Scanteam
Resource for Results

Removing Barriers: Improving Access to Women's and Girls' SRHR in Ethiopia and Kenya (2019-2021)

External Midterm Evaluation

FINAL REPORT

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Norway

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Acronyms

CSOs	Civil Society Organizations
FGM	Female Genital Mutilation
FOKUS	Norwegian Forum for Women and Development
GBV	Gender Based Violence
MICONTRAP	Migori Community Traditional Negative Practice Mitigation Organisation
NGO	Non-Governmental Organization
NKS	Norwegian Women's Public Health Association
PAWA	Pan-African Women Association
SGBV	Sexual Gender Based Violence
SRHR	Sexual and Reproductive Health and Rights
ToR	Terms of reference
WHAE	Women's Health Association of Ethiopia

1 Executive Summary

FOKUS, the Forum for Women and Development Norway, invited tenders for a midterm evaluation of its program "*Removing Barriers, Improving Access to Women's and Girls' sexual and reproductive health and rights (SRHR), Ethiopia and Kenya (2019-2021*)". Scanteam was awarded this task, and this report presents the findings, conclusions and recommendations.

Background and Introduction

The overall objective of the program is to improve women's and girls' access to safe abortion and other sexual health and reproductive rights (SRHR). The program is implemented in conflict-affected and/or socio-economically marginalized areas. The target groups are women and girls from poor rural and urban communities, including adolescents, indigenous, lesbian, bisexual and transgender (LBT) women and women and girls with disabilities. The program builds on the work already carried out by FOKUS' partner organizations, mainly with support from Norad since 2015.

In Ethiopia the program has an annual budget of approximately NOK 3 million. FOKUS´ member organisation, Norske Kvinners Sanitetsforening (NKS), manages the program´s implementation. The Women´s Health Association of Ethiopia (WHAE) is the implementing partner organisation based in Ethiopia. In Kenya, the program has an annual budget of approximately NOK 1 million. The Pan African Women´s Association (PAWA) is FOKUS´ member organisation manging implementation of the program and based in Norway. The Migori Community Traditional Negative Practice Mitigation Organisation (MICONTRAP) is the implementing partner organisation based in Kenya.

A mixed methods approach was applied to carry out the evaluation. The available documentation was reviewed; a first set of exploratory interviews conducted before field work was done in the two countries, and then a final set of interviews with key stakeholders was done to validate the findings.

Impact

Likelihood of Success: In **Ethiopia,** significant progress has been made in terms of popular awareness, linkages with health care, and economic empowerment. Women are giving birth in health facilities, cleanliness and sanitation have improved, more women are receiving family planning services, and the members' enterprises are prospering The close working relations with local authorities is a positive sign of project longevity and success. In **Kenya,** respondents agree that GBV and FGM remain major human rights, health and development challenges in Migori and Narok Counties. There is consensus that the project should continue to focus on GBV and FGM, but some suggest to also address related SRHR challenges, like adolescent pregnancies and contraception, as well as enhance support to the enforcement arms.

Positive and Negative Effects: In **Ethiopia** the SRHR policy has been formulated by the Ethiopian Federal Ministry of Health, but gaps exist when it comes to implementation. Lack of access to services, knowledge gaps, the COVID-19 pandemic, as well as the ongoing conflict in several regions have hampered access to SRHR services. The conflict and COVID-19 have contributed to increased violence against women and limited access to SRHR services. In **Kenya**, the project significantly increased knowledge of harmful effects of FGM and GBV, but women who have not undergone FGM are sometimes discriminated and mocked and referred to the Children´s Department for help.

Coordination and Strategic Alliances: WHAE coordinates closely with the health authorities, and currently works in eight regions, though activities in Tigray are suspended due to the conflict. In Kenya, PAWA and MICONTRAP's coordinate and collaborate with the authorities at national and county and sub-county levels on the wider scope of SRHR beyond FGM and GBV. The project collaborates with CSOs including faith-based actors.

Factors that may Endanger Impact of the programs: COVID 19 has affected the impact of both programs and may continue to do so. The ongoing conflict in Ethiopia has discontinued any means of communication with the project areas in Tigray. In Kenya the project has supported girls who escape FGM and who normally come back to the community but are unable to convince peers and younger girls of the benefits from this.

Relevance

Local Partners: For **Ethiopia**, FOKUS and NKS work with WHAE to implement the programme on SRHR. For **Kenya**, FOKUS works with PAWA, a Norwegian FOKUS member organisation, and MICONTRAP. MICONTRAP's role is to implement while PAWA provides technical support and implementation oversight.

Alignment with National Policy: In both countries, there is full alignment with formal policy**.** National and county level policies in Kenya seek to end both GBV and FGM.

How Duty Bearers are Addressed: In **Ethiopia**, WHAE collaborates with national policy makers, regional health and finance bureaus, relevant ministry staff, community mobilizers and leaders, who are actors that cam influence legislation indirectly. Direct partnership with law enforcement is missing. In **Kenya** the project has worked closely with the Children Officers, education actors and various community leaders in planning and implementation while outlining legal obligations of duty bearers.

Appropriateness of Strategy: In both countries the project strategy is seen as appropriate and tailored to local contexts. In **Kenya** there is need to expand project scope to cover related SRHR issues, especially teenage pregnancy and investment in enforcement of duty bearers, mainly police and judicial officers.

Replication of innovations: In **Kenya**, the project was found to replicate and scale innovations and lessons learnt such as the use of ambassadors in community educations, as well as of locally available motorbike taxis "*Bodaboda*" to increase project reach to communities in areas with poor infrastructure.

Efficiency

Efficiency of planning and implementation: In Ethiopia more activities have been achieved within the set budget, and virtually every Outcome and Output has been delivered as planned, with the exception of the community outreach numbers. This is due to the pandemic with fewer people attending events. In **Kenya** MICONTRAP has various systems and processes in place to track efficiency. PAWA and FOKUS provide oversight to the project, including in mentorship, capacity building and financial management.

Quality and timeliness of deliverables: In both countries the project has been able to deliver most of its outputs. In Kenya there have been some implementation delays due to late transfer of funds, so the funds transfer system needs to ensure minimal delays so that project activities are not affected. One challenge is late transfers from the donor. While this remains outside FOKUS' control, efforts should be made to minimise such disruptions by ensuring the donor is aware of delay consequences but also internally manage cash flows such that activities can be maintained as far as possible.

Contribution of local capacities: In both countries the program is implemented by the local partners. FOKUS supports the partners and provides training but overall implementation is the responsibility of local actors.

Effectiveness

Extent to which Outputs have been delivered as expected: In **Ethiopia**, all outputs including contraceptive use, reduction of FGM, access to health centres, community campaigns, women´s business assistance, have been achieved. In **Kenya**, a comparison of the project targets and achievements shows that the project has achieved most of its results.

Degree of satisfaction among the beneficiaries: in **Ethiopia**, case stories and interviews document the satisfaction with the deliverables. In **Kenya** most beneficiaries likewise stated that they were happy with the project, though some want it to expand its scope and increase support to related SRHR priorities like teenage pregnancy as well as step up support for enforcement agencies.

Sustainability and Value Added

Sustainability and alternative financing: In both countries, the technical, managerial including financial management capacities have improved considerably due to the partnership, to the point where many of these technical-managerial improvements are likely to be sustainable, both at local and organisational levels. Where both partner countries face problems is with respect to alternative financing if FOKUS funding ends. While alternatives have been tried, they have not been successful.

Added value of FOKUS: In **Ethiopia,** the value-added dimension of FOKUS and its partners are seen to revolve around improved capacities due to regular evaluations, uniform checklists, clear manuals on anticorruption, risk preparedness, knowledge on SRHR issues, financial management and reporting through reviewing and commenting on project based audits, and the promotion of project activities through FOKUS supported social media visibility, and political legitimacy in advocacy work. In **Kenya,** FOKUS has exposed local organizations to international networks, supported cross learning events, exchange/twinning programs for technical staff and facilitating attendance of various forums/meetings and supporting partnerships at international level. It has provided access to international organizations that are involved in FGM activities.

Conclusions and Recommendations

Achievements: In **Ethiopia,** WHAE is contributing to policy change and improved practices but also general awareness raising on SRHR issues, including using community agents and health personnel. In **Kenya** the outreach and awareness raising is again a key field, where the work on including boys, men, traditional leaders as well as reaching specific minority communities with a different view on SRHR issues is noteworthy. Both projects remain highly dependent on donor funding, however.

Strategies and methodologies have been participatory and community-specific in the two countries. While WHAE has been working across the country, training and mobilising local community agents, MICONTRAP in Kenya has targeted specific hard-to-reach communities. In both cases, this listening and context-sensitive approach has allowed the organisations to successfully convey messages and contribute to some changes in attitudes and behaviour.

Lessons learned include the value of the participatory approach, noted above, but also the importance of involving men and boys in the trainings and awareness raising. Another lesson is that a program that addresses several dimensions of the SRHR agenda is more likely to succeed as the multi-dimensionality will address priority needs of more, since each person has a slightly different degree of importance tied to the various intervention dimensions.

Value added of FOKUS is linked to the capacity development it provides; the links to international actors and networks; access to lessons learned in countries seen as relevant to own situation; providing political legitimacy for own advocacy work.

Recommendations are divided in two: General for the region in general, and country specific proposals.

General Recommendation:

The scale, approach and nature of the programs in Ethiopia and Kenya are quite different yet provide a range of lessons with respect to women's rights in the region. The main recommendation of this evaluation is that FOKUS and Norad agree to lead and fund a "research, learning and reflection" process over the next couple of years, to generate a stronger evidentiary foundation for women's rights in the region and which the public sector, private sector, civil society, funding agencies, academia see as relevant and useful for own decision-making [chapter 9 provides a ten-point list of possible issues].

The suggested agenda is wide and comprehensive and will need to be scaled down and sequenced so that there is a logical structure to the process. A first step might therefore be a brain-storming workshop with interested public sector, civil society, academic, donor actors to agree the issues to look into, who can take responsibility to lead and implement the process and ensure presentation and discussion of the results.

For managing such a process but even more for following up and providing support, FOKUS should consider establishing a hub in the region. This would allow FOKUS to address issues like cross-border interaction and learning; providing more direct assistance in areas FOKUS has expertise in such as monitoring, evaluation and activity quality assurance; capacity development and experience exchanges; financial management and reporting; and other aspects of organisational development. Such a regional hub would imply a decentralisation of some FOKUS responsibilities to the region, like the Bogota office.

***Specific country-program Recommendations are*:**

Ethiopia Program

- FOKUS to support WHAE in establishing stronger links with UN Women due to WHAE's interest in strengthening its international partnerships.
- WHAE staff have also expressed an interest in becoming party to an experience sharing platform with other partners of FOKUS.
- WHAE should also be supported in its ambitions of strengthening its connections to the Federal Ministry of Health of Ethiopia and to become a member of Network of Ethiopian Women's Association (NEWA) in order to partner and work with other women associations, not least for lobbying and influencing public policies and practices when it comes to women's rights.
- WHAE has requested more capacity building in areas like results reporting training as well as funds raising in order to strengthen its financial solidity and sustainability.

Kenya Program

- SRHR concerns like teenage pregnancy and how public actors like County Health Authorities that have SRHR expertise and mandates can be better integrated into a more comprehensive approach to women's and girls' SRHR.
- Women who do not undergo FGM are often stigmatised in society. FOKUS should ensure there are systems in place to support these women. Sensitisation needs to be backed up with an intervention.
- The project should consider expanding its geographical area while increasing its intensity in already covered areas. This can be done either through direct outreach to selected neighbouring communities not covered by other agencies, or through drawing partnerships with other actors. Any geographic expansion must consider socio-cultural differences and design actions accordingly.
- Circumcisers rely on income from this practice for their livelihood. The project should identify how this issue can best be addressed since the prestige and importance of these actors make it important that they also support the transition away from continued FGM.
- MICONTRAP is a small organization so it may be necessary to reach out to other actors if the program is going to have a wider impact on FGM in Kenya, and potentially in neighbouring countries where this remains a problem.

2 Introduction and Methodology

FOKUS, the Forum for Women and Development Norway, works with women's organisations across the globe, both at country level – currently in the seven countries of Colombia, Ethiopia, Guatemala, Kenya, South Sudan, Tanzania and Uganda – but also globally, and in particular as a partner with UN Women, where a formal agreement was signed in 2019.

As part of this programme, FOKUS provides funding for local organisations that among other things support women's roles and voice in the implementation of sexual and reproductive rights and health (SRHR) projects.

In connection with its reporting on SRHR projects, FOKUS invited tenders for a midterm evaluation of its programme to support organisations engaged in the field of SRHR in Ethiopia and Kenya. Scanteam was awarded this task, and this Final Report presents the findings, conclusions and recommendations of this evaluation.

2.1 Understanding the Task

The general purpose of the evaluation was to assess implementation/ progress according to the OECD-DAC evaluation criteria:

- ***Impact***: What differences has the intervention made?
- ***Relevance***: Is the intervention doing the right things?
- ***Efficiency***: How well are resources used?
- ***Effectiveness***: Is the intervention achieving its objectives?
- ***Sustainability***: Will the benefits last?

The more ***specific objectives*** of the evaluation are to:

- Identify, analyse and assess the achievement of program outcomes based on the results achieved, the indicators proposed and the baseline of the program.
- Analyse and evaluate the strategies and methodologies used by the program, partnerships and the management model implemented by organizations to achieve results, identifying successes, constraints and obstacles encountered during program development.
- Identify lessons learned regarding women's participation and protection, managing the program and overcoming challenges or obstacles for program staff and partner organizations.
- Analyse the added value of FOKUS
- Develop specific conclusions and recommendations that are useful to partners and collaborating organizations and to FOKUS regarding how to improve women and girls´ access to SRHR, such as safe abortion in Kenya and Ethiopia.

2.2 Methodology

The team used a mixed methods approach to the evaluation, where the various parts of the work have been done in sequence. The first step was to review relevant documentation at the overarching programme level (FOKUS in Norway) and subsequently the country-specific documentation. This was followed by a first set of interviews with key staff in FOKUS Norway, where the notes were shared with the national consultants. The national consultants then had a first set of conversations with the key partners on the ground and based on this the work program for the field work was prepared.

The field work was then carried out (see Annex D for their programs), where the national consultants carried out both one-on-one interviews with key informants as well as focus group discussions with some of the women's groups on the ground.

Based on this information, the issues contained in the Evaluation Matrix (see Annex E) were then systematically addressed before the report was drafted as a joint exercise by the full team.

The major challenge for such studies as this one, however, is that there is never enough time for the in-depth interviews and case studies necessary to really identify the full range of changes in women's capacities, contributions to attitudinal shifts, influencing of policies and formal laws and procedures – or for understanding the subtle but important barriers and forces women face when trying to present their views and defend their sexual and reproductive rights.

Given the range of questions asked in the Terms of Reference, the team therefore focused on the methodology outlined above as the best approach to generating reliable and valid answers to the sometimes quite challenging questions being posed.

