



---

# YES I DO ALLIANCE \_KENYA

## MID TERM REVIEW REPORT

---

NOVEMBER, 2018

## Table of Contents

1. Introduction .....	3
2. Context.....	4
3. Progress and Results (see annex 1).....	8
4. M&E reflection (Monitoring and learning process) .....	8
5. Theory of Change (ToC) .....	11
6. Partnerships .....	12
7. Lessons learned and implications for the program 2019/2020.....	15
8. Implications for the Yes I Do programme for 2019/2020 <sup>7</sup> .....	18
9. Any other reflection.....	19
Annex 1. Format- Results Section .....	19

## **1. Introduction**

This report presents the results of the midterm review after two and half years of the Yes I Do Alliance program (YIDA) in Kenya. In this report the context on how the project is implemented will be described. Implementation results will be presented and a reflection given of the M&E framework and theory of change. A discussion on the partnership will later be discussed followed by lessons learnt in the course of implementation.

Yes I Do (Kenya) is a five year project (2016-2020) implemented by an alliance of five Civil Society Organizations (CSOs), namely Amref Health Africa, Plan International, Network for Adolescents and Youth of Africa (NAYA KENYA), Centre for the Study of Adolescence (CSA) and UJAMAA Africa.

With different areas of expertise, the five partners have the sole purpose of empowering girls in Kajiado to be able to reject FGM/C (Female Genital mutilation/cutting), CEFM (Child Early forced marriage) and TP (teenage pregnancy). As an alliance, these partners work with local leaders, religious leaders, cultural leaders, men, boys, health practitioners, teachers and parents to have changed attitudes towards these harmful cultural practices. The Alliance also works with the national and county Governments to implement existing legislation to ensure protection of girls from FGM/C, TP and CEFM.

The YES I DO project is being implemented in four wards within Kajiado West Sub County: Mosiro Ward (Entire Ward), Keekonyokie Ward (Esonorua and Keekonyokie West locations), Loodokilani Ward (Kilonito and Torosei Locations), and Ewuaso Ward (Keekonyokie North and Najile locations).

The objectives of the project are;

- Community members and gate keepers have changed attitudes and take action to prevent and mitigate the impact of CEFM, TP and FGM/C
- Adolescent girls and boys are meaningfully engaged to claim their SRHR entitlements
- Adolescent girls and boys take informed action on their sexual health
- Girls have alternatives beyond CEFM, FGM/C & TP through education and economic empowerment
- Policy makers and duty bearers commit to implement laws and/or policies on CEFM, FGM/C and teenage pregnancy

The project targets different community groups i.e. men, women, and girls and boys in and out of school, administrators, teachers and relevant Government ministries. The focus is to raise awareness and collectively call for eradication of FGM/C, CEFM and TP in Kajiado West Sub County and replicate the learnings in other areas within the County. The alliance embraces Meaningful Youth Participation, Gender Transformative Approaches, Men and boys' engagement, and Girls empowerment as key approaches in addressing FGM/C, CEFM and TP.

### **Expertise of the partners**

Over six decades, Amref Health Africa in Kenya has extensive experience in working closely with communities, counties, national governments and other stakeholders. Amref provides a broad range of services designed to strengthen health systems and promote health outcomes.



2014), the practice remains high in some communities such as among the Maasai with a prevalence of 78 %.<sup>1</sup>

The prevalence of FGM in two specific study areas in Kajiado according to the YES I DO baseline report<sup>2</sup> was at 51.83%, Teenage pregnancy was reported at 18.71% and that of child marriage at 22.6%. In the Maasai community, FGM is a rite of passage that always precedes Child Marriage, indicating that girls continue to experience harmful cultural practices in order to fit in society and to be able to enjoy certain social and cultural benefits that are attached to the cultural practices. The girls are socialized to believe that the cultural practices i.e. FGM and CM are normal and one has to go through them to be socially accepted in society and hence there is a strong pressure to conform. According to Kenya Demographic Health Survey (KDHS) the prevalence of CM in Kenya is at 26.4 % (KDHS, 2008/9)<sup>3</sup> while that of teenage pregnancy is at 19% (KDHS, 2014). These statistics are national averages and are higher in Kajiado where FGM is closely tied to CM (child marriage).

At the time of the project inception, people in the target areas had low awareness of children's rights including adolescent sexual and reproductive health and rights (ASRHR). Little or no action was being taken to address harmful cultural practices. Due to project activities including sensitization of men, women and youth, awareness on child rights has increased and people are taking action. For example, incidents of child marriage are being reported and there is support in education for all children. Structures have been established to spearhead the campaigns at community level linking with County and National Government agencies mandated to carry out child protection issues.

Kajiado County is currently in the process of adopting the Prohibition of FGM Act (2011) and the Yes I do alliance is supporting this process. Once the act is adopted, the County will have a framework for Anti FGM programming, which will be a great milestone for the Alliance and other County stakeholders.

Family annual income levels in various villages within Kajiado West have been very low compared to national averages. The community heavily relies on livestock keeping – a business that is frequently affected by perennial droughts believed to be related to climate change. This situation renders several families vulnerable and incapable of meeting basic needs and their children's education. Affected families are unable to support their children, especially, girls to acquire education. Such girls are prone to early marriage and teenage pregnancy. The project is sensitizing families living in these communities on the need for viable livelihood diversification so as to be cushioned by other sources of income in times of drought.

**b. Assessment of context changes - with reference to context, risks, gender and actors - since the inception phase and implications for the program**

---

<sup>1</sup> KNBS(2015). The 2014 Kenya Demographic and Health Survey. Kenya National Bureau of Statistics in partnership with the Ministry of Health, the National AIDS Control Council (NACC), the National Council for Population and Development (NCPD), and the Kenya Medical Research Institute (KEMRI) December 2015.

<sup>2</sup> Gitau T., Kusters L., Kok M., Van Der Kwaak A. (2016). A baseline study on child marriage, teenage pregnancy and female genital mutilation/cutting in Kenya. Royal Tropical Institute. Baseline Report December 2016

<sup>3</sup> KNBS (2010). Kenya Demographic and Health Survey 2008 – 2009. Calverton, Maryland, Kenya National Bureau of Statistics (KNBS) and ICF Macro.

## **Political context**

Within the reporting period, the political environment has been stable and calm, which provided peaceful ground for project implementation. The 'Yes I do' project implemented activities targeting both political and cultural leaders with the aim of influencing them to change attitudes on harmful cultural practices especially FGM/C and child marriage. This in turn has changed the communities' perspectives towards FGM, child marriage and teenage pregnancies. Some prominent community members including men, provincial administration, and teachers among others have strongly come out to declare their support in addressing harmful cultural practices and have taken an initiative to report incidences of FGM and CM to the relevant offices.

Kenya held its General Elections in August 2018 and ushered in a new crop of members of the county assembly and executives. In Kajiado County, the election ushered in a new county government and a new governor. The new county government continued to support the anti-FGM campaign initiated by the predecessor including the development of the county Anti FGM policy. A total of 3 youthful member of the county assembly (MCA) below the age of 30 years were elected to the county assembly. This is a demonstration of increased community support for young people to be in leadership in a highly conservative and age stratified community.

## **Economic context**

The community in Kajiado relies heavily on livestock keeping that has been affected by changing climatic conditions over the project implementation period. Low livestock numbers has had a negative effect on the household income affecting children's access to education as it is not a priority to parents. Livelihood diversification is key in ensuring families are able to cater for basic needs including educating their children.

## **Social Cultural and Technological**

Cultural beliefs towards FGM, CM and teenage pregnancy are very strong in the project area and often sustained by the elders and women, and passed on to the children. It is a challenging task to change the beliefs of the community towards FGM, child marriage and teenage pregnancies. The project has initiated community dialogues targeting elders, local leaders, young men and administrators as a means to eradicate these harmful cultural practices. Through the use of video sessions and public community declarations by elders in support of project activities, the community is slowly beginning to interrogate these cultural practices. School management boards have been sensitized on the importance of addressing these harmful practices among students. Parents have been sensitized on children's rights and child protection laws. Young people are able to access information through the internet and through the mobile technology; they are able to widely share and condemn incidences of CM and FGM with peers.

