV in public spheres and in the household [between baseline, mi-term and end-term values] among targeted women and girls.	Quantitative survey of direct beneficiaries [young women and adolescent girls]; Cross-analysis of end-line, mid-term and baseline values
		⇒ Changes in average level of discrimination experienced in public spheres and in the household [between baseline, mi-term and end-term values] by targeted women and girls who have ever experienced any form of violence from a partner or non-partner	Quantitative survey of young women and adolescent girls; Cross-analysis of end-line, mid-term and baseline values
		⇒ Changes in average level of social stigma [between baseline, mi-term and end-term values] against targeted women and girls living with HIV; Changes in average level of social stigma [between baseline, mi-term and end-term values] against targeted women and girls who are survivors of GBV.	Quantitative survey of direct beneficiaries [young women and adolescent girls]; Cross-analysis of end-line, mid-term and baseline values
	3. What changes has the UNTF project contributed to in terms of adolescent girls' and young women's (15-24 years) levels of economic and personal power in the 8 informal settlements in Nakuru over the past 3 years? <i>[To what extent were the intended project goal, outcomes and outputs achieved and how?] / [To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in</i>	⇒ Changes in the proportion of adolescent girls and young women [between baseline, mi-term and end-term values] who are willing to say no and/or know how to report any experience of unwanted sexual activity.	Quantitative survey of direct beneficiaries [young women and adolescent girls]; Cross-analysis of end-line, mid-term and baseline values
		⇒ Changes in the proportion of target women and girls [between baseline, mi-term and end-term values] who have their own sources of income that are reliable. <i>[% of target beneficiaries who report that they are more financially independent and have increased levels of economic security]</i>	Quantitative survey of young women and adolescent girls; Cross-analysis of end-line, mid-term and baseline values

	<p>relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls?</p>	<p>⇒ Changes in the proportion of targeted girls at risk of violence, HIV and/or with disabilities [between baseline, mi-term and end-term values] who demonstrate understanding and knowledge of labour rights in the informal sector and key vocational skills</p>	<p>Quantitative survey of young women and adolescent girls; Cross-analysis of end-line, mid-term and baseline values</p>
	<p>4. How has the UNTF project contributed to [positive] transformations in gender norms, attitudes, behaviours and practices that relate to VAW/G within their community to support the safety and dignity of adolescent girls and young women? [To what extent were the intended project goal, outcomes and outputs achieved and how?] / [To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls?]</p>	<p>⇒ Changes in the proportion of women and girls [between baseline, mi-term and end-term values] who feel that they are supported by members of their HHs and communities to participate in decision making</p> <p>⇒ Perspectives of women and girls on the support they receive to participate in decision-making at household & community levels</p> <p>⇒ Changes in the proportion of women and men [between baseline, mi-term and end-term values] demonstrating positive attitudes towards women participating in decision-making in public spheres and the household</p> <p>⇒ Perspectives of male and female community members on their own knowledge, attitudes and practices on gender equality and violence against women and girls</p> <p>⇒ Changes in the proportion of targeted community members [between baseline, mi-term and end-term values] who demonstrate knowledge of what constitutes VAW/G</p> <p>⇒ Perspectives of male and female community members on their own knowledge of what constitutes violence against women and girls</p>	<p>Quantitative survey of young women and adolescent girls; Cross-analysis of end-line, mid-term and baseline values</p> <p>FGDs with direct female beneficiaries</p> <p>Quantitative survey of young women and adolescent girls; Cross-analysis of end-line, mid-term and baseline values;</p> <p>FGDs with direct female and male beneficiaries [Male motor taxi drivers, school children, community elders & gatekeepers & Residents' Associations]</p> <p>Quantitative survey of direct beneficiaries [young women and adolescent girls]; Cross-analysis of end-line, mid-term and baseline values</p> <p>Quantitative survey of secondary beneficiaries [male & female in the general/public community]; Cross-analysis of end-line, mid-term and baseline values</p> <p>FGDs with primary and secondary female and male beneficiaries</p>
	<p>5. What capacities of front-line service providers in Nakuru Town have been</p>	<p>⇒ Level of knowledge and application of best practices in the prevention of and response to VAW/G among frontline workers</p>	<p>Key informant interviews with targeted service providers</p>

