End of Project (EOP) Evaluation Report

PROMOTING THE PARTICIPATION OF GIRLS AND YOUNG WOMEN IN SECONDARY SCHOOL IN NAIROBI AND SIAYA PROJECT (2016-2018)

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List of Abbreviations

ABYM	Adolescent Boys and Young Men
AGYW	Adolescent Girls and Young Women
AVF	Africa's Voices Foundation
BC	Bridge Center
CMA	Comprehensive Meta-Analysis
CAPI	Computer Assisted Personal interviewing
DREAMS	Determined, Resilient., Empowered, AIDs-free, Mentored, and Safe
ECHO	Extension for Community Healthcare Outcomes
EOP	End of Project
ERC	Energy Regulation Commission of Kenya
ETAC	Evaluation and Technical Assistance Centre
FBOs	Faith Based Organizations
FGDs	Focus Group Discussion
GAK	Grow and Know
GCN	Girl Child Network
GFEI	Global Fuel Economy Initiative
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
INGOs	International Non-Governmental Organization
JSI	John Snow International Research & Training Institute, Inc.
KAP	Knowledge, Attitudes, and Practices
KII	Key Informant Interview
KNBS	Kenya National Bureau of Statistics
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
NSF	National Science Foundation
OIDP	Online integrated Digital Platform
ODK	Open Data Kit
PEPFAR	President's Emergency Plan for AIDS Relief
RAs	Research Assistants/Enumerators
SAS	Statistical Analysis Software
SGBV	Sexual Gender Based Violence
SOW	Scope of Work
SRHR	Sexual and Reproductive Health and Rights
UNECA	United Nations Economic Commission for Africa
UNEP	United Nations Environmental Program

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Executive Summary

Trócaire Kenya commissioned the end of project (EOP) evaluation of the project, ***Promoting the Participation of Girls and Young Women in Secondary School in Nairobi and Siaya (October 2016- September 2018).*** This project, funded by the United States Agency for International Development (USAID), aims to support adolescent girls and young women (AGYW) living in Siaya County and in the urban informal settlements of Mukuru and Kangemi in Nairobi to transition from primary to secondary school, to return to secondary school if they have dropped out, and to complete secondary school education upon transition.

Participants' socio-demographic characteristics

A total of 510 AGYW participated in this EOP evaluation study (Siaya, *n* = 280; Nairobi, *n* =230), 4.1% more than the 490 participants planned for at baseline. The proportion of AGYW who reported **living with a husband** or being married dropped by 24% and 52% in Siaya and Nairobi, respectively, from baseline to endline whereas the proportion of girls who reported **living with mother** or **both parents** increased by 19% and 9%, respectively. That is, girls who indicated living with a husband or being married were less likely to indicate living with mother or both parents (OR = 0.11, CI: 0.03, 0.44). Among those who indicated living with other (23%), 6% lived with a grandmother especially in Siaya. Majority of the girls (61%) indicated that both parents do not have a KCSE certificate or higher. Parents' socioeconomic status worsened during the project period: the proportion of parents with **no source of income** increased by 34%, that of **self-employed** dropped by 26%, and that of **casual laborers**[1] dropped by 20%. As with parent's source of income, living conditions of the girls deteriorated during the project period: there was a 20% increase in the proportion of girls living in **mud wall/grass thatched houses**, a 13% drop in the proportion of girls living in **semi-permanent houses**, and 5% drop in those living in permanent houses. The proportion of girls who reported that they had worked for pay in the past reduced by 8% but 22% indicated that they were looking for a job at the time of this study. Presented next is a summary of **key findings** based on analysis of data from multiple sources including KAP survey with AGYW as well as 18 FGDs and 25 KIIs with different stakeholders.

Between baseline and endline, there was a 24% decrease in the proportion of AGYW who reported living with a husband but a 52% drop for girls indicating being married. Parents' source of income and living conditions worsened: a 34% increase in the proportion of parents with no source of income; a 26% decrease in the proportion of self-employed parents; a 20% increase in the proportion of girls living in mud wall/grass-thatched houses; and 13% decrease for girls living in semi-permanent houses. **KAP survey data**

Outcome 1 - Increased number of AGYW successfully transitioned from primary to secondary school

The project surpassed its target by reaching 1,679 AGYW, 109% beyond the target of 800 AGYW. These girls were exposed to a suite of interventions including the Bridge Center's (BCs) accelerated education, guidance and counseling, radio program, and so on. **Lack of school fees** and **early pregnancy** emerged as the main reasons for school dropout, cited by 87% and 11% of the girls respectively, but the risk of dropout decreased over time.

