Securing women's reproductive rights in Kenya

Endline Evaluation Report

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For: Ipas Africa Alliance

By: TNS RMS East Africa Limited

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TNS East Africa,
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List of acronyms

APHRC	African Population and Health Research Centre
CAC	Comprehensive Abortion Care
CATI	Computer-aided Telephone Interview
CBO	Community-based Organization
CD	Community Dialogue
CHMT	County Health Management Committee
CSO	Civil Society Organization
EACLJ	East Africa Centre for Law and Justice
ESOMAR	European Society for Opinion and Marketing Research
FGD	Focus Group Discussion
GBV	Gender-based Violence
IDI	In-depth Interview
IEC	Information, Education and Communication
JOOUST	Jaramogi Oginga Odinga University of Science and Technology
KDHS	Kenya Demographic and Health Survey
KII	Key informant Interview
KNBS	Kenya National Bureau of Statistics
M&E	Monitoring and Evaluation
MCA	Member of County Assembly
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
MNO	Mobile Network Operator
NGO	Non-governmental Organization
NMoFA	Netherlands Ministry of Foreign Affairs
PLWH	People Living with HIV
RH	Reproductive Health
SMS	Short Message Services
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SUSO	Stand Up Speak Out
TBA	Traditional Birth Attendant
WHO	World Health Organization

Executive summary

Introduction

This report presents the findings of the endline evaluation of the 'Securing Women's Sexual and Reproductive Health Rights in Kenya' project that was undertaken by Ipas Africa Alliance. This was a three-year project that sought to improve the environment for women's sexual and reproductive health and rights as stipulated in the Constitution of Kenya. The project had a particular focus on women's ability to obtain comprehensive abortion care services and to prevent unintended pregnancy.

The broad aim of this evaluation was to examine and document any change that resulted from efforts made by Ipas - at both the community and policy levels - to advance sexual and reproductive health rights in the seven counties in which the project was implemented. While an endline evaluation, the project has both summative and formative aspects. Lessons learned from this project are intended to be used to improve project design and approach in the implementation of any future projects of a similar nature. In addition, this feedback will serve as a learning opportunity for the funding body, the Netherlands Ministry of Foreign Affairs (NMoFA).

In this report document, this project is referred to as the Sexual and Reproductive Health and Rights (SRHR) Project.

Overview of methodological approach to the evaluation

A mixed methodology approach was used to gather information from various stakeholders, involving both qualitative and quantitative techniques. Thus, focus group discussions, community participatory sessions, in-depth interviews, online questionnaires, key informant interviews and SMS-based surveys were all used to gather the views and opinions of project beneficiaries and other key stakeholders. These stakeholders had all been directly involved at the project inception or implementation stages.

Secondary information was also collated through desk reviews of project reports and monitoring data, as well as project financial information. Information from these sources was triangulated and conclusions have been drawn on the perceived change that resulted from the program activities, such that any notable outcomes (positive or negative) that were reported to be either a direct result of the project or of external contextual factors.

Key findings

Findings of this evaluation exercise have been broadly categorized according to the five evaluation criteria that had been set a priori. The criteria include project effectiveness, efficiency, relevance, impact and sustainability.

Project effectiveness
The implementation of this project in the seven counties has led to increased knowledge, attitude and practice in SRHR among university students and community members, which is attributed to project activities. In addition, because of the project activities in the campus, there has been a reduction in cases of unsafe abortion among students.

Project efficiency
An assessment of the activities that Ipas strove to undertake, the funds allocated for each activity and the outcomes achieved are collectively seen to indicative that the project was efficient. At the end of the project, a majority of the activities were undertaken that had been planned. Moreover, the funds disbursed for the project were adequate for the activities that were conducted at the university and in the community.

Project relevance
The project approaches and strategies were seen to be wholly relevant, as the communities for whom they were designed supported their design and execution.

Project impact
As a result of this project, a substantial number of women in the seven counties and female students in the universities are reported to be seeking post-abortion services as well as safe abortion services. In addition, there has been increased community engagement resulting from CBO activities within the community, and more men are said to now be involved in SRH decisions. Communities report some reduction in gender-based violence. However, the CBOs and universities have not been able to create and maintain partnerships with organizations that offer SRHR services or conduct similar activities.

Project sustainability
There is evidence of project sustainability as the CBOs and student champions have continued to undertake certain activities even after the project ended. Since the conclusion of the project in the communities and in the universities, implementation of certain activities has slowed down, resulting in a degree of frustration within communities that can be seen both as a reflection of the success of the project as well as a potential area for improvement in terms of managing and communicating around end-of-grant change within communities. .

Recommendations

1. There is need to counter the perceived lack of progress at the local policy level. This can be achieved by creating a county-level SRH budget and ensuring buy-in by county leadership so that they are able to invest more in SRH.
2. In order to ensure that all community expectations are met, future funding should strive to re-double its focus on sustainability so that stakeholders are fully empowered and prepared to continue with activities even after donor funding comes to an end.
3. In order to ensure a greater level of accountability, all key stakeholders, including those directly involved in budgeting should be given information about project finances. In addition, stronger M&E systems should be put in place at the CBO level for future projects.
4. In order to benchmark project achievements, baseline research should be undertaken to determine situation before project implementation, a basis upon which project outcomes can be judged. Such baseline and endline findings would then be published for the greater public audience and readership, thus enhancing lobbying efforts across the country.

1. Introduction

1.1 Background information

1.1.1 The operational environment

Over the past five years Kenya has witnessed a reduction in the incidence of maternal mortality in Kenya. According to WHO (2015), maternal mortality ratios (MMR) have gone down from an estimated 584 deaths per 100,000 livebirths in the year 2011 to 510 deaths per 100,000 livebirths in the year 2015. However, the current MMR is still among the highest in sub-Saharan Africa. Moreover this is a region that is known to be among the riskiest on the planet - with 62 per cent of all global maternal deaths.

In Kenya, most of the deaths that occur among women are a result of causes directly related to pregnancy and child birth. In addition, conditions such as malaria, diabetes, hepatitis, and anaemia are also considered major indirect causes of maternal deaths. According to Kenya's MOH (2012), haemorrhage was considered the greatest specific cause of maternal deaths in Kenya, contributing to 34 per cent of all deaths. This MOH report also indicates that abortion contributed to 9 per cent of all the maternal deaths in the previous decade.

In their analysis of unintended pregnancies in Kenya, Mumah, *et al* (2014) asserted that over 40 per cent of pregnancies that occur in the country are either mistimed or unwanted, and therefore are unintended. This situation has been attributed to a low uptake of contraceptives. According to the most recent edition of the Kenya Demographic and Health Survey, 53 per cent of women currently use at least one method of contraception, meaning there is still an unmet need for family planning [1] among women in their reproductive age (KNBS, 2015). Because of the unintended pregnancies, many women opt for abortion.

Mumah *et al* (2014) also estimate that 14 per cent of pregnancies in Kenya lead to abortion. Medical practitioners in Kenya link these high rates of abortion among women and young girls to unintended pregnancies, and in most cases, these unintended pregnancies are associated with ignorance or lack of access to contraceptives. The East Africa Centre for Law and Justice (EACLJ) estimates that about 85 per cent of teenage girls who engage in sexual activity do not use any contraceptives, and 70 per cent of them engage in casual, unprotected sex (EACLJ, 2011). High abortion rates among adolescents result from their inability to withstand stigma arising from bearing a child before marriage, their inability to support their children and the possibility of

[1] Currently, it is estimated that unmet need for contraception among women in Kenya stands at 18%. With a total demand for family planning of 76%, it is clear that 58% has been met.

dropping out of school. Challenging economic conditions as well as changes in lifestyle, particularly among women in urban areas, have also compelled many women to choose abortion.

Despite the arrival of the New Constitution in Kenya in 2010, it is understood that many communities still wrongly perceive abortion to be a wholly illegal procedure. Thus, the nation continues to experience a high prevalence of abortion cases that are performed by unskilled health practitioners under conditions that do not meet the minimum medical standards (WHO, 2012). Follow-ups with appropriate post-abortion care services are rarely offered. As a result, 21,000 women are diagnosed each year due with abortion-related complications out of which about 2,600 die (EACLJ, 2011)

1.1.2 Ipas's place within the environment

Through collaboration with the government and other partners Ipas seeks sustainable solutions towards improved women's reproductive health in Kenya. The organisation operates with a focus on the legal environment for the sexual and reproductive health rights of women, including the ability of women to access safe abortion services. Ipas and its partners provide information to communities and work to sensitize them on their sexual and reproductive health and rights. Ipas works to enhance the availability and quality of safe abortion care services.

In 2012, Ipas received a three-year grant from the Netherlands Ministry of Foreign Affairs (NMoFA) to conduct a Sexual and Reproductive Health and Rights (SRHR) Project with the aim of improving the enabling social and policy environment for women's sexual and reproductive health and rights, as stipulated in the Kenyan Constitution. Article 26 of the 2010 Constitution permits abortion when pregnancy is deemed a threat to a woman's health. This is a noteworthy adaptation from the previous law, which permitted abortion only in a circumstance in which a pregnancy threatened a woman's life. The SRHR project intended to affirm women's reproductive health and rights including access to safe and comprehensive abortion care. This was to be achieved by strengthening the capacity and agency of communities to advocate for women's and young women's SRHR. In addition, the project targeted empowering communities through knowledge and capacity building to actively champion the SRHR issues pertinent to their communities. This was broadly achieved by strengthening the capacity and ability of community stakeholders and agents to engage their communities around the 2010 Constitution in relation to article 26; building awareness and knowledge on SRHR as well as supporting the building of critical masses in the communities to identify and address SRHR issues (and injustices) faced by women within their communities.

This project was implemented in seven counties: Uasin Gishu, Trans Nzoia, Bungoma, Kakamega, Vihiga, Busia and Siaya counties. Its implementation entailed Ipas partnering with local community-based organizations (CBOs), national policy organizations, civil society organizations (CSOs), universities, county governments of the seven counties and the national government. Through

the CBOs, the project worked with local media (radio) bodies, primary and secondary schools. Community partners selected for partnership had a diverse range of experiences around community mobilization on SRHR issues, youth and women's empowerment and had credible presence and working relationships with both traditional leadership and county structures. In addition, Ipas worked with policy makers and other key stakeholders at the national and county levels to build their understanding and commitment to the implementation of abortion-related provisions as stipulated in the Constitution. Ipas also partnered with the Ministry of Health to develop and disseminate Standards and Guidelines, a Code of Professional Conduct for healthcare providers, and also a Patients' Rights Charter.

Significant support was received from local political leaders and other community gate-keepers, some of whom were responsible for disseminating information and empowering residents of their respective communities. Moreover, Ipas supported advocacy and communication efforts with media professionals to build wider public support and protect against any regressive changes in the Constitution and guidelines used in regulating provision of abortion care in Kenya. These Standards and Guidelines were approved in April 2013.

Ipas also entered into partnership with local institutions of higher education – Jaramogi Oginga Odinga University of Science and Technology (JOOUST), Maseno University and Masinde Muliro University of Science and Technology (MMUST). In each institution, Ipas identified and recruited students who would work as 'university champions'. The champions underwent a series of orientations and sensitization meetings to build their capacity to enable them to equip other students with knowledge on topics including responsible sexual behaviour, the consequences of unplanned pregnancies and unsafe abortion, the use of contraceptive methods and knowledge of other key SRH topics that it was felt students should have access to. As described in the quotation below, (taken from the SRHR Project's Implementation Report, 2015), Ipas strengthened a cadre of young people who were to act as peer champions for youth SRHR issues;

> *"Ipas used the office of the Dean of Students to identify two focal students, male and female, who participated in the research study, to facilitate the identification and recruitment of students' champions for training on SRH and value clarification on abortion. This targeted informal groups that are used by university students, as critical links to SRHRs and abortion information and services. The champions were drawn from these networks. Ipas engaged a total of 67 students and trained them as SRHR champions in the three institutions…."* SRHR Project Implementation Report, pg 44

In order to ensure the sustainability of this project in the different campuses, the university champions were selected from various departments and academic years, as described in the implementation report,

> *"This selection criteria that targeted students from different faculties and academic years in the university, was adopted to ensure continuity of the project and have at least a representation among students in session in most of the semesters."* SRHR Project Implementation Report, pg 44

1.3 Objectives of the SRHR Project in Kenya

The specific stated purpose of the program was 'to improve the enabling social and policy environment for women to attain their sexual and reproductive health and rights under the Constitution of Kenya, with special focus on their ability to obtain comprehensive abortion care and prevent unwanted pregnancy'.