	<p>strengthened by the UNTF project over the past 3 years to enhance identification, prevention and response to risks posed by violence and abuse against adolescent girls and young women in the community? <i>[To what extent were the intended project goal, outcomes and outputs achieved and how?] / [To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls?]</i></p>	<ul style="list-style-type: none"> ⇒ Changes in the proportion of targeted adolescent girls and young women [between baseline, mi-term and end-term values] who have access to timely, quality and appropriate SGBV and HIV services that address their specific needs ⇒ Perspectives of women and girls on their own access to timely, quality and appropriate SGBV and HIV services that address their specific needs 	<p>[including Police officers, clinicians, counsellors, and teachers]</p> <p>Analysis of pre-post scores of training from secondary sources</p> <p>Quantitative survey of young women and adolescent girls; Cross-analysis of end-line, mid-term and baseline values</p> <p>FGDs with direct female beneficiaries</p> <p>Key informant interviews with service providers</p>
6.	<p>How has the UNTF project contributed to capacity development of community members and duty bearers at county level to ensure that they influence and implement laws, policies and plans to protect adolescent girls and young women from violence, abuse, discrimination & stigmatization?</p> <p><i>[To what extent was the project successful in advocating for legal or policy change? If it was not successful, why]? [In case the project was successful in setting up new policies and/or laws, is the legal or policy change likely to be institutionalized and sustained?]</i></p>	<ul style="list-style-type: none"> ⇒ Number and type of concrete actions taken by County government to reflect the priorities of adolescent girls and young women who are survivors/at risk of VAWG in development plans and budgets in the past year ⇒ Number and type of concrete actions taken by Kenyan National Government institutions to operationalise key pieces of legislation relating to VAWG in the past year ⇒ Extent to which Trócaire & implementing partners have actively participated in meetings, forums or networks on ending VAW/G with policy makers/influencers ⇒ Extent to which implementing partners and their stakeholders [including primary & secondary male and female beneficiaries] advocate publicly for changes in attitudes, practices and behaviours towards ending VAW/G ⇒ Type/nature of advocacy activities/interventions ⇒ Type/nature of policy and legal changes that have occurred/that were successful ⇒ Extent to which legal/policy changes have been institutionalized ⇒ Types of success factors/obstacles identified 	<p>Cross-matching of documentary data from Trócaire and implementing partners;</p> <p>Key informant interviews with Trócaire WEP staff & implementing partners' staff; County Government Officials / County Level GBV Working Groups / Technical Groups.</p>

	7. What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?	<ul style="list-style-type: none"> ⇒ Type and nature of external &/or internal factors recognized as enhancing/facilitating or undermining project success ⇒ Extent to which each identified external &/or internal factor is understood to have enhanced/facilitated or undermined project success 	Key informant interviews with Trócaire WEP staff and project implementation partners in Nakuru
Efficiency	1. How efficiently and timely has this project been implemented and managed in accordance with the Project Document?	<ul style="list-style-type: none"> ⇒ Extent to which activities were implemented in accordance with projected timelines and delivery strategies ⇒ Extent to which activities were appropriately resourced [i.e. did/did not require additional resourcing] 	Key informant interviews with Trócaire WEP staff and project implementation partners in Nakuru
	2. Was the length of the project implementation period sufficient to achieve the project outputs and outcomes?	⇒ Extent to which the project is on track for completion within the planned delivery/completion period	Key informant interviews with Trócaire WEP staff and project implementation partners in Nakuru
	3. What factors of the project facilitated the efficient development, delivery and impact of the project?	⇒ Nature/type of factors which contributed to project efficiency	Key informant interviews with Trócaire WEP staff and project implementation partners in Nakuru
	4. What factors obstructed the efficient development, delivery and impact of the project?	⇒ Nature/type of factors which obstructed project efficiency	Key informant interviews with Trócaire WEP staff and project implementation partners in Nakuru
Relevance	1. To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls?	<ul style="list-style-type: none"> ⇒ Extent to which direct beneficiaries identify project activities as relevant [significant, important, contextually appropriate, fulfilling their felt needs] ⇒ Extent to which secondary beneficiaries identify project activities as relevant [significant, important, contextually appropriate, fulfilling a need in the community] ⇒ Extent to which other stakeholders identify project activities as relevant [significant, important, contextually appropriate, fulfilling a need in the community] 	<p>FGDs with direct beneficiaries [women and girls]</p> <p>FGDs with secondary beneficiaries [women and men]</p> <p>Key informant interviews with implementation partners & other stakeholders</p>
	2. To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?	⇒ Extent to which primary & secondary beneficiaries can identify long-term changes as a result of project activities	FGDs with primary & secondary beneficiaries [women, girls and men]
Sustainability	1. How are the achieved results, especially the positive changes generated by the project in the lives	<ul style="list-style-type: none"> ⇒ Nature/type of sustainability-focused strategies ⇒ Nature/type of sustainability-focused activities 	Key informant interviews with Trócaire WEP staff and project implementation partners in Nakuru