2.3 Limitations of Study

For some of the more complex performance issues, the evaluation is only looking at one component of the total FOKUS program. In Ethiopia FOKUS is also addressing economic rights. Since these other dimensions are not looked into, this report may have omitted possible synergies or inefficiencies.

2.4 Structure of the Report

The report follows the structure requested in the ToR. Chapter 3 provides a general introduction to the program and the results framework agreed for the period followed by a short description of the country programs in Ethiopia and Kenya.

When addressing the DAC criteria in chapters 4 (*Impact*), 5 (*Relevance*), 6 (*Efficiency*), 7 (*Effectiveness*) and 8 (*Sustainability and Value Added of FOKUS*), the report has provided the information and analysis by country, since the country contexts and experiences are so different and thus makes more sense to provide a coherent narrative along each dimension by country. Each chapter is then concluded with a Summing Up section where the various arguments are summarized for that criterion.

Chapter 9 is then a summative chapter returning to the overarching concerns of the study before concluding with a set of Recommendations.

The study contains six annexes:

- Annex A provides the ToR for the exercise.
- Annex B lists the documents consulted.
- Annex C presents the persons spoken with.
- Annex D details the timeline for the two country studies.
- Annex E presents the Evaluation Matrix that was used to address the various sub-components of the evaluation dimensions.
- Annex F provides the results reporting for the two countries, with the data provided for the 2019 and 2020 achievements.

3 Overview of Program

The SRHR program in Ethiopia and Kenya covers the period 2019-2021. The overall development goal of the program is to achieve gender equality and empower all women and girls. The expected outcome is improved access to safe abortion and other SRHR for women and girls (see Table 3.1). Based on the baseline information for the programs, the indicators proposed and the results, this outcome has been achieved for both Ethiopia and Kenya. Please refer to the results frameworks for Ethiopia and Kenya in Annex F for details of outcomes, outputs, indicators and quantitative data. In Ethiopia, FOKUS also works on Economic Empowerment as well as SRHR. Therefore, in the reporting below, some examples are provided based on the economic rights outputs and indicators in addition to SRHR.

3.1 Ethiopia

The Women's Health Association of Ethiopia (WHAE) is a non-profit, non-governmental organization that empowers women to be change agents in their communities by providing education on healthy living, leadership, and job creation. Women, according to WHAE, are the backbone of society. WHAE receives funding from FOKUS, NKS and from Partnership for Change. NKS manages implementation of the project. NKS also has twinning partners where local units in Norway partner with local units in Ethiopia. This twinning program is not part of the Norad funded SRHR program.

The project was conceived and is being implemented by WHAE with the overall goal of empowering women economically and socially so that they can contribute to society's well-being. Addis Ababa, Assosa, Chancho, Wolkite, Dire Dawa, Jimma, Harar, and Debre Berhan are the eight project regions in Ethiopia where the project is currently active. Since July of 2020, due to the worsening of the conflict in the Northern part of Ethiopia, the project areas in Tigray, namely Mekelle and Hagere Selam, could no longer be accessed.

The intermediate outcomes are (i) improved health seeking behaviours among local unit women, (ii) empowerment and capacity building of local unit women to contribute to community-wide positive health practices, (iii) economic empowerment of local unit women to pursue a healthy lifestyle, and (iv) empowerment of local unit women to contribute to the well-being of their respective communities.

The impact of WHAE in enhancing access to women's and girls' SRHR in Ethiopia has been recognized based on the findings of the most recent external project implementation review, which was completed in December 2021. The initiative is making good progress in the health and economic elements of women's lives, according to this study. Poor women are chosen as WHAE's local unit members by nurses and government officials to participate in a one-year direct research on health and associated concerns. Throughout the year, local unit members participate in numerous health campaigns on various health concerns, including those on SRHR, allowing them to carry on the torch of giving back to their communities.

Members get a variety of trainings and workshops on specific SRHR concerns. They are taught about the reproductive health system, fertility, family planning, male engagement, and prevalent reproductive health disorders and consequences. The large increase in post-test scores completed in these trainings when compared to pre-test scores is one indication of the influence of these trainings on improving the awareness and attitude of these women. After a year of health education and empowerment, they progress to business training. This ties in with the empowerment part and allows people to begin earning a living.

Following completion of the business program, WHAE grants these women seed money to establish their own enterprises. When these local unit members generate a sufficient income to sustain their families, they repay the initial seed money, allowing new women to be allowed into the following

cohort. They will thereafter be formally graduated from the program. This has guaranteed that the path of empowerment from women to women continues for thousands of women in the project regions. Local unit members, regional coordinators, nurses, steering committee members, as well as government and WHAE employees, have observed significant transformation in the lives of women, both economically and in terms of health.

> ***My husband wouldn't let me use contraceptives because he thinks it will make me infertile. But from WHAE's trainings, I know that to be false... So, I went alone and started using contraceptives without him knowing. Now I am living a happy life and spend my days working stress free***
>
> **A young woman, Addis Ababa (Gullele) local unit member**

3.2 Kenya

In June 2021, the Government of Kenya committed to end Gender-Based Violence (GBV) by 2026 through removing systemic barriers that allow GBV to thrive[1]. Gender Based Violence remains a major challenge in Kenya, with over 40% of women likely to face physical and or sexual GBV in their lifetime. One in five girls face child marriage and/or Female Genital Mutilation[2] (FGM). According to UNICEF, FGM has been performed on more than 200 million women and girls worldwide[3] (UNICEF, 2016). In Kenya, 21% of girls and women aged 15 to 49 years have been subjected to the practice, while in Western Kenya – where the project is located – 30-69% of girls and women have undergone FGM. In most communities, FGM is a prerequisite to marriage. School-aged girls who are cut generally leave school and get married, increasing the school drop-out rates among girls, eliminating chances for girls´ socioeconomic improvement, enhancing early pregnancy and fostering the social and health risks

[1]https://www.equalitynow.org/news_and_insights/kenya_just_committed_to_ending_gbv_in_5_years_here_s_how_they_plan_to_do_it/

[2] FGM is the intentional altering or injuring of the female genitals for non-medical reasons.

[3] UNICEF. (2016). Female Genital Mutilation/Cutting: A Global Concern.

associated with FGM. By reducing FGM, both childhood marriage and poverty associated with the practice are deemed to reduce.

MICONTRAP Kenya, with technical support and oversight from the Pan-African Women Association (PAWA), implement an SRHR project focusing on eradicating FGM and reducing GBV in Migori and Narok Counties. This project is mainly focused on building community capacity through awareness creation and fostering modifying behaviours of women, girls and other critical community actors. The project targets various cohorts including girls in school, college, out of school youth, parents, and other community members including men, duty bearers and key stakeholders. The project also collaborates with the County health department in providing comprehensive sexual reproductive health education and training and refers all health-related issues like contraception and teenage pregnancy to the county health departments. With a wide range of needs in the community, the key project concern is to optimize every shilling available. The project targets mainly the Kuria, Somali and Maasai Communities in target counties.

MICONTRAP Kenya was founded in 2006 and registered with the-then Ministry of Social Services. The founders shared a vision of improving livelihoods within the communities, with FGM being one of the key targeted harmful behaviours to eradicate. The organization received its first funding support in 2011 to fight FGM.

> ***Before the programme the community did not know the effect of FGM, and with the sensitization to end FGM among the community, people now know the effect and are creating awareness to stop FGM***
>
> **Participant, Women Focus Group**

Table 3.1: The overarching results framework, FOKUS Sexual reproductive health and rights program area, 2019-2022

Program:	**Sexual and reproductive health and rights**					
Impact:	**Achieve gender equality and empower all women and girls**					
	Expected result	**Indicator**	**Related to output**	**Program countries**	**Baseline (2015-2018)**	**Target (2019-2022)**
Outcome 2	**Improved access to safe abortion and other sexual and reproductive health and rights (SRHR) for women and girls**	Number of women and girls assisted to realize their SRHR	2.1	Colombia, Tanzania, Guatemala, Kenya	13 020	23 610
		Share of SRHR-related legal assistance cases with a favourable legal outcome (%)	2.1	Colombia	54%	57%
		Annual number of cases of violence against women reported to law enforcement in intervention areas	1.2	Guatemala	25%	50%
		Estimated prevalence of female genital mutilation in intervention areas (%)	2.2/2.5	Kenya	78%	60%
		Number of violence against women-related public policies, laws and action plans influenced	1.3/1.4	Ethiopia	TBD 2019	Baseline - 5%
		Number of public policies, laws and action plans related to SRHR influenced	2.3/2.4	Colombia, Guatemala, Tanzania, Ethiopia	8	24
		Estimated share of target group favourable to abortion (%)	2.2/2.5	Ethiopia	TBD 2019	Baseline + 10%
		Proportion of women and men who think women are to blame for intimate partner violence	1.5/1.2	Tanzania	TBD 2019	Baseline + 15%
		Estimated share of target group favourable to contraception (%)	2.2/2.5	Ethiopia	TBD 2019	Baseline + 15%
Output 2.1	Women and girls assisted to realize their SRHR	Number of clinics supported to provide SRHR services to socioeconomically vulnerable women and girls		Colombia, Kenya	15	24
		Number of pharmacies supported to dispense Misoprosto		Tanzania	3	3
	Capacity of public and private	Number of capacity development materials created		Colombia, Kenya, Guatemala	10	21

Output 2.2	stakeholders working on women's and girls' SRHR reinforced	Number of professionals trained in SRHR	Colombia, Tanzania, Guatemala, Kenya	4 926	5 610
Output 2.3	CSO advocacy efforts on improving access to women's and girls' SRHR strengthened	Number of policy inputs submitted	Colombia, Tanzania, Kenya, Guatemala, Ethiopia	174	242
Output 2.4	Knowledge of women's and girls' SRHR expanded	Number of studies on women's and girls' SRHR published	Guatemala, Colombia	8	10
Output 2.5	Awareness of women's and girls' SRHR raised	Number of persons educated about SRHR	Colombia, Tanzania, Kenya, Ethiopia, Guatemala	66 056	238 115
		Number of awareness-raising campaigns on women's and girls' SRHR conducted	Colombia, Tanzania, Kenya, Guatemala, Ethiopia	41	46
Output 2.6	Capacity of FOKUS' partners strengthened	Number of FOKUS' partner organizations working on SRHR trained and/or supported in organizational and professional development	Colombia, Tanzania, Kenya, Guatemala, Ethiopia	8	9
		Number of exchanges carried out by FOKUS' partner organizations	Guatemala, Colombia	4	4
		Average capacity index score7 in FOKUS partner organizations working on women's SRHR (out of max score 96)	Colombia, Tanzania, Kenya, Guatemala, Ethiopia	79.5	85

4 Impact of Program

The ToR asks that the review discuss what difference has the support provided made by raising four questions:

- To what extent is the program likely to contribute to development or improvement of relevant national policies?
- Has the program generated any unforeseen or unintended effects, positive or negative? In the case of negative effects, have mitigation steps been taken, and if so, which?
- Has the program established any coordination/ strategic alliances in-country and what are results?
- What are the possible external factors that may endanger the impact of the program?

4.1 Ethiopia

WHAE implemented the programme in various regions within Ethiopia in health education, including SRHR, economic empowerment and community mobilization. The program has greatly contributed to providing information and raising awareness about reproductive health, gender-based violence and FGM. WHAE also provides sanitary materials, underwear and menstrual hygiene management education to girls in Addis Ababa (Mekelle and Hagere Selam as well as before the onset of the conflict). The baseline survey conducted in Tigray, for instance, indicates that girls have better knowledge and the capacity to say No to some of the impositions made on them.

Education is the one value added throughout the program. Life skills trainings have also empowered women and girls, which is clearly visible during discussions made with beneficiaries. Women and girls are now much more articulate than they used to be, and this empowerment is an additional value WHAE has brought to the program. WHAE has upgraded the SRHR education activity to a Stand-alone program, and advocacy is one of the components. WHAE believes that they will be able to influence policy in the coming years.

WHAE also runs a quarterly male engagement program as part of its reproductive health education. The objective is to foster better marital relationships between men and women, reduce violence against women and girls and engage men in community activities. WHAE provided training to the men on relationships and puberty so that they can have better relationship with their partners and better understand the developmental changes in their teenage daughters.

From the results framework, it can be seen that all outputs have been achieved except for the one related to Output 1.3/1.4, *the number of violence against women-related public policies, laws and action plans influenced,* which is less by 5% from the target value. Further investigation is warranted on that front. All other output targets have been met, with most exceeded from the target.

4.1.1 Likelihood of Success

So far, significant progress has been made in terms of popular awareness, linkage with health care, and economic empowerment. This highlights the critical need and rich ground for more study in the areas. With the present capacity and resources, 500-1000 graduating local unit members have been developed in each area and considerable progress has been made in these areas. Looking at, for example, contraceptive use, compared to the baseline study from 2019, contraceptive use has increased in Chaco

from 31% to 74% in 2020 and in Mekele in Tigray it increased from 72% to 75%.[4] Women are giving birth in health facilities, cleanliness and sanitation have improved, more women are receiving family planning services, and the members' enterprises are prospering, with each woman earning at least 500 Ethiopian Birr each month. When compared to a few years ago, this is a significant improvement. Furthermore, the close working relations with local authorities is a tell-tale sign of project longevity and success.

4.1.2 Positive and Negative Effects, Foreseen and Unforeseen

The SRHR policy has been formulated by the Ethiopian Federal Ministry of Health as one of the main components in the 16 health extension packages. However, when it comes to the implementation, many gaps exist. Lack of access to services, knowledge gap, the COVID-19 pandemic, as well as the ongoing conflict in several regions of the country have hampered access to SRHR services. Furthermore, the conflict and COVID-19 have contributed to increased violence against women and limited accessibility to SRHR services. This double burden has forced WHAE to resort to novel ways of addressing SRHR issues, such as regular neighbourhood monitoring by sentinel change agents. This challenge has also warranted several discussions with regional and national authorities on how to solve it.

WHAE mainly works on awareness creation on SRHR issues, and hence the demand creation side. Even though these activities have progressed relatively smoothly, since the demand still hasn't been met, full impact hasn't been made possible.

4.1.3 Coordination/ Strategic Alliances and Results

The WHAE SRHR projects are active in eight regions across Ethiopia: Addis Ababa, Assosa, Chancho, Wolkite, Dire Dawa, Jimma, Harar, and Debre Berhan. Since July 2020, due to the worsening conflict in the Northern part of Ethiopia, the project areas in Tigray, namely Mekelle and Hagere Selam, could no longer be accessed.

The rationale behind selecting these regions has to do with the demand and need identified through a Nationwide baseline survey conducted by WHAE prior to the implementation of this program. The selected regions had a big population size with the most socioeconomically disadvantaged women. Furthermore, most of the selected regions were suburban, which meant that equipping them with knowledge would also be met with service link and access. Furthermore, a suburban setup allows for easy access to credit services and land once women have been economically empowered, unlike a rural one.