The project had two broad objectives:

1. To empower women at the community level with the knowledge, skills, and social support to make and act upon their reproductive health decisions, and to defend their SRH rights as guaranteed by the 2010 Constitution of Kenya; and
2. To improve the national policy environment in support of sexual and reproductive health and rights under the Constitution, especially Article 26, and the government's commitment to implementation.

1.4 The program design of SRHR Project in Kenya

In order to achieve the goals of the project, a range of activities were undertaken by and with various stakeholders. The program sought to achieve two operational objectives through the implementation of the various activities.

In particular, the project involved partnering with various CBOs comprising youth groups, women groups and TBAs who undertook awareness-creation activities at the community level in order to inform communities and build women's knowledge and skills and act on SRHR issues including on abortion, contraceptive methods and the new provisions under Article 26 of the 2010 constitution among other core topics. In the second year of its implementation, the project collaborated with universities in order to reach students through trained university champions to increase awareness of their SRHR as well as strengthen their involvement and advocacy in the public sphere on SRHR specific to them.

Ipas used diverse social and behaviour change strategies aimed at community members and women respectively. These strategies included advocacy; community dialogue forums; capacity building; use of information, education and communication (IEC) materials; and outreaches using of theatre groups. Ultimately, Ipas aimed to build capacity of CBOs, and the associated asset base (community champions, TBAs, CHWs, student champions and head teachers) and to equip them with skills to implement different activities, so that when the funding window ended, the projects would create embedded capacity within communities. As part of the above, Ipas strove also to establish partnerships with local communities, their leaders, health workers, learning institutions, County Health Management Committees (CHMTs) to secure their support in implementing the project.

1.5 Endline evaluation of SRHR Project in Kenya

This endline evaluation examines the extent to which change has been caused by the efforts made by Ipas. It is preceded by the formative community assessments conducted by Ipas during years 1 and 2 of the project, and whose aim was to identify specific SRHR issues, their magnitude and to engage with stakeholders in prioritizing issues to be addressed in the respective communities in collaboration with identified local partners. While the endline evaluation was not guided by the formative assessment in any specific ways, the assessments lay the context for assessing, impact – as will be described by the findings of this endline.

The specific objectives of this endline evaluation included:

- Measuring the effect of community-level interventions on sexual and reproductive health rights among general community members in the 7 counties. This entailed meeting and discussing the community engagement and mobilization activities with key informants in the 7 counties
- Measuring the effect of national-level policy interventions in advancing sexual and reproductive health rights as described in the Kenyan Constitution. To achieve this, there was need to meet and discuss the policy and advocacy activities with key informants in the 7 counties and nationally

This evaluation was premised on five criteria that arose from the scope and aim of the evaluation. The evaluation has assessed the effectiveness, efficiency, relevance, impact and sustainability of the project. Five evaluation questions were therefore developed around these five items at the start of the evaluation through a consultative approach:

1. To what extent has the overall project been effective in *empowering women and improving the national policy environment* for SRHR?
2. How *efficient* was the project?
3. How *relevant* was the project in addressing women's SRHRs?
4. What has been the *impact* of the project on women in the *community and the national SRHR policy environments*?
5. Are the project's outcomes *sustainable*?

From these five questions, TNS elaborated a suite of tools and associated sub-questions, which were finalized with the support of Ipas in a series of meetings before fieldwork began.

2. The evaluation methodology

2.1 Study locations

This evaluation was conducted in all the seven counties in which the project was implemented: Uasin Gishu, Trans Nzoia, Bungoma, Kakamega, Vihiga, Busia and Siaya. In addition, three counties: Kisumu, Homa bay and Nandi counties were selected as comparison sites for an SMS survey with the community. However, data from these ''comparison' counties has largely been excluded from this report, for reasons explained in sub-section titled "Limitations" below.

2.2 Study design

TNS sought to design an evaluation that would bring in the views of all key stakeholders. Through discussion with Ipas, the stakeholders were agreed as being community members, students, County Reproductive Health Coordinators, and Key Opinion Leaders (MPs and judges).

The evaluation employed both qualitative and quantitative approaches. The two approaches absorbed various important perspectives; such as beneficiaries' knowledge, their experiences of Ipas, their attitudes and behaviours.

With any evaluation, the recommended research methodology is a factor of various considerations such as the aims, the assumed value of the insights from different stakeholder types, available time and budget. In formulating an approach, a judgment must be made also on the relative potential benefit of qualitative and quantitative approaches.

In the case of this project, and through discussion with Ipas, TNS recommended that a focus on qualitative insights should be made a priority. This, after all, is a complex and culturally sensitive topic area, and one that is known to be overshadowed by stigmatization. To this end, a more intimate approach was deemed appropriate. As a result, more budget was allocated to the qualitative side of the investigation.

While TNS and Ipas agreed that a qualitative approach would be sensible, it was also decided that some form of quantitative assessment would be prudent. It was established that an SMS-based quantitative survey tool should be employed. This allowed TNS to ensure that we obtained a robust view of community members in a way that was targeted, private and anonymous.

While it may not be necessary or feasible to categorize stakeholder types by the degree of importance, it was understood by TNS that the evaluation should certainly place a solid focus on

the views of community members. Hence, the reader will note that the number of community interviews and participatory sessions is relatively large, while the number of MPs and Regional Health Coordinators is more modest. Notwithstanding, TNS is confident that all the sample sizes employed here are meaningful and that each strand of the methodology has proven to be valuable in allowing us to form our independent conclusions around the resonance of this programme.

A desk review was undertaken to gather secondary information that was useful for triangulation with data collected from primary sources. Secondary data was gathered from SRHR Project documents, including progress reports, community assessment reports, financial reports and monitoring materials. This information was organized and synthesised in order to gain contextual understanding of the project and prioritize evaluation activities and identify gaps to address during the fieldwork.

2.3 Study population

The primary target population for this evaluation comprised adult members of the project's end-beneficiaries as well as different stakeholders who have been directly involved with the project. These categories were selected with the aim of improving the chances of collating more relevant and authoritative opinions and viewpoints about the project and the results of the project based on their practical experience with it. In addition to members of the general public, sex workers were interviewed where possible.

Students of Maseno University and Jaramogi Oginga Odinga University of Science and Technology (JOOUST) were interviewed. In addition, members of community-based organizations who reached the community with SRHR messages gave their opinions through focus group discussions. The university champions provided in-depth information regarding project implementation in their respective campuses. Expert opinions were gathered from judges, members of the National Assembly and County Reproductive Health (RH) Coordinators for the seven counties.

2.4 Sampling procedures

Selection of participants was done purposively. The inclusion and exclusion criteria for FGDs went further to narrow down to specific CBOs who participated in the implementation of the project. The key informants for this evaluation were stakeholders who are key figures in the services areas directly related to the SRHR Project, with the ability to give authoritative opinions and facts.

For the quantitative survey with university students, respondents were randomly selected from lists of students that had been collected by the University Coordinators. The inclusion of students into the survey was based on their contact with the SRHR Project, that is, only students who were present in campus during the period the project was implemented were recruited. A total

of 170 names and contacts of students of JOOUST and another 141 for Maseno University students were submitted by the respective coordinators.

2.5 Data collection process

TNS conducted the following data collection efforts:

- 7 focus group discussions with CBOs
- 7 participatory discussions with community members
- 5 in-depth interviews with university champions
- 1 interview with a policymaker
- 4 On-line surveys with County Reproductive Health Coordinators
- 1 SMS survey with students from two universities
- 1 SMS survey with community members

Details of those data collection efforts are provided below.

Focus group discussions (FGDs) aimed to ensure a minimum of 10 participants per group and for each FGD, participants were recruited based on their availability. An experienced moderator (accompanied by a note taker) managed each session. They used digital voice recorder devices to capture the voices of participants. Before each discussion, the moderator sought consent from the participants after describing the purpose of the session and assuring the group of confidentiality of information they shared. The moderator also encouraged the team to openly speak out. Each FGD lasted for between 2 and 3 hours.

Community participatory sessions involved informally inviting community members to a meeting at which they would discuss their experiences, perceived opportunities and challenges regarding sexual and reproductive health. In each participatory meeting, there was again a moderator and note taker. Community participatory meetings lasted an average of 2 hours.

For the In-Depth Interviews (IDIs) and Key Informant Interviews (KIIs), lists of potential respondents were provided by Ipas staff in charge of this project's monitoring and evaluation (M&E). For interviews with university student champions, the names and contacts of five students were provided. Interviews with the champions were conducted in their respective universities. For each university, a quiet location in the vicinity of the university was identified for conducting the one-to-one interviews. The discussions were also recorded using digital voice recorders. Moreover, a list of seven County RH Coordinators was shared. Surveys were sent to these RH Coordinators via e-mail for their self-administration. For interviews with policy makers, contacts of two stakeholders from the National Assembly and the Judiciary were availed to data collection team. Respondents were reached via computer-aided telephone interview (CATI) technology.

Surveys were conducted via SMS with university students and with general community members. For the university student survey, university coordinators provided lists of students' phone

numbers. For the community member survey, a bulk SMS system contacted randomly selected numbers across the six counties. TNS employed the services of GeoPoll, a US-based corporation with offices in Kenya that specialises in the undertaking of SMS-based surveys across Africa. The company has a partnership with Mobile Network Operators (MNOs) that allows it to have access to most listed phone numbers in Kenya. In addition, a bulk SMS was sent to telephone numbers of students whose contacts had been shared. For each completed interview, the respondent received a Kshs 50 worth of airtime.

2.6 Data management and analysis

With the knowledge and input of Ipas, TNS developed an evaluation matrix (See Appendix A). This matrix acted as a basis for the process of creating a range of necessary questions that would together ensure that all the necessary questions were asked of the range of interviewees. TNS' process was introduced to and endorsed by Ipas. Questionnaires were submitted to Ipas for reflection and feedback, to ensure that the strategic evaluation objectives were met.

Quantitative (SMS) data was captured on GeoPoll's server and transferred to TNS in both raw and aggregated form for analysis. Analysis of quantitative data entailed descriptive statistics (frequencies and cross tabulations), and component analysis of attitudes of respondents. Qualitative data meanwhile was transcribed from audio recordings. For data gathered from community participatory groups, translation was first done from Kiswahili into English. This process also involved the translation of the field notes into English for analysis and report writing. These were then analysed by grouping different discussion points around different themes to reveal emerging patterns in views and opinions across different groups and informants.

Findings from both quantitative and qualitative approaches were triangulated to determine key outcomes and impacts of the project at both local community and national policy levels. Programmatic and policy recommendations were then made to guide implementation of such projects in future.

2.7 Ethical considerations

As an active member of ESOMAR, TNS adhered strictly to the International Code of Market and Social Research during this study. Such adherence relates especially to respect for respondents, and fairness in the selection of potential participants.

While in field, TNS adhered to safe management of raw data files by expediting the process of uploading and transcribing raw data within a short time frame. All study participants were reassured that information collected would be confidential and that their privacy would be maintained during and after the study. This was done during the informed consent process.

Respondent identifiers were removed from raw data and are not presented or included in this report.

TNS took care to ensure that no respondents were put at risk by participating in this evaluation.

2.9 Limitations

Although this project is underpinned by formative research (see next section), one limitation of this evaluation was that no quantitative baseline data was available for comparison purposes in these areas, and without a quantitative baseline survey, it is difficult to quantify and determine change. To this end, TNS recommended the inclusion of a comparison of three counties for the SMS survey; Homa Bay, Kisumu and Nandi. The rationale for this inclusion was to act as a 'comparison group'; a substitute for a baseline quantitative study. It was agreed that by including these counties TNS would seek to assess whether the 'intervention' counties were found to be consistently and compellingly unique from these three comparison counties. The SMS data received shows that this is not the case, ie that these counties showed similar levels of knowledge and attitudes to the counties in which the interventions took place. Therefore in order not to add undue complexity to the findings, these data have been eliminated but are shown in Appendix B. In total 213 SMS surveys were undertaken in these three comparison counties, (no qualitative research was undertaken).

3. Re-capping the formative assessment

3.1 Introduction

This section provides a brief recap of the formative assessment carried out by Ipas at the start of the project. This information appears here, and as a separate section, because TNS feels it is important both (i) to describe the baseline work done (since it provides some degree of a platform for this evaluation) and (ii) because the validation - of what has been claimed to have been done - is an appropriate step that should be documented in order to provide credibility for the remaining findings.