	of women and girls at the project goal level, going to be sustained after this project ends?	<ul style="list-style-type: none"> ⇒ Nature/extent of stakeholder presence/influence beyond the project ⇒ Extent of awareness/contact with stakeholders 	
Impact	1. To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?	<ul style="list-style-type: none"> ⇒ Nature and type of positive unintended consequences identified ⇒ Extent and nature of positive unintended consequences ⇒ Nature and type of negative unintended consequences identified ⇒ Extent and nature of positive unintended consequences 	<p>Key informant interviews with Implementation partners</p> <p>Key informant interviews with Trócaire WEP staff</p> <p>FGDs with primary & secondary beneficiaries</p>
Knowledge Generation	1. What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?	<ul style="list-style-type: none"> ⇒ Identification of lessons learned regarding project effectiveness ⇒ Identification of lessons learned regarding project relevance ⇒ Identification of lessons learned regarding project efficiency ⇒ Identification of lessons learned regarding project impact ⇒ Identification of lessons learned regarding project sustainability ⇒ Identification of other lessons learned on project implementation and success/failure 	Key informant interviews with Trócaire WEP staff and project implementation partners in Nakuru
	2. Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?	<ul style="list-style-type: none"> ⇒ Extent to which lessons learned are applicable beyond the specific context ⇒ Identification of practices which increase/enhance/facilitate effectiveness ⇒ Identification of practices which increase/enhance/facilitate efficiency ⇒ Identification of practices which increase/enhance/facilitate relevance ⇒ Identification of practices which increase/enhance/facilitate impact ⇒ Identification of practices which increase/enhance/facilitate sustainability 	Key informant interviews with Trócaire WEP staff and project implementation partners in Nakuru
Gender Equality and Human Rights	1. To what extent have human rights-based approaches been incorporated into the project?		
	2. To what extent have gender-responsive approaches been incorporated into the project?		

Annex 4: List of Key Informants Interviewed

Organization/ Institution / Sector	Designation	Role in the Project
1. County Assembly of Nakuru	Assistant Clerk -Committee on Labor, Gender and Social Services	Lead Focal Point, Review and Amendment Process of the Nakuru County Gender Equality Bill 2014
2. Directorate of Gender and Culture - County Government of Nakuru	Gender Officer	The County Gender Department spearheaded the Gender Audit Process and led in the development of the County Gender Policy
3. National Gender and Equality Commission (NGEC)	Programs officer	NGEC is the secretariat to the Nakuru County Gender Technical Working Group and the Nakuru East and West GBV cluster who were the main advocacy champions in the project
4. Training Consultant	Gender and Human Sexuality Trainer	Lead trainer in capacity building activities for the Nakuru East and West GBV Cluster
5. CEDGG	Program Manager	CEDGG Project Lead,
6. Project Beneficiary	PWD	Project Beneficiary
7. Project Beneficiary	SGBV	Project Beneficiary
8. Project Beneficiary	SGBV	Project Beneficiary
9. Male Champion	Boda Boda Operator	Male Champion
10. Public Health	CHV	Boundary Partner
11. Education	Teacher	Focal point teacher/ guidance and counseling
12. Health	Nursing Officer	In Charge GVRC
13. Education	Curriculum Support Officer	Techers service Commission
14. Directorate of Gender - National Government	Director	Duty Bearer
15. Local Administration	Chief Mwariki Sub Location	Office of the President
16. Catholic Diocese of Nakuru	Catechist – St. Martin (Nyamarutu)	Providing teachings on role of faith community members in ending violence against women in community
17. Women Enterprise Fund	Officer	Offering support and linkages to the AGYW (groups) on access to Social assistance funds
18. Youth Enterprise Development Fund	Officer	Offering support and linkages to the AGYW (groups) on access to Social assistance funds
19. Kenya Judiciary	Resident Judge/ Chief Magistrate Nakuru High court	Judicial Officer
20. CCUC	Probation officer	CCUC Secretary
21. ODPP	Prosecution Counsel	Crt. 2 Prosecution Counsel
22. NPS	Gender /Children officer (IO)	Gender /Children officer (IO)
23. LSK - Nakuru Chapter	Advocate of the High Court of Kenya	Probono advocate-
24. Trocaire	Program Manager	Main project implementer
25. WEP	Program Manager	Implementing Partner
26. LHC	Program Manager	Implementing Partner
27. LRF	Program Manager	Implementing Partner