## **Environmental and Legal contexts.**

### **i. Environmental**

As a result of climate change, the Yes I Do program implementation areas faced severe drought in 2016-2017 which affected the community, triggering community migration into Nairobi, Naivasha and as far as Tanzania, to seek pasture and water. Families migrated with school children which caused school drop outs. The absenteeism affected the implementation of YIDA.

In Kajiado poverty negatively affects education and contributes to skewed education of girls in favor of boys. Dialogues with youth in and out of school were affected since the team could not get hold of the young people in these respective areas. Women were seeking water from as early as 4 am and trekking long distances leaving them with less time for dialogues.

Climate change especially prolonged drought spells that resulted into death of livestock and an increased poverty level. The draught caused pressure on families to marry off their girls to get additional economic income through the bride price to restock their cattle.

Unpredicted weather changes affected the project implementation forcing the team to consider these risks during planning. After in early 2028 heavy rains affected the implementation, the floods made roads inaccessible as well as schools in Kilonito. Consequently ARP ceremonies were largely disrupted.

## **ii. Legal**

YIDA implements in an environment where a number of community members are aware of the child protection laws. YIDA program has created awareness on these laws which include the return to school policy by the National government (1994 revised in 2014) which enables young mothers to re-enroll back to school after delivery.

The county government has created an enabling environment for the program through availing platforms like schools, health facilities and local administration offices for awareness creation on child protection laws. Through the children's office and the police, reported cases against minors are followed up and prosecuted. The child protection laws have been disseminated through all community sensitization forums.

Some of the laws covered include the Children's Act of 2001 which explains the children's rights including freedom from any form of violence and covers the offence of FGM/C and CM. To date, for example, a chief in Kajiado West has been laid off his job for participating in a child marriage ceremony in his area of jurisdiction.

Enforcement of the ASRHR policy is recognized in health facilities in the project area. Some facilities within Kajiado County are offering youth friendly health services. YIDA is supporting 7 health facilities to offer YFS by training of HCW on the adolescent package of care (APOC). The county has also adopted the Anti FGM Act of 2011 which calls for enforcement of 7 sexual offences against FGM/C. Members of the county assembly (MCAs) support the Act and openly speak in public against FGM/C. In 2018, the Ministry of Health completed the development of the Adolescent Sexual and Reproductive Health Policy and provided for a framework of engagement. The ASRH Policy has a key pillar on meaningful youth participation and lists FGM, teenage pregnancy and child marriage as an issue to be addressed. This framework is already a step towards strengthening the policy and legal environment on FGM and child marriage in the county of implementation.

On the converse, there is an emerging Case by Dr. Tatu, a medical practitioner working with ministry of health in Kenya, challenging the legality of the Anti FGM board and seeking orders that adult women be granted freedom to undertake FGM. This is certainly a draw back in the efforts of Yes I do. Evidence against her case is being collated and a 4 bench judge will soon rule on the case.

### 3. Progress and Results (see annex 1)

- a. Description per pathway, including cross-cutting strategies. For this chapter, please fill in the format presented in Annex 1.
- b. Description of unexpected outcomes (negative and positive), challenges and opportunities. Please fill in the format presented in Annex 1.

(Details of this section are presented in annex 1.)

### 4. M&E reflection (Monitoring and learning process)

- *Reflection on whether the M&E framework enables the program to show all results/achievements in terms of outputs and outcomes (Does the framework measure what we want to know (our role to change)? Why (not)?*

The M&E (monitoring and Evaluation) framework enables the program to show its achievement since it is clear on what needs to be achieved per pathway and by whom, enabling the team to develop work plans with clear activities per pathway. The M&E framework is a guiding tool for monitoring the YIDA program with steps highlighted per pathway reported by partners as follows:

- Pathway 1: Amref Health Africa and Plan Kenya,
- Pathway 2: Amref Health Africa and NAYA,
- Pathway 3: Amref Health Africa, Ujamaa Africa and CSA,
- Pathway 4: Plan International
- Pathway 5: All partners led by NAYA.

Over the two and half years of implementation, YIDA has adjusted indicators within the generic framework to fit the context where the Alliance implements. Since most of the indicators were outputs or processes captured as outcomes, there was a challenge in benchmarking during baseline / pre-measurement, and in measuring progress during the current Mid-Term review. Several meetings were held and the team reviewed the pathway indicators to reflect on the data collected during the review, which was not captured in the framework. During the Mid Term review workshop, there were proposed outcomes in the different pathway to measure changes observed and finalization of target setting to ensure M&E framework measures effectively the program. The proposed changes in the Framework were as follows:

Pathway 1: the team added an indicator on: Proportion of (young) girls and boys denouncing FGM/C

Pathway 2: the team revised the indicator On: Perceived change relative to baseline expressed in scores. It was felt that this indicator was not clear and the organization implementing MYP needed to revise the outcome indicator and targets.

In Pathway 3,

- The team added an indicator to capture: Proportion of Adolescents with increased knowledge in SRHR
- And added an indicator to capture: Proportion of Adolescents that feel empowered in making SRHR related decisions affecting their lives



- The team also added an indicator to capture: Proportion of Adolescents that feel empowered to raise their voices on SRHR

**However, the following indicators were to be deleted:**

- # of referrals at Health facilities from linked schools
- Changed knowledge of adolescent girls and boys in influencing quality service provision
- In Pathway 4, the team deleted the indicator on # of traineeships provided by private sector partners to young women between 18-24 years old
- And in Pathway 5, the team deleted the indicator on-Budget allocated to implement laws and policies prohibiting CM and FGM/C (disaggregated by CM, FGM/C, and by policies, laws, national level, local level). This indicator was edited to read as: Budget allocated to Health within the County; since the overall budget does not capture specific areas of resource allocation.

The alliance members have proposed to add and drop activities as follows:

**New activities in Pathway 1:**

The alliance has proposed to add the following new activities for pathway 1:

- Training of law enforcement agencies on child protection policies
- Initiate dialogue with boda boda riders who are impregnating school girls
- Support 3 community-led declarations on ending FGM, and Child Marriages in Ewuaso, Keekonyokie and illoodokilani wards
- Start community dialogue forums for young newly married women (Insiankikin) and among the Nyumba Kumi members
- Training of Community End FGM, CEFM and TP forums on leadership and SRHR aspects to improve operations of the committees
- Support and facilitate community End FGM, CEFM and TP quarterly review meetings
- Jointly support declarations on FGM, CEFM and TP within the 7 implementation sites

**Activities dropped from Pathway 1:**

- CSO exchange learning visit
- Layering on church conferences
- Training of Nyumba Kumi has been dropped instead they will be oriented in their specific locations

**Activities added in Pathway 2**

- Support and facilitate inter-generational forum. The Intergenerational Forum will be an innovative intervention that engages community members (Youths, Men and Women, community elders) in conducting an all- inclusive community dialogue cutting across ages. This will involve guided learning designed to improve the understanding of Meaningful youth participation as well as the role of each age set in Ending FGM/CM/TP.

### **Activities Removed from pathway 2**

- CSO Exchange learning visit

### **Activities added in Pathway 3**

- Conduct Data Quality Assurance and mentorship at the YFRC
- Train selected girls & ARP girl graduates as girl Advocates on FGM, CEFM and TP
- Sensitization meetings with adolescents and their parents

### **Activities Removed from pathway 3**

- Layering on Church conferences

### **Activities added in Pathway 4**

- Strengthening child protection component on VSLAs and also analyze resilience approaches
- Facilitate formation of Area advisory councils (AACs) at Locational, and Sub County level in partnership with Department of Children services on registration of complaints in the community for child protection
- Initiate meetings with in school adolescent girls and boys with their parents in 20 schools to raise awareness on child protection
- Increasing focusing on Youth Entrepreneurship

### **Activities added in Pathway 5**

- Bring on Board policy makers in the media platforms through Radio / TV interviews to highlight their efforts on policy change and policy domestication.