3.2 The formative assessment

Before engaging in project activities in the seven counties, Ipas conducted formative research in the first three counties (Bungoma, Busia and Trans Nzoia) and later in the remaining four counties in the second year (Kakamega, Vihiga, Siaya and Uasin Gishu) with the aim of mapping out key issues including community knowledge, attitudes, behaviour and barriers. This research aimed to support the selection of locations where the project would be implemented as well as the partners that would be involved.

Findings from the formative research established that these communities had limited knowledge on SRHR and abortion, and broadly regarded abortion as dangerous and criminal. It is against this central finding that this evaluation is essentially compared. It was also found that a significant degree of stigma was attached to abortion in these areas, so that any woman who had undergone an abortion was discriminated against. Other findings included; low uptake of SRH services driven by negative attitudes from healthcare workers, socially-embedded myths and misconceptions, limited involvement of men in SRH-related decision making processes, and a lack of access to contraceptive methods. With these factors impeding uptake of SRH services, women were found to be predisposed to unintended pregnancies that led to increased cases of unsafe abortion in these counties. This general picture was corroborated during this endline evaluation, especially through the use of qualitative techniques with community members and NGOs who were able to describe conditions at the onset of the project, and who used language that mirrored the formative report provided by Ipas.

Communities in these seven counties had indicated that they would prefer to be reached with SRH information through community health workers, staff in pharmacies, by radio, through cell

phones, public forums, theatre, peers and friends, and other interpersonal means including close family members and older relatives. The research also identified potential champions and partners for implementation of the project that would include local CBOs, CSO, NGOs, religious leaders, women groups, teachers, village elders, and staff of drug stores. Thus, when asked how they came to start implementing activities for the SRHR Project in their county, responses such as the following were heard;

> *"Ipas carried out their research and when they came across an issue of abortion being rampant in the area, so when they went to the county they also went to APHIA Plus and raised the issue with the county and they asked leaders from the area and we were picked and taken for training and that is how it started"* Respondent number 4, FGD with CBO in Kakamega County

In the same breath, the formative research at the universities established that the students had limited knowledge of and access to family planning services and information, and there were several cases of unplanned pregnancies that led to abortions, several of which were unsafe. These many cases of unsafe abortion resulted from fact that many students did not have the knowledge that the Kenyan Constitution provides for safe abortion in certain circumstances, as was described by a students' champion in Maseno University,

> *"…this thing is actually very helpful because when we were doing the research, the first research that they were doing to let the project come in, the number of students that were dying ,the number of students that dint know, you know people were having so many myths and misconceptions …. You know such things, right now they are not there, people know that if you don't want to use a condom and I want to use a condom, why don't you want to use a condom, maybe you want to infect me, maybe you have your own interest at heart, maybe you want me to get pregnant and I am not in that position. And then a lot of girls that were dropping out right now are not dropping out, so we actually talk to them we don't decide for them, like in this thing when a student decides to abort, whatever you do even if you please him or her she will end up aborting, so it is better for you to let them know that there is a safer method of doing it, going to the health practitioners and letting them do it."* University Champion number 2, Maseno University

Once the locations for this project had been identified, and potential CBOs to implement the project determined, Ipas embarked on capacity building of key members of the community that would undertake implementation of project activities. Thus members of the CBOs, community champions, the youth, community health workers, teachers, TBAs and university champions were trained on the aspects of the project.

Members of the CBOs confirmed that as they participated in the implementation of project activities they underwent training that equipped them with skills that they perceived as important. These included community mobilization, community engagement approaches and methodologies, how to develop action plans and budgets, track funds, train and empower community members

on SRHR, refer cases to health facilities, and how to generate community dialogue on issues related to RH and abortion. In addition, it is evident that Ipas also trained youth groups on SRHR issues including abortion, Values Clarification and Attitude Transformation (VCAT), identification of myths and misconceptions around SRHR and abortion, and how to develop effective community interventions and effective action plans.

Ipas also conducted workshops and trainings for community leaders to train them on how to take charge of SRHR campaigns in their communities. They were taken through VCAT, and trained on how to develop work plans and budgets, how to identify SRHR-related policy gaps and issues within their communities, how to undertake advocacy activities in their communities, and how to make decisions to address systemic problems that their communities face. Similar trainings were given to student champions, who were to pass messages and create awareness to their fellow students. According to the university champions;

> *"…the first one was values and attitudes. It was just about testing the attitude of students on sexual reproductive health and we were also briefed on abortion and the contraceptives. Then the second training which was conducted around mid-June, it was called the refresher training whereby we were reminded of what we discussed in May, then another seminar was also called in early August, that was in preparation for the orientation because First Years were just about to report…. After that a series of seminars were conducted because they were saying that we were involved as champions and the university staff and even the health staff…"* University Champion number 1, Maseno University

> *"So the first training that we did basically was Value Clarification whereby in that particular meeting they were just trying to find out our stand about what Ipas was dealing with. So after Value Clarification, we were taken through a topic on Reproductive Health. Then we also did training on… the Kenyan Constitution especially the part where it speaks about reproductive health. And I think the other subsequent trainings that we've had, we've just been doing evaluation of activities that we did in the past, look at their progress, and maybe get to know the changes we need to do. We also did a training whereby the main focus was on advocacy whereby we were being taught the skills…what we need to do to advocate."* University Champion number 3, JOOUST

4. Characteristics of participants

4.1 Description of study participants

Focus group discussions and community participatory methods were conducted in each of the seven counties where the project was implemented. In addition, in-depth interviews were administered to five selected university champions. Interviews were also conducted with one policy maker; one member of the National Assembly and one Judge of the High Court. In each county, an interview was administered to the Reproductive Health Coordinator, from which only four responded.

For the interviews with university champions, three interviews were conducted in Jaramogi Oginga Odinga University of Science and Technology (JOOUST) and two interviews were administered with university champions in Maseno University.

Figure 1: Summary of qualitative interviews

Type of Interview	N
Focus group discussions with CBOs	7
Participatory discussions with community members	7
Online surveys with County RH coordinators	4
In-depth interviews with university champions	5
Key informant interviews with policy makers	1

In addition to the qualitative methods above, 100 quantitative interviews were administered to university students and another 179 to community members in the three project counties of Busia, Bungoma and Trans Nzoia. The sample for the universities was split equally across the two sampled universities (Maseno and JOOUST).

4.2 Participant distribution by demographic information

In terms of gender, there was a fairly equal balance for respondents from the two universities. Male students formed a slight majority (52 per cent) of study participants in JOOUST, while a similar proportion of females from Maseno University also participated in this survey.

Figure 2: Distribution of university students by gender

	University		Total
	JOOUST(n=50)	Maseno (n=50)	
Male %	26 (n=26)	24 (n=24)	50
Female %	24 (n=24)	26 (n=26)	50

For the community member survey, about two-thirds (63 per cent) of the participants drawn were males. This distribution of males resulted from a higher proportion of males who responded to the survey. In addition, 41% of the survey participants were drawn from Bungoma County, another 40% from Busia County and 19% from Trans Nzoia County.

Figure 3: Percent distribution of community sample by gender

	Project counties			Total
	Bungoma (n=73)	Busia (=72)	Trans Nzoia (n=34)_	
Male %	23.5 (n=42)	29.1 (n=52)	10.6 (n=19)	113
Female %	17.3 (n=31)	11.2 (n=20)	8.4 (n=15)	66

More than three-quarters (78 per cent) of students who participated in this SMS survey were aged between 18 and 24 years, slightly more of whom were females. However, for the survey with community members, the population within this aged bracket represented 33.5 per cent of the total sample.

Figure 4: Distribution of the SMS sample by age, for university and community surveys

	University survey (n=100)			Community survey (n=179)		
	Male	Female	Total	Male	Female	Total
18-24 %	38.0 (n=38)	40.0 (n=40)	78	20.1 (n=36)	13.4 (n=24)	60
25-34 %	12.0 (n=12)	8.0 (n=8)	20	24.0 (n=43)	16.2 (n=29)	72
35+ %	0.0 (n=0)	2.0 (n=2)	2	20.1 (n=36)	6.1 (n=11)	47

5. Findings

5.1 The views of community members

At the community level, Ipas collaborated with local administrators including chiefs, assistant chiefs, village elders and members of county assembly (MCAs); church leaders; youth leaders; leaders of women groups; school heads; community health workers; businesspersons; TBAs and herbalists. Working with these local stakeholders was essential for the achievement of the project objectives.

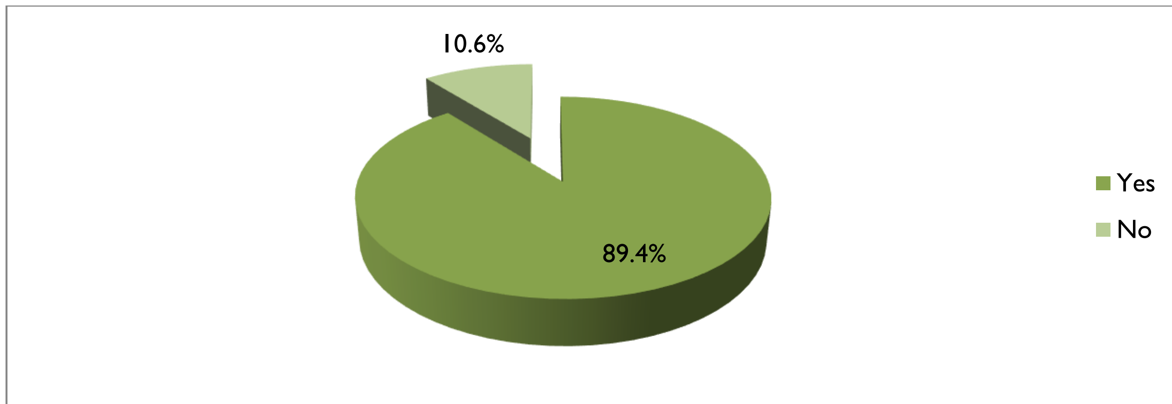
5.1.1 SMS survey results

The community members who participated in the SMS survey lived in the three counties in which Ipas conducted the project. The 179 community members who responded to TNS' invitation to take part in an SMS survey were all asked to respond to ten questions. These questions arrived on their mobile, with invitations being sent only to people living in specific villages known to be located with the confines of the project intervention area. The data from each of these questions is presented below.

The first question asked to community members was '*Are people in your community more interested in reproductive health than they were 4 years ago?*' Overall, nine out of ten said that they felt that this was true. While encouraging, without a quantitative baseline study this cannot be taken to infer - per se - that Ipas necessarily inspired some or all of this change. Nonetheless, it indicates a positive trajectory for the subject as a whole, and may be seen as suggestive of an intervention.

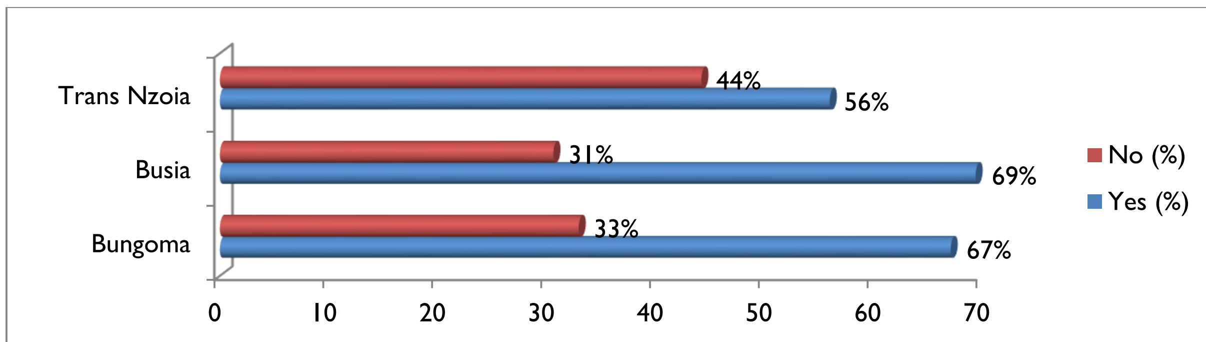
It is noteworthy that men and women were fairly equally likely to reply positively to this question; 89 per cent of men and 91 per cent of women said 'yes'. Similarly, in terms of age, there was very little differentiation across the age groups; all fell between 87 per cent and 92 per cent.

Figure 5: Opinions on whether interest in SRHR is higher or not than 4 years ago.