Of the 1,679 AGYW that the project reached (i.e., 109% of the target 800 girls), over one-half (62%) re-enrolled in different secondary schools. Rates of class repetition dropped during the project period. **Beneficiary data**

[1]**Casual labor** is usually hired by the hour or day for the performance of specific tasks, while part-time **labor** is typically scheduled for a minimum number of hours per week

Over one-half (62%) of the girls registered at BCs re-enrolled at different secondary schools. Four factors were associated with re-enrollment: girls who had ≤5-year old baby (compared with those without a baby) or lived in informal settlements of Nairobi (compared with those in rural Siaya) were less likely to re-enroll and single (as opposed to married) or younger (as opposed to older, 18 years or older) girls were more likely to re-enroll. Whether a girl came from a nuclear family or single parent home was not associated with re-enrollment. Rate of **class repetition dropped** during the project period and increasingly more girls are aiming to attain higher levels of education: a 9-10% increase for those desiring higher-level degrees (Bachelors to PhD) versus a 9-12% decrease for those desiring lower level degrees (KCPE to Certificate/Diploma). What these trends may be suggesting is that during the project period, the "DREAMERS" became more determined, resilient, and believed they could achieve their educational dreams.

Outcome 2 - Increased support was provided to AGYWs' education by duty bearers and service providers

The project surpassed its target: 789 duty bearers and service providers were trained to support the girls' transition, re-entry, and retention in school, that is, 112% of 704, the target. Besides NGOs such as Trócaire, among those viewed as most supportive included head teachers (who worked with BC staff to ensure smooth re-enrollment of the girls), local administration (who identified potential participants and referred them to the BC), and school guidance and counselors (who adopted the model in their schools). Parents and religious leaders also emerged as being supportive. Besides financial support, discussion of SRH issues was the most frequently cited nature of support to the girls. The proportion of girls participating in different DREAMS IC activities increased, with BC's accelerated curriculum attracting most AGYW.

> *I attended the GCN training, and have since been involved in the community conversation forums on health and education. It is in these forums where we identify the vulnerable children [girls] and recruit them into the project. After identifying a dropout, we start a conversation with the parent to identify the challenges and see how we can come in to help. We also provide counselling to try and encourage the girl. This has also provided an opportunity to the girls who may have dropped from school due to pregnancy a second chance to education.* ***Nyumba Kumi*** **[Clan Elder]**

Outcome 3 - Positive change in community perceptions towards girls' education

There was a slight increase in the proportion of girls who felt the community embraced **stigma and discrimination** against them, that is, a 5% increase in the proportion of girls who felt the community's view is that "it is better for boys to go to school than girls." However, **knowledge and attitudes expressed by community members** with regards to AGYW's education improved: majority of the girls felt the community is against "marrying off girls before they are 18" or "marrying off mature girls instead of allowing them to continue with school." With respect to **equal access to resources and opportunities** for

> *The community perception is changing over time to educate both the girl and the boy child alike. This is a result of the great work being done by the local authorities like the chief who work to ensure that students are in school. The area MCA has also given much input. The mind-set that the girl is a lesser being in the family is, however, yet to be completely eroded from the community, as they are married off and after that there is therefore no value for their education.* **Head Teacher KII- Nairobi**
>
> *The community perception on AGYW is contextual. Nairobi people (Mukuru & Kangemi) partly understand the need for AGYW education as compared to Siaya where the community perceives that once a girl is pregnant, she has no business with school and has to be married off or even stay with their mothers.* **LVCT Health Staff KII**

males and females, the perception of the communities changed slightly positively. For example, 11% more girls felt the community would endorse the view that "men and women should share household chores." These positive trends are perhaps attributable to the community conversations engagements – a total of 5,085 community members participated in the mobilization activities. Whereas negative attitude towards girl education was the most frequently emergent theme in FGDs and KIIs, positive attitude towards girl education followed a close second. Majority of the girls adopted positive strategies such as being resilient and working hard to prove themselves as a way to address challenges associated with community's perception of their education.