### **Activities added in Cross cutting pathway**

- Strengthen Child Protection training for YIDA staff
- Train Amref Staff on MYP and GTA
- Training alliance members on GTA

### **Assessment of how the results of the M&E framework have been used to reflect, learn and/or improve our Yes I Do program with the data we collect**

The midterm review tracked evidence of YIDA implementation. Two years into the project is too early to assess the effects. However, the review team found tangible results. Among other results; there are a number of empowered girls, a few former circumcisers acting as good role models, and some local Chiefs speaking out in their own communities against FGM, CEFM and TP. Also the M&E Mid-term results brought to surface various learning points on program progress including unintended results. For example, YIDA had not focused on boda-boda riders in the project areas. The boda boda riders are young men operating motorbikes as an Income generating activity (IGA). They were found to be responsible for most teenage pregnancy cases cited. Further, some youth still believe that FGM has no adverse effects and should be continued. The team found out that those who have suffered as a result of FGM do not share

this information and as a result, segments of the youth are ignorant of the negative consequences of the practice.

Based on the review findings, there has also been a significant achievement in implementation of project. These results need to be documented and sustained through joint efforts with other stakeholders at local and national level to inform the program and other stakeholders.

- **Description of challenges faced with the M&E framework (possibly related to measurements of indicators, tools, formats or any other M&E related issue)**

There is consensus that there is need to develop new indicators for outcome measurement. The current indicators are largely output based. Partners working in schools find it difficult to measure their interventions and are unable to describe progress or changes as a result of their efforts.

There were some missing indicators in the M&E framework making it challenging for some YIDA partners to report. Baseline values for these missing indicators have not been collected and this may require additional funding efforts.

- **Description of suggested and required actions for improvement of the M&E system if any (indicators, framework, data collection, reporting, formats etc.)?**

The team discussed collection of data in control sites selected by KIT in order to measure effectiveness of the intervention. This has not been possible due to the design of the project from the start. Such data is needed for causal analysis. However, secondary data on school enrolment and dropouts linked to FGM, CM and TP cannot be affected by time and can be collected in the control area without the fear of time-effect. Primary data can also be collected and subjected to statistical adjustment methods since this may be time-varied. It is suggested that some budget allocation to this additional data collection be considered in order to be able to collect data that will enable attribution of the observed changes to YIDA program.

## **5. Theory of Change (ToC)**

a. *Reflection whether the sum of the outcomes of the pathways will lead to the overall goal and impact as described in the ToC*

Pathway 1 Relates to PW2, 3, and 5 because most of the activities are done in and out-of-school; and Pathway 4 on economic empowerment targets households meaning that the target population is almost the same (girls, boys, men and women, leadership within the community). These groups are, however, reached with different messages for attitude change, by different partner organizations. The end result is that all pathways contribute to creation of a community movement to end FGM, CEFM and reduce TP. The program needs to continue focusing on the messages for the different target groups for effective awareness raising and guard against individual partner approach.

The Yes I Do Theory of Change strategies of forming a social movement, empowering and meaningfully engaging young people, improving access to information and services, stimulating education and economic empowerment and enhancing evidence-informed lobby and advocacy

for improved legal and policy frameworks, are all very relevant to move towards the envisioned change as desired by the YIDA program.

**b. Description of insights gained from the (Operational, and Baseline/Midline) Research: how do the findings of the research relate to the ToC?**

The MTR study shows that there are many reasons for CEFM. These are economic reasons as a result of poverty; socio cultural practices; the lack of future perspectives; TP; adolescents feeling grown up or wanting to have their own (sexual) partner, amongst others. These reasons make families to marry off their daughters at an early age. Often, these girls are not mature to assume the responsibilities of being spouses or parents.

In Kajiado poverty limits education options and contributes to a skewed education for girls in favor of boys. Adverse climate changes such as prolonged drought resulted in death of livestock and increased poverty levels. The drought increased pressure on families to marry off their girls to leverage their economic situation. The bride price contributes to replacing the loss of death cattle.

CEFM is an accepted practice in the social environment and the final decision to marry is often taken by parents, mainly the father of the household. Respondents described this as being "allowed" to marry by a father, brother or uncle. This applies both for girls and boys. Nevertheless, there are also boys and girls who take this decision independently. The study shows clearly that girls and boys find it challenging to live a married life at such a young age. The difficult life for these child brides is exacerbated by frequent droughts and incessant poverty. CEFM, leads to high school dropout rates. The study show that one in 10 girls dropped out of school due to CEFM.

**c. Validation and/or revision of the Theory of Change (ToC) and its underlying assumptions:**

During the MTR workshop, The YIDA team was of the opinion that there was need to change the social movement in Pw1 to a community movement. Social movement is an outcome at a global level while community movement is at a lower level and can be created within the control of the project. In pathway 1, the team proposes to replace "social movement" with community movement.

## **6. Partnerships**

**a. *Assessment of the coherence (communication, connection, collaboration) of the alliance***

**i. Short description of the evolvement of the alliance and the influence on the way of working.**

Overall, the YIDA alliance has been of great benefit to all partners. By working together, the partners forge a formidable force to venture into new villages of operation with ease. With varied experience in community work, there is great learning among partners regarding community entry processes and ways of addressing deeply entrenched socio cultural behaviors and practices. The organizations in YIDA have established renewed partnerships critical in fighting FGM, CM, and TP. There is cross learning for all partners on GTA and MYP.

Through the partnership and collaboration, the program has realized significant achievements in building capacities of staff and selected community members to be champions of change through advocacy and communication for development initiatives.

### **Successes and challenges of the collaboration and communication**

#### **Success:**

Partnership has realized standardized communication, structured organization and engagement on project areas. Partners have been able to build the capacity of each other in their areas of expertise thereby improving programming within the Alliance in achieving the set goal. Working together has created opportunities for capacity sharing and peer learning which has increased credibility of the alliance members individually and the YIDA Alliance collectively.

#### **Challenges:**

The image and perception of YIDA Alliance as an entity has sometimes been lost. This is because there have been incidences of uncoordinated individual organizational branding during activities. For example, Plan and Amref are the only organizations with branded vehicles and the community identifies with these brands even when the activity is led by any of the other partners.

In addition, boys have not been comprehensively included in activities targeting girls. This has been attributed to budget constraints. There is a deliberate effort to include the boys in activities for 2019.

Adverse weather conditions and heavy rainfall punctuated by prolonged drought have resulted in impassable roads making it sometimes impossible to reach schools in the targeted areas.

It has been noted that the distance between the health facilities and the schools make it difficult for pupils to access health services even when referred. Girls are particularly affected for they fear to travel long distances on their own. Also young people feel that they are not treated in a confidential manner. HCW, being adults and majority from the local community are still subject to the prevailing social norms and may not be handling the youth devoid of prejudices brought about by the social norms.

In Kajiado County, the community is still traditional and reserved and parents find it particularly challenging to discuss SRH issues with their children. Perhaps using aunties and uncles to discuss such issues could alleviate the challenge.

The community is largely dependent on livestock keeping as a source of livelihood. The men own and control this form of wealth leaving the women and girls at an undue disadvantage for economic emancipation. Briefly put, women do not have control over the main sources of income such as livestock and household resources are controlled largely by men.

Parents with children in school are not directly targeted for sensitization on child protection and this leaves the teachers to shoulder the major responsibility. YIDA has a general approach to community sensitization and assumes that those community groups targeted will still include the parents. Parents with children in school shall be reached directly in the next planning period and sensitize them on SRH issues for their children.

It has been noted that the law-making process in Kenya is a long and expensive one. YIDA is not able to sponsor drafting of the laws on CM and FGM in Kajiado County and the project can only rely on private members motion which is a daunting task.