The next question that was asked to community members was; *'If someone in your community needed an abortion would they know where to go?'* Two thirds (65.9 per cent) replied 'yes'. For this question, the demographic differences were more noteworthy. Residents in the three intervention communities where the SMS survey was administered had differing opinions, with populations in Bungoma and Busia counties more likely to report that somebody in their communities would know where to go than those in Trans Nzoia County. Younger women meanwhile were found to be significantly more likely to believe that someone in need would know where to go, while the older age group (35+) was found to be notably less likely.

Figure 6: Community's knowledge of where to go for an abortion - by county



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TNS

Figure 7: Community's knowledge of where to go for an abortion - by gender

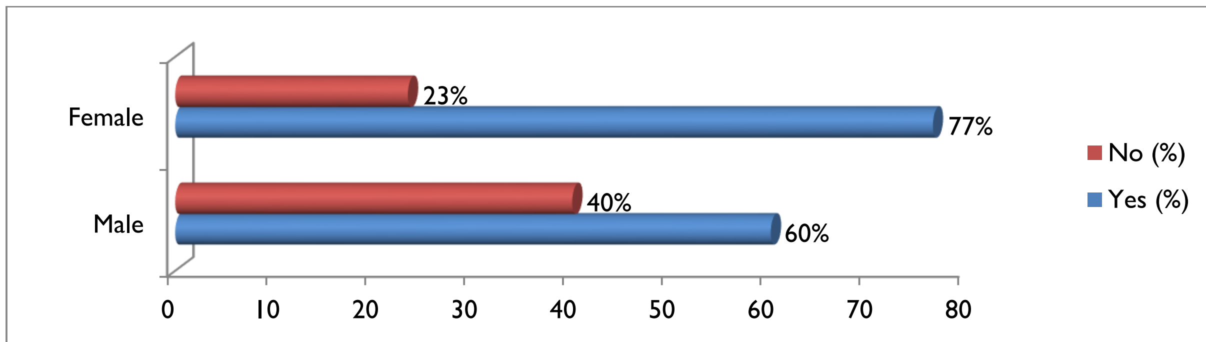
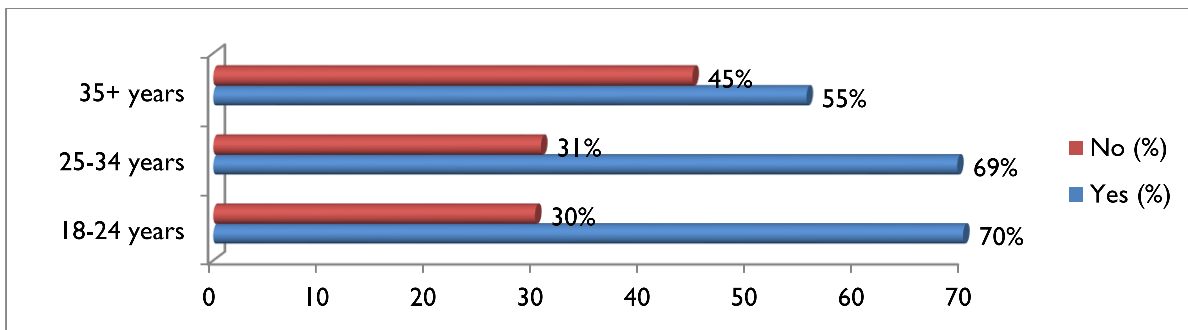
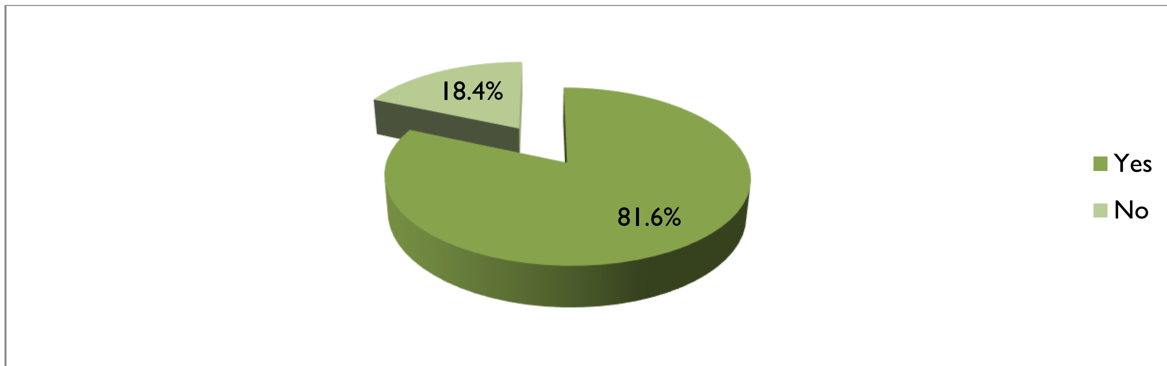


Figure 8: Community's knowledge of where to go for an abortion - by age



Respondents were then asked 'Does *the Constitution say that abortion is legal in Kenya under certain circumstances?'* Over four fifths of community members replied 'yes' to this question. Little variation was seen across demographics. The fact that four fifths of these populations concurred with this statement is in contrast to the findings of Ipas formative research, and is highly suggestive of a transition in mindset.

Figure 9: Knowledge that 'Constitution say that abortion is legal in Kenya under certain circumstances'



Respondents were then asked *'In which year did you become aware that abortion is legal in Kenya under certain circumstances?'* A substantial proportion (39 per cent) reported becoming aware about this provision in the year 2010 – the same year when the Kenya Constitution was published. (Just prior to the launch of the constitution, civic education activities and awareness campaigns were undertaken by the government to sensitize citizens about the provisions of the document, including the legality of abortion). Over one quarter claimed wrongly to have heard this news prior to 2010. Meanwhile only 16 per cent of respondents reported that they became aware of legality of abortion (under certain circumstances) during window in which the project was implemented (the period between 2012 and 2015).

Data suggests that a fundamental misconception remains around the issue of abortion and Constitutional provisions

Figure 10: Period the community first knew about the legality of abortion

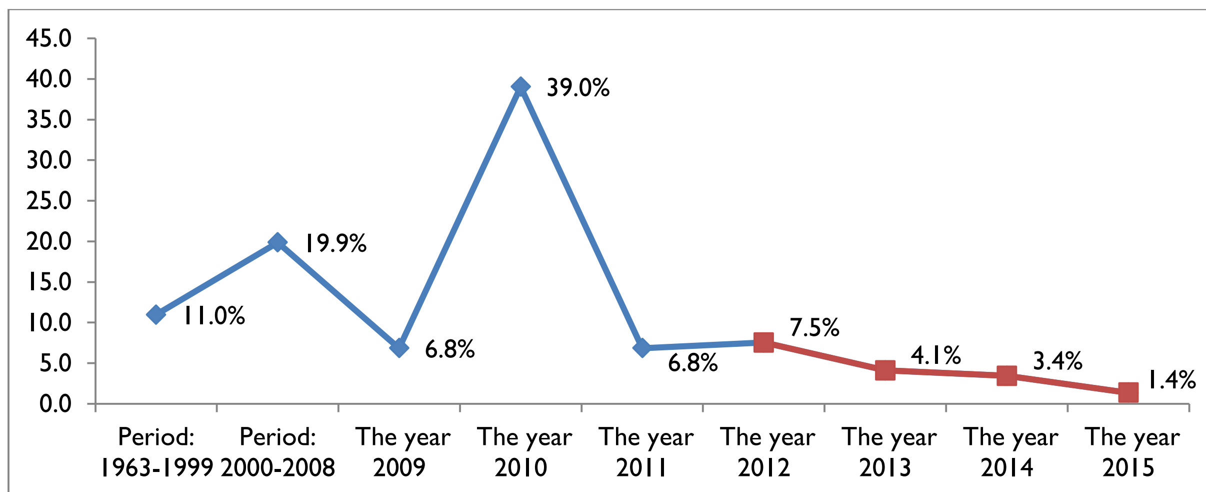


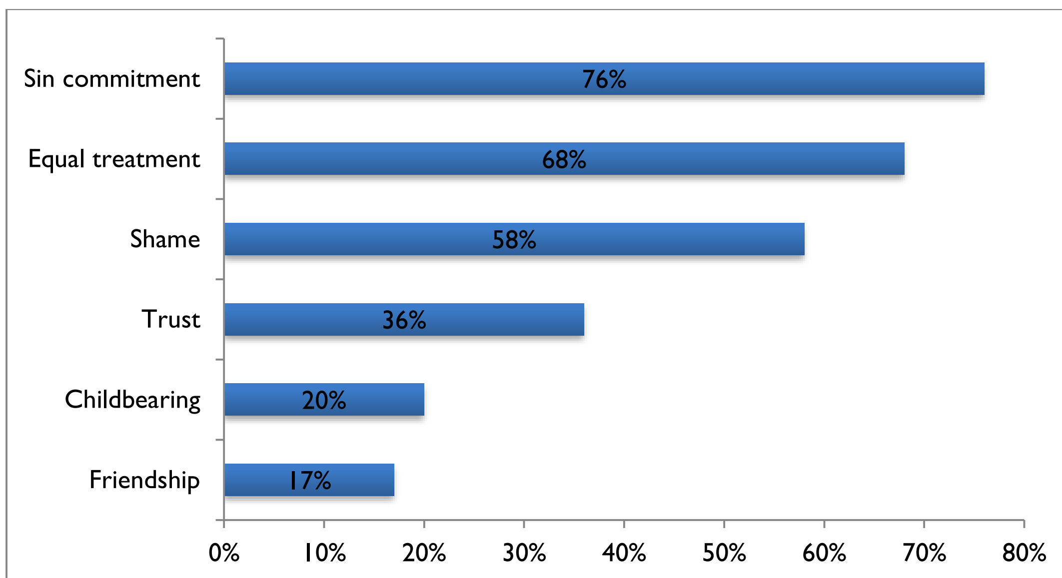
Figure 11 below show responses to five 'attitudinal statement' questions included in the SMS survey to act as a bell-weather for the attitudes of the community on SRH issues. Overall, against

the backdrop of the baseline research and the tone of the attitudes described in that research, the reactions to these questions again appear to be somewhat more positive than had been recorded by Ipas before the interventions began. On the one hand, over two thirds (68 per cent) said that *'a woman who has had an abortion should be treated the same as everyone (Equal treatment)'* and less than one in five (20 per cent) said that '*a man should not marry a woman who has an abortion because she may not be able to bear children (Childbearing)'*. Only 17 per cent reported that they would *'stop being friends with someone if you found out that she had had an abortion (Friendship)'*.

On the other hand a minority (36 per cent) said that *'a woman who has had an abortion cannot be trusted (Trust)'*, this is still a sizeable share of the community who are stigmatizing abortion. Trust is used in this context to refer to any form of trust that members of the community could accord to an individual, whether partner or not. Perhaps more pointedly, over three quarters (76 per cent) said *'a woman who has an abortion committing a sin (Sin commitment)'*, a majority (57 per cent) still feel that '*a woman who has had an abortion bring shame to her family and community (Shame)'*. So, if there are signs of change here, there are also clear signals of the residual underlying challenge.

Nonetheless, the impression given from comparing these results with the qualitative baseline findings was that there does appear to have been a softening of the collective community stance.

Figure 11: Community attitudes towards abortion



5.1.2 Feedback from participatory community meetings

The project's aims would ultimately be achieved by involving community members in project activities so that they would be made aware of their rights.

In the participatory community meetings carried out by TNS, community members were asked to describe their engagement with SRHR. As described above, and as was validated through discussion, community members therefore undertook activities, which included involvement of trained peer educators in disseminating information on SRHR, introduction of health education in schools, as well as guidance and counselling sessions in schools. TNS probed on these various activities; how they were undertaken and the impression that the community had of them.

It is clear that community members believe that the project has greatly increased community engagement on issues pertaining to SRHR

It is clear that community members believe that the project has greatly increased community engagement on issues pertaining to SRHR. When asked to put this into context, community members explained that they would say that they can now openly and boldly talk about SRH issues. Moreover they have become more knowledgeable about the topic and so feel about to resolve issues that revolve around SRHR including safe abortion and contraception.