WHAE aims to continue working in these regions because thus far, big leaps have been seen on mass awareness creation, linkage with health services and economic empowerment. This outlines the great need and very fertile ground for more work in the areas. Thus far, 500-1,000 graduated local unit members have been created per region, with the currently available capacity and resources. Women are giving birth at health centres, hygiene and sanitation have improved, more women are obtaining family planning services, and the members' businesses are thriving with each woman earning a minimum of 500 Ethiopian Birr per month, which is a significant improvement.

The WHAE approach has so far been successful, so WHAE would like to include additional geographic areas, specifically conflict zones such as the Ataye area in the Amhara region. Arbaminch and Chencha areas in the Southern region of the country are also of interest due to the large populations and young demographic.

4.1.4 Possible Factors that may Endanger Impact

[4] FOKUS (2021): Progress Report 2020 QZA 18/0377

The ongoing conflict in the country has severed all communication with Mekelle and Hagere Selam, the project areas in Tigray. There were strong local units, four big businesses and several regional staff in these areas whose status is now unknown. The conflict has also affected other project areas, such as Debre Birhan, due to the large numbers of internally displaced people, with major needs including food and SRHR services. WHAE has had to divert resources from various programs to address this unanticipated additional demand.

Another challenge has been the COVID-19 pandemic. Almost the entirety of the WHAE's activities were designed to be conducted in person including the education campaigns, monthly member meetings, community educations and trainings. New ways of working had to be adopted. Local nurses were provided phones and airtimes to conduct their consultations to members via the telephone. Additionally, five Community Agents per region were assigned to go house to house to provide basic hygiene and SRHR education. Due to these agents, most of the pregnant members were empowered to attend antenatal visits and deliver in health facilities, despite their initial hesitation to do so because of the pandemic. Smaller groups and virtual trainings were also utilized as mitigation strategies.

Another effect of the pandemic had to do with the limitation of market access for the women's businesses. This made it impossible for several members to support their livelihoods. WHAE and FOKUS stepped in during this time to provide food support. The rapid and flexible response to the changing needs in the society is a significant achievement in this WHAE/FOKUS project.

4.2 Kenya

MICONTRAP primarily represents girls and women (but not exclusively) from the Kuria, Maasai and Somali communities who are adversely affected by FGM, thus making them more vulnerable in society. Men, due to masculinity, capitalise on Harmful Traditional Practices so as to exercise authority while maintaining their position as final decision makers in the society and key gate keepers on matters of community traditions. This is so because homes/families in the project area are headed by men, which are highly regarded as a societal value.

Boys are a key target group due to their influence on girls´ decisions to undergo Harmful Traditional Practices. This is mainly on the rite of passage and graduation to womanhood. Boys in the project area have been made to believe that the uncut girls are regarded as outcasts thus cannot become good wives when they are ready for marriage.

Bringing on board boys, opinion leaders, women leaders, circumcisers and men is necessary as these stakeholders become obstacles to the implementation process if they are not fully involved.

4.2.1 Likelihood of Success

Key Informants and Focus Group Discussion respondents all agreed that GBV and FGM remain major human rights, health and development challenges in Migori and Narok Counties, especially among the Kuria, Somali and Maasai Communities that the project targets. Further to this, both document review and interviews indicated that eradication of GBV and FGM were key priorities at both the County and National level, with a presidential commitment to end FGM by December 2022 and a national commitment to end GBV by 2026. Interviews point to the project as a key contributor to improving gender and rights empowerment for women and girls in targeted areas of Migori and Narok Counties, especially in regard to reducing FGM and GBV in target areas. This has been achieved through increasing community knowledge and modifying behaviour and capacity building of various duty bearers. While many believe that the project should continue to focus on the two theme areas of GBV and FGM, key informants in the Kenyan Government and the MICONTRAP project point to the need to widen the scope of the project to more strongly cover closely related SRHR challenges, like adolescent pregnancies and contraception, as well as enhance support to the enforcement arms. This can be achieved through closer partnership and involvement of the County Health Authorities that have SRHR expertise.

4.2.2 Positive and Negative Effects, Foreseen and Unforeseen

Positive

Improved community knowledge on the harmful effects of FGM and GBV: Through community education and outreach services and working closely with respective Government authorities for health and child services, the MICONTRAP project has been able to significantly increase knowledge of harmful effects of FGM and GBV. This knowledge change has happened across a wide range of people, including various age categories of girls reached through the in-school and out of school programs; women and the general population reached through community level activities; duty bearers; bearers of community culture like elders and FGM circumcisers themselves.

An emerged trend of changing community attitudes and behaviours on FGM and GBV: Although FGM is still a major challenge, with most girls born in the project targeted communities still undergoing this harmful practice, key informants and focus group discussions note that there is a change in individual and collective attitudes towards FGM with more people starting to go against the practice. This change has been seen across the various segments of society, including men – where there are emerging groups of men who indicate they intend and are willing to marry women who haven't undergone FGM. For the three communities targeted in Kenya, FGM is used as a precursor to marriage, with women who fail to undergo the practice being discriminated in regard to marriage options.

Actual reduced episodes of FGM and GBV: All key informants agreed that overall, cases of FGM were on the decrease, but pointed out that this was still a major challenge that continues to need focus and investments. Informants from the Government were confident that the region would achieve the presidential directive to end FGM by 2022, but community focus group discussions noted that this was still a major challenge, with some areas within the counties (outside the project area) still fully unreached. Triangulation of desk review and interviews indicate that there has been progress in regard to FGM and GBV in targeted areas, but these issues remain key challenges that still require focus.

For the year 2021, a total of 293 girls were rescued from FGM in Kuria region of Migori County. The girls were taken to a temporary rescue centre at Nyangonge secondary school and Sakuri secondary school camps due to unavailability of a permanent rescue homes in Kuria. The girls were later released after the government and community members established their safety after reintegration back to the community. However, over 40 girls were arrested after undergoing the cut and were detained at various children homes, as cases against their parents who had been arrested for abetting the practice remains active in court.

Community own resources to fight FGM and GBV: The MICONTRAP project has built a base of community own resources – including trainers, FGM ambassadors who are girls supported to avert FGM who have grown up, educated, and come back to support the community, trained duty bearers and other resources. These resources are key in terms of sustainability and expanding project results beyond the current period.

Negative

Enforcement of the Prohibition of Female Genital Mutilation Act sometimes led to the arrest and prosecution of circumcisers, parents and girls, straining the relationship between law enforcers, Chiefs and police officers. This sometimes led to communities assaulting people, especially chiefs and their assistants and their property destroyed.

Discrimination against Girls and Women who have not undergone FGM: With a majority of women and girls in Kuria and Maasai communities having undergone FGM, as well as the fact that pro-FGM culture is still prevalent, women who have not undergone FGM are sometimes discriminated and mocked by their peers who underwent FGM. As such, some of the project beneficiaries suffer this discrimination, but the project expects that with the increasing success of awareness creation both at community and duty bearers' level, this will be reduced.

One unforeseen positive result in Kenya was that due to the COVID-19 response, the project got a much better entry and relation to the Somali community, which generally is sceptical to outside actors. The distribution of dignity kits provided the project with an entry point to work with the Somali community.

Circumcisers are one of the key perpetrators of FGM and rely on proceeds from this practice for their normal livelihood. As such, as communities turn away from this FGM, circumcisers' source of income falls. Addressing this income loss is key to reducing circumcisers' work to undermine the project's objectives. As reported in previous annual reports, MICONTRAP-Kenya has recommended for intensive trainings for the cutters on different income generating activities like small scale business enterprises, trainings on farming, cattle keeping and activism as a way of generating income for their day-to-day sustainability rather than relying on FGM.

4.2.3 Coordination/ Strategic Alliances and Results

The joint work plan development, sensitization activities or programmes with other civil society, trainings for girls, and women work plan development for MICONTRAP in partnership with health care workers ensured multi-sectoral approach in handling FGM issues. To achieve zero tolerance on FGM, it requires a concerted effort of all stakeholders including government, civil society organizations (CSOs) and private sector partners.

MICONTRAP's project, with technical support from PAWA, coordinates and collaborates with various actors to ensure project activities are implemented and benefits sustained. The project works closely with various Government entities: the Department of Children Services both at planning and implementation level, with the department providing technical support during various trainings but also supporting enforcement follow-ups; County and Sub County Health Departments especially in the wider scope of reproductive health rights beyond FGM and GBV; and other enforcement agencies. In addition to this, the project collaborates with CSOs, Kuria University Students Association, ADRA Kenya, World Vision, and Community level groups; and faith-based agencies such as Komotobo Maratha Faith Assemblies.

4.2.4 Possible Factors that may Endanger Impact

COVID-19 pandemic: First reported on 31 December 2019 in Wuhan City, China, COVID-19 continues to be one of the most important developmental and health challenges in recent times. Kenya reported her first COVID-19 case on the 13th day of March 2020, but this epidemic rapidly grew within the Country. According to desk reviews, Key Informants and focus group discussions, COVID-19 control measures - such as travel restrictions, night to dawn curfews and social distancing – affected the access of SRHR and other public services to communities in need. COVID-19 created systems disruptions that affected the delivery of health services, made it difficult to conduct meetings, awareness, sensitizations dialogues and other community activities, modified health seeking behaviour among communities, overwhelmed health systems as they responded to COVID-19 cases, and induced economic challenges at individual, community, county, and national levels. Key informants also notes that schools were also closed during this period (though these have been reopened). Schools are experienced as a safe haven for girls at risk of FGM and GBV and are channels of information sharing by the project. As such, the closure of schools in response to the pandemic disrupted these programs.

Very specific scope of the Project: This assessment notes that the Kenya project focuses on SRHR, with a special focus on GBV and FGM. It also targets very specific FGM practicing communities – the Somali, Kuria and Maasai living within targeted sub counties. The anti-FGM activities mainly focus on increasing community knowledge and transforming behaviours. The project provided limited longitudinal support to support to Girls who either escape/rescued from FGM/C practice who normally come back to the community and sometimes unable to illustrate to peers and younger girls the benefits they accrued from averting this harmful practice; not adequately covering closely related issues like teenage pregnancies and little support on the enforcement pathway to ensure fair administration of

justice. With all these FGM & GBV aspect being related, it is key to ensure more holistic project scope is implemented, either directly or through collaboration and partnerships.

> ***In our community dialogue events, we have seen some men come up in the public and declare their intent and willingness to marry girls who haven't undergone FGM. This was something many never anticipated from men, who are many times final decision makers and custodian of their culture***
>
> **Key Informant, Migori County, Kenya**

> ***Although we have done a lot, FGM is still a major problem here. A girl undergoes FGM at 12, is married off by 13 …and by 14, poverty has rushed in..***
>
> **Key Informant, MICONTRAP**

> ***Since last year, we have not had a major FGM celebration, where girls are brought together for the cut. This is because of the efforts we are all putting in, as Government and by our partners – like in this area, MICONTRAP***
>
> **Key Informant, Children Services**

> ***In regards to FGM, we have walked a long journey, but we still have work to do***
>
> **Key Informant, MICONTRAP**

4.3 Summing up

Likelihood of Success: In **Ethiopia,** significant progress has been made in terms of popular awareness, linkages with health care, and economic empowerment. Women are giving birth in health facilities, cleanliness and sanitation have improved, more women are receiving family planning services, and the members' enterprises are prospering The close working relations with local authorities is a positive sign of project longevity and success. In **Kenya,** respondents agree that GBV and FGM remain major human rights, health and development challenges in Migori and Narok Counties. There is consensus that the project should continue to focus on GBV and FGM, but some suggest to also address related SRHR challenges, like adolescent pregnancies and contraception, as well as enhance support to the enforcement arms.

Positive and Negative Effects: In **Ethiopia** the SRHR policy has been formulated by the Ethiopian Federal Ministry of Health, but gaps exist when it comes to implementation. Lack of access to services, knowledge gaps, the COVID-19 pandemic, as well as the ongoing conflict in several regions have hampered access to SRHR services. The conflict and COVID-19 have contributed to increased violence against women and limited access to SRHR services. In **Kenya**, the project significantly increased knowledge of harmful effects of FGM and GBV, but women who have not undergone FGM are sometimes discriminated and mocked

Coordination and Strategic Alliances: WHAE coordinates closely with the health authorities, and currently works in eight regions, though activities in Tigray are suspended due to the conflict. In Kenya, MICONTRAP coordinate and collaborate with the authorities at national and county and sub-county levels on the wider scope of SRHR beyond FGM and GBV. The project collaborates with CSOs including faith-based actors.

Factors that may Endanger Impact of the programs: COVID 19 has affected the impact of both programs and may continue to do so. The ongoing conflict in Ethiopia has discontinued any means of communication with the project areas in Tigray. In Kenya the project has supported girls who escape FGM and who normally come back to the community but are unable to convince peers and younger girls of the benefits from this.

5 Relevance of Program

The ToR asks whether the FOKUS supported programs are relevant in terms of doing the right things:

- What have been the roles and functions of local and national partnering organizations? Which ones have made strategic contributions to the program?
- Are the interventions aligned with national policies of Norway, Ethiopia and Kenya?
- Are duty bearers addressed adequately?
- Is the strategy implemented the most appropriate? What other strategies or initiatives should have been implemented for achieving results?
- Can proposed innovations be replicated?

5.1 Ethiopia

5.1.1 Roles and Functions of Local Partners

WHAE utilizes locally conducive approaches, including messaging and gathering methods, to create awareness on SRHR issues. One example is the utilization of Ethiopian traditional coffee ceremonies, which typically serve three rounds of coffee, and is the hub for community gatherings and exchange of information. In addition to the utilization of traditionally acceptable approaches, WHAE employs modern methods such as video learning platforms. These modern platforms have proven to be instrumental in continuing SRHR education in the time of the COVID-19 pandemic.

WHAE regards SRHR as an umbrella term composed of health and economic empowerment. In addition to providing women knowledge and information, they are given access to economic programs and income generating activities. Money plus knowledge is believed to enable women to exercise their SRHR to the fullest extent possible.

Furthermore, WHAE's approach in dealing with SRHR is community empowerment centred. Once women graduate from this program, among them, Change Agents are recruited. These agents go out into the community and spread awareness. Since these Change Agents belong to the same community, speak the same language and adhere by the same norms as their environment, they have higher acceptability than an external party. It is through utilizing local voices that WHAE strives to create social movements. WHAE's Director summarized this notion by saying "*WHAE strives to bring forth an informed and empowered women-led social movement*".

5.1.2 Alignment with National Policies

Ethiopia is the second most populous nation in Africa, with the fastest growing economy in the region and also one of the poorest countries in the world. Women make up more than half the population and as such, SRHR is a major intrinsic human rights goal that has implications for the health and well-being of women and their communities as a whole. In accordance with this, SRHR has been recognized as one of the priority areas on Ethiopia's Growth Transformation Plan (GTP) and Health Sector Transformation Plan (HSTP). Additionally, the government of Ethiopia made a commitment in 2014 to eliminate child marriage and female genital mutilation (FGM) traditional practices by 2025, and in 2019 they launched their five-year national roadmap to end child marriage and FGM. Also several Sustainable Development Goals (SDGs) hold SRHR as key goals both directly and indirectly.