**ii. Costs/benefit analysis: description of the relation between the costs (in terms of resources e.g. time/ staff capacity) and the extra results (in terms of result achievement, new partnerships, exchanging knowledge and skills, reputation, etc.). – per organization**

Throughout the implementation process, partners have been leveraging on existing resources. Teams from the various organizations have used same transport to the field, addressed same groups on various issues and topics and used same community members for mobilization. This has led to cutting down on the operational costs and saving on time while achieving more within a short time. Each partner has benefitted from the technical expertise that exists in the respective organizations. As a result there has been little outsourcing of certain technical expertise.

**iii. Description of the added value of the Yes I Do Alliance (in comparison of not working in the partnership)**

The midterm evaluation reveals that the YIDA Alliance has strengthened its collaboration, networking and partnerships with other key stakeholders including national and county government agencies and departments, county assembly, cultural groups, community, religious leaders, youth leaders, CSO Networks and community media among others. Of particular importance to note is the gradual level of awareness of YIDA and its activities including their priority areas. There is strengthened partnership with Members of County Assembly to advance policy and create a conducive legal environment on adolescent and youth sexual and reproductive health and rights including addressing Female Genital Mutilation, Teenage Pregnancies and child Marriage. The partnerships, however, need to be strengthened to move from commitments to action particularly in meaningful involvement of young people in policy and law development processes including budget making process and in allocating resources to address female genital mutilation, teenage pregnancy and child marriage. There is need to advocate for the allocation of resources for youth friendly health services, rescue centres, referrals and enforcement. Further, partnership with county executive has also improved over time. This partnership has led to involvement of YIDA partnership in development of the county Anti FGM policy, thus providing elevated opportunity for advocacy.

**b. Description of the collaboration with the Ministry of Foreign Affairs/Dutch Embassies**

There has been little engagement with Ministry of foreign affairs/Dutch embassies at the program level. However, the Alliance has planned for more engagement moving forward especially in activities such as *Alternative Rite of Passage* where embassy representatives shall be invited. There is need for a focal person at the embassy for the Alliance.

**c. Opportunities for improving the different relationships within the alliance and strengthen complementarity between the partners and with the MoFA and other alliances and stakeholders**

Improved, consistent and regular communication, joint planning and Joint implementation at all times is key. This ensures all interventions are evenly distributed in all areas of operation and the presence of the alliance is felt and not of individual organizations. This will also ensure that

during the evaluations, a true reflection/feedback of the alliance interventions will be gathered and hence inform planning and way forward.

Joint documentation – The alliance should explore undertaking joint documentaries that clearly show how the different approaches by the different partners have contributed to reduction of harmful cultural practices at community level.

There is need for exchange visits among countries addressing similar issues to learn best practices and how the same can be replicated in Kenya. The team will learn from the success stories elsewhere on areas the Alliance is struggling to achieve results and also showcase best practices of the alliance in Kenya.

There were limited internal meetings among the YIDA staff to share progress and reflect weaknesses/strengths in project. This was a felt need among the staff from the alliance partners. There is need to organize reflection workshops involving key FGM/C project staff (not only branch managers but include project implementation teams and M&E with external FGM/C experts to share experiences and lessons learnt. This will enhance the skills transfer and learning among project staff.

## **7. Lessons learned and implications for the program 2019/2020**

### **a. Description of top 3 main lessons learned and with explanation – these can relate to ToC, program implementation and/or the partnership: MTR report**

From the Mid Term review report some of the lessons learnt include:

- 1) Existence of community initiatives is a precursor to Formation of a social movement: the study found a number of initiatives taken by school management, local leaders, administrators and a few health staff to address CEFM issues. Building upon these activities and organizational efforts and introducing a focus on TP in these bodies could help to form a strong social movement (now community movement). In addition, there are untapped community potentials, such as the community tribunals that are currently not involved in CEFM / TP initiatives which could be brought into such a movement. Efforts should be made to ensure that parents and youth themselves are also represented in the community movement.
- 2) **Empowering and meaningfully engaging young people is a catalyst to attitude change:** Proven approaches by Choice and Plan will be used to further improve MYP. However, while doing so, research assistants that are youth themselves (and linked to the secondary school in Nametil) could provide useful pointers towards youth in different communities researched in Mogovolas as a starting point.
- 3) **Teachers are key in improving access to information and services:** it is highly recommended to work with teachers in primary school to ensure that comprehensive sexual education is provided at an appropriate age rather than at a specific grade. Children with diverse age differences can be found in the same grade in Kajiado. Comprehensive sexuality education should also be made more participatory and focused on skills building rather than information provision. Activities with parents and other key stakeholders in the communities are needed to build an enabling and supportive environment and also increase their knowledge on SRH issues. This could help to reduce the influence of initiation practices that currently encourage

unprotected sexual activities at an early age. In addition, efforts have to be made to increase access to SRH services in the communities, for instance – as a first step - through advocating that mobile health teams visit communities on a regular basis.

**4) Stimulating education and economic empowerment can be a catalyst to ending CEFM:** one of the overarching underlying reasons for CEFM and TP is poverty. Poverty limits education options, contributes to the lack of a future perspective and increases chances for CEFM and TP. Schooling options are hardly available in the communities researched. Supporting advocacy activities to increase access to secondary education, including adding grade 7 or 8 to secondary schools, would be important. In addition, developing vocational training options to increase employment opportunities, combined with facilitating the start-up of small enterprises, especially for the most vulnerable, would be an important avenue to prevent CEFM and TP.

**5) Enhancing evidence-informed lobby and advocacy for improved legal and policy frameworks:** while headway has been made by the approval of a national strategy to prevent and eliminate CEFM, this document is not known by key stakeholders in the areas of implementation. Ensuring wider dissemination of the strategy and making people more familiar with the document is recommended. In addition, translating the research findings into policy briefs for distribution to a wide forum could support evidence-informed advocacy.

As the Alliance implements the gender empowerment and transformation trainings in school, the team realized that it is also important to have sessions with the parents who in turn will create an enabling environment for the trained girls and boys to effectively shun the practices of FGM, CM and TP. There is need to change the approach of the intervention at certain levels in order to gauge the perception of boys towards girls and vice versa, hence it suffices to introduce a joint forum of both boys and girls. During the intervention we realised that the advocacy curriculum can easily be adopted and owned if most part of it is translated into Maasai language

There is need to actively and continuously engage influential women and circumcisers in the community dialogues as they play a key role in decision making when it comes to FGM and CM.

There is need to promote livelihood diversification for the community to be economically empowered as this will ensure parents are capable of supporting their girls access Education.

There is need to have joint dialogue session between girls and their parents in schools as this will enhance parental responsibility.

- **What worked and why? How can other counties implement this lesson learned?**

The multi-faceted approach used by the YES I DO alliance, breaks the cycle of perpetuating FGM, TP and CM practice by reaching out to all agents perpetuating the practice. FGM/C is an entrenched generational problem, and eradicating the practice in a community requires concerted effort over an extended period of time. This evaluation strongly recommends that efforts be continued by means of a sustained and protracted process. Advocacy and awareness-raising efforts that take a holistic multi sectoral approach constitute best practices that must be sustained in order to maintain their impact for future generations.

Establishment of Beacon teachers movements has been a best practice that has worked. This is a group of teachers trained on child protection and they have come together to champion the



rights of children in their respective schools. The existence of beacon teachers' movement has initiated safe spaces within schools and promoted an enabling environment where pupils feel free to share information with teachers who have embraced child protection so as to ensure girls are enrolled and retained in school and are free from FGM, CEFM & TP and other forms of abuse. The teachers are now closely monitoring their pupils to ensure they can account for all of them and address any issues affecting them. There is increased awareness among pupils (boys and girls). The teachers have been equipped with knowledge on handling violence against children, reporting mechanisms, inclusion of children with disabilities, alternative positive discipline and working with communities among others and this greatly contributed to increased capacity among teachers to address child protection issues. Since its establishment, the beacon teachers have addressed various issues an example is from Oldepe where one of the beacon teachers, was able to have one girl re-enrolled back to school and convinced parents of another girl to have her resume studies once she has delivered instead of marrying her off. At Olomayiana West Primary School, two girls dropped out of school due to TP and they are set to resume studies due to intervention from two beacon teachers in that school.