According to members of the community who participated in a participatory discussion in Bungoma and Trans Nzoia, as a result of the project, many men are now supporting their partners in contraceptive decision-making and in acquiring contraception methods. Because of increased couple discussions on contraception, participants in community discussion in Vihiga County believe there have been reduced cases of unplanned pregnancies. Moreover, according to participants of the discussion in Uasin Gishu County, because of this empowerment that women have received on contraception, sex workers are now able to negotiate for safe sex with their male clients. This, they told TNS, contrasts with the situation in the past when issue of contraception was seen as entirely a female agenda.

Claimed enhancement of broader community engagement

According to community members, the SRHR Project has created broader community engagement and it has led to an increase in the uptake of contraceptive methods and information on the part of women. It was beyond the scope of this evaluation to assert degree of such uptake, or indeed its absolute occurrence, but this may be a focal point for further research.

As far as the participants of the participatory group discussion in Vihiga County were concerned, given that many community members *are* now able to access a variety of contraceptive methods, there has been a significant reduction in unplanned pregnancies. This sentiment was shared by participants of the group discussion conducted in Kakamega County. There, it was reported that many couples are now able to achieve their desired number of children due to their ability to access contraceptive services and information.

Data gathered from community participatory groups indicate that implementation of SRHR Project has indeed led to more women and young girls in the communities seeking safe abortion services, unlike in the past when they engaged in unsafe means to terminate their pregnancies. This feedback was clear and consistent across all the seven counties.

In the participatory group discussion in Kakamega County it was also reported that, because of this project, many women are now able to access safe abortion in a conducive environment and that there has been a reduction in deaths that result from unsafe abortion.

> *"At first it was not easy to enter the community because people knew that abortion is a crime and when we were talking with the church leaders they realized that even the older people do this and so they later accepted and we could now talk about it openly. Even when conducting CDs [Community Dialogues], it was hard for most parents to talk about sex with their children, even couples were not talking about it but later they embraced and they started opening up."* Participatory session with community, Kakamega County

On a similar note, participants of the discussion conducted in Bungoma County held the view that this project has been of importance as many women, including school-going girls (in particular) can now access safe abortion services.

For their part, community members who participated in the participatory session in Trans Nzoia reported a reduced incidence of unsafe abortions, which they attributed to the fact that more women are now able to seek abortion services at the health facilities. Moreover, they explained that as local CBOs (as well as community members) have been keen on making referrals, more women are now seeking safe abortion services.

Community group sessions in Siaya, Kakamega, Busia and Vihiga counties also established that there has been increased parent-child communication on matters related to sexuality and reproductive health of their children, a situation that is attributed to the ability of community members to engage in open discussions. These sentiments were shared by members of the community who participated in the discussions, who reported improvement in parent-children communication because of the kind of community engagement activities they conducted. For instance, during group discussions with the communities in Kakamega and Busia counties, participants reported that,

> *"Also parents and children can now talk about their issues freely. For a long time you could not find parents and their children talking about family planning and unwanted pregnancies but nowadays they talk about it freely and openly."* Participatory session with community, Kakamega County

> *"… and because of this project, parents and their children are now openly talking about sex education."* Participatory session with community, Busia County

Claimed increase in facility-based delivery, reduction in maternal health risks

Participants of discussions with members of CBOs and community group sessions also reported increased uptake of facility-based delivery by women in communities. According to the participants in Uasin Gishu, Trans Nzoia and Bungoma counties, through the information that has been shared by and among community members, many pregnant women now deliver at the health facilities so as to reduce complications that are related to childbirth. Participants of the community participatory group session held in Uasin Gishu reported reduced maternal deaths, which they attributed to the increased community engagement on matters of SRHR.

Reported reduction in gender-based violence

Stakeholder across all the seven counties reported a perceived reduction in the incidence of rape and gender-based violence (GBV) cases. According to community and CBO members who participated in participatory and focus group discussions, involvement of community members in sensitization activities and prosecution of perpetrators had ensured that this has reduced. It was not possible to ascertain whether there had been a de facto increase in the incidence of arrest of prosecution of suspected perpetrators of such crimes, and it may be advisable for future evaluation work to include the views of local judiciary figures, so that the chain of events that could lead to rightful prosecution could be better understood.

It may be advisable for future evaluation work to include the views of local judiciary figures

Signs of empowerment among the vulnerable

Because of this project, many women now feel more empowered to deal with violence including rape as well as how to safeguard themselves. Their knowledge about the importance of reporting rape cases to the nearest police desk, and seeking treatment the earliest time possible is helpful to them. Moreover, to some degree sex workers and people living with HIV (PLWHs) in these locations are now aware of their rights and now feel that they can negotiate for safe sex, and thus avoid any form of coercion into coital activity. As described by one member of the CBO in Siaya County;

> *"You find that people can now talk about how to safeguard themselves against rape cases.… The community can now talk openly about the issues and can even talk about cases of rape. At the organization, we have 4 cases: a church elder, doctor, a herdsman we have serious cases which are now with the police."* Respondent number 2, FGD with CBO in Siaya County

During a community group participatory session in Siaya County, it was argued by attendees that as a result of a partnership approach, the project's impact was amplified. By way of justification for this claim, it was said that the establishment of an enhanced partnership between local

government and community members had been key. Moreover, it was said that some negative, and long-held practices and customs that inhibit individuals' rights to seek medical care by some religious sects in the county had been curbed. This - it was argued - may be having an impact on lessening the infringement of women's rights especially in relation to certain cultural practices such as wives receiving inheritance.

From these discussions with the community members in different counties, it was established that the local administration is largely involved in mobilization of community members in addressing SRHR issues. In all the communities, local chiefs and their assistants adopted sensitization and awareness creation on SRHR, and created sessions for topics related to these in their monthly meetings with communities, dubbed *Baraazas*, as was mentioned during a discussion with a CBO in Kakamega;

> *"Even in chief baraazas we are given chance to talk and even to distribute condoms."*
> *Respondent number 4, FGD with CBO in Kakamega County*

Thus, the strong collaboration between the local government, community members and Ipas has ensured involvement of each partner in reaching out to community members.

5.2 Views of CBOs

The observations of members of the CBOs were consistent with those of the community members in terms of progress at community level around changing outlooks and beliefs. According to the CBOs, thanks to this project, many women are now able to acquire safe abortion services in nearby facilities unlike in the past when many of them opted for unsafe abortions. This has consequently led to a reduction in deaths that would have resulted from unsafe abortions.

> *"For abortion cases, the hospitals were to offer safe abortion so we were encouraging people to go for safe abortion and through the plays they could see the benefits of safe abortions and this reduced cases of premature deaths."* Respondent number 9, FGD with CBO in Kakamega County

The CBOs were asked to explain and validate what activities they had undertaken to drive this change, and their reflections of those activities. They explained that they had conducted a number of community sensitization forums that were geared towards changing perceptions of communities on matters relating to SRHR and abortion, and creating awareness on what the provision of Kenyan Constitution regarding the legality of abortion. Thus the CBOs conducted community dialogue sessions, school outreaches, meetings to sensitize the community on SRHR issues which brought stakeholders like CHWs, community leaders and community members together. Moreover, some CBOs conducted theatre sessions within the community to assist in outreach and help to convey positive SRHR-related messaging. Other CBOs engaged in essay writing exercises in primary schools whereby they engaged with school-going children between classes 6 to 8, to write essays dubbed "Dear Madam First Lady" where young girls addressed their sexual and reproductive health needs to the wives of the County Governors.

Members of the CBOs as well as the university champions believed that advocacy was well executed, to ensure the communities received appropriate messages,

> *"Yes we used the assistant chief to mobilize actually we used advocacy as a strategy and after that we lobbied for an idea that we want these people to understand. So advocacy was the strategy either in schools or community"* Respondent number 1, FGD with CBO in Siaya County

> *"We have worked closely with our area MCA, the deputy governor, the governor's wife but for here our local MCA (Member of County Assembly), like when it came to ward dialogue meeting he was chairing the meetings and then in our local village dialogue meeting and there are issues that needs his attention like there was no allocation of family planning commodities, we used to call him to come and respond to the issues because they represent us there at the assembly so if he gets this he raises a statement at the assembly and it is looked at."* Respondent number 8, FGD with CBO in Siaya County

In addition, CBOs reported observing more positive attitudes towards the use of contraceptive methods from the point at which they had started their community campaigns - unlike in the past when contraception was marred with myths and misconceptions that prevented many individuals from using it. As was reported during the discussion with members of CBOs in Vihiga County,

> *"Attitudes towards family planning have also changed. Now even school going kids can access it without stigma….Also cases of unwanted pregnancies have gone down. This is because of increased family planning activities amongst girls also."* Respondent number 4, FGD with CBO in Vihiga County

One issue explored in detail with the CBOs was the nature of the development of their partnerships with Ipas. In order to implement project activities in an impactful manner, Ipas took a decision to partner with CBOs that met a specific set of selection criteria. These criteria assessed the CBOs' quality of governance, their financial management, experience in undertaking activities focusing on SRHR, and their capacity in terms of human resources. Out of the 50 CBOs that were identified as potential partners in this project, 15 were selected as priority organisations for partnership status in the first year of the project. In the second and third years, the project was rolled out to other counties, and there was a need to recruit additional CBOs to undertake project activities in their respective counties. Thus 30 youth groups were identified from which 11 were selected for partnership.

According to the members of the CBOs that participated in this evaluation, their groups were selected to partner with Ipas in the implementation of project activities, Ipas selected them on the basis of the perceived social value of the work they had been doing in the community. Typically this included providing solutions to health problems such as unplanned pregnancies, advocating for safe abortion, following up on pupils who dropped out of school, making referrals of cases to health facilities and undertaking activities on SRHR. This context was clearly portrayed by one of the participants in an FGD who described why they thought that Ipas had chosen their CBO

> *"What I can add is that when Ipas saw that we were working within the community and we understood all the communities and the slums like Msongo, they saw that we were doing a good job…The first job we did was that like slums, there were a lot of cases of deaths due to unwanted pregnancies and high rates of school drop outs…. We identified ways in which we could prevent the deaths by preventing unsafe abortions. As a CBO, we were advocating for safe abortions by referring clients to health facilities and Ipas saw that we were working well…Secondly, we were following up with children who drop out of school, especially girls. We were going to schools and talking to the kids and also teachers. Our job was well done and Ipas was impressed. We were very active and Ipas saw what we are working in the ground…. We used to invite them for our meetings with the community, we used to invite even religious leaders, teachers, administrators and all stakeholders to come and discuss with us on finding solutions."* Respondent number 1, FGD with CBO in Trans Nzoia County

Moreover, it was reported during the various group discussions that there is generally a reduction in the incidence of abortions. This, according to the members of the CBOs, is a result of their concerted efforts to sensitize young girls on available methods of contraception. During the community dialogue sessions that Ipas' partners had conducted with the communities in Kakamega County, sensitization was done and women were constantly encouraged to carry their pregnancies, whether unplanned or planned, to their full terms. According to one participant of the discussion in Kakamega County,

> *"We were able to hold dialogue with the community and when they went to hospitals they could be helped. Some (who went to the facility for abortion) were even advised not to have an abortion and give birth to their children. In this manner, cases of abortion also reduced*." Respondent number 12, FGD with CBO in Kakamega County

Once selected, the CBOs were taken through a series of trainings to equip them with the necessary skills to mobilize, train and empower community members on issues related to SRHR, provide referrals for women to health facilities, and to generate community dialogue around reproductive health and abortion. During these workshops, members of the CBOs learned about community engagement approaches and methodologies, after which they developed action plans and budgets for implementing community activities and tracking funds.

The skills that the CBOs acquired from trainings that were conducted by Ipas have – it was said - ensured they are in a position to continue with SRHR activities even after the project concluded. The CBOs have therefore continued to undertake a number of activities, including community engagement, through community dialogues via outreach work both at the community and in schools, they have been organizing debates and SRH sessions in schools, and also some CBOs partner with the CHMT to offer other SRH services including contraceptives and cervical cancer screening.

It was noted during discussions with members of CBOs that there were a few cases of fund mismanagement by some youth organizations and community-based organizations in the first and second years of project implementation. It was established that such organizations were barred from subsequent project activities or receiving any further financing. Whereas it was an important decision to withdraw these CBOs and youth groups from the project, the CBOs that took over their activities had to undertake an extra work with limited resources. With a finite number of members, working in a more expansive locality than the planned, these CBOs overstretched their budgets and resources in the process.

A few cases of financial mismanagement were caught and well handled, but the replacement of these CBOs could have been smoother

Moreover, it was established during the discussions that the CBOs and youth groups that implemented the project in their respective locations did not put in place strong monitoring and evaluation (M&E) systems to ensure accountability of project

resources. The CBOs and youth groups received funds based on their budgets, collected monitoring data based on the events and activities they participated in, submitted reports on their achievements.