Outcome 4 - Increased confidence and self-esteem among AGYWs targeted by the project

A significant improvement in AGYW's perception of their confidence and self-esteem was noted: a 24% increase in the proportion of girls who felt "satisfied with themselves" and a 14% increase in the proportion of those who felt "confident to achieve the things they set to do." The girls also increasingly felt "good about their abilities compared to others" and can "stand up for themselves and what they believe in." Qualitative data showed that AGYW are more confident, resilient, feel able and worthy, and know what they want in life. These changes are largely attributable to DREAMS IC suite of intervention including counseling and mentorship programs as well as the life skills sessions conducted at the BCs. An enumerator in Nairobi aptly puts it, the program has contributed to increased confidence and self-esteem among AGYWs targeted by the project: "In summary, from the interviews I conducted, I can firmly state that the program made a big difference in the lives of the girls and they are confident and optimistic that they will complete their studies and have a bright future."

> *There has been a sustained and progressive change when it comes to the AGYW level of confidence and self-esteem over the life of the project. They are much more determined to succeed in their education now more than ever despite their hardship. The progressive change can be attributed to the awareness created and provision of hygiene materials so that now they see themselves as normal beings despite them being at puberty stage. Most of them remain certain that with the support accorded they are likely to finish school and graduate to the next schooling grade.* **Head teacher KII, Nairobi**

Outcome 5 – Reduced cases of sexual and gender-based violence (SGBV) against AGYW

The proportion of girls reporting experiencing SGBV reduced by 4-10% and that for girls who reported experiencing intimate partner violence (IPV) in the last 12 months dropped for almost all perpetrator categories. A 5% decrease was noted in the proportion of girls reporting that they had been "hit with a fist or something else that could hurt them" or someone "physically forced them to have sex against their will." Generally, participants demonstrated knowledge of how to deal with SGBV issues, a shift from local solutions such as the use of "kangaroo"[2] courts to reporting and seeking medical attention. These trends are indicative of the impact of community conversations where SGBV issues are addressed. Majority of AGYW identified mother as a reliable person to confide in when faced with SGBV issue such as rape. ***Rape*** or forced sex was the most frequently cited form of SGBV although it reduced from 75% at baseline to 61% (FGD) or 52% (KIIs) at endline. Other forms of SGBV included sexual violence/abuse or exploitation especially by

> *The girls are now more firm with the men in the community… it is increasingly becoming difficult for men to force their way into sexual activities as they view the empowered girl as proud and harder to fall for their conventional tricks. This kind of socializing over time has seen a decline in the number of reported cases of SGBV against AGYW in the community.* **Head Teacher KII- Nairobi**

[2] **Kangaroo court** – an informal justice mechanism involving negotiations by family members, not formal legal system

"bodaboda" [3] operators. There was a decrease by 4% - 10% in the proportion of AGYW who reported that they "are currently married or living with a man," "have dated or had a boyfriend in the past," or are "currently dating/have a boyfriend." Engaging in these unfavorable relationships changed in concert with DREAMS IC counseling and life skills training which discourage engagement in intimate relationships such as dating[4] while still young and pursuing education.

Outcome 6 - Increased knowledge and access to sexual and reproductive health (SRH) and HIV

The proportion of girls demonstrating correct knowledge with regard to identifying ways of preventing sexual transmission of HIV and rejecting major misconceptions about HIV transmissions increased during the project period. Based on quantitative data, the most preferred source of SRH and HIV information was the BC counselor followed by mother. However, according to FGDs and KIIs, mother was the most preferred source of information across all topics. The proportion of girls who demonstrated knowledge that HIV can be transmitted from mother to baby during pregnancy decreased by 14%, an indication of lack of knowledge in this SRH area. Behaviors and actions that AGYW frequently cited as putting them **at higher risk of HIV infection** in the study communities included wrong use of contraceptives, condoms, and PREPs; unhealthy relationships or having multiple sex partners; non-private living conditions; parental neglect or negligence; cross-generational sex; attending overnight parties, fellowships, or "*disco matanga.*"[5]

> *The project beneficiaries have a high knowledge levels on sexual and reproductive health and HIV. This knowledge is largely got from schools as it is part of the curriculum, from parents, and from the project. The knowledge and information on contraceptives is also got from schools, parents and from the project mentorship information.* **FBO KII**

[3] **Boda boda** – a term used to refer to individuals who transport people and/or including their luggage using motorbikes, a means of transport that has exponentially become popular in Kenya and most African countries