5.1.3 How Duty Bearers are Addressed

In Ethiopia, WHAE collaborates with national policy makers, regional and local level health officials as well as relevant ministry staff, several community mobilizers and leaders in the implementation of this

project. These actors influence various pieces of legislation indirectly. Links to public authorities is therefore good though direct partnership with law enforcement is missing.

5.1.4 Appropriateness of Strategy

WHAE minimizes the notion of 'foreign actors' in the implementation of this project. All activities are done through empowering the women themselves, who later go out into their communities. The challenges of scrutiny and suspicion of external interference have been avoided through this. Furthermore, steering committee members are recruited from each region's office of women affairs, health bureau, microfinance office, bureau of finance, women associations as well as community and religious leaders. This ensures that WHAE is closely attuned to each region, identifying specific challenges and opportunities at the local level. WHAE also closely works with the Ministry of Women and Social Affairs (MOWSA), through its various SRHR projects. With the Ministry, WHAE has implemented several of its flagship projects including the provision of free sanitary pads and underwear to young girls, tax exemption of female hygiene and sanitary products, provision of health insurance for women across the regions and projects targeting vulnerable women including women prisoners and women military officials.

All of WHAE's interventions are locality based. Starting from the recruitment of local unit members, which is done by local '*kebeles'*, until the graduation of these members, local personnel play the key role. Even the selection of SRHR topics for education differ from region to region and are handpicked by local members. WHAE acts as a facilitator and supplier of required resources. As a result, no challenges have been faced regarding external interference.

If any concerns/complaints arise of not meeting local needs and demands, WHAE employs its tested complaint system and manual, which reaches from local level to head office, so that corrective action can be taken and approaches can be tailored based on local research and response.

5.1.5 Are Innovations Replicated?

WHAE values its network comprised of women and steering committee members from its project areas, who all come together once a year for their annual General Assembly (GA). This is the major platform through which members meet and exchange information including strengths and experiences, strengthening each other in the process. This platform also allows women to directly network with and voice their needs to government bodies, who are also present.

WHAE is part of the National NGO steering committee under the MOWSA, and regularly points to the needs and gaps existing in each region. WHAE's membership in this committee has allowed it to have a say in the ten-year plan drafted by the Ministry on various economic and SRHR issues. Locally, WHAE closely collaborates with each Regional Health Bureau (RHB). Each RHB reviews WHAE's quarterly reports and activities. Through these reports, WHAE has contributes to regional data entry system which provides information that permits actions addressing the particular SRHR issues in the various regions.

The involvement of the different actors in this project is summarised as follows:

- **MOWSA** generally oversees the WHAE/FOKUS partnered SRHR project implementation.
- **Regional Health bureaus** take part in the recruitment and training of local units as well as selecting areas of involvement.
- **Microfinance and finance bureaus in each region** contribute to the business aspect by granting access to land, financial resources and better marketing for women's businesses.
- **Community stakeholders** add to the visibility of the women by mobilizing the community for them
- **NKS** provides technical support on budgeting, reporting as well as additional financing through Twinning partners.

WHAE aims to hold more frequent meetings with government bodies and steering committee members. This will enable increased sharing and collaboration, as well as better lobbying and advocacy on SRHR issues. WHAE also aspires to invite Ministry people to the regions, so that they can assess and observe the work being implemented at local level. This has thus far been impossible due to budget constraints.

Additionally, WHAE would like to collaborate with UN Women for the international connections and experience it will entail as well as with the Federal Ministry of Health of Ethiopia. WHAE also strives to be a member of Network of Ethiopian Women's Association (NEWA) in order to partner and work with other women's associations in Ethiopia.

The project has come up with new ways of addressing SRHR issues. Every strategy including utilizing coffee ceremonies as an awareness creation platform, the structure of local units and the recruitment of Change Agents in each region have all been guided by a need to innovate.

Furthermore, various video and virtual platforms have been adopted to provide SRHR education in the time of COVID-19. WHAE is part of the National NGO steering committee under MOWSA, and regularly presents existing needs and gaps in the regions. WHAE's membership in this committee has allowed it to have a say in the ten-year plan drafted by the Ministry on various economic and SRHR issues as well as replicate its innovations and impact.

5.2 Kenya

5.2.1 Roles and Functions of Local Partners

MICONTRAP's key role is to implement the project while PAWA provides technical support and oversight. Both PAWA and FOKUS have been key in the capacity building of MICONTRAP, both in technical project implementation as well as in administrative support, such as finance.

5.2.2 Alignment with National Policies

This project is aligned to the Kenyan policy, legislative and strategy environment that prioritize eradication of FGM and reduction of GBV within the country. Kenya has ratified the international legal instruments and enacted several laws that address FGM and GBV. These include provisions in the Constitution of Kenya 2010 as well as the Children's Act of 2001, the Penal Code 2012, the Protection Against Domestic Violence Act of 2015 and the Prohibition of Female Genital Mutilation Act of 2011 which provides a framework for public engagement and advocacy for accelerating the eradication of FGM. In addition to these, the country has developed various policy frameworks. On 4 June 2019, the Republic of Kenya, through President Uhuru Kenyatta, made a firm commitment to put an end to FGM by the end of 2022. In addition to national laws, the project is aligned to county priorities of both Narok and Migori County which both prioritize ending FGM and reducing GBV in their County Integrated Development and Health Plans. The County Governments have also legislated against FGM.

5.2.3 How Duty Bearers are Addressed

The project has both built capacity and engaged duty bearers with regards FGM and GBV. This engagement has, however, varied between the various duty bearers, given the project scope.

The project has worked closely with the Children Officers, education actors and various community leaders in planning and implementation of the project, while clearly outlining legal expectations for the duty bearers. For the health service providers, however, the relationship has mainly been in the form where the health workers are invited to help facilitate knowledge transfer processes to various target groups, as done through sensitization meetings or trainings. There is thus need to strengthen the project capacity in relation to health rights components and enforcement – mainly police and judicial officers. The health rights components strengthening can be achieved through closer partnership and involvement of the County Health Authorities that have SRHR expertise relevant to these issues.

5.2.4 Appropriateness of Strategy

Both key informants and focus group discussion respondents found the project strategy appropriate, and custom made to the local context to solve local solutions. However, there is need to expand project scope to cover related SRHR issues – especially teenage pregnancy and stepping up investment to allow focus on enforcement duty bearers – mainly police and judicial officers. There were also suggestions from partner local organizations of the need to build their capacity.

5.2.5 Are Innovations Replicated?

The project uses ambassadors to advocate for the end of FGM. These are people who themselves escaped/averted FGM and have grown up to be successful. They are encouraged to come back to the community and advocate for ending FGM, using their personal testimony. This strategy is seen as impactful.

The project also devised the use of locally available motorbike taxis "*Bodaboda*" to increase project reach to communities in areas with poor infrastructure. This has helped expand project activities to previously unreached areas.

Home visits for the Somali Community – the project learnt that the Somali Community members were not participating in community wide activities as much as the other targeted communities, thus consulted with the leaders on the best way to reach this community in a culturally sensitive manner. Home visits were then agreed upon and this strategy rolled out uniquely to this community.

> ***The village elders in the community now come together in dialogues to reduce SRHR violation and even educating other balozi to fight FGM for girls and boys to be circumcised in the hospitals***
>
> **Participant, Women Focus Group**

> ***We have seen enrolment of schoolgirls go up and FGM start to go down since this project began. A lot of cultural leaders and cutters have crossed the floor***
>
> **Key Informant, MICONTRAP Kenya**

> ***Information is a great tool to communities out of captivity. We have seen this here first hand***
>
> **Key Informant, MICONTRAP Kenya**

5.3 Summing up

Local Partners: In **Ethiopia**, FOKUS works with one organisation, WHAE, to implement the programme on SRHR. In **Kenya**, FOKUS works with MICONTRAP and PAWA, where MICONTRAP's key role is to implement while PAWA provides technical support and oversight.

Alignment with National Policy: In both countries, there is full alignment with formal policy**.** National and county level policies in Kenya seek to end both GBV and FGM.

How Duty Bearers are Addressed: In **Ethiopia**, WHAE collaborates with national policy makers, regional health and finance bureaus, relevant ministry staff, community mobilizers and leaders, who are actors that cam influence legislation indirectly. Direct partnership with law enforcement is missing. In **Kenya** the project has worked closely with the Children Officers, education actors and various community leaders in planning and implementation while outlining legal obligations of duty bearers.

Appropriateness of Strategy: In both countries the project strategy is seen as appropriate and tailored to local contexts. In **Kenya** there is need to expand project scope to cover related SRHR issues, especially teenage pregnancy and investment in enforcement of duty bearers, mainly police and judicial officers.

Replication of innovations: In **Kenya**, the project was found to replicate and scale innovations and lessons learnt such as the use of ambassadors in community educations, as well as of locally available motorbike taxis "*Bodaboda*" to increase project reach to communities in areas with poor infrastructure.

6 Efficiency

The ToR asks that Efficiency is reviewed in terms of:

- To what extent has program planning and implementation ensured efficient resource use?
- Are planned deliverables produced satisfactorily and at the right time?
- How has the program engaged local capacities of the organizations involved to achieve the expected results?

6.1 Ethiopia

Efficiency was assessed in the project's most recent external review by comparing the results of similar initiatives. The evaluation team attempted to compare the activities/outputs of WHAE local units to those of the Women Development Army (WDA), a government-sponsored women's organization. It was found that the WHAE projects were seen as more efficient, with a financial utilization rate of 99%.

WHAE's financial management is in good order, according to all external audit reports, and no funds abuse has been identified. However, some inefficiencies exist, such as a dairy farm in Assosa, a wool carpet in Addis Ababa, and some cash transfer delays. Of more concern is that as many as 57% of the participants dropped out after the first phase. The dropout is a source of inefficiency since these trained women leave the local unit, leaving a capacity gap behind.

6.1.1 Efficiency of Planning and Implementation

When the project started, it was planned to establish 16 local units in all regions and pilot male engagement projects. This has been achieved and exceeded, with currently 19 local units formed and more businesses created than planned. More activities have been achieved with the agreed budget, so supports the efficiency claims. Almost every Outcome and Output has been achieved as against the targets set (see Annex F). What has not been achieved is the community outreach figure in the regions. This has been less than planned due to the COVID-19 pandemic, as the campaigns were attended by fewer people than originally planned and hoped for.

6.1.2 Deliverables produced on Time and with Quality?

The project has been able to meet the majority of its goals in a timely manner. The factors that have hindered project achievements are (i) the ongoing conflict in parts of the country, and (ii) the COVID pandemic. Mitigation strategies have been devised in both instances, diverting and reallocating resources to address these challenges.

6.1.3 Use of Local Capacities

All project activities started with sensitization meetings with federal and local government bodies. Local capacity has been engaged from the planning to the implementation and monitoring of this project. Local unit members need to approve the plan and report, both the financial and activity components, prior to its approval.

6.2 Kenya

The 2019 and 2020 project reports indicate that MICONTRAP was able to conduct all its planned activities within the planned budget. These activities have been key in achieving desired project results.

6.2.1 Efficiency of Planning and Implementation

MICONTRAP has various systems and processes that help track efficiency. This includes laid out administrative rules – like procurement rules – that ensure efficiency and quality. Key informants noted

that the organization's financial reporting is in line with Generally Accepted Accounting Principles (GAAP). They also noted that the organization had developed comprehensive internal controls to ensure the reliability of financial records, safeguard the organization's assets, and promote operational efficiency.

MICONTRAP and the project is audited regularly and feedback shared on areas of accountability, alignment to donor rules and regulations, and how to foster efficiency of resource use. The organizational board provides oversight to the project implementation as well as ensuring resources are optimally used. Members of the board has received capacity building from PAWA and FOKUS, and this helps them play their oversight role more effectively.

In addition to these, both PAWA and FOKUS have provided oversight to the project, through offsite and onsite engagements, including targeted mentorship and capacity building including in administrative functions, like finance.

6.2.2 Deliverables produced on Time and with Quality?

The project has been able to meet its goals most of the time (see the results framework in Annex F).

There have been challenges that hinder the project from achieving desired results timely, the most recent being effects of the COVID pandemic and the difficult road network within parts of the targeted areas. The project has also faced problems with timely funds transfers, which in turn delays project implementation. There is a need to work out a grants management system that ensures minimal time-loss regarding making funds available to the project. When such delays occur, the project tries to reprogram activities in order to achieve the planned-for results.

The results framework and reporting requirements have posed a challenge as they are perceived as unnecessarily complicated.

6.2.3 Use of Local Capacities

MICONTRAP has been able to utilize various community resources to fight FGM and GBV. The project has built a base of community resources including trainers, FGM ambassadors, trained duty bearers and other resources as well as school clubs, trained teachers and health professionals working within the locality. These resources are key in terms of sustainability and expanding project results beyond the current period. Use of community information sharing spaces, specifically the Chief Baraza's[5]

6.3 Summing up

Efficiency of planning and implementation: In **Ethiopia** activities have been achieved with the agreed budget, and virtually every Outcome and Output has been delivered as planned, with the exception of the community outreach numbers. This is due to the pandemic with fewer people attending events. In **Kenya** MICONTRAP has various systems and processes in place to track efficiency. PAWA and FOKUS provide oversight to the project, including in mentorship, capacity building and financial management.

Quality and timeliness of deliverables: In both countries the project has been able to deliver most of its outputs. In Kenya there have been some delays implementation due to late transfer of funds, so the funds transfer system needs to ensure minimal delays so that project activities are not affected.

Contribution of local capacities: In both countries the program is implemented by the local partners. FOKUS supports the partners and provides training but overall implementation is the responsibility of local actors.

[5] Local community meetings regularly convened by local government administrators to provide room for consultations and education on government policy, priorities and other necessary issues

7 Effectiveness

With respect to Effectiveness, the issue is if interventions are achieving their objectives, which is to be answered through two questions:

- Have actual outputs been delivered on time and with the quality foreseen?
- Are intended beneficiaries satisfied with project results so far?

7.1 Ethiopia

According to the latest external evaluation, as of August 2017, the initiative relating to better health seeking habits had accomplished almost 90% of its goals. Hygiene and sanitation have improved according to communities and partners. Women in local units have helped to improve cleanliness and reduce the spread of illnesses. Only 42% of survey respondents said they were involved in the business, and only 38% said they were paid depending on their performance. Dropouts can be attributed to a variety of factors, including poor economic performance. The development of a company strategy prior to investing was an excellent idea. The business plans for the local units were produced by consulting firms; nevertheless, the quality of some of the business plans has been questioned.

7.1.1 Deliverables appropriate for Outcome?

All Outputs including contraceptive use, reduction of FGM, access to health centres, community campaigns, women business assistance, have been achieved and remain important for achieving the Outcome set for the project.