Partnering with relevant Government ministries i.e. Department of children services, Provincial administration and Ministry of Education. The partnership has been key as this has ensured information sharing on child protection and concerted efforts in addressing reported cases as well as sensitisation at community level.

- **What did not work and why not?**

The project has not mainstreamed beneficiaries' feedback mechanism to receive complaints and feedback from direct and indirect stakeholders. During the review forums it was reported that some beneficiaries are not satisfied with the way the project involves them in the different activities. They have expressed their frustration with the staff taking them long time to provide responses. The problem is communication and time taken to get responses, since most critical decisions have to be made by the steering committee while the community expects immediate feedback such as Joint activities which have unclear budget allocations.

## **b. Description of recommendations:**

- *What are your recommendations to improve the performance of the Yes I Do programme in your country?*

Given the limited resources, Joint planning needs to be strengthened as partners can leverage on available resources and expertise from other partners. In addition, documentation of success stories needs to start in order for the alliance to share achievements and lessons to amplify its work. Finally, it is critical that the alliance targets new groups identified during the MTR such as the boda boda riders. These are young men who provide taxi services using motorbikes and are alleged to woo girls with free rides and impregnating them. In future, there is need to have adequate funding for data collection for evaluation purposes.

- **What are your recommendations to strengthen the sustainability of the programme in your country?**

There is need for one sustainability strategy for the alliance in order to maintain the identity of the YIDA alliance in curbing FGM, TP and CM in the Kajiado West community. It is recommended that by involving the key stakeholders at the community, county and national level, this will also enhance sustainability of the YIDA project.

There is need to work towards strengthening community based child protection structures for quick response on FGM, and CM issues. As at now, the area advisory councils dealing with child protection issues need orientation on the various laws protecting children and the reporting mechanisms.

The ARPs were found to be not sufficiently adapted to the local, ethnic contexts. The cultural significance of the practice is seen to be missing especially preservation of chastity and to ensure marriageability girls.

The Project should focus on training of former circumcisers on attitude change in addition to economic empowerment. There is need to involve other anti-FGM/C stakeholders when dealing with reforming circumcisers.

## **8. Implications for the Yes I Do programme for 2019/2020,**

- a. Description of the implications for the programme implementation and partnership

### **Description of the implications for the programme implementation and partnership**

The program will need to strengthen its partnerships with relevant Government ministries and community structures for sustainability. More community dialogues will also be planned targeting boda boda riders who are contributing to TP in the areas of intervention. In areas where the boda boda unions are registered this will be the entry point. Parents will also be targeted in school for sensitization for them to take up their parental responsibility so that they can respect the decisions made by their daughters not to undergo through FGM.

Community actions i.e. community declarations will be supported as these are commitments by the community to abandon the harmful cultural practice. In 2019/2020 attention will be on strengthening the already established community structures to ensure continuity of the YES I Do activities and retention of the gains made during the project implementation period.

### **b. Main conclusions for the budget 2019/2020.**

The budget may need to accommodate End Term Review to be carried out in the last year of implementation since the Mid-term Review saw exhaustion of joint activity funds as well M&E budget. NAYA as a partner does not have budget in joint activities and this affects their attendance in crucial joint activities.

The YIDA program team has suggested carrying out operations research based on MTR findings. Operations research will assist in informing the program on areas of improvement. Possible questions include:

- 1) How has the alliance intervention contributed to change the attitudes of the community on FGM/C, CEFM and TP
- 2) How effective is the alternative rite of passage in ending FGM

The budget for 2019/2020 will be committed to strengthen adolescent sexual reproductive health.

## 9. Any other reflection

None

### Annex 1. Format- Results Section

Describe per pathway (including cross-cutting issues) the level and process of change: which outcomes have been realized in the program implementation period of 2.5 year and how did the outputs contribute to these outcomes. Describe whether there were any unexpected outcomes, both positive and negative (unwanted) and the challenges faced with implementation and achieving the outputs and outcomes. Highlight opportunities for improvements related to pathways.

<b>Pathway 1: Community members &amp; gate keepers have change attitudes and take action to prevent CM, TP and FMG/C</b>	
1. Which outcomes are on track? Please explain	<p><b>Outcome: Social movement is established to transform social and gender norms that perpetuate CM, TP &amp; FGM</b></p> <ul style="list-style-type: none"> <li>The project formed a community committee to End FGM, CEFM and TP in each of the seven locations. The committee is comprised of community top leadership in each location. The members have been trained. The committees has successfully initiated a community led ARP which graduated 1330 girls in Torosei, Kilonito, Ewuaso, Najile/Olentoko locations.</li> </ul> <p><b>Outcome: established network of change agents for social mobilization (girl, boys, men, women)</b></p> <ul style="list-style-type: none"> <li><i>Indicator: # of community members engaging in dialogue sessions on consequences of CM, TP and FGM.</i></li> </ul> <p>The project has achieved 66% (12,494) of the target. There have been very constructive in undertaking structured dialogue among the men and boys and have openly discussed FGM, CM, &amp; TP. The dialogues have encouraged men to educate their children regardless of sex. The local administrators i.e. chiefs are keen in averting these harmful traditional practices with some chiefs holding community meetings and sharing information of FGM, CM and TP. Religious leaders have become community dialogue facilitators and this has added value in the engagements as they are trusted in the community.</p>
2. Which outcomes are <u>not</u> on track? Please explain	<p># of initiatives done to transform social and gender norms that perpetuate CM, TP and FGM</p> <ul style="list-style-type: none"> <li>School clubs that address FGM/C, CEFM and TP have not yet been established. This is still work in progress. The schools will be given technical support by the project team to set up health clubs and include FGM and CEFM and TP topics in their discussions during club sessions.</li> </ul>

	<ul style="list-style-type: none"> <li>Nyumba kumi initiatives comprising of community watch dogs, have been trained on effects of FGM, CM and TP. They have developed plans but have not yet started actualizing the plans. Nyumba kumi organize for meetings each comprising of 10 villages and ensure these villages are taken care of including reporting security issues. They will be supported to include FGM, CM topics and report on such cases to chiefs and support girls who run away from these practices.</li> </ul>
3. Are there any unexpected outcomes observed? If yes, please elaborate	<p>Boda Boda riders (commercial motorcycle riders, most of them young men) are impregnating young girls in some intervention areas. Despite structured dialogues with men where FGM, CM, &amp;TP is discussed, these boda boda riders woo girls in to sex through free rides.</p> <p>Parents are still secretly circumcising their school going daughters and marrying them off despite the sensitization forums and structured dialogues.</p>
4. What is/has been the contribution of the YIDA to these outcomes?	YIDA has engaged local CSOs in the campaigns against FGM, CEFM and TP to ensure continuity of activities even without the physical presence of the project. The CSOs have become whistle blowers in the event of incidences of FGM and child marriage. In sites like Esonroua, an assistant chief was interdicted for taking part in a marriage ceremony for a minor, 9 year old who was later rescued by the county commissioner.
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<p>12,494 community members reached with structured dialogues on FGM, CM and TP (66% of the target).</p> <p><b>626 girls</b> in Ewuaso and Kilonito denounced FGM and Child, Early and Forced Marriages (CEFM) with <b>410 boys</b> boldly affirming their stand with the girls in their denunciation of the harmful traditional practices.</p> <p><b>368 (86M: 282F) community anti FGM, CM and TP team members</b> participated in the community sensitization forums and reached out to <b>1590 (601 M: 989F)</b> parents and community members, who were accepted to the alternative rite of passage ceremony in the community.</p>
6. How do these outputs contribute to the outcome(s)?	<p>The project has been able to reach 12494 community members with structured dialogues. The dialogues have been instrumental in the campaigns against FGM, CM and TP, as well as raising awareness towards change of attitude. These dialogues are community led and target all age groups and sex. The community leadership takes lead in the dialogues.</p> <p>All pertinent stakeholders including the cultural elders, reformed female circumcisers, religious leaders, young and old women, youth, government officers, the anti FGM board members, health practitioners, educationists, gender officers have increasingly given support to saying NO to FGM, CEFM and TP. This shows changed</p>