[4] **Dating** - identifying intimately with an opposite sex in a relationship. It may or may not include sexual relations

[5] **Disco matanga** refers to dancing and partying at a funeral characterized by loud music played at night that attracts young people

1. Introduction

1.1 Organization of the Report

In this introductory chapter, background of the project; purpose, objectives, scope, and use of the EOP evaluation study are presented. **Chapter 1** concludes with a listing of evaluation questions and associated project indicators that were tracked. **Chapter 2** focuses on evaluation methodology including design; how effect of the intervention is measured; data collection; sampling procedures; data management and field data editing; data entry and analysis; data integration; data quality assurance; ethical consideration and risk management; limitations and challenges; and enumerators qualifications. **Chapter 3** focuses on evaluation findings and discussions organized according to the six outcomes of interest whereas in **chapter 4** focuses on assessment of the project based on the OECD DAC criteria of relevance, effectiveness, efficiency, impact, and sustainability and replicability. **Chapter 5** presents conclusions based on six outcomes whereas **chapter 6** focuses on challenges encountered, suggested solutions, and lessons learned. Finally, in **chapter 7,** best practices, unintended outcomes, and recommendations are presented. All data collection instruments are provided as separate attachment as MS Word file.

1.2 Background of the Project

Kenya is one of the four HIV high burden countries in Africa with approximately 1.5 million people living with HIV by 2015. The *Kenya AIDS Strategic Framework (2014/2015 - 2018/2019)*[6] identified young girls and women *as* priority populations,[7] accounting for ~21% of all new infections. According to the *Kenya's Fast-Track Plan to End HIV and AIDS among Adolescents and Young People, 2015,*[8] youth out of school are predisposed to different HIV vulnerability factors. Whereas young women aged 15-24 years accounted for one-third of all new HIV adult infections in Kenya,[9] the good news is that, through education-related interventions, a World Bank study established, new infections among youth in this age group can be reduced. Thus, Trócaire, in collaboration with four partner organizations (Girl Child Network [GCN], LVCT Health, Grow and Know [GAK] and Africa's Voices Foundation [AVF]), implemented a 2-year project titled, ***Promoting the Participation of Girls and Young Women in Secondary School in Nairobi and Siaya.***

This project, which is part of *DREAMS*[10] *Innovative Challenge* (DREAMS IC), was funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and managed by JSI. DREAMS IC project winners implemented solutions in six focus areas including strengthening capacity for service delivery, keeping girls in secondary school**,** linking men to services, supporting pre-exposure prophylaxis (prep), among others. To address the burden of HIV infections, DREAMS IC project spearheaded by Trócaire Kenya identified the focus area, "**Keeping girls in Secondary School**." The project's **aim** was to reach 800 adolescent girls and young women (AGYW) who had either dropped out or were at risk of dropping out of secondary school in the rural communities of Siaya County (Sihay & Nyalenya) and the urban informal settlements of Nairobi County (Mukuru & Kangemi). To achieve this, Trócaire Kenya and partners employed three core strategies:

- Providing AGYW an accelerated form of education, tailored services, and empowerment
- Providing AGYW with improved access to age and gender appropriate information and counselling services; and
- Conducting social mobilization, community sensitization, and capacity building of community members

[6] This is a the Strategic guide for the country's response to HIV at both national and county levels
[7] A range of social drivers, as well as biological and behavioral factors lead to increased risk of HIV infection within these communities.
[8] This is a two year plan running through the medium term of the KASF which outlines priority interventions and targets that need to be achieved by relevant Counties, Ministries, and Development Agencies of government.
[9] This was reported in the According to *Kenya HIV Estimates Report 2018*
[10] **DREAMS** - Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women

DREAMS is thus an ambitious partnership to reduce new HIV infections among AGYW in 10 sub-Saharan African countries (i.e., Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe). Its goal is to help girls develop into ***d**etermined, **r**esilient, **e**mpowered, **A**IDS-free, **m**entored, and **s**afe* women. In the DREAMS IC, **innovative solutions** included one or more of the following approaches: offering new ways of applying, adapting, delivering or developing an existing solution; developing ideas that come from AGYW and involving them in implementation; using different partnership models to work with local organizations and across sectors; finding sustainable solutions that lead to long-lasting change; utilizing new and appropriate science or technology; and demonstrating a cost-effective way to reach impact more effectively for more AGYW or in a shorter period of time.