7.1.2 Beneficiaries Satisfied with Deliverables?

Case stories and interviews document that those spoken with are satisfied with the deliverables.

The literature and videos documenting these women's journeys since they became part of the WHAE project also attest to the significant change in terms of their quality of life and empowerment.

7.2 Kenya

A comparison of the project targets and achievements shows that the project has achieved most of its midterm results – see the results framework in Annex F.

7.2.1 Deliverables appropriate for Outcome?

The project covered selected sub-counties in Migori and Narok Counties, promoting SRHR and in particular how to end FGM and GBV. Both key informants and focus group discussions indicated that the project had achieved various results - increasing community knowledge, modifying behaviour on FGM and GBV, and building the capacities of various duty bearers. There was general consensus that the project should continue to focus on GBV and FGM, but some key informants in Government and the MICONTRAP project indicated the need to widen the scope to also cover closely related SRHR challenges such as adolescent pregnancies and contraception, as well as enhance support to enforcement entities.

Using a vulnerability assessment tool, MICONTRAP was able to identify, prioritize and distribute dignity kits to needy women and girls during the COVID pandemic, which FOKUS helped fund with additional allocation for their COVID-19 response. Face masks, sanitizers and hand wash containers were also distributed.

According to government staff, there are some population groups that are difficult to reach, such as people with disability (PWD). There is need for sign language interpreters as well as to find other interventions that address the particular needs of PWDs.

7.2.2 Beneficiaries Satisfied with Deliverables?

Most beneficiaries indicated that they were happy with the project. Women and girl beneficiaries noted that the project needs to reach more people in order to have better impact and change more lives. Duty bearers from the Sub County health departments and the Directorate of Children Services noted that they were happy with the project and its results but noted that there is need for the project to expand its scope and increase investments in related SRHR priorities like teenage pregnancy, as well as step up support for enforcement agencies.

The project is open to feedback from community members and beneficiaries through directly contacting the project team, through education forums and through government and community structures. The project also received feedback from duty bearers through formal engagements and discussions with the respective agencies.

> ***In this area, FGM is most commonly done through big ceremonies. Last year, we dealt with one in Mabera Sub County, but since schools closed, we have not heard of any reports of such***
>
> **Key Informant, Government Official, Migori**

> ***FGM is still practices in the community….but now, they are done while hiding since law breakers are being jailed***
>
> **Participant, Girls' Focus Group**

> ***Today, Village elders take part in the protection of women rights violation in the community***
>
> **Participant, Girls' Focus Group**

> ***There are many cases of teenage pregnancy…we need more action on this front***
>
> **Key Informant, Government Official, Migori**

> ***We continue to engage with cultural elders and cutters on ending FGM. Last year, we had cultural elders sign a memorandum to end FGM…this is a good approach***
>
> **Key Informant, Government**

> ***The program has helped the community by teaching the on FGM and its effect on the women health…it teaches the dangers of early marriages, effects of teenage pregnancy…..it educates the community of proving equal rights to girls so that they can get quality education***
>
> **Participant, Girls' Focus Group**

> ***The program educates the parents and community members on how to keep their children safe.***
>
> **Participant, Girls' Focus Group**

> ***GBV is still high as women are no allowed to voice their issues and even report the cases when they are bitten, this is because they will be isolated***
>
> **Participant, Women Focus Group**

> ***Women and girls have mentorship session of creating awareness and sensitization to ensure the information on women's rights is reached to most of the people in the community especially girls and women***
>
> **Participant, Women Focus Group**

> ***The programme has given girls who have not gone undergone FGM the power to voice their issues in the community***
>
> **Participant, Women Focus Group**

7.3 Summing up

Extent to which Outputs have been delivered as expected: In **Ethiopia**, all outputs including contraceptive use, reduction of FGM, access to health centres, community campaigns, women´s business assistance, have been achieved. In **Kenya**, a comparison of the project targets and achievements shows that the project has achieved most of its results.

Degree of satisfaction among the beneficiaries: in **Ethiopia**, case stories and interviews document the satisfaction with the deliverables. In **Kenya** most beneficiaries likewise stated that they were happy with the project, though some want it to expand its scope and increase support to related SRHR priorities like teenage pregnancy as well as step up support for enforcement agencies.

8 Sustainability and Value Added

To answer whether benefits are likely to last, two questions are raised about regarding this:

- Has the program contributed to building sustainable capacities in the partner organisations? Which results are likely to be sustained after FOKUS' support ends?
- Are there actors that are likely to continue the financial and/or technical support to the partner organisation/s once FOKUS' support ends?

A further two questions are being addressed to identify the value added of FOKUS:

- What is the added value of the Program's organizational model, with a FOKUS secretariat, partner organizations and collaborating organizations?
- How can the added value of FOKUS be improved?

8.1 Ethiopia

8.1.1 Are Partner Organisations more Sustainable due to the Project?

The most recent report mentioned that the capacity of local units was insufficient to maintain the pace of the program and that in particular lower incomes than expected from the economic empowerment interventions led to lower incomes than hoped for and thus to dropouts from the program.

The health benefits will almost certainly be maintained. Graduation criteria exist in the project, which might be compared to an exit plan. No local unit, however, was ready to graduate until August 2017. FOKUS has made possible several capacity building trainings for WHAE's project staff. Furthermore, staff from all regional officers have experience-sharing platforms for learning and sharing of ideas.

WHAE as an *organisation* appears technically solid and is active across large parts of Ethiopia, so clearly has considerable managerial, logistical and financial capacity, and this is will beyond what has been established with FOKUS funds. The extent to which FOKUS and the complementary support from NKS and its twinning partners have strengthened the sustainability of WHAE as an organisation is therefore difficult to ascertain because the technical, managerial, logistical capacities appear sustainable – but to a large extent dependent on continued funding. To what extent the *FOKUS financing* is critical, however, is not clear, but the good relations to national and local authorities and other public bodies indicates that it has considerable political support and thus can count on continued collaboration and interest in its continued service delivery, providing an important foundation for sustainability.

8.1.2 Will other Actors continue Supporting the local Partners?

WHAE does not see that there are other actors that would provide support for their SRHR program if the funding from FOKUS and the NKS and its twinning partners ceases, so this is a concern the organisation faces.

8.1.3 What is Value Added of FOKUS Model and Approach?

FOKUS, NKS and WHAE work very closely together on the SRHR project, so WHAE is familiar with what FOKUS and the Norwegian partners stand for, as this is also reflected in how they collaborate. The NKS twinning support between a number of actors in Norway and Ethiopia embodies another dimension of the FOKUS model as it implies more direct collaboration at grassroots level, which is a "hybrid" model not seen many places. The twinning program supports some of the FOKUS activities and encompasses nutrition campaigns, community centre rentals for awareness creation activities, women's health insurance, girls' project, Chancho home based care, urban gardening and steering committee costs.

The FOKUS/WHAE project includes support of membership meetings, social media activities, SRHR trainings to nurses and local units, business investments, staff salaries, head office admin costs, office rentals and capacity building of staff.

The value added of FOKUS and the Norwegian partners is summarised below:

- Strengthening of internal organizational capacities in terms of regular evaluations, uniform checklists, clear manuals on anticorruption, risk preparedness and SRHR issues.
- Financial management and reporting through reviewing and commenting of project based external audits, which has made WHAE more conscious about financial issues.
- Promotion of project activities through FOKUS supported social media visibility.
- Political legitimacy in advocacy work with the support of FOKUS, as WHAE exerts considerable influence on SRHR issues under various ministries. This strong base has enabled WHAE to carry out local lobbying as well as national advocacy.

8.2 Kenya

8.2.1 Are Partner Organisations more Sustainable due to the Project?

Key stakeholders spoken with note that the partnership between FOKUS–PAWA and MICONTRAP has provided a platform for capacity building of MICONTRAP, thus providing the organization with increased capacity. The capacity building has included both technical and administrative support including in finance and audit.

Central stakeholders also pointed out the fact that the organization's financial reporting is now in line with GAAP is a major achievement and testifies to the fiduciary compliance standards that the organisation is able to document. They also noted that the organization had developed comprehensive internal controls to ensure the reliability of financial records, safeguards regarding the organization's assets, and how this is strengthening operational efficiency.

MICONTRAP has also developed partnerships with various organizations in the areas where it works, strengthening its network of support and thus its likely sustainability.

The project has built a strong base of local networks, partnerships and community resources that are a useful component of sustainability. The MICONTRAP board is for instance drawn from a pool of organizational volunteers who will still be available even after the project ends. Community educators, ambassadors and other community resource persons who have been capacity built through the project will still be available after donor funding ends.

With the engagement of the community members at large through sensitization, trainings and workshops, MICONTRAP will be able to continue the process of information dissemination as there will be sufficient knowledge amongst the community members to pass to those who are hesitant or rigid to change in culture. The availability of trainers on the dangers associated with FGM will ensure the program is strong enough since they will act as the face of the organisation to educate the community on the need to eradicate the practice.

The community-based approach with community friendly strategies has ensured community acceptance to the project with the view of sustaining the process for longer to ensure the success of the project. This has also created confidence among the community members to adopt and own the project. This will help ensure that the community will be the drivers of the process and the skills acquired are transferable and replicable to reach more peers, the wide community and the successive generations.

With the formation of the actors of change clubs at the community level, the information dissemination will be sustained in that the actors of change live within the community. Through training and exchange of experiences, actors of change have learned to identify hard-to-reach groups and developed a sense for how to approach such groups in an effective manner. Because of the proximity of actors of change to the communities, it has been possible to develop and implement a great variety of behaviour change activities and for the actors of change to gather experiences, which will have a lasting effect on anti-FGM mobilization at the community level.

However, the level of activities is not sustainable without continued external financing, something that of course poses a challenge for the organisation's long-term prospects.

8.2.2 Will other Actors continue Supporting the local Partners?

MICONTRAP continues to seek funding for the project, such as get local private sector support from shops, supermarkets and other local businesses. Receiving funding from the government has not been possible to date.

Despite these efforts, MICONTRAP has not been able to identify any reliable funding partner that can ensure continued operations if and when FOKUS financing comes to an end. The organization has invested in local capacity – its board members are from local communities, community own resource persons in FGM and GBV issues have been capacity built, and duty bearers reached by training and capacity building – and the hope is that these will in any case continue with this work with whatever local resources they can mobilise if no further external funds are available.

8.2.3 What is Value Added of FOKUS Model and Approach?

FOKUS has contributed to local capacity building related to policies and skills like monitoring and evaluation, which hereafter will be implemented by the project itself.

FOKUS has been important for forging partnerships at an international level, and provides information and data from its collaborating partners and other organizations involved in FGM activities in other countries. These linkages and cross-country experiences have been value adding to the partnership with MICONTRAP and PAWA.

FOKUS has also been important in linking local organizations to its international networks, through cross learning events, some kind of exchange/twinning programs for technical staff and facilitating attendance of various forums/meetings. These meetings include participation in the Commission on the Status of Women meetings (CSW), among others.

On an international level, FOKUS provides political cover for the organizations. However, at the local level, the local organization has to address its own political issues with governments, communities and other stakeholders. FOKUS' capacity building is however used in some of these engagements.

> ***This project has been very impactful for MICONTRAP. We have improved a lot because of FOCUS and PAWA support***
>
> **Key Informant, Micontrap**

> ***Our working relations with the MICONTRAP project have been very smooth. We are informed of what they do, and we consult on the effectiveness of strategies all the time***
>
> **Key Informant, Government Official**

8.3 Summing up

Sustainability and alternative financing: In both countries, the technical, managerial including financial management capacities have improved considerably due to the partnership, to the point where many of these technical-managerial improvements are likely to be sustainable, both at local and organisational levels. Where both partner countries face problems is with respect to alternative financing if FOKUS funding ends. While alternatives have been tried, they have not been successful.

Added value of FOKUS: In **Ethiopia,** the value added dimension of FOKUS and its partners are seen to revolve around improved capacities due to regular evaluations, uniform checklists, clear manuals on anticorruption, risk preparedness, knowledge on SRHR issues, financial management and reporting through reviewing and commenting on project based audits, and the promotion of project activities through FOKUS supported social media visibility, and political legitimacy in advocacy work. In **Kenya,** FOKUS has exposed local organizations to international networks, supported cross learning events, exchange/twinning programs for technical staff and facilitating attendance of various forums/meetings and supporting partnerships at international level. It has provided access to international organizations that are involved in FGM activities.

9 Conclusions and Recommendations

9.1 Assessment of Achievements

Ethiopia

Interviews conducted with key informants, policy makers, WHAE project staff, steering committee members and beneficiary women reveal that the FOKUS/ NKS/, WHAE project is making an important contribution to the SRHR work where it is active, where the work being done is helping to build local capacities to continue addressing SRHR issues over time. However, there is much work to be done on the side of WHAE to develop financial sustainability and thereby reduce donor dependency.

When it comes to actual results on the ground, the results framework notes the contribution to public practices through the collaboration with the Ministry of Women, Children and Youth in terms of making practical SRHR services available to women and girls in difficult situations, including female prisoners (see Annex table F.1, indicator 2.02) and influencing actual policies with nation-wide impact (ibid Indicator 2.1.1). Regarding the latter, specific reference is made to WHAE contributing to opening up the space for NGOs to do advocacy work, which therefore made away with a very restrictive policy that the Ethiopian authorities had put in place a decade earlier. The ability of WHAE to be heard on such important matters is clearly a reflection of the standing that the organisation has been able to establish with the authorities when it comes to the role and space for NGOs in Ethiopian development.

The other notable results area concerns awareness raising. Both when it comes to number of persons being educated on SRHR and broader campaigns, it is clear that the project has reached a much larger number than foreseen. When it comes to campaigns, the project notes that this is due to the use of community agents and nurses, while regarding persons educated the local unit members receive a formal one-week training so that there is a "training of trainers" cascading effect that seems to be working very well.

Kenya

The interviews with Kenyan stakeholders and the document review all point to the project being on course to achieve intended result, including capacity building of target partners and communities, and with regards to the work with duty bearers.

The most important achievement is perhaps the number of persons reached and educated about SRHR since changing the attitudes and subsequently actual behaviour in the local communities is a key challenge for long-term results. The project faced challenges due to the COVID pandemic, and this is be reflected in these numbers: the ambition is that by the end of the project period an additional 11,000 person in addition to the 14,000 already reached during the previous period will be educated about SRHR. But the total number educated during 2019 and 2020 was a total of just over 4,800, and the figure for 2020 was only 70% of the number reached in 2019, so the project has experienced a slow-down in this area.

The fact that the number of persons educated is broken down both by children/youth versus parents, and youth sub-divided by gender, is interesting, as it shows the importance tied to also reaching boys with these messages and bringing parents and children together in their understanding of SRHR, important for building a society-wide acceptance of the SRHR messages.

While the project is likely to achieve or even surpass its targets for 2022, given the results from the first two years, there are obviously large unmet needs across these communities and even more so in other parts of Kenya. The project area is quite limited and MICONTRAP is a relatively small organisation, and while it is delivering well on its mission, a question for FOKUS might be if lessons from MICONTRAP and the experience and capacities of PAWA can be applied beyond the project area? Can more be done by building on what has been achieved so far?