	attitude towards the harmful practices.
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	Training of additional Nyumba Kumi members on effects of FGM has not happened. The nyumba kumi officials are members of the anti FGM/CEFM/TP committee . Nyumba kumi leaders already trained by YIDA are part of the End FGM/C, CM, TP network/advisory committee within the 7 locations of Kajiado West tasked with organizing ARPs, in addition to reporting on security issues within the 10 villages. Additional officials will be trained and supported.
8. What are the challenges and opportunities to improve outcomes of pathway 1?	<p><b><u>Challenges</u></b></p> <p>Due to budget constraints, boys have not been comprehensively included in activities targeting girls. Young men influence marriage seasons and decide who to marry. Despite their level of influence in matters that affect the girl, they have expressed a feeling of being left out or minimal involvement in YIDA activities. There is now a deliberate plan to include young men in forums through the boda boda group in 2019.</p> <p>Traditional circumcisers and old experienced women in the community carry out FGM as a form of income generation which poses a challenge in abandonment of the harmful practices.</p> <p><b><u>Opportunity</u></b></p> <p>The young boys are showing interest to be included in the committee to fight FGM/c, CEFM and TP. The Project has a deliberate plan to engage them through schools and structured community dialogue for men and boys by particularly targeting the boda boda riders .</p> <p>The Project shall focus on training of reformed circumcisers on attitude change in addition to other forms of economic empowerment and integrate them within community action. Other anti-FGM/C stakeholders will be engaged to discuss which approaches and methods are most efficient in ‘converting’ or ‘reforming’ circumcisers.</p>
<b>Pathway 2: Adolescent girls and boys are meaningfully engaged to claim their SRHR</b>	
1. Which outcomes are on track? Please explain	<p><b>The indicator on Proportion of CSOs working with young people has been realized.</b> CSOs are on board the project and have incorporated young people in their activities. Youth are members of these CSOs.</p> <p>The involvement and Engagement of Elders and young people has created a platform and a safe space for Meaningful youth participation to thrive and enabled discussions around Teenage pregnancy, Child Marriage and Female Genital Mutilation.</p> <p>2 memoranda on policy and budget have been developed and submitted to Country Government and County Assembly to influence policy makers to increase budgetary allocation towards the health</p>

	sector.
2. Which outcomes are <u>not</u> on track? Please explain	The Youth forum is a great platform to bring young people together. but it fails to bring on board older people to address issues on FGM/TP/CM
3. Are there any unexpected outcomes observed? If yes, please elaborate	None
4. What is/has been the contribution of the YIDA to these outcomes?	<ul style="list-style-type: none"> <li>• NAYA trained 20 youth advocates and strengthened their capacity on key thematic issues including SRHR, advocacy, policy communication and budget making process to enable them effectively engage. These capacity strengthening opportunities enabled youth advocates to identify and seize opportunities to raise their voice.</li> <li>• The Alliance has held 4 forums for young people to connect with other young people as well as opportunities to voice their issues to policy makers.</li> <li>• NAYA trained Alliance members on MYP and collaborated with them to develop organization specific MYP action plans to entrench MYP within the organizations. MoT survey was carried out among Alliance partners which was critical in identifying the situation of MYP in the Alliance and thus propose evidence based interventions to enable young people to be aware of their rights and raise their voices within the Alliance and in Kajiado West as well.</li> </ul>
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<p>20 Advocates have been trained on budget making process and opportunities for engagement. These opportunities include budget analysis, engagements in public participation forums with county executive and assembly and policy communication. This gives them an opportunity to engage with community members as well as political leaders in order to reach a consensus and also bringing out the need for youth involvement.</p> <p>Quarterly review meetings have been held and technical assistance given to youth advocates to make sure they have improved community engagements and improve relations with policy makers around sensitive cultural issues like FGM /TP and CM</p> <p>Documentary on FGM, CM and TP in Kajiado West has been developed.</p> <p>2 Feature stories on FGM, teenage pregnancy, child marriage and the role of young people have been done.</p> <p>12 Radio Discussion sessions in Community Radio were also held.</p>

	<p>12 Youth Forums conducted to facilitate discussions around the role of young people in realizing MYP as well as share relevant policies around SRHR and FGM.</p> <p>2 memoranda on policy and budget developed and submitted to Country Government and County Assembly to influence policy makers to increase budgetary allocation towards health sector</p>
6. How do these outputs contribute to the outcome(s)?	<p>With increased capacity, young people are able to engage more with policy makers at the county level and community level. young people have been able to take up leadership roles at the community level and mobilize the community towards ending FGM and TP.</p> <p>Media is a great tool in reaching out to policy makers and the community at large, young people have been empowered to use radio as a platform having conversations around FGM/TP/CM. Meaningful Youth Participation is an intervention where radio provides an avenue for discussion.</p>
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	None
8. What are the challenges and opportunities to improve outcomes of pathway 2?	<p><b>Challenges</b></p> <p>Youth Platforms tend to attract only young people. The older people do not feel obligated to attend youth activities. As such the youth perspective on FGM/TP/CM is not heard by the adults because they are missing in the forums.</p> <p>In addition, the trained young people are increasingly migrating to the urban centres in search of employment thereby creating a deficit of trained champions in the villages.</p> <p><b>Opportunity</b></p> <p>In order to improve interaction and communication between the youth and the adults, Intergenerational forum will be established and facilitated: This will be an innovative intervention that engages community members (Youths, Men and Women, community elders) in conducting a community-based participatory Model. This will improve the understanding of Meaningful youth participation as well as the role of each age set in Ending FGM/CM/TP.</p>
<b>Pathway 3: Adolescent girls and boys take informed action on their sexual health</b>	
1. Which outcomes are on track? Please explain	<p>Reaching all schools set out initially as the target (30) and an additional 4 schools. Teacher in the 34 schools are better equipped to provide ASRHR information as well as detect and refer young people for YFS</p>

	<p>Trained teachers on CSE are able to detect SRH issues and refer young people to YFS</p> <p>27 schools have been linked with youth friendly services</p> <p>30 schools have benefited from a code of conduct workshop and are developing codes of conducts</p>
2. Which outcomes are <u>not</u> on track? Please explain	<p>Government and private for profit health facilities that adopt youth friendly SRHR services, not on track because YFS facilities are yet to be refurbished. The 4 YFC that offer YFS (Torosei, Oltepesi, Ewuaso and Mosiro) have not yet been renovated this financial year because the revised budget took long during the approval stages. Additionally, the delay has been due to logistical challenges where the clerk of works was overwhelmed with multiple tasks and could not develop refurbishment bill of quantities (BOQ) in good time. The refurbishment is planned for the last quarter of 2018. At the moment the YFS are integrated in the 7 facilities where YIDA is implementing. Further, most of the health care workers previously trained by the Alliance have been transferred following a recent government directive which has affected service delivery in these health facilities. However, the SRHR services are still being provided since the services are integrated and YIDA plans to train more healthcare workers in 2019.</p>
3. Are there any unexpected outcomes observed? If yes, please elaborate	<p>Despite implementing activities against FGM which adversely affects women, the midline survey showed that more women than men were still in support of the practice.</p> <p>A number of girls reached showed a tendency to support FGM saying that they have never seen any of the side effects cited by the alliance!</p>
4. What is/has been the contribution of the YIDA to these outcomes?	<p>YIDA combination of interventions at community and county level involving community players and agents effectively breaks the circle of perpetuating the practices of child marriage, FGM and teen pregnancies.</p>
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<p>30 self-assessment workshops have been conducted to schools to determine young boys and girls needs and action plans were developed</p> <p>27 schools have been linked with youth friendly services to establish a clear referral system, as well as ensure adolescents access to SRHR services</p> <p>30 schools have benefited from a code of conduct workshop to develop codes of conduct for a safe school environment</p> <p>School heads have been sensitized to support the whole school approach and create ownership of the program.</p>