The project's **strategic objective** (overall outcome) was to increase the rate of enrolment and retention of AGYW (aged 15-24) in secondary school in target areas (Sihay, Nyalenya, Mukuru, & Kangemi). A corresponding ***indicator*** for this objective was an increase in the *number of AGYW enrolled in and completing secondary school in target areas.* The project was expected to contribute to the achievement of the stated strategic objective by achieving the following six intermediate results (intermediate **outcome/output** level) as shown in **Table 1**.

Table 1: *Intermediate Outcomes and Indicators Tracked*

	Intermediate Outcome/Output	Indicator
1	Increase in the number of adolescent girls and young mothers who successfully transition from primary to secondary school	**[1.1]** Number of Bridge Centre clients that transition to secondary school
2	Increased support is provided to AGYW's education by duty bearers and service providers	**[2.1]** Number of duty bearers who take action to support girl's transition, re-entry and retention to secondary education **[2.2.]** Number of adolescent girls and young mothers who access support services and receive material assistance
3	Positive change in community perception towards girls' education and support to young mothers	**[3.1]** Level of stigma and discrimination experienced by adolescent girls and young mothers **[3.2]** Knowledge and attitudes expressed by community members **[3.3]** Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic and political resources and opportunities
4	Increased confidence and self-esteem among adolescent girls and young mothers targeted by the project	**[4.1]** Levels of perceived confidence and self-esteem as expressed by adolescent girls and young mothers
5	Reduction in sexual and gender-based violence (SGBV) against AGYW	**[5.1]** Percentage of AGYW that view GBV as less acceptable after participating in DREAMS IC program **[5.2]** Percentage of girls reporting GBV in past 12 months
6	Increased in knowledge and access to sexual and reproductive health and HIV services	**[6.1]** Percentage of women and men who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission **[6.2]** Percentage AGYW who report actively using OIDP **[6.3]** Percentage AGYW who report listening to radio broadcasts

To achieve the above intermediate outcomes, Trócaire and partners:

- established and operated **4 Bridge Centers** (BCs) in Siaya and Nairobi offering *accelerated education curriculum*, *tailored services* and *empowerment support* to AGYW who had dropped out or were at risk of dropping out of school
- facilitated 6,043 AGYM in Siaya and Nairobi to **improve access to age and gender appropriate information and counselling and peer support** on issues of HIV, sexual and reproductive health, puberty, menstrual hygiene management and girls'/women's rights through LVCT Health's Online Integrated Digital Platform (OIDP)

- conducted **social mobilization, community sensitization, training and capacity building** of 1,304 local community members, community leaders and duty bearers (teachers, government officials, religious leaders) to transform their knowledge, attitudes and practices related to education of AGYW
- produced and broadcasted **interactive informational radio programs/shows** in the target communities on issues related to the education of AGYM and related public health issues
- designed and piloted **education resources** on issues related to girls' puberty

The **theory of change**[11] (ToC) guiding this project was that by addressing structural and gender-related barriers to meaningful participation and engagement of AGYW in secondary education, the girls' dropout and HIV infection rates would reduce. For instance, the project sought support of and worked with the communities to challenge the negative social norms, perceptions towards AGYW's education, and household related barriers to their education, provide the girls with age and gender appropriate information, and facilitate their transition from primary to, and retention in secondary school. As shown in **Table 2**, a suite of six interventions were implemented as part of DREAMS IC project:

Table 2: *Partner, Intervention, Strategy, and Activities*

	Partner	Intervention	Strategy	Activities
1	Girl Child Network (GCN)	Bridge Center	Accelerated education, tailored services and empowerment support	Life skills training (including digital literacy); HIV prevention education; psychosocial support; on-site baby care; mentorships and referrals; and food & non-food items
2	LVCT Health	One2One Integrated Digital Platform (OIDP)	Improved access to age and gender appropriate information and counselling	Peer-led, flexible, interactive access to information; online safe space for peer education; learning and reporting abuse (these virtual platforms were complemented by physical sessions on SRH, GBV and HIV testing service outreaches
3	African Voices Foundation (AVF)	Interactive radio program (and 2 radio stations)	Improved access to age and gender appropriate information and counselling	Topics covered included HIV, puberty, pregnancy, SRHR, and girls' rights and education. Participants also asked to share their beliefs and views via SMS on the topics.
4	AVF	Data analysis	Analysis of SMS communications	Analysis of attitudes and perceptions of AGYW who participated in radio program and OIDP
5	Grow and Know (GAK)	Educational materials on puberty	Improved access to age and gender appropriate information and counselling	Developed and piloted age and gender appropriate educational materials on puberty
6	Trócaire	Community conversations	Social mobilization, community sensitization, and capacity building	Engage the support and services of key community members and duty bearers[12] (teachers, government officials, religious leaders) through 'community conversations'; village to village campaigns, peer-led mobilization and household visitations.