9.2 Assessment of Strategies and Methodologies

Ethiopia

WHAE's approach in dealing with SRHR is community empowerment that is locality based. All activities are done through empowering the local women, who later are to work in their communities. Starting from the recruitment of local unit members, which is done by local '*kebeles'*, until the graduation of these members, local personnel play the key role. The selection of SRHR topics for education also differs from region to region and is decided by the local members.

This approach is highly participatory and locally owned, which is key to achieving continuous improvements over time and – as noted above – a main reason that SRHR education is reaching such large numbers of people. One concern is that a number of women who sign up for the programme leave after the first phase, so the capacity on the ground may vary and even fall over time in some places.

Overall, however, the strategy appears an appropriate one, as attested to by interviews and focal group discussions. This approach is all the more appropriate as WHAE works across many different regions of the country with different traditions that have to be accommodated if WHAE is to continue working in various regions, as it does now.

Kenya

The work by MICONTRAP is also locality- and community-directed since the project explicitly targets different ethnic-cultural groups that have somewhat differing traditions and views on aspects of SRHR. Being this close to the ground and directly implementing with local communities is challenging but clearly necessary if the project is going to have any chance of addressing attitudes and contributing to a change in actual behaviour.

And the evidence seen is that this is happening, despite some push-back from community members such as the circumcisers who face important income loss. But with the FGM and GBV prevalence still high, there is need step up the current interventions, as well as widen partnership and scope of the project to increase investments in related SRHR priorities like teenage pregnancy. This is suggested can be achieved through closer partnership and involvement of the County Health Authorities that have SRHR expertise relevant to these issues. Another component is to strengthen support for enforcement agencies like the police and court systems so that the strictly illegal activities are curbed and is seen as legitimate and necessary by the communities.

9.3 Lessons Learned regarding SRHR

Ethiopia

It has been observed that using culturally sensitive and curated messaging is important in ensuring the respect of SRHR in a community. The success of the WHAE activities has largely to do with the adoption of locally acceptable messaging disseminated through community members.

The ongoing conflict and the COVID pandemic have led WHAE to be flexible and innovative in implementing the project, often having to divert resources to humanitarian and emergency assistance. Hence, a risk log and strong contingency plan has been necessary to implement the project.

There is a lack of male engagement, which has only been piloted in three out of the eight project areas. As evidenced from the training reports, the handful of men who have received engagement trainings in these pilot regions, have gone to transform their immediate communities. This underlines the importance of including men in the SRHR activities with proper dedication of resources and attention.

Kenya

For meaningful engagement on sensitive community issues, dialogue needs to take place with different groups – youth, women, men, elders/traditional leaders – separately to ensure adequate and meaningful participation. This can be followed by inter-generation or inter-group discussions that provide a platform for open dialogue across the groups: parents/guardians and their children, male and female.

Community change and transformation results from the use of ***multiple*** approaches: The project has used various participatory approaches to increase knowledge on harmful effects of FGM and other forms of GBV, targeting different community segments. These have included community dialogues, baraza's, use of ambassadors and other approaches. The use of these multiple approaches has helped the communities to understand the adverse effects of FGM and become supporters of the anti-FGM movement.

The programs led by communities in a participatory way supported the communities to define the problems and solutions themselves. The program has demonstrated success in promoting abandonment of FGM on a large scale, built on human rights, gender equality, non-judgmental and non-coerciveness.

The project is open to feedback from community members and beneficiaries through directly contacting the project team, through education forums and through government and community structures and the project has also got feedback from duty bearers through direct dialogue. The aspect of showing that the project is ***listening*** to the concerns and opposing views is important for establishing credibility and building joint ownership to solutions discussed and agreed to.

9.4 Value Added of FOKUS and its Program

Ethiopia

The comments regarding the value added of FOKUS and its program were:

- Strengthening of internal organizational capacities in terms of regular evaluations, uniform checklists, clear manuals on anticorruption, risk preparedness and SRHR issues.
- Financial management and reporting through reviewing and commenting of project based external audits, which has made WHAE more aware of financial efficiency issues.
- Promotion of project activities through FOKUS supported social media visibility.
- Political legitimacy in advocacy work, as WHAE has a major influence on SRHR issues under various ministries. This has enabled WHAE to carry out local lobbying as well as national advocacy, for example sanitation and menstrual hygiene have become less taboo subjects as a result of WHAE´s lobbying work

Kenya

FOKUS has added value to the project through capacity building in the technical, financial, administrative and management areas.

FOKUS has strengthened the project partners' donor relations and their credibility through improving the quality and credibility of reporting.

PAWA has been able to engage the diaspora community and with its cultural knowledge of Kenya and Norway they have been able to find a constructive way of working and collaborating well.

9.5 Recommendations

General Recommendation:

The scale, approach and nature of the programs in Ethiopia and Kenya are quite different yet provide a range of lessons with respect to women's and girls' rights in the region. The main recommendation of this evaluation is that FOKUS and Norad agree to lead and fund a "research, learning and reflection" process over the next couple of years, to generate a stronger evidentiary foundation for women's rights in the region and which the public sector, private sector, civil society, funding agencies, academia see as relevant and useful for own decision-making:

- Who are the regional actors and networks that should be brought into this "research, learning, reflection" process, and in what ways? How could such a process learn from multilateral bodies

like UN Women, the African Union and the African Development Bank and their gender programs?

- What are the international networks/lessons that regional actors in East Africa can link up with, benefit from?
- What are "good practices" regarding practical working together with public agencies (ministries of health, protection agencies, other)? In which areas is it normally easier to establish collaboration, and what can civil society actors offer?
- What are "good practices" regarding influencing public policies and practices? How should the women's rights agenda be promoted at national versus local levels? How can this be used to strengthen sustainability of civil society actors?
- What is the best entry-point regarding women's rights in different situations? – fight for SRHR; fight against GBV and/or FGM specifically; fight against child/under-age brides, teen pregnancy; women's economic empowerment…..? What should a women's rights agenda look like – comprehensive, focused, short-term "wins" to build momentum, long-term vision to ensure all forces push in the same direction …??
- How to engage boys, men, traditional elders, circumcisers, other groups that may be opposed or have doubts about the gender agenda?
- In countries and situations of conflict, insecurity and unrest, how can a women's rights agenda and women, peace and security (WPS) be made mutually reinforcing, supportive?
- What are lessons learned regarding influencing/changing local norms and practices (can the SASA! Community Intervention model which is an evidence-based methodology used in Tanzania be used for women's rights issues)? What about issues like Alternative Rites of Passage (ARP) among communities that currently practice FGM?
- How can women's rights, rights of the disabled and Leave No-one Behind (LNOB) be better integrated, mutually reinforcing? How to take a more holistic approach on issues such as SRHR economic rights and GBV, which are interlinked?
- Where national laws regarding women's rights, SRHR, illegality of GBV, FGM, etc exist, how can the judiciary and law enforcement actors be encouraged, supported, held accountable for support and enforcement of these laws?

The suggested agenda is wide and comprehensive and will need to be scaled down and sequenced so that there is a logical structure to the process. A first step might therefore be a brain-storming workshop with interested public sector, civil society, academic, donor actors to agree the issues to look into, who can take responsibility to lead and implement the process, and ensure presentation and discussion of the results.

For managing such a process but even more for following up and providing support, FOKUS should consider establishing a hub in the region. This would allow FOKUS to address issues like cross-border interaction and learning; providing more direct assistance in areas FOKUS has expertise in such as monitoring, evaluation and activity quality assurance; capacity development and experience exchanges; financial management and reporting; and other aspects of organisational development. Such a regional hub would imply decentralising some of FOKUS' responsibilities to the region, like the Bogota office.

***Specific country-program Recommendations are*:**

Ethiopia Program

- FOKUS should support WHAE in establishing stronger links with UN Women due to WHAE's interest in strengthening its international partnerships.
- WHAE staff have also expressed an interest in becoming party to an experience sharing platform with other partners of FOKUS.
- WHAE should also be supported in its ambitions of strengthening its connections to the Federal Ministry of Health of Ethiopia and to become a member of Network of Ethiopian Women's Association (NEWA) in order to partner and work with other women associations, not least for lobbying and influencing public policies and practices when it comes to women's rights.
- WHAE has requested more capacity building in areas like results reporting training as well as fundraising in order to strengthen its financial solidity and sustainability.
- Communication between FOKUS, NKS and WAHE needs to be improved to avoid misunderstandings. Having a consultant based in Ethiopia who has contextual knowledge is a possible solution. A consultant was based in Ethiopia previously. Having a consultant in Ethiopia did improve communication issues.

Kenya Program

- SRHR concerns like teenage pregnancy and how public actors like County Health Authorities that have SRHR expertise and mandates can be better integrated into a more comprehensive approach to women's and girls' SRHR.
- The project should consider expanding its geographical area while increasing its intensity in already covered areas. This can be done either through direct outreach to selected neighbouring communities not covered by other agencies, or through drawing partnerships with other actors. Any geographic expansion must consider socio-cultural differences and design actions accordingly.
- Circumcisers rely on income from this practice for their livelihood. The project should consider establishing income-generating activities so that the circumcisers do not rely on FGM as a source of income.
- MICONTRAP is a small organization so it may be necessary to reach out to other actors if the program is going to have a wider impact on FGM in Kenya, and potentially in neighbouring countries where this remains a problem. FOKUS to engage more with the diaspora community in Norway to use their knowledge and expertise in the design of programmes to ensure programme objectives reflect the needs of the communities in Kenya.

Annex A: Terms of Reference

External Midterm Evaluation of FOKUS' programme: Removing Barriers, Improving Access to Women's and Girls' sexual and reproductive health and rights (SRHR), Ethiopia and Kenya (2019-2021)

General objective	To evaluate the abovementioned program, its implementation and results.
Locations	Ethiopia, Kenya and Norway
Audience	Primary/contractor: Forum for women and development (FOKUS), Norway Secondary audience: Implementing partners, donors and other stakeholders.
Time scope	March 1st, 2019, to September 30th, 2021
Timeframe	The evaluation, including writing of the report, is expected to start week one, 2022 andthe final report delivered by April 8th ,2022.
Expected outputs	A report describing the evaluation method and scope, findings, lessons learned and recommendations.

INTRODUCTION

FOKUS, Forum for Women and Development is an umbrella-organisation consisting of 50 women's organisations based in Norway. FOKUS is a knowledge and resource centre with an emphasis on the spreading of information and women-centred development cooperation. FOKUS' primary goalis to strengthen women´s empowerment, rights and access to resources. FOKUS builds partnerships with sister organisations internationally to realize women's rights and improve their situation.

SRHR encompass the rights of all individuals to decide about their bodies and lives and are reflected in and protected by the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the SDGs. According to the CEDAW Committee: 'Violations of women's sexual and reproductive health and rights, such as forced sterilizations, forced abortion, forced pregnancy criminalization of abortion, denial or delay of safe abortion and post-abortion care, forced continuation of pregnancy, abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services, are forms of gender-based violence that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment'. Nonetheless, the progress towards fulfilling women's and girls' SRHR has been slow in both countries covered by this study. This is due to weak political commitment, strong anti-abortion and anti-SRHR lobby by conservative political and religious groups, inadequate resources, persistent discrimination against women and girls, and an unwillingness to address issues related to sexuality openly and comprehensively.

The programme covers five countries, namely; Ethiopia, Kenya, Tanzania, Colombia and Guatemala. A separate evaluation of the programme in Latin America was carried out in 2020 and 2021, and is has been decided to limit the scope of this mid-term assessment to programme activities in Ethiopia and Kenya.

Abortion is legal in **Ethiopia** in cases of rape, incest, foetal impairment and when a woman´s life or physical health is in danger. Unsafe abortions are one of the leading causes of maternal mortality, amounting to nearly one third of pregnancy-related deaths. Almost a quarter of Ethiopian women do not have a possibility to make decisions on their SRHR, including the use of birth control and whether to give birth in a health facility. The contraceptive prevalence rate remains very low and ranges from 2% to 56% depending on the region. Skilled providers assist 80% of births in the cities, compared to 21% of births in rural areas. Widespread harmful practices like child marriage and FGM constitute fundamental barriers to the realization of women's and girls' SRHR. FGM is also the key thematic focus of the programme in **Kenya**. According to the 2014 Kenya Demographic Health Survey, as many as 21% of all girls and women aged 15-49 have undergone FGM. The prevalence of FGM is higher in Nyanza, the programme's intervention area, where one third of women and girls have undergone the practice. Among the programme's target groups, the Maasai and Kuria people in Nyanza. Furthermore, the medicalization of FGM in Kenya (i.e. FGM performed by healthcare professionals) causes grave concerns with its prevalence at 15%.

DESCRIPTION OF THE PROGRAM

The overall objective of the programme is to improve women's and girls' access to safe abortion and other SRHR. The programme will be implemented in conflict-affected and/or socioeconomically marginalized areas, and where the access to public health services is scarce. The main target group of the programme are women and girls from poor rural and urban communities, including adolescents, indigenous, lesbian, bisexual and transgender (LBT)-women and women and girls with disabilities. The programme builds on the work already carried out by FOKUS' partner organizations, mainly with support from FOKUS/Norad since 2015. The results achieved by the previous programme demonstrate the effectiveness of the chosen strategies to remove barriers to the fulfilment of SRHR

The program is particularly targeting the Sustainable Development Goal (SDG) 5 "Achieve gender equality and empower all women and girls", in particular subgoals

- 5.1 'End all forms of discrimination against all women and girls everywhere';
- 5.3 'Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation';
- 5.6 'Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences'.

The programme is also highly relevant to the achievement of the SDG 3: 'Ensure healthy lives and promote well-being for all at all ages', and contributes to SDG 1 : 'End poverty in all its forms everywhere' as well as SDG 10: 'Reduce inequality within and among countries'.

The program is funded through FOKUS' frame agreement with Norad. In each of the countries Ethiopia and Kenya, the programme is implemented through one local partner and one of FOKUS' Norwegian member organisations. The annual budgets for two countries are approximately NOK 1.000.000 for the Kenya program and NOK 3.000.000 for Ethiopia.

The identified pathways to lasting changes are:

- Having access to information, contraception and, if necessary, abortion increases women's and girls' independence and empowers them to exercise self-determination over their own bodies, including the refusal of FGM and other harmful practices.
- Communities respecting women's and girls' SRHR. Harmful social and religious norms constitute major obstacles to women's bodily integrity and autonomy, requiring holistic

approaches. Highlighting the advantages of family planning from the perspective of children's needs (child spacing) is one strategy to open the dialogue. Voicing concern about women's and girls' reproductive and mental health is another.