5.3 View of Parliamentarians

Only one parliamentarian was interviewed in this survey. The MP, a former youth activist with a responsibility for a slum constituency in Nairobi, described a situation in Kenya wherein factors such as a lack of comprehensive sex education are resulting in an increase in the potency of religious and conservative groups, making it harder for unwanted pregnancies and unsafe abortions to become more commonplace.

> *'Historically, we have taken steps backwards, nowadays the religious groups are more vocal and anti, before they were more neutral, they have demonised everything, and the government is a little bit quiet. I don't think we are state of the art. But yet we are aware of what works'*

It is a situation which disproportionately affects those on low-income

.

> *"Affluent people can get a safe abortion easily at any point, but it is the poor who suffer"*

He complained of a lack of budget, citing the Maputo Protocol of 2003 that healthcare should be at least 7-10%. He explained that there is still a lack of health centres, dispensaries, especially in rural areas. Moreover, he explained that in his view the focus at the policy level should be on three areas.

- Budgets; more money for SRH (ideally to be given as conditional grants).
- Education, awareness and advocacy at the community level
- Creating a legal framework for SRHR

This MP was wholly positive about Ipas. His positive impression of Ipas was driven by their:

- Ability to provide useful, evidence-based information
- Support in lobbying and advocacy
- Support capacity-building
- Ability to see the right way to have impact at the policy level; whether through collaboration or through knowledge of the issue
- A positive impression of Ipas' work with Kenya Young Parliamentarians, the training done with that group

His positive impression of Ipas' work is summarised in the below quotes:

> *"I have worked with Ipas now almost two years. I would say that they are very collaborative; they know how to reach out to the different causes, target and engage them."*
>
> *It's a small organisation that punches above its weight because of collaboration"*
>
> *"I would give them 9 out of 10 or an A minus, because there is still much to be done"*
>
> *"(Ipas is) serious, effective helpful"*

"I make sure Ipas is next to me any time I am trying to lobby for SRH"

The MPS estimated that a half of parliamentarians are indifferent, 30% are conservative, and 20% are pro-abortion. He argues that Ipas' goal might be to attempt to convert half of the indifferent group, and that this would change the nature of the discussion in Kenya. The provision of facts, stories, even documentaries would be seen as key. He cited the impact of a recent TV documentary around young girls using earth instead of sanitary towels, and argued that the use of media to drive an emotional reaction from senior MPs is paramount.

Key influencers were said to be the president, the leader of the majority, the deputy president, the wives of the president and deputy, and county governors.

His advice for Ipas was to:

- Keep having the latest information for advocacy and driving it to the key power brokers directly
- Focus on passing one or two good laws and their implementation
- Gain the attention of the President
- Use the media to create an emotional reaction among MPs
- Help to ensure that medical professionals are clear on what exactly they can do to be sure that they can act within the law
- Partner as much as possible (eg with the UNFPA)

He said that Ipas has not reached enough MPs yet, and that he believes that this policy environment needs more capacity.

"It would have to triple quadruple its capacity. You need five Ipases in Kenya. Not one. You need a bigger community; not necessarily as big as the Church, but a team for each region, then you have sufficient voices at the local level so that you know who the Governor is, who their wife is, who are the County Assembly Speakers"

"You don't want to be on national TV all the time, but you do need to be reaching out somehow to rural areas"

The one area of Ipas work that the MP seemed not to know about what the extent that Ipas is in fact engaging at a community level. One observation from this interview is that Ipas should educate parliamentarians not only around advocacy issues but also the ground-level work they are doing.

5.4 Student perspective

In order to understand the views of students regarding their knowledge and attitudes towards SRHR, SMS interviews were sent.

5.4.1 Student SMS survey results

A majority (71 per cent) of the university students reported (via the SMS survey) knowledge of a place where students in campus can go and receive safe abortion services.

Figure 12: Students' knowledge of location to get safe abortion

University students know where to seek safe abortion services	University (n=100)		
	JOOUST	Maseno	Total
Yes %	37 (n=37)	34 (n=34)	71
No %	13 (n=13)	16 (n=16)	29

Knowledge of Article 26 as provided in the Constitution of Kenya seems to be relatively well known by students in both universities. From the survey, 97 per cent of the students reported knowledge of this constitutional provision.

Figure 13: Students' knowledge of legality of abortion

Abortion is legal under certain circumstances	University (n=100)		
	JOOUST	Maseno	Total
Yes %	48 (n=48)	49 (n=49)	97
No %	2 (n=2)	1(n=1)	3

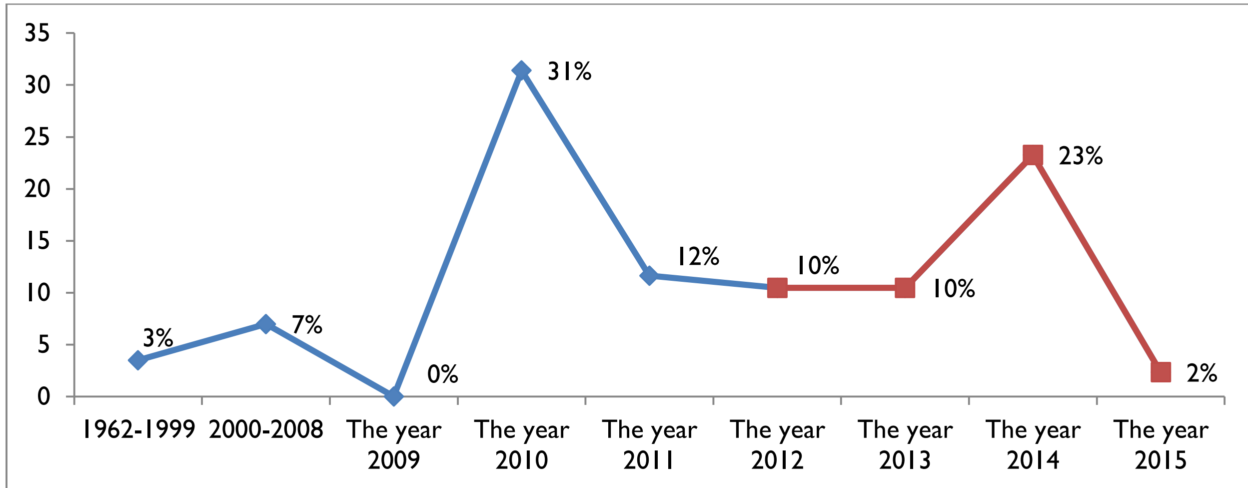
One key intention of the messages that were passed by the CBOs and university champions was to change the attitudes of community members and students towards SRH, particularly abortion.

In terms of attitudes, about two-thirds (63 per cent) of students interviewed had positive attitude towards people have undertaken abortion. Of these students, 57 per cent were from Maseno University. A majority (54 per cent) of the students, however, had a feeling that any woman who is having an abortion is committing sin.

Many students were made aware of the provision that legalizes abortion in certain circumstance with 31 per cent reporting that they became aware about this provision in the year when the Kenya Constitution was promulgated, 2010.

About half (47 per cent) of the respondents reported they became aware of legality of abortion under certain circumstances during the project was implemented (the period between 2012 and 2015).

Figure 14: Period the students first knew about the legality of abortion



5.4.2 Feedback from University Champions

Increased knowledge of SRHR among students

Interviews with university champions generally corroborated feedback that was collected from discussions with the CBOs and community members. The champions reported increased knowledge about sexual and reproductive health through these interactions,

> *"As it is right now, I would say that there is an improvement, especially when it comes to information on sexual and reproductive health, because you find that most of the students have at least participated in the activities that we were carrying out during that particular period that we were doing the activities. And then we were able to give them IEC materials that helped with the information and then we also get an opportunity to at least make sure that the students access services of sexual and reproductive health, and it is within this period that our university health facility also introduced sexual and reproductive health services as one of the services within the university, so generally there is a great improvement."* University Champion number 2, JOOUST

The champions reported increased knowledge of SRHR among the students they know. According to the champions, compared to the period before the project when the students and university health staff were resistant to these messages, their attitudes have since changed and they are able to absorb the messages that they receive from the champions. According to the university champions (and indeed the members of the CBOs), advocacy was the main strategy that was used to reach university students (and community members) with SRH information.

Increased capacity to advocate for young people's SRHR agenda

At the university, Ipas, through the university administration, identified University Coordinators who oversaw implementation of the project among students, and trained university champions to pass messages to fellow students and conduct referrals as necessary. Consequently, these gatekeepers supported the project to address SRH issues within the community.

Within the university, it is clear that the champions also engaged in a number of sensitization activities that included distribution of IEC materials such as t-shirts, fliers, banners, wristbands and gift cards that contained information on SRHR. In addition, the university champions distributed booklets that had SRHR information. One example of the booklets that were distributed included "Chanua Fresher" booklet of SRHR information that targeted the first year students who were just joining campus. These IEC materials were developed by Ipas.

The university champions also organized activities within the campus to sensitize fellow students on SRHR issues. Thus, in JOOUST for instance, the champions organized 'Sexual and Reproductive Health Day' and 'Rock the Purple Day' during which they engaged with students on SRH issues that mostly affect them in campus. The champions in the two universities also engaged fellow students in essay writing dubbed "Dear Mr. Vice Chancellor" whereby students wrote essays that were directed to the Vice Chancellor (VC) airing out SRH-related issues they face while in campus. One significant outcome of the "Dear Mr VC Campaign" was that it ensured that the work that the university champions conducted to improve SRH of students in campus got recognized by university administration, and through this the administration got committed to supporting SRHR-related activities in respective universities.

The champions also engaged fellow students on issues around SRH and abortion through WhatsApp, Twitter and Facebook interaction in their web pages called "Champions-Ipas". Through these channels, many students were able to share experiences and also receive information from the champions. Moreover, the use of these technology-based sites ensured that students from different universities and campuses would come together and discuss relevant topics and debate on a number of SRHR issues that they experience.

Reported reduction in incidences of abortion in campus

The university students reported that the project helped in reducing incidences of abortion on campus. According to the student champions, the messages that they passed to students have ensured that many girls now prefer seeking safe abortion services instead of unsafe abortion services. Also, the student champions reported reduced abortion cases in both campuses.

Considering that the student champions passed messages on contraceptive methods that are available for use within their reach, and distributed free condoms to fellow students, which helped reduce cases of unplanned pregnancies, cases of unsafe abortion went down in campus;

> *"Okay, one of the changes that I have seen in the students first, they can freely go for the contraceptives from the health centre in Maseno because …. Another change is on the cases of unsafe abortion going down, they have actually gone down and even the gender based violence has also gone down."* University Champion number 1, Maseno University

> *"They have changed their attitude from a bad one to a good one about SRH. Then I can say before we used to have many students procuring abortion that were not safe, or even we would see many cases of abortion, but these days they are minimal, or even they are less or even no cases of abortion in the university"* University Champion number 3, JOOUST

Inadequate participation in financial planning

Students would have appreciated greater visibility into budgets

The funds that went to support SRH activities in the universities were under the University Coordinators' custody, student champions did not have knowledge of the total value. Interviews with university champions also established that the students were never involved in budgeting processes. The university champions participated only in planning of activities, thus had no access to information about available funds.

University Champions verified in discussion that such trainings were offered every year when new students joined the universities. In addition to enhancing continuity of the project in campus, it was noted that it is much easier for students of a given grade to reach their fellows in campus with SRH messages.