The achievement of the project goals was based on the following assumptions: (a) existence of an enabling CSO environment that support project implementation; (b) peaceful political transition during the election year of 2017; (c) America's foreign policy retains the bipartisan support to Africa following the regime change; (d) sustained funding throughout the project period; (e) stable foreign exchange rate to avoid any losses; (f) availability of the targeted populations and willingness to participate in the process; (g) continued commitment by government and other partners to ending of AIDS at the local and national levels; and (h) minimal staff turnover.

[11] **Theory of Change** - comprehensive description and illustration of how and why a desired change is expected to happen in a particular context

[12] Include Children's Department, Religious leaders, School heads, Guidance and Counselling teacher, CSO staff, School Boards of Management and Parents Teacher Association officials, Local administration, National and County Education Officials

1.3 Purpose of EOP Evaluation Study

Informed by findings from a baseline study, the **primary purpose** of this EOP evaluation study was to **establish the changes** experienced by targeted beneficiaries with regard to indicators included in the M&E framework by comparing baseline and end line (post-implementation) results. A **secondary purpose** was to gain insights into key elements of the implementation process which either explains ***how*** reported changes occurred or shed light on ***why*** such changes were achieved (or not achieved). A team of consultants led by Prof. Hesborn Wao was awarded the contract on August 29, 2018. Members of the team included Dr. Nelson Onyango, Ms. Elizabeth Mueni Kisio, Mr. Jefferson Ponde Ochilo, and Mr. Japheth Ogenga. The EOP evaluation exercise began on September 25, 2019. Final report was shared on 12/8/2019.

1.4 Objectives of this EOP Evaluation

- To evaluate the **entire project** in terms of relevance, effectiveness, efficiency, impact, and sustainability
- To provide an **in-depth analysis** of how the project interventions influenced social, cultural, political and economic issues that affect AGYW's access to education and HIV risk
- To identify **areas** for continued advocacy & intervening aimed to reduce AGYW school dropout, re-entry and HIV risk

1.5 Use of EOP Evaluation Findings

Findings from this EOP evaluation are expected to generate information on best practices in structural interventions meant to reduce HIV vulnerability among AGYW specifically by improving opportunities for schooling. In addition, the results are expected to inform the design and implementation of future interventions. Lessons learned can be shared with development partners, County governments, and other stakeholders to inform future investments in AGYW's well-being.

1.6 Evaluation Questions

The following questions, which correspond to study outcomes and linked to indicators tracked (in *italics*), are addressed:

1. Did the number of AGYW who successfully transition from primary to secondary school increase?
   [1.1] Number of Bridge Centre clients that transition to secondary school
2. To what extent did support provided by duty bearers or service providers towards AGYW's education change?
   [2.1] Number of duty bearers who support girl's transition, re-entry and retention to secondary education
   [2.2] Number of AGYW who access support services and receive material assistance
3. In what ways did the community's perceptions towards AGYW's education and support change?
   [3.1] Levels of stigma and discrimination experienced by adolescent girls and young mothers
4. To what extent did AGYW's confidence or self-esteem in relation to their education and wellbeing change?
   [4.1] Levels of perceived confidence and self-esteem as expressed by adolescent girls and young mothers
5. To what extent did sexual and gender-based violence (SGBV) cases against AGYW change?
   [5.1] Percentage of women and men who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission
   [5.2] Percentage of girls reporting GBV in past 12 months
6. To what extent did AGYW's knowledge of or access to sexual and reproductive health and HIV services change?
   [6.1] Percentage of AGYW who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission

2. Methodology

In this section, we present the EOP evaluation approach; evaluation design; how effect of intervention is measured; data collection methods; sampling techniques; data management and field testing; data entry and analysis; data integration; data quality assessment; ethical considerations and risk management; study limitations and enumerators' qualification.