- Civil society promoting women's and girls' SRHR, including the right to legal and safe abortion at the national and international levels. The discussion on abortion is increasingly polarized, connected to a broader agenda of traditionalism and religion. SRHR organizations and their members risk being labelled as Western agents or victims of neo-colonialism, demonstrating the need for partnerships and sound strategies. FOKUS will keep providing networking opportunities in the context of the programme, within and across regions, to better enable the building of strategic alliances, the exchange of lessons learnt and provision of support to activists facing threats.
- Political changes allowing women and girls to access SRHR information and services, including legal and safe abortion. A gradual liberalization of abortion laws is the most realistic progress scenario in the programme countries. The approach chosen in Guatemala, to propose the legalization of abortion for sexually abused girls up to 14 years old, has not been successful so far but serves as an example of an alternative, gradual route to the realization of women's and girls' SRHR.

PURPOSE OF THE EVALUATION

The evaluation will carry out an independent assessment of the implementation of the Program and its progress so far. The evaluation will assess the Program's efficiency, effectiveness, sustainability and impact and provide specific recommendations to FOKUS and implementing partners for future interventions.

The evaluation will assess the following dimensions of the program (based on the OECD definition of the main evaluation criteria is applied[1]):

- **Impact**: What differences has the intervention made?
- **Relevance**: Is the intervention doing the right things?
- **Efficiency**: How well are resources used?
- **Effectiveness**: Is the intervention achieving its objectives?
- **Sustainability**: Will the benefits last?

EVALUATION AUDIENCE

The primary audience for evaluation review is the FOKUS secretariat, implementing partners and donors. The evaluation will be treated as an internal review but options for sharing learning externally will be discussed based on the final report

SPECIFIC OBJECTIVES

Identify the program's progress in achieving specific results and outcomes and in contributing to

the ultimate goal of the program:

- Identify, analyse and assess the achievement of program outcomes based on the results achieved, the indicators proposed and the baseline of the program.
- Analyse and evaluate the strategies and methodologies used by the program, partnerships and the management model implemented by organizations to achieve results, identifying successes, constraints and obstacles encountered during program development
- Identify lessons learned around addressing the central issue (women's participation and protection), managing the program and overcoming challenges or obstacles for program staff and partner organizations.
- Analyse the added value of FOKUS.

- Develop specific conclusions and recommendations that are useful to partners and collaborating organizations, in order to optimize their opportunities and strengths, and to FOKUS for future interventions to improve women and girls´ access to SRHR, such as safe abortion in Ethiopia and Kenya. .

METHODOLOGY

The evaluation will be conducted through a combination of desk study and fieldwork, and will include the following activities:

- Literature review of all central documents of the Program.
- Collection of primary data from key players/actors through interviews or other methods from, implementing partners and collaborating organizations with specific support, stakeholders and other relevant actors
- Focus groups with target population of the program.

Travels will be adapted to the current security and COVID-19 situation and the security situation in Ethiopia and thus specifically assessed and agreed between the evaluation team and FOKUS.

EVALUATION QUESTIONS

The assessment may include the following questions, the final list is to be further developed by the evaluation team:

Impacts: Analyse the Program's real and potential impact, measuring positive and negative aspects, as well as intended and unintended changes on women, institutions and society.

- Are there external factors that may endanger the impact of the program?
- Will the program contribute to development or improvement of national policies related to the central theme of the Programme
- Are there unforeseen and unintended positive impacts on final beneficiaries?
- If there have been negative impacts on the target population, has the Program taken appropriate measures to mitigate such?
- Analyse the coordination and/or strategic alliances with relevant actors outside the Program that have contributed to the impact of the program

Relevance: Analyse the consistency of the program, its strategies and expected results to the social, political and economic contexts of Ethiopia and Kenya and the challenges faced.

- Assess the role and function of collaborating organizations (local and national). Identify organizations that have made strategic contribution to the program.
- Is the intervention well in tune with the national policies?
- Are duty bearers addressed adequately?
- Is the strategy implemented the most appropriate? What other strategies or initiatives should have been implemented for achieving results?
- Do proposed innovations have a potential for replication?

Efficiency: Analyse the adequacy of the institutional structure and program management, including the capacity and the model of the management structure, for achieving the defined results

- To which extent has planning and implementation of the Program ensured efficient use of resources?
- Are the expected products/deliverables produced/developed satisfactorily and at the right time?
- How has the program engaged local capacities of the organizations involved to achieve the expected results?

Added value of FOKUS in the achievement of results and impact of the program:

- What is the added value of the Program's organizational model, with a FOKUS secretariat, , partner organizations and collaborating organizations?
- How can the added value of FOKUS be improved?

DOCUMENTATION

All relevant supporting documentation will be available to the evaluation team and include:

- Program/ projects application, logical framework, activities matrix, timeline and budgets
- PME systems
- Narrative and financial reports 2019,2020 and 2021
- End evaluation 2018
- Publications and audio-visual products financed by the program
- Reports done by partner organizations and their networks on the program.

EXPECTED DELIVERIES

- A specific methodological proposal for the evaluation, including methodological techniques and tools.
- An inception report.
- An evaluation report in Word and PDF. The main sections of the evaluation report shall include:

1. Introduction
2. Explanation of applied methodology, scope, limitations and contents of the evaluation
3. Executive Summary
4. Description, analysis and assessment of the Program. Analysis of indicators and measure of the progress of the results qualitatively and quantitatively.
5. Program analysis based on the evaluation criteria listed above.
6. Qualitative analysis of the Program's contributions to national women's movements.
7. Conclusions and recommendations. Recommendations should be practical and when pertinent specified for the different actors and stakeholders.
8. Annexes: evaluation method, work plan, list of activities, interviews and sessions for evaluation; and other relevant documents reviewed or prepared for evaluation

EVALUATION TIMETABLE

The evaluation, including writing of the report, is expected to be finalized by April 8th, 2022.

The timetable for the evaluation process follows bellow.

Date	Action	Location
November 15th	Call for applications is published	
December 12th	Deadline for submission of proposals	
December 16th	Selection of Evaluation team is communicated	
December 22nd	Signing of contract	
Jan 2022, week 1	Start-up meeting between evaluator and FOKUS	Oslo (virtual)
January 23rd ,2022	Inception report is submitted	
Weeks 4-7, 2022	Field visits ant interviews with program stakeholders	Oslo / Kenya, Ethiopia
March 12th, 2022	Submission of draft report	

March 23rd, 2022	Feedback/comments from FOKUS	Oslo
March2022, week 13	Discussion with FOKUS on draft report, findings and recommendations	Oslo
April 8th, 2022	Submission of final report	

BUDGET

The total cost of the evaluation will not exceed NOK 300 000, incl. VAT and taxes and all other direct and indirect costs related to the evaluation, including travel costs of the evaluation team, the total number of working days needed for the evaluation team, per diem, accommodation, and any other related costs.

AUTHORSHIP AND PUBLICATION

The final report will be the property of FOKUS and shall not be circulated to other parties by the author or any other parties without prior consent by FOKUS

THE EVALUATION TEAM

The team shall have a designated team leader. The team must be gender balanced. The team must have at least one member from Kenya/Ethiopia or have documented extensive knowledge of the two countries. Furthermore, the team must:

- Have demonstrable experience of producing high quality, credible evaluations (references required)
- Have demonstrable experience of working with/evaluating development cooperation through NGO work
- Have extensive knowledge and understanding of the Ethiopian and Kenyan context.
- Be familiar with participatory and partnership approaches and women's empowerment
- strategies
- Be fluent in English (spoken and written) and have sufficient language skills to perform interviews in Ethiopia and Kenya.

The team leader should develop a term of reference for the other team member(s) to clarify roles, division of work and deliverables.

None of the members of the evaluation team or the interpreters may have a stake in the outcome of the evaluation.

RESPONSIBILITY OF FOKUS AND THE EVALUATION TEAM

FOKUS' responsibility

FOKUS program advisors will be main contact point between FOKUS and the evaluation team. Specifically, FOKUS will be responsible for the following action/s:

- Inputs to design the evaluation, key questions for research, providing information materials, providing feedback of the evaluation
- Coordinate field activities with partner organizations, and other stakeholders and acting as the liaison with the evaluation team.
- Logistical arrangements
- Comment and provide input to the report
- Approval of deliverables

Evaluation team's responsibility

- Carrying out the evaluation
- Day-to-day management of the evaluation process
- Logistical arrangements for field visits if necessary
- Regular progress reporting to FOKUS
- Development of results and recommendations
- Production of deliverables in accordance with contractual requirements.

EVALUATION PREMISES

The evaluator must be free of any conflict of interests regarding the writing and submission of the evaluation and must be prepared to confirm that they are evaluating independently of external influences. Additionally, the evaluation team will adhere to the following principles at all times during the evaluation process:

- Anonymity and confidentiality of informants' opinions and assessments will be respected, including but not limited to: stakeholders, beneficiaries, CSOs and corporate sector companies.
- Responsibility: any disagreement within the evaluation team or between them and the program coordinators, regarding the evaluation conclusions and recommendations, will be mentioned in the final report.
- Integrity
- Independence
- Information check: the evaluation team will ensure and is responsible for the validation of the information received
- Correct and timely submittal of reports: if the reports (inception report, draft and final reports) are not submitted in due time and fashion (with an emphasis on quality and professionalism of the report) FOKUS may apply penalties as outlined in the contract between the parts.

PRESENTATION OF THE TECHNICAL PROPOSAL

The technical proposal should contain:

- Profile of the evaluation team.
- Proposed approach, methodology, timing and outputs – detailed description of the manner in which the evaluation team would respond to the ToR. Include the number of persons-days in each specialization considered necessary to carry out all work required
- A detailed work plan.
- Proposed team structure and team members (include CVs)
- Professional fee quotation indicating envisaged actions, the requested fee for the work in the job description
- Letter of interest (max one page)

Any request for clarifications should be referred to ics@fokuskvinner.no and bb@fokuskvinner.no with copy to mmi@fokuskvinner.no.

Deadline for submission of the technical proposal: December 12th, 2021, at 23h59 (CET).

After careful review of the proposals received, a final decision will be communicated no later than December 16th, 2021.

Proposals should be sent to: mm@fokuskvinner.no with copy to mmi@fokuskvinner.noand ics@fokuskvinner.no.

FOKUS, FORUM FOR WOMEN AND DEVELOPMENT - November 15th, 2022

Annex B: Documents Consulted

FOKUS Documents

FOKUS (2021), Contract Addendum Additional Funding for SRHR Activities PAWA, Oslo, 25th October 2021

FOKUS (2021), Contract Addendum Additional Funding for COVID-19 Response Activities PAWA, Oslo, 5th October 2021

FOKUS (2021), Contract Addendum Additional Funding for COVID-19 Response Activities PAWA, Oslo, 10th March 2021

FOKUS (2021), 2020 Progress Report to Norad. QZA-18/0377, Oslo, June 2021

FOKUS (2020), 2020 Progress Report to Norad FOKUS, Appendix I Revised Results Framework, Oslo, November 2020

FOKUS (2021), 2020 Progress Report to Norad, Appendix II, Explanations to Deviations in Results Framework 2020, June 2021

FOKUS (2020), 2019 Progress report to Norad. QZA-18/0377, Oslo, August 2020

FOKUS (2020), Contract Addendum COVID-19 Adjustments Norske Kvinners Sanitetsforening and Women's Health Association of Ethiopia (WHAE), Oslo, 24th November 2020

FOKUS (2020), 2019 Annual Report, Oslo, June 2020

FOKUS (2019), 2018 Annual report, Oslo, August 2019

FOKUS (2019), Framework Agreement Application 2019-2022, Oslo

FOKUS (2019), Theory of Change for FOKUS 2019-2022

FOKUS (2019), Contract between FOKUS and Women's International Peace Center (WIPC) 2019-2022, Kampala, 1st November 2019

FOKUS (2019), Contract between Norske Kvinners Sanitetsforening and Women's Health Association of Ethiopia (WHAE) 2019-2022, Addis Ababa, 23rd September 2019

FOKUS (2019), Contract between PAWA and Migori Community Traditional Negative Practice Mitigation Organization (MICONTRAP) Kenya 2019-2022, Oslo/Migori, 1st June 2019

Ethiopia

ACCURAT (2021), Financial management and anticorruption assessment of Women's Health Association of Ethiopia (WHAE), Addis Ababa, April 2021

FOKUS (2021), Notater fra møte KN og FOKUS om Tigray, Etiopia, Oslo, April 2021

FOKUS (2020), Notat om situasjonen i Etiopia til Utviklingsministeren, Oslo, December 2020

NKS: Etikk- og taushetserklæring for ansatte ved N.K.S.' sekretariat

NKS: Skjema for varsling av kritikkverdige forhold

WHAE NKS (2022), 9 Month Activity Report

WHAE NKS (2021), 2020 Annual Narrative Report, March 2021

WHAE NKS (2020), 2019 Annual Narrative Report, March 2020

WHAE NKS (2021), 2021 9 Month Financial Report, 2021

WHAE NKS (2020), 2020 Financial Report, December 2020

WHAE NKS (2019), 2019 Financial Report, December 2019

WHAE (2021), Follow-up Plan and Response on Partner Assessment, Addis Ababa, August 2021

WHAE (2019), Project Baseline Survey Report for Gulele, Mekele, Harar and Chancho, Addis Ababa, December 2019

WHAE (2019), Project Baseline Survey Report for Seret, Melfa and Hagere-Selam, Addis Ababa, December 2019

WHAE (2019), Sexual Harassment Policy, Addis Ababa, August 2019

WHAE (2010), WHAE Statues, January 2010

Kenya

FOKUS (2020), Partner Assessment MICONTRAP 2019.

PAWA (2019), Travel Project Report, Kenya, July 2019

PAWA (2019), Travel Project Report, Kenya, November 2019

PAWA-MICONTRAP (2021), Budget and Workplan 2021, Revised version, October 2021

PAWA-MICONTRAP (2021), 9 Month Narrative and Indicator Collection for 2021, 2021

PAWA-MICONTRAP (2021), 9 Month Financial Report for 2021, September 2021

PAWA-MICONTRAP (2021), Final Narrative report for 2020, March 2021

PAWA-MICONTRAP (2020), Final Narrative report for 2019, March 2020

PAWA-MICONTRAP (2020), Financial Report 2020, December 2020

PAWA-MICONTRAP (2019), Financial Report 2019, December 2019

PAWA-MICONTRAP (2020), Revised Budget for 2020, December 2020

PAWA-MICONTRAP (2019), Revised Budget for 2019, December 2019

PAWA-MICONTRAP (2020), Revised Workplan 2020

MICONTRAP (2020), Report on Impact of COVID-19 Pandemic on Women and Girls in Migori and Narok Counties Baseline Assessment/Survey, Migori, 2020

MICONTRAP (2020), Application for Additional Funding COVID-19 Response, August 2020

Annex C. Persons Spoken With

Norway

FOKUS

Ms. Gro Lindstad, head of FOKUS.

Ms. Mildrid Mikkelsen, program director.

Ms. Borghild Berge, program adviser. SRHR.

Ms. Ingrid Christine Sandnæs, program adviser,

Norad

Jill Engen, Senior Advisor.

NKS

Ms. Kristine Flatnes, adviser, violence against women.