<p>6. How do these outputs contribute to the outcome(s)?</p>	<p>Training of boys improves their attitudes towards girls and women who are regarded as children in the community; and increased propensity of boys to stand up for girls in ending FGM, CM and TP.</p> <p>Adolescent girls and boys have improved knowledge on their SRH rights and skills through the training they receive from the teachers, the linkages to the youth friendly services and the codes of conduct that ensure there is a safe and health school environment. Trained girls increase their ability to make assertive and informed decisions on matters affecting and limiting their life. They are aware of the consequences of FGM, CM and TP and are empowered to seek help and stand up against any decision leading to FGM, CM and/or TP</p> <p>Training of teachers ensure that teachers are better equipped to provide ASRHR information.</p>
<p>7. Which outputs were <u>not</u> realized? Please provide a summary and explain</p>	<p><b># of (government , private for profit) health facilities that adopt youth friendly SRHR services</b></p> <p>Refurbishing of government health facilities to offer Youth Friendly services has not been realised. Facilities are earmarked for renovation in the fourth year.</p>
<p>8. What are the challenges and opportunities to improve outcomes of pathway 3?</p>	<p><b>Challenges:</b></p> <p>Adverse weather conditions, heavy rainfall resulting in impassable roads and hence making it almost impossible to reach to schools in the affected areas.</p> <p>In all review forums it was unanimously agreed that education is key but still children face myriad of challenges after completing secondary education. There is low percentage of less than 20% of girls transitioning to tertiary institutions compared to 60% of boys.</p> <p>The distance between the health facilities and the schools make it difficult for pupils to access services even when referred. Besides, the youth friendly services are still integrated and youth find it challenging to access these services when the adults are nearby or watching.</p> <p>Parents still find it difficult to discuss SRH issues with their children. A lot is left to teachers to handle and make referrals</p> <p><b>Opportunities:</b></p> <p>Tapping into the political relationship with the project to commit resources towards building all-seasons roads</p> <p>There is goodwill from teachers and health facility staff to provide SRH information and services to young people as well as hold meetings with parents to discuss SRH</p>

**Pathway 4: Girls have alternatives beyond CM, TP and FGM/C through education and economic empowerment**

1. Which outcomes are on track? Please explain

**Outcome: Adolescent girls complete post-primary Education**

Girl who dropped out of school (6) due to pregnancy re-enrolled back to primary and secondary school. Parents are now giving their daughters a second chance and this is also made possible by the school re-entry policy by the Government of Kenya. Bursaries and scholarship have enhanced retention of girls in schools. Ordinarily, girls from vulnerable families who complete Primary school do not proceed to Secondary School falling into Teenage Pregnancy and eventually Child Marriage. The bursaries have therefore ensured retention of these girls in schools. In 2018 there will be three candidates sponsored sitting for their Kenya Certificate of Secondary Education.

**Outcome: Increased access to a safe and protective school environment**

Trained teachers (beacon teachers) on child protection have been able to detect and respond to incidences of FGM, CM and TP. The teachers have contact with pupils more than their parents and the Maasai being a conservative community there are no discussions on reproductive health issues at household level and therefore children are left to learn from school or from their peers. The beacon teachers have been able to create an environment in which the pupils feel safe to share issues they are going through and even ask for help. *An example of an action taken by the beacon teachers is from Oldepe Primary School where two girls dropped out due to TP and were to be married off and Jackline Tuwei one of our beacon teachers addressed this with the parents and provincial administration and the girls will re-enrol once ready to resume school..*

**Outcome: Increased provision of youth friendly microfinance and vocational training**

Girls at risk/dropped out of school due to teenage pregnancy successfully undertake vocational courses and have improved decision making power and improved livelihoods. Out of 25 graduates, 15 have been able to secure both formal and informal employment after graduation, some through the support of their families started their own businesses. The girls have also been able to confirm to the community that given a second chance they can turnaround their lives. They have become role models in the community and are called upon to provide motivational talk to fellow girls.

**Outcome: Increased available alternatives of income generating activities for families**

Improved savings culture among households with girls at risk of FGM,

	<p>CM and TP. The families heavily rely on livestock breeding but this has not been favorable due to the changing climatic conditions that have destabilized the economic status of households. The families have therefore been sensitized on Village Savings and Loans Associations and entrepreneurial skills so as to accumulate the resources available in groups. Members use that opportunity to secure loans to engage in other forms of livelihoods that are viable in their respective areas of residence. However, there is still need to ensure that the women participate in the decisions of how the money is used. There will be concerted effort to ensure that VSLA beneficiaries are expanded to include other parents with girls in school. Performance of the VSLA shall also include the number of parents who are supporting their girls in school by payment of fees. VSLA are key in ensuring household improved livelihood and resilience to manage their resources and feed their children and live in cohesive community free from social ills. Education of Girls including other topics shall be integrated in VSLA activities.</p>
<p>2. Which outcomes are <u>not</u> on track? Please explain</p>	<p>Establishment of collaboration and partnership with private sector to provide trainees with internship and employment opportunities is not on track. Majority of the private companies that exist are in major towns and the girls prefer to work in towns that are closer to where they come from because they are young mothers and they can commute from their homes to work and back</p> <p>Increased access to credit/jobs and control over economic activities by adolescent girls and their families. This is work in progress as adolescent girls have had access to jobs because of the skills they acquired and they are now involved in decision making at household level because they have a source of income. The girls are yet to access credits.</p>
<p>3. Are there any unexpected outcomes observed? If yes, please elaborate</p>	<p>Parents are still secretly circumcising their school going daughters and marrying them off despite the awareness.</p>
<p>4. What is/has been the contribution of the YIDA to these outcomes?</p>	<p>Sensitization of pupils on child protection has enabled them to report incidences of CEFM, FGM and TP. However there is still need to target parents in schools with sensitization on the same for them to take up their parental roles and responsibilities and to work with other stakeholders in protecting girls from harmful cultural practices.</p>
<p>5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?</p>	<p><b>Training of school staff on child protection(118M,9F)</b> - Schools are a very important avenues for handling child protection issues as this is where children can learn, exchange ideas with their peers and freely interact with their teachers who are very key in addressing violence against children. The stakeholders i.e. teachers and BOMs were targeted for training on child protection for them to be able to prevent, detect and address any form of violence against children</p>

	<p>linking up with relevant stakeholders.</p> <p><b>Conducted vocational training for adolescent girls</b> - 25 girls were supported to undertake vocational courses on Hairdressing and beauty Therapy, Dress Making and Catering and Hospitality for a period of three months. 39 girls are currently undergoing vocational training.</p> <p><b>Training families and village agents on VSLA/IGA and entrepreneurial skills</b> – 75 households trained on VSLA and entrepreneurial skills and 20 village agents trained to support the VSLA groups. The household are organized in groups and they save as a group and can access loans within the group for starting small businesses.</p> <p><b>Selection of bursaries/scholarship beneficiaries and disbursement of bursaries</b> - 47 girls from 10 secondary schools were supported with bursaries. The selection process for girls at risk is done in partnership with ward committees for ownership and support of the process. The bursary has ensured retention of girls in schools. The project supported two girls who are now assured completing school. Child mothers have also been re-enrolled to school and have benefited from the bursaries.</p>
6. How do these outputs contribute to the outcome(s)?	The outputs are steps towards improving the economic status of households for them to be able to meet basic needs for their families including Education for girls. Survivors of CM and TP also get an opportunity to continue with their Education this ensures enrollment and retention for the formal education and skill acquisition for vocational college. With this the girls are now socially and economically empowered as role models in society and change agents
7. Which outputs were not realized? Please provide a summary and explain	Traineeship/vocational training of girls has been carried out because the private organizations are few and far away from implementation areas forcing the young mothers to relocate for these opportunities .
8. What are the challenges and opportunities to improve outcomes of pathway 4?	<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Dependency on livestock keeping as a source of livelihood</li> <li>• Women do not have sources of income and household resources are controlled by men.</li> <li>• Parents are not directly targeted for sensitization on child protection and this leaves the teachers to shoulder the major responsibility.</li> <li>• due to absenteeism and lack of school fees some students drop out of school.</li> <li>• the selection of VSLA groups is limited to parents of girls who have been supported by bursaries</li> </ul>