2.1 Evaluation Approach

We adopted a participatory consultative approach that allows active participation of all key stakeholders, ensures an environment in which participants freely express their opinions regarding issues tackled, and allows two-way learning and flow of ideas. Trócaire and partners played a key role in this EOP study including reviewing the inception report and providing inputs; providing feedback on the tools during enumerator training workshop; introducing the consultant to the communities; assisting the consultant in data collection; and validating the evaluation findings. Whereas majority of staff who worked on the DREAMS IC project were no longer employed by Trócaire and partners, their contact information were provided. In addition, Trócaire identified community health volunteers (CHVs) to assist with navigation during field work.

2.2 Evaluation Design

A mixed methods design, specifically ***partially mixed concurrent equal status design***[13] (Figure 1) was employed. *Partially mixed* implies that quantitative and qualitative findings are integrated after completion of data analysis; *concurrent* implies that quantitative and qualitative data were collected concurrently; and *equal status* implies that both qualitative and quantitative data were accorded equal weight in addressing the evaluation questions. Equal weighing of the two components was agreed upon between the Consultant and Trócaire during the inception meeting. The use of mixed methods approach was intended to disentangle changes attributed to the DREAMS IC project. Combined with data triangulation, this approach enhances the significance of evaluation findings.

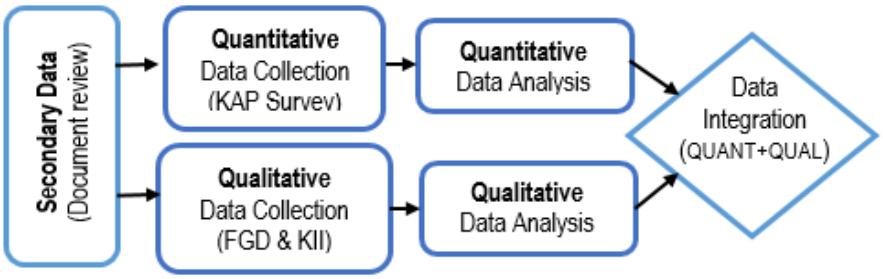

Figure 1.Mixed methods: Partially mixed concurrent equal status design

2.3 Effect of the Intervention

To measure the **effect of DREAMS IC intervention** (i.e., determine how much of the change observed in outcomes among AGYW is attributed to the intervention), we conducted **before-and-after comparison**. Specifically, we compared **baseline data** (before intervention) with **endline data** (after intervention). For baseline data, AGYW aged 15-24 years were randomly selected from the study sites. For endline data, we recruited AGYW aged 15-24 who participated in the DREAMS IC intervention. The main goal of DREAMS IC was to increase the rate of enrolment and retention of AGYW in secondary school in target areas (Nyalenya and Sihayi, both in Siaya; Mukuru and Kangemi, both in Nairobi). This was measured by the number of AGYW enrolled in and completing secondary school in target areas. The population of interest was AGYW who dropped out or were at risk of dropping out of secondary school in the target areas.

2.4 Data Collection Methods

2.4.1 Desk Review of Secondary Data

Documents provided by Trócaire and relevant research reports were reviewed to enable the Consultant understand the project intervention and relevant national and county policies and guidelines, and to familiarize with relevant Trócaire's policies and procedures. The review also informed refinement of study methodology and instrument development.

2.4.2 Quantitative Data: KAP Survey and Observation Checklist

[13] Leech, N. L. & Onwuegbuzie, A. J. (2009). A typology of mixed methods research designs. Quality & Quantity, 43, 265-275.

For the quantitative component of this EOP evaluation, a structured **K**nowledge, **A**ttitudes, and **P**ractices (KAP) survey questionnaire was administered (**Attachment: p.3-10**). A representative sample of AGYW responded to this survey which contained items addressing the evaluation questions including questions on perceptions of DREAMS IC in terms of OECD DAC criteria. Other quantitative data used included high school participation by students enrolled in DREAMS IC. We planned to use an **observation checklist** (**Attachment: p.28**) to assess the Bridge Centers (BCs), for example, the extent to which critical equipment were available to provide accelerated education support to AGYW and safety or privacy of the location. However, at the time of fieldwork, all the BCs had closed down. We could not conduct effective facility observation.