PAWA

Ms. Benter Adhiambo Ombwayo, CEO

Ms. Regina Adahada, former Chair, currently Deputy Chair, Co-Founder, PAWA-Kenya Project

Ethiopia

Ms. Hiwot Teffera, Director, WHAE.

Ms. Segnitu Iticha, Project Coordinator, WHAE

Hamelmal Fantahun, WHAE Regional Office Coordinator, Jimma

Meaza Atlaw, WHAE Regional Office Coordinator, Harar

Debebe Bahiru, WHAE Regional Office Coordinator, Assosa

Zerihun Adugna, WHAE Regional Office Coordinator, Chancho

Almaz Fikadu, WHAE Regional Office Coordinator, Dire Dawa

Zelalem Zenbaba, WHAE Regional Office Coordinator, Addis Ababa

Getu Mengste, WHAE Regional Office Coordinator, Debre Birhan

Aynalem Teshome, WHAE Regional Office Coordinator, Wolkite

Kenya

Micontrap

Mr. Duncan Midimo – Secretary General, MICONTRAP Kenya

Ms. Colleta Bwahi – Board Chair, MICONTRAP Kenya

Mr. Alvine Otieno – Project Officer, MICONTRAP Kenya

Government Officers

Mr. James Omondi - Children's Officer, Kuria West Sub County

Ms. Janet Robi – Children's Officer, Mabera Sub County

Mr. Josephat Waise – GBV Coordinator, Kuria East Sub County

Partner Civil Society Organizations (CSOs)

Msichana Empowerment CSO (A Partner CSO) Representative

Margaret Nyaboke, Chairperson - Iraha Women Group representative

Kuria University Students Association Representative

Final Beneficiaries - focus group discussions

focus group discussion with Beneficiary Women from Kebarisa and Iraha

focus group discussion with Beneficiary Girls from Kebarisa and Getonganya

Annex D. Evaluation Timeline

Ethiopia

No.	Action	Days	Date(s)	Notes
1.	Review Evaluation Report from 2019 to 2021 as well as 2021 annual report	02	9-10 January	These are key documents to review conclusions and recommendations, to see if they were followed, innovations, etc.
2.	Document review for Evaluation from 2015 to 2017	02	11 January	
3.	Agenda organization, in coordination with WHAE's project staff	0.5	17 January	
4.	Inception Report inputs	01	20 January	
5.	Interviews with WHAE Board and staff	02	3-4 February	Based in Addis Ababa, will be done in person
6.	Interviews with Steering committee members in Chancho, Harar and Jimma	02	5-6 February	Based in each region, will be done in person/ virtually as per the appropriateness
7.	Interviews with regional coordinators of all eight regions	07	8-14 February	Regional coordinators in Addis Ababa, Assosa, Chancho, Debrebirhan, Dire Dawa, Harar, Jimma and Wolkite will have been addressed in person/ virtually as per the appropriateness
8.	Focus group - Women beneficiaries in Chancho	01	16 February	5-8 women in a group
9.	Focus group - Women beneficiaries in Harar	01	18 February	5-8 women in a group
10.	Focus group - Women beneficiaries in Jimma	01	20 February	5-8 women in a group
11.	Focus group - Women beneficiaries in Addis Ababa	01	24 February	5-8 women in a group
12.	Review notes and summarize feedback to share with Scanteam	05	01-05 March	
13.	Inputs from Ethiopia Evaluation to the Draft Report	03	14-16 March	
14.	Report finalization	04	22-25 March	

Kenya

No.	Action	Days	Date(s)	Notes
1	Desk review of reports and other documentation	2 days	Week of January 31st – 4th February	Desk review
2	Interviews with Micontrap Board and staff members (3)	1.5 days	Week of 28th February – 5th March	Interview with Secretary General, Board Chair and one project staff
3	Interviews with PAWA team (2)	1 day	Week of 13th – 18th March	Interview with Board Chair and with former Chair, currently Deputy Chair, Co-Founder, PAWA-Kenya Project
4	Interview with Government Officers (3)	1.5 days	Week of 28th February – 5th March	1 Children Officer and 1 GBV Officer in Migori and 1 Children's Officer in Narok
5	Interview with Micontrap Partners (3)	2 days	Week of 28th February – 5th March	Msichana Empowerment CSO (A Partner CSO) Representative Iraha Women Group representative Kuria University Students Association Representative
6	Focus group - women beneficiaries	1.5 day	Week of 6th – 11th March	5-8 women might do it in 2 groups depends on their availability and numbers. Key beneficiary areas include FGM, early marriage and teen pregnancies.
7	Focus group - Girls beneficiaries	1.5 day	Week of 6th – 11th March	5-8 women might do it in 2 groups depends on their availability and numbers. Key beneficiary areas include FGM, early marriage and teen pregnancies.
8	Review notes and summarize feedback to share with Scanteam	2 days	Done across the weeks	Done & updated continuously over the period
	Totals			Total stakeholders interviewed will be approx. 15 - 25 people.

Annex E: Evaluation Matrix

Below is the Evaluation Matrix that was prepared for the work, which is based on the questions posed in the Terms of Reference. These questions have then been used to identify the issues to be addressed.

Evaluation Question	Information Sources and Comments
IMPACT: What differences have the interventions made?	
What are possible external factors that may endanger the impact of the program?	• The team will use the interviews with FOKUS and Norad staff in Norway to provide some comparative assessments, and with partner management, Norwegian Embassy staff and higher-level officials involved in peace processes to address this
To what extent is the program likely to contribute to development or improvement of relevant national policies?	• The team will rely on the same informants as above to address this but focus on those who are most familiar with national policy issues: higher level officials, heads of national women's organisations, Norwegian Embassy officials, possibly UN officials (UN Women) where feasible
Has the program generated any unforeseen or unintended effects, positive or negative? In the case of negative effects, have mitigation steps been taken, and if so which?	• The team will use the same informants as above to address this though when it comes to mitigating steps, the team will be discussing this with FOKUS management in particular
Has the program established any coordination/ strategic alliances in-country and what are results?	• This is a key question that will be put both to FOKUS management in Oslo and to the partner organisations on the ground, since such alliances may provide important "multiplier" effects for good initiatives
How has the program contributed to the achievement of SDG 3?	• The team will speak with FOKUS management, management of partner organisations, Embassy staff, and possibly other informed persons such as in UN Women and staff in national institutions where possible
RELEVANCE: Are the interventions doing the right things?	
What have been roles and functions of local and national partnering organizations? Which ones have made strategic contribution to the program?	• Discussion primarily with management in FOKUS and partner organisations
Are the interventions aligned with national policies of Norway, Ethiopia and Kenya?	• Discussion with FOKUS and partner organisation management, Embassy staff, representatives in national bodies/ government where feasible
Are duty bearers addressed adequately?	• Discussion with FOKUS and partner organisation management, Embassy staff, but here voices of main target groups is important
Is the strategy implemented the most appropriate? What other strategies or initiatives should have been implemented for achieving results?	• Discussion primarily with management in FOKUS and partner organisations
Can proposed innovations be replicated?	• Discussion primarily with management in FOKUS, Embassy/ Norad/ MFA staff
EFFICIENCY: How well are resources used?	
To what extent has program planning and implementation ensured efficient resource use?	• Discussion primarily with management in FOKUS and partner organisations, Embassy staff, document review
Are planned deliverables produced satisfactorily and at the right time?	• Discussion primarily with management in FOKUS and partner organisations, document review
How has the program engaged local capacities of the organizations involved to achieve the expected results?	• Discussion primarily with FOKUS and partner organisation staff, Embassy staff, document review

Evaluation Question	Information Sources and Comments
EFFECTIVENESS: Are the interventions achieving their objectives	
Have actual outputs been delivered on time and with the quality foreseen?	• Discussion with management in FOKUS and partner organisations, document review
Are intended beneficiaries satisfied with project results so far?	• Same as above but where discussions with partner organisation staff and first and foremost main target groups will be key
SUSTAINABILITY: Will benefits last?	
Has the programme contributed to building sustainable capacities in the partner organisations? Which results are likely to be sustained after FOKUS' support ends?	• Discussion with management in FOKUS and partner organisations, document review, possible alliance partners, Embassy staff
Are there actors that are likely to continue the financial and/or technical support to the partner organisation/s once FOKUS' support ends?	• Discussion with management in FOKUS and partner organisations, perhaps government officials if public money is beginning to move in this direction
FOKUS' ADDED VALUE	
What is the added value of the Program's organizational model, with a FOKUS secretariat, partner organizations and collaborating organizations?	• Discussions with FOKUS and partner organisation staff, with Norad, MFA, Embassy staff – pick up hints from local stories
How can the added value of FOKUS be improved?	• Brainstorms with FOKUS and partner organisation management and staff – pick up hints from local stories

Annex F: Results Frameworks, Ethiopia and Kenya

Table F.1: Results Framework - Ethiopia

Results)	Indicators	Baseline (	Actual per 31.12.2019	Actual per 31.12.2020	Target
Outcome: 2 Improved access to safe abortion and other sexual and reproductive health and rights (SRHR) for women and girls	2.01 Estimated FMG prevalence in intervention areas (%)	65,2 % (national DHS data) Gullele: 8% Mekele: 67% Chancho: 35% Harar: 23%	NA (baseline was conducted during the half year period)	Gullele: 12% Mekele: 2% Chancho: 53% Harar: 25%	5% reduction of baseline value 2019-22 (none for 2019)
	2.02 Number of public policies, laws and action plans related to SRHR influenced	0	2 (Involvement in tax free sanitary pads in Ethiopia, Task force in regulating day care in all government offices in Ethiopia- WHAE'A role has been bringing the grassroot community's voice in the national task force. WHAE is invited by the Ministry to join these two task forces)	3: WHAE influenced three action plans Ministry of Women, Children and Youth: (i) access to sanitary pads, RH services at COVID-19 quarantine centres, (ii) the same on RH and sanitary pad in female prisons, WHAE plans to establish one local unit inside the prison, (iii) pushing for RH focus for people who displaced due to internal conflicts in the country.	3
	2.03 Estimated share of target group favourable to contraception	61 % (baseline report)	NA (baseline was conducted during the half year period)	Gullele: 49% Mekele: 76% Chancho: 74% Harar: 50% Note: COVID-19 affected women going to health centres.	15% increase for 2019-22 (none for 2019)
	2.04 % of women giving birth in health clinic or with a skilled provider	41 % (baseline report)	NA (baseline was conducted during the half year period)	Gullele: 63% Mekele: 71% Chancho: 37% Harar: 81%	15% increase for 2019-22 (none for 2019)
Output 2.1 CSO advocacy efforts on improving access to women's and girls' SRHR strengthened	2.1.1 Number of policy inputs submitted	0	2: (i) tax free sanitary pads in Ethiopia, (ii) regulating day care in all government offices, WHAE bringing grassroot voice to the task force. WHAE involved in regulation allowing NGOs to advocate, which change from previous 10 years	3 (Most steering committee meetings had to be cancelled due to COVID-19)	8

Output 2.4	2.4.1 # of assessments of impact of COVID-19 on women's and girls' SRHR	N/A	N/A	N/A	N/A (one in 2021)
	2.4.2 # vulnerable women and girls assisted with essential services during and after the COVID-19	N/A	N/A		800 (women gained from hot spots and deliverance of food packages)
Output 2.5 Awareness of women's and girls' SRHR raised	2.5.1 Number of persons educated about SRHR	5450	2286 - 419 with formal one-week training for local unit members on concrete subjects related to SRHR	3039 - 436 reached through formal trainings, 2603 reached through community education campaigns	1500
	2.5.2 # of awareness-raising campaigns on women's and girls' SRHR conducted	0	72 community meetings organized. All participants recorded and followed up for at least 12 sessions. Pre and post tests are also undertaken. Community meetings take place in selected five spots in every region through a coffee ceremony program. Number reached due to use of community agents and nurses to run campaigns	34 (More campaigns were organized due to the use of community change agents)	4

Table F.2: Results Framework - Kenya

Results	Indicators	Baseline	Actual per 31.12.2019	Actual per 31.12.2020	Target
Outcome 1: Strengthened mechanisms for the prevention, protection and response to violence against women and girls				N/A	N/A
Output 1.3: Knowledge of violence against women and girls expanded	1.3.2 # of assessments on impact of COVID-19 on violence against women and girls conducted			1	1
Output 1.4 Awareness of violence against women and girls raised	1.4.1 # of awareness-raising campaigns on violence against women and girls conducted			24 awareness raising campaigns conducted on GBV and violence due to COVID -19	40
	1.4.2 # of individuals educated on violence against women and girls			1,675 individuals educated on violence against women and girls	4,150
Outcome 2: Improved access to safe abortion and other sexual and reproductive health and rights (SRHR) for women and girls	*Number of women and girls assisted to realize their SRHR*	35	69 women and girls assisted to realize their SRHR regarding FGM.	55 women and girls assisted in 2020 plus 69 in 2019 totalling to 124	250
	Estimated prevalence of female genital mutilation in intervention areas (%)	78%	74% reduction estimated prevalence of FGM as per the organization end year evaluation of the project	Will be reported later on	60%
Output 2.1: Women and girls assisted to realize their SRHR	2.1.1 # of clinics supported to provide SRHR services to socioeconomically vulnerable women and girls	**6**	2 more health facilities identified to begin service provision, totalling 8 health facilities engaged.	4 Health facilities mapped and engaged for service delivery in 2019 and 2020	12
	2.1.3 # of vulnerable women and girls assisted with essential services during and after the COVID-19 pandemic		0	887 women and girls have been assisted with essential services during the COVID-19 pandemic	2,000

Output 2.2: Capacity of public and private stakeholders working on women's and girls' SRHR reinforced	2.2.1 # of capacity dev't materials created	**3**	1 new info capacity development material developed.	2 more capacity development materials	8
	2.2 # of professionals trained in SRHR	2	2 health professionals trained on SRHR specially on handling FGM issues.	4 Clinical and community health professional trained on SRHR	10
Output 2.3: CSO advocacy efforts on improving access to women's and girls' SRHR strengthened	2.3.1 # of policy inputs submitted	4	1 policy on best approaches capture cases associated with FGM and other SRHRs	3 policy inputs on guideline for community dialogues, distribution of dignity kits, vulnerability criteria tool	12
Output 2.4: Knowledge of women's and girls' SRHR expanded	2.4.1 # of studies on women's and girls' SRHR published	N/A	N/A	N/A	N/A
Output 5: Awareness of women's and girls' SRHR raised	2.5.1 # of persons educated about SRHR	14,000	1162 Girls, 568 boys, 1112 parents trained, sensitized and assisted – total 2,842 persons	896 girls, 492 boys, 588 parents trained, sensitized and assisted – total 1,976	25,000
	2.5.2 # of awareness-raising campaigns on women's and girls' SRHR	16	4 awareness campaigns conducted	6 awareness campaigns conducted	36
Output 6: Capacity of FOKUS' partners strengthened (FOKUS to report on this output)					