> *"I can say that the strategy that our University Coordinator usually uses is that once a new group (of students) gets in, for example, we can have a First Year cohort just reported, they try to recruit at least a representative of that group to be champions…"* University Champion number 3, JOOUST

Opportunities for project sustainability in the universities

Students at JOOUST have formed a 'SHARE Club' to continue the Ipas agenda in campus

In both the universities, the university champions have continued with a number of activities and are reaching out to fellow students with SRHR messages even after the project was concluded. In addition to their door-to-door missions, the student champions in the two universities told TNS that they were able to pass SRHR messages to fellow students through WhatsApp, Facebook and Twitter accounts that they had created for information sharing. In addition, the students of JOOUST formed the Sexual Health and Reproductive Education (SHARE) Club that they use to advance the agenda of SRHR Project. Through this club, the student champions are able to screen SRH-related movies and pass messages to the rest, among other activities, as described by one champion;

> *"After the program had come to an end, we now have the club that I had mentioned – SHARE Club – that we now use to continue to screen the movies and also to share the information to our fellow students. We also use the club to move door-to-door and continue to distribute the IEC materials that we received from Ipas because we still have them. We haven't distributed all of them."* University Champion number 4, JOOUST

However, since the youth groups have continued to register new members even after they had received training from Ipas, it means therefore that the new members' capacity need to be built so that they can work effectively even beyond the project. For the individuals who received the trainings, there is a feeling that refresher training will help them even perform better. Key areas of interest, as was mentioned by one university champion, include resource mobilization,

> *"Also, we need refresher…. Also, may be sustaining this project, training skill and resources are key, I would request if they are in a position to offer resource mobilization trainings it could be better."*

Managing the transition post funding

Managing CBO expectations when transitioning out of the funding window is an opportunity for greater focus

Both the CBOs and university champions reported a significant decrease in number of activities they currently engage in and the frequency of these activities compared to the period when they received support from Ipas. The reduced rate of activity on part of the CBOs and university champions was attributed to the end of the project, thus withdrawal of funding by Ipas. Such registering of a decline in the organization of events should not be seen in and of itself as a negative; funding naturally has a finite term and it is normal that beneficiaries of the grants acknowledge that the end of funding means an end to work. According to members of the CBOs, they were unable to continue executing activities that required significant funding, thus

they resorted to those activities that require lower levels of investment. This may be an issue of perception more than reality, but arguably it may require greater focus in the future. Similarly, the university champions explained that they have not been able to undertake bigger events like the SRH day which brought students together to participate in various activities including skits, games, music and during which SRH messages were passed.

In order to improve the national environment in supporting SRHR, Ipas embarked on a number of activities that included ensuring the completion of standards and guidelines and codes of conduct, and worked towards their dissemination through health professional associations, meetings and workshops. Ipas, in collaboration with other partners, conducted briefings for legislators, judges and other policy makers on SRHR provisions as described in the Constitution. Additionally, Ipas conducted sensitization meetings for national-level organizations. Other activities conducted included dissemination of results of the Kenya Magnitude and Incidence Study that was conducted in collaboration with African Population and Health Research Centre (APHRC), skills-building workshops conducted to equip selected champions with advocacy skills, and training conducted to journalists and editors.

5.5 Views of County Reproductive Health Coordinators

County Reproductive Health Coordinators from four of the seven counties participated in the research; they were from Busia, Siaya, Vihiga and Trans Nzoia. These County RH Coordinators validate the views of the community that Ipas' work has improved knowledge, attitudes and behaviour relating to SRHR. All the four participants were females. The key themes that emerged were as follows.

5.5.1 Lack of budgetary changes for SRHR at the county

Generally, the RH Coordinators claimed that no budgetary changes (as opposed to broader policy change) pertaining to SRHR had been observed by them at the county level. Across all the four counties, it was observed that the county governments have not taken the initiative to put into place any meaningful measures to increase the SRHR-related welfare of local communities. Whereas there has been a minimal increase in budgetary allocation to the Health Sector in Busia County, this is not reflected in the allocations for SRHR segment just like in other counties.

Among the reasons behind this situation include the fact that the national allocation for health to the counties is very minimal, and it would not be adequate for planned SRHR activities as well as lack of clear policy guidelines and formulations on this item. In addition, a lack of political goodwill has been observed among some county government officials, and among others, a lack of basic understanding of SRH issues. This despite efforts that Ipas made which were geared towards ensuring increased counties' budgetary allocation for SRHR.

5.5.2 Limited policy measures by the county government to ensure women access SRH services

Over the last three years, the various county governments have put in place different policy measures to ensure that women in the counties are able to access SRH services, such measures range from the provision of essential SRH services and equipment, to the development of strategic plans that guide provision of such services.

In Vihiga County for instance, the county government has purchased and made available ambulances that are intended to support pregnant women experiencing maternal emergencies. In Siaya County, the county government has adopted the Family Planning Zero Draft Report and the County Director of Health has instructed all healthcare providers to give survivors of sexual and gender-based violence the care they need, at no cost. The county government of Busia County meanwhile has put in place a County Health Strategic Plan that should guide provision of healthcare services.

5.5.3 Interaction with Ipas' SRHR Project

All the county Reproductive Health Coordinators reported that they had interacted with Ipas' SRHR Project. The RH Coordinators were generally able to expand on these occasions when they interacted with the project. The more memorable recollections included the launch of 'Stand Up Speak Out' and the 'Dear First Lady' essay-writing completion. Also recalled were awareness-creation activities and meetings such as stakeholder surveys, and during quarterly reviews. During these activities, the RH Coordinators were able to make positive interactions with Ipas staff, who according to RH Coordinators for Busia and Trans Nzoia counties;

> *"… are very welcoming, trustworthy and participatory as they will always observe the role of the existing government structures for any activities to be implemented."* RH Coordinator, Busia County

> *"I interacted with Ipas staff during trainings on CAC, and during supervision and data collection. They are respectful, always consulting and are hardworking."* RH Coordinator, Trans Nzoia County

The RH Coordinators mainly engaged with Ipas staff during CAC trainings, supervision and data collection, and enjoyed constructive interaction on reproductive health issues. Through these interactions, the RH Coordinators were also able to understand the existence and nature of gaps in SRH, and to appreciate how the input of Ipas staff was making a positive contribution to the health facilities were helpful to the healthcare staff.

Several concrete changes were identified that were seen to be attributable to Ipas' work. In Busia County for instance, it was observed that more girls are now standing up for their rights than had previously been the case. Moreover, the First Lady for Busia County has taken a lead in the propagating sexual and reproductive health rights of the girl child more than before.

In Siaya County, it was asserted that more youth now feel comfortable in discussing adolescent and youth sexual and reproductive (AYSRH) issues. Moreover it was said that a higher proportion of youth are now seeking services in health facilities. It was also noted that because of the SRHR Project, many youth have now joined youth groups and have become more assertive and more supportive when discussing the issue among their peers.

As a result of the project being implemented in Vihiga County, communities in that county are now able to access safe abortion services in the health facilities. In addition, because of the community awareness activities that were conducted during the project, many communities are now aware of their sexual rights and the youth have changed their sexual and the general health seeking behaviours.

RH Coordinators' pointed to four broad recommendations. Firstly they suggested more engagement with county-level leadership in order to ensure the county government comes up with RH-specific budget that is owned by the county. Secondly, they suggested intensifying the mobilization among adolescents and in institutions that offer training to the youth such as secondary schools and tertiary institutions. Thirdly they suggested scaling up to facilities to be able to train more providers. Finally they lobbied for a further strengthening of the collaboration with Ministry of Health: i.e. involving County Health Management Teams (CHMTs), RH Coordinators in trainings and provide mentoring and support supervision.

6. Conclusions

6.1 General conclusions

In this section we re-cap the evaluation matrix questions, in order to provide a rounded review of the findings of the project.

- There is clear belief among the project's stakeholders, which is supported by TNS, that this project has met its aims.
    - Any evaluation must be mindful of the context in which it sits and the motivations and reported / claimed views of those engaged. In this case the depth of conviction of the stakeholders, and their ability to support their views with evidence allows TNS to conclude that this project has indeed proven successful. In our view this project was well conceived, well-orchestrated and well-executed.
    - The key finding that underpins the above is the gap between the qualitative formative / baseline findings and TNS' findings. The SMS research with community members showed that these areas no longer closely resemble the areas as they were previously described in terms of attitudes held.
    - One specific fact that supports this claim would be that nine out of ten people in these areas feel that there is more interest in SRHR than there was four years ago. Moreover two-thirds of the members of these communities feel that if somebody they knew needed an abortion, they would know where to go. Over 4 out of 5 say they know abortion to be legal.
- While there are demographic differences, there is no major demographic imbalance; in particular both genders have relatively similar attitudes to the subject. Some significant differences were noted across areas; for example awareness of where to go for a safe abortion is far lower in Trans Nzoia at 56 per cent that it is in Busia (69 per cent).
- The strengths of the program appear to lie indeed at the impact at the community level. Moreover, not only did community members and CBOs report enhanced behaviours in terms of the vital measures (such as reporting for safe abortion), broader examples of success that pertain to wider social benefit may be especially important to Ipas. These included a reduction in gender-based violence across counties, enhanced parent-child communication, sex workers feeling they have a mandate to push for the use of contraception, the extent to which young women can feel that they are able to discuss SRHR issues with their peers and in public, shifts in attitudes towards birth control, and

men being described as being more willing to join in decision-making around contraception.

- The feedback got from the parliamentarian was highly favourable. The reaction here on Ipas work was extremely favourable. The respondent felt that Ipas is leading the field, and that the quality of the advocacy work is very high. Only one issue was that the respondent was not aware of Ipas work on the ground, and that felt like a missed opportunity.

- Students and their champions had a positive recollection of the activities. Their knowledge around SRHR indeed is slightly better than among the general population.
    - Of particular interest is that almost all (97 per cent) of students know that abortion is legal in certain circumstances.
    - Examples of the adoption of innovative techniques include JOOUST's use of media (cinema) and the use of social media to embed the program
    - The two universities demonstrated relatively similar patterns of responses.
- No project is without its opportunities for improvement
    - Regional Health coordinators said that little or nothing is happening at the local policy level, and this may be considered as a priority area moving forward
    - For Ipas an opportunity may lie in handling and or managing expectations in so far as sustainability and continuity appear in the eyes of the CBOs in particular. As the community level in particular. If there is one key learning for Ipas it is that communities feel that Ipas could have done a better job of leaving the local communities better placed after the end of the programs. Whether this view is reality or perception is challenging to assess, but nonetheless this merits further consideration.
    - Parliamentarians could be better informed of the full range of activities that Ipas is conducting on the ground. One MPs engaged with had little knowledge of the community-level work of Ipas. This does not appear to be a problem per se, but it would seem relatively easy to bolt on communication with parliamentarians a little communication on the good work being done at the community level
    - Student champions would like more knowledge of budgets
- While progress has clearly been made, the challenges (even in areas where so much effort has been made) are clear; more than a third of people in targeted communities feel that *'a woman who has had an abortion cannot be trusted',* while just over half feel that '*a woman who has had an abortion bring shame to her family and community'.* It may be reasonable to reflect that while the project has met with success, to some degree the fundamental and faith-associated values held by these communities over generations will inevitably continue to bring long-term resistance to the complete transformation of local views.
- The lack of activity at the local policy level is a concern. Fundamentally, politicians at the local level remain largely apathetic to the issue of SRHR. Strategically, this is a concerning bottleneck. It may be a reflection of a natural evaluation of Ipas' strategy that impact is seen at the national but not local level. It is beyond the scope of the evaluation to determine the relative difficulty of affecting the latter. However it would seem

nonetheless to be a threat that the programme impacts at the national level yet this does not devolve to the local level.

- Perception of Ipas staff was overwhelmingly positive. In particular, engaged politicians and RH Coordinators appreciate the input of Ipas staff in capacity building and development of Standards and Guidelines.

6.2 Objective-specific findings

6.5.1 Project effectiveness: To what extent has the overall project been effective in empowering women and improving the national policy environment for SRHR?

Echoing the comments above, from discussions with community members, members of implementing CBOs and university champions, it was established that since the start of this project in the seven counties, there has been increased knowledge, attitude and practice among students and community members. This change, according to study participants, is directly associated to the project activities. In their view, university champions were able to confidently attribute the reduced cases of unsafe abortion in their respective campuses to their concerted effort of delivering messages to the students. In addition, the responsiveness on part of students and the university administration made this process easy.

6.5.2 Project efficiency: How efficient was the project?

The project is considered to be relatively efficient considering the effort that was put against the outcome that it achieved. With Ipas having clearly outlined the activities it would like the CBOs to undertake so as to achieve results, the CBOs did their planning of activities based on the strategies that had been set by Ipas. In the end, majority of the activities were executed as planned, with very few cases when changes had to be made on the planned activities. In addition, the project's budget matched the planned activities. The project's funds disbursed to the CBOs and the universities were adequate to implement planned activities which included trainings to the champions and CBOs, development and distribution of IEC materials, theatre activities, community engagement activities and student activities in the campus. One minor weaknesses was a small degree of concern around limited ability to involve the community at proposal planning and inception.

6.5.3 Project relevance: How relevant was the project to addressing women's SRHR?

TNS is confident that the project approaches and strategies were highly relevant, as the communities to whom they were designed supported their design and execution.