	<b>Opportunities</b> <ul style="list-style-type: none"> <li>• There is increased demand for economic empowerment</li> <li>• The unpredictable climatic conditions currently do not favor pastoralism and hence the community is embracing other livelihoods</li> <li>• Existence of goodwill by the County Government to support economic empowerment and more so targeting women.</li> <li>• The schools will be an avenue to target parents for sensitization for them to support the decision made by their children.</li> <li>• there is need of VSLA groups to include content on FGM/c, CM and TP and also be able to show how the VSLA activities support girls to be retained in school or economically empowered for those out of school. The VSLA also needs to expand its selection criteria and accommodate other beneficiaries within the community</li> </ul>
<b>Pathway 5: Policy makers and duty bearers develop and implement laws and policies on CM and FGM</b>	
1. Which outcomes are on track? Please explain	<p>Through the engagement of the county executive there has been increased Political awareness and will both at national and county level. Currently the county government is developing a county FGM Prohibition Policy that will provide the structure of FGM work in Kajiado as well as provide a legal basis for budgetary allocation.</p> <p>The YIDA alliance collaborated with members of Kajiado County Assembly (MCAs) drawn from health, budget and oversight committees to develop Kajiado Accord, a commitment of legislators to strengthen MYP and improve the policy and legal environment on youth SRHR, address FGM, TP and CM as well as increased budgetary allocation to SRHR.</p>
2. Which outcomes are <u>not</u> on track? Please explain	-
3. Are there any unexpected outcomes observed? If yes, please elaborate	It has been reported that due to increased awareness of the policy and legal environment and the particular prohibition by law on FGM, TP and CM, there has been a number of clandestine and secret ceremonies of FGM and CM.
4. What is/has been the contribution of the YIDA to these outcomes?	<p>YIDA alliance has engaged policy makers at national and county level on development process of policies including Adolescent Health Toolkit. This has seen champions and policy makers having publicly taken a stand against FGM.</p> <p>YIDA has also conducted policy dissemination forums and capacity strengthening opportunities to increase awareness on the policies and laws on SRHR including FGM, TP and CM. Through the policy dissemination forums and media activities, policy makers are more</p>

	aware of the policy and legal environment on FGM, TP and CM and their role in implementation and oversight.
5. Which key outputs are realized: please provide a <u>summary</u> of key outputs and explain?	<ul style="list-style-type: none"> <li>• 28 Policy dissemination forums conducted with community leaders</li> <li>• the Alliance collaborated with officials from Kajiado County Government and national level to disseminate progressive policies and laws on SRHR and health including the FGM Prohibition Act, 2011, the national Adolescent Sexual and Reproductive Health Policy, 2015, Children's Act 2001, Marriage Act 2014 and Sexual Offences Act, 2006 to create awareness of the policies and laws as well as describe the roles of community agents in policy formulation and implementation.</li> <li>• 28 Local Administration Forums conducted</li> </ul> <p>The chief's barazas (Local Administration forums) are critical government forums for discussions on issues concerning the community. The YIDA alliance identified these sustainable forums as a critical opportunity for advocacy and community education on FGM, TP and CM.</p> <p>2 meetings were held with Members of county Assembly</p>
6. How do these outputs contribute to the outcome(s)?	<p>Through the policy dissemination, policy engagement through policy communication materials developed and submitted to county assembly, commitments by key policy makers including county executives and assembly, the policy and legal environment has improved.</p> <p>Members of county assembly play a critical role in policy and law development at the county. As legislators they do not only develop laws but also provide oversight. These meetings discussed opportunities for collaboration in addressing FGM, TP and CM. Through these engagements, the MCAs are committing to advancing the policy and legal environment on SRHR and strengthening structures and systems for engaging young people meaningfully.</p>
7. Which outputs were <u>not</u> realized? Please provide a summary and explain	None
8. What are the challenges and opportunities to improve outcomes of pathway 5?	Challenges: The law making process is a long and expensive one. YIDA is not able to sponsor drafting of the laws on CM and FGM in Kajiado. We will rely on private members motion which is a daunting task

## Cross-cutting issues

Which the results have been achieved concerning the following cross-cutting issues:

- a. **Gender transformative approach**
- b. **Girls empowerment**
- c. **Men & boys engagement**
- d. **Meaningful Youth Participation**

Gender transformative approach: <i>describe status of GTA at the start of the programme and the current status of the programme</i>	<p><b><u>Before</u></b></p> <p>The community in Kajiado was male dominated and decision making was purely by male counterparts. Composition of community structures such as the Nyumba Kumi initiative was not inclusive of females.</p> <p><b><u>To date</u></b></p> <p>There is a deliberate effort to assign women and youth specific roles even in the nyumba kumi structure</p>
Girls Empowerment <i>describe status of Girl Empowerment at the start of the programme and the current status of the programme</i>	<p><b><u>Before</u></b></p> <p>Girls were not empowered to speak out and freely interact with teachers</p> <p>They were not aware how to report issue affecting them at school/community</p> <p><b><u>Today</u></b></p> <p>Girls are more confident and able to speak and report what affect them</p> <p>Reporting of child protection issues/cases is now evident</p>
Men and boys Engagement <i>describe status of Men and Boys Engagement at the start of the programme and the current status of the programme</i>	<p><b><u>Before</u></b></p> <p>There was minimal involvement of Men and Boys in FGM/CM and TP programming</p> <p>They were not targeted</p> <p><b><u>Today</u></b></p> <p>There is a deliberate effort to target men and boys in the project as they are decision makers at community level and their influence is key in addressing FGM, CM and TP is key. It has been noted that boys are not adequately involved in issues of FGM and TP as it is deemed a girl's issue. There is now a deliberate effort to target young men including the boda boda riders in all forums addressing FGM and CEFM and TP.</p>

<p>Meaningful Youth participation (MYP)</p> <p><i>describe status of MYP at the start of the programme and the current status of the programme</i></p>	<p><b><u>Before</u></b></p> <p>There was low awareness on MYP and little was done to ensure youths are meaningfully engaged. Further key actors had limited knowledge and awareness on the added value of MYP.</p> <p><b><u>Today</u></b></p> <p>The MTR revealed that there has been improved MYP within the Alliance and also in decision making at community levels. There is increased awareness on MYP and youth are coming out to claim their space. This has been due to capacity strengthening activities for young people including trainings and technical assistance on MYP, advocacy, policy communication and budgetary allocation and engaging community, cultural, political and religious leaders to establish and strengthen MYP structures. In addition, the Alliance members were also trained on MYP and were able to develop action plans on strengthening MYP within the organizations and within the Alliance. This was also aided by the MoT survey that was conducted and provided a platform for evidence-based action plans and recommendations. The older generation and gatekeepers also are starting to appreciate the crucial importance of youth involvement as a right and a development issue. Further, members of the county assembly committed to establishing and strengthening platforms for engaging young people in key processes including policy development and budget making process.</p>
<p>Do you <b>propose any changes</b> for the ToC/underlying assumptions and/or implementation of the programme?</p>	<p>No change but strengthen existing cross cutting intervention with clear contribution to FGM/CM and TP, by adding child protection as one of the cross cutting issues</p>