6.5.4 Project impact: What was the impact of the project on women in the community and the national SRHR policy environment?

As a result of this project being undertaken in the communities, many women are now seeking Comprehensive Abortion Care services/information. This is in contrast with the past when they rejected this path, and instead undertook unsafe abortion. Because many people now have knowledge of the circumstances when a woman can seek abortion services, and also know where they get the CAC information and services, many women are able to get the safe abortion services.

Since the start of this project, there has been increased community engagement with SRHR across the seven counties. Community members are more interested in participating in activities and in passing on information to others. In addition, men have increased awareness and are more open to dialogue on SRHR issues which was not the case before when they viewed it as a female's agenda. In addition, more community members are now involved in identification and prosecution of perpetrators of SGBV in their communities. Moreover, because of the increased community engagement in the counties, there has been increase in number of school-going girls who successfully give birth and return to school.

> *"Efforts by the champions and community groups supported through resulted in the return to school of 12 girls who had been sent away because of unwanted pregnancies or abortion. In addition, the champions and groups ensured that six girls who were victims of rape or defilement were attended to at health facilities and that suspected perpetrators were arrested and the cases taken to court."* SRHR Project Implementation Report, pg 13

6.5.5 Project sustainability: Are the project's outcomes sustainable?

Despite the fact that this project ended, the student champions have continued with their campaigns in campus through their WhatsApp, Facebook and Twitter accounts. In addition, the student champions have continued distributing IEC materials to students, conducting door-to-door campaigns and discussions with fellow students in the SHARE Club. Moreover, the student champions are able to continue with passing information to fellow students.

The project activities are set to slow down as though that require funding are currently not undertaken both in the community and at the university. While this is a natural state of affairs, the hunger that has been created in the communities appears to have created some degree of unrealised expectations. A victim perhaps of its own success, this might need to be managed in the future.

7. Recommendations

- Countering the perceived lack of progress at the local policy level should be a priority.
    - The creation of county-level SRH budgets remains a crucial policy goal that to date has seen little movement, at least according to the Regional Health Coordinators and at least in the counties covered by this evaluation. The potential for positive social impact from the realisation of such budgets is self-evident.

    - To counter political apathy at the county level, it is suggested that a program or work stream is shaped that invests (or further invests) specifically, and potentially relatively heavily, in the attempt to lobby at a local level. It may be the case that Ipas could consider experimenting or piloting a range of advocacy options to explore which meets with the most success.

- Ipas should work to ensure that expectations among CBOs and communities are met regarding activities to occur after funding. It will always be the case that fundees will express disappointment at the end of funding, and it is conceivable that they may amplify those concerns in order to secure further funding. Nonetheless it remains TNS' impression that slightly more could have been done to manage expectations and plan for the time after the end of funding. While the communities were clearly wholly positive about the investment from Ipas, this left something of a negative impression for the minority. Also on the issue of continuity, more emphasis on scrutiny of CBOs to avoid cases of mismanagement and therefore the pressure placed on new CBOs may be worthwhile. Equally, a slightly greater investment in internally-managed M&E and grass-roots partnership would appear prudent.

- Further research
    - Future work should have a quantitative baseline component. While TNS is confident in the success of this project, the value of the work would be clearer if this had been in place. Indeed, the most notable opportunity for improvement may lie in ensuring that some form of quantitative baseline benchmark is available in each county in the future.

    - Ipas should consider the inclusion of media professionals in future evaluation work. This is recommended primarily with a view to potentially supporting enhanced lobbying efforts at a county level.
- Finances
    - University Champions should be given greater exposure to the state of budgets.
    - Any future investment should be accompanied by a proper consideration of the strategy at the national and local level, in order to bring reassurance that there is a robust theory of change at work that will ensure that impact is felt at the local level.

    - Further research with RH Coordinators is advised. It may be sensible to consider small qualitative longitudinal panels with this group in order to receive feedback around if and when Ipas' admirable efforts at the national level begin to trickle down.

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9. Appendices

Appendix A: The Evaluation Matrix

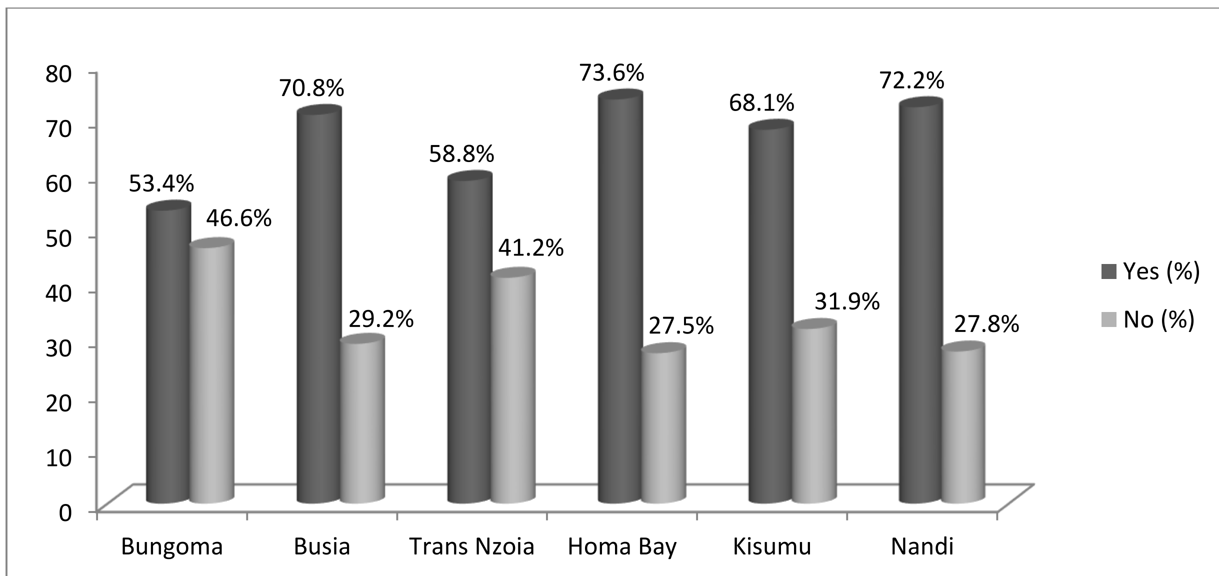
QN Number	Evaluation question	Sub-questions
1	To what extent has the overall project been **effective** in empowering women and improving the national policy environment for SRHR?	What evidence exists that the project managed to convey appropriate **information** on SRHR to women?
		How effective was the project in increasing community engagement so that women can **act** upon their SRHR?
		What evidence exists that the project's contribution to national policies improved SRHR **at the county level**?
		What evidence exists that the project is **improving national policy** relating to SRHR implementation?
2	How **efficient** was the project?	Was the work carried out as proposed in the budget?
		Was the work carried out as proposed in the planned period?
		How well the activities led us to the intended outputs? (A set of criteria will be developed to help us to subjectively assess each activity).
3	How **relevant** was the project to addressing women's SRHR?	Were the approaches and activities undertaken in this project relevant and strategic to the project's purpose?
		To what extent did young women benefit from this project?
		Has the project managed to adapt to a changing policy environment?
		Has the project managed to adapt to the changing and varied nature of community attitudes towards SRHR?
4	What was the **impact** of the project on women in the community and the national	To what extent has the project **encouraged** communities to advocate for SRHR within the participatory budgeting process?
		What evidence exists that the project has led to more women seeking induced abortion services?
		To what extent has the project **built communities' capacity to** advocate for SRHR within the participatory budgeting process?

	SRHR policy environment?	To what extent did the project increase community engagement with SRHR?
5	Are the project's outcomes **sustainable?**	What evidence exists that the project promoted partnerships between communities and institutions, and between communities and stakeholders, as a result of the project?
		What evidence exists that the project **facilitated Ipas partnerships,** with proposed national organizations, to support positive SRHR outcomes?
		To what extent was the capacity of the CBOs built to enable them to continue work of similar nature (SRHR; including abortion, SRH violence etc)?
		What evidence is there of the project enhancing policy influencers' agency at the national and county level in relation to SRHR issues, including CSOs, judges, and MPs?

Appendix B: Results from survey with comparison counties

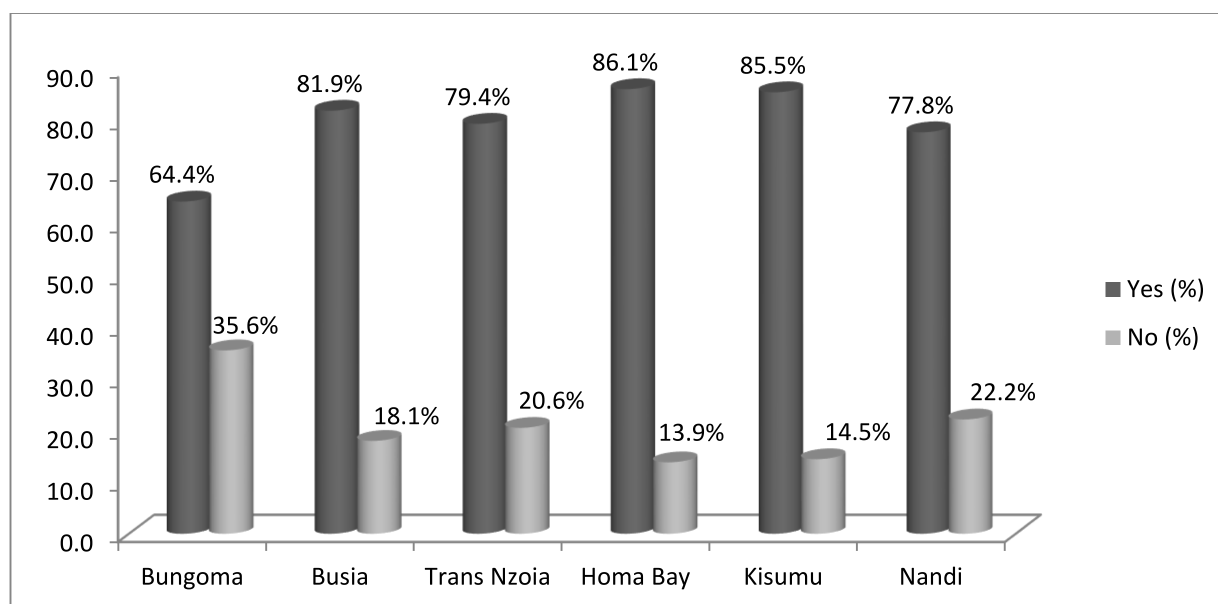
Information conveyed by the SRHR project

Two-thirds of the community members who participated in the SMS survey had knowledge of where people can get safe abortion. Among individuals from the counties where the project was implemented, 41% reported no knowledge of a place where safe abortion services were offered, whereas only 29% of respondents in non-project counties did not know where such services were offered. Bungoma and Trans Nzoia counties had the highest proportions who did not know where these services can be got



Role of the SRHR Project in increasing community engagement

One-quarter of community respondents in the three counties where the project was implemented reported no knowledge of Article 26 of the Constitution of Kenya that permits abortion should the pregnancy threaten the health of the bearer. This proportion is higher than that of respondents from control counties (17%). Populations in Bungoma County are the least knowledgeable about this provision with only about 64% reporting this. Communities in the two counties in wider Nyanza Region displayed fairly strong knowledge of this provision (Homa Bay and Kisumu=86%).



Community attitudes towards SRHR

One key intention of the messages that were passed by the CBOs was to change the attitudes of community members and the students towards SRHR, particularly abortion. In terms of attitudes, only 31% of the members of the communities that participated in this survey exhibited positive attitude towards people who have had abortion. About 60% of these respondents who had positive attitude came from comparison counties of Kisumu (24%), Homa Bay (20%) and Nandi (15%) against the counties where the project was implemented of Bungoma (14%), Busia (14%) and Trans Nzoia (13%). From the community survey, 79% of the respondents had a feeling that women who procure abortion are sinning.

Change in community interest in RH compared to 4 years ago

According to 90% of the community members who participated in this SMS survey, more people have become more interested in SRHR issues over the last four years than before. This was a feeling that cut across all the 6 counties, regardless of whether comparison or intervention.

Community members more interested in RH more than 4 years ago?		Bungoma	Busia	Trans Nzoia	Homa Bay	Kisumu	Nandi	Total
	Yes %	15.3	16.6	8.4	17.1	16.3	16.6	90.3
	No %	3.3	1.8	0.3	1.3	1.3	1.8	9.7