2.4.3 Qualitative Data 1: FGDs

To complement quantitative data, focus group discussions (FGDs) were used to gather in-depth information from information-rich sources. The FGDs targeted five categories of participants: AGYW, adolescent boys and young men (ABYM), adult men, adult women, and ***boda boda***[14] operators. Each FGD was to comprise 6-12 members, a moderator facilitating FGDs, and a note-taker. Participants signed *Informed Consent Forms* (ICF) before participation. FGD guides (**Attachment: p.11-21**) were used. A questioning route (guide) was used to explore views regarding the effect of DREAMS IC interventions and to solicit recommendations for improvement.

2.4.4 Qualitative Data 2: Key Informant Interviews (KIIs)

Similarly, to complement quantitative data, key informant interviews (KIIs) were used to gather in-depth information from the respondents regarding their experience with different DREAMS IC interventions and the extent to which they achieved sustainable outcomes and impacts. Participants in the KIIs or FGDs were individuals who had close interaction with AGYW so as to meaningfully contribute to discussions about AGYW's education and wellbeing. KII interview protocols (**Attachment: p. 22–27**) were used. With participants' permission, KII and FGD sessions were audio-recorded (to capture the proceedings of discussions) and transcribed, constituting qualitative data.

2.4.5 Qualitative Data 3: Field Notes and Photos

Enumerators and navigators took detailed notes of important information related to the DREAMS IC that emerged while in the field. For instance, while briefing the enumerators prior to embarking on data collection, the head teacher may provide very insightful information about the impact of DREAMS IC on girls. Such information would be captured as field notes and reported. With participants' permission, photos also were taken as complementary data. **Table 3** presents six project outcomes, corresponding indicators assessing them, data sources, data collection methods, and sample evaluation items.

2.5 Cultural Sensitivity of this EOP

Efforts were made to address cultural sensitivity of this EOP. For instance, we employed child-friendly and gender-sensitive approaches whereby evaluation staff fluent in luo and familiar with local traditions facilitated the FGDs with adult women or adult men in Siaya. Similarly, enumerators fluent in Kiswahili were mostly engaged in Nairobi data collection.

2.6 Sampling Procedures

2.6.1 Quantitative Sampling: KAP survey

Trócaire provided secondary data (beneficiary database in Excel) consisting of 1,679 AGYW with the following information: name of the girl and parent/guardian; girl's age at admission; date of enrollment; residence; phone number of the girl and/or parent/guardian; level, term, and year the girl dropped out or at risk of dropping out; main reason for dropping out; marital

[14] ***Boda boda*** is a term used to refer to individuals who transport people and/or including their luggage using motorbikes—this form of transport has exponentially grown in Kenya and all over Africa, both in rural and urban areas.

status; whether the girl had a child <5 years old; nature of family the girl belonged to; and amount of fee paid. Based on sample size computed at baseline (i.e., *n* = 490),[15] we planned to recruit 500 AGYW (125 per ward), the additional 10 providing for decline or no show. We planned to employ a two-tier cluster sampling strategy whereby all residences are listed and randomly selected from which to draw household where an AGYW lives. However, due to logistical challenges (e.g., majority of phone numbers not working or AGYW had moved out of study sites), we adjusted our sampling strategy. To achieve representation, we sorted all secondary schools in order of decreasing number of AGYW enrolled besides clustering by village. Enumerators then surveyed all AGYW in selected schools. Navigators assisted in tracing girls who were either absent from school or dropped out. Thus, majority of girls surveyed were at school. A few were surveyed at home, at the nearest BC, or other preferred locations. For those not surveyed at school, transport allowance was provided. A DREAMS hand bag also was presented to the girls as an appreciation of their valuable time.

2.6.2 Qualitative Sampling: FGDs and KIIs

Respondents for the FGDs and KIIs were purposively sampled from the beneficiary pool provided they met inclusion criteria. Each FGD was to comprise of 6-10 members.

2.7 Data Management and Field Data Editing

KoboCollect, a survey development and data management software similar to Open Data Kit (ODK), was used for data collection and management. This software has quality assurance features such as showing time the interview starts and ends; geocode of the interview location; and allows for collecting data offline for uploading later when Internet is available. To counter potential challenges in the field, hard copies of questionnaires were available as back-up. Field supervisors performed data editing during the day as soon as the interviews were completed as well as in the evening. If errors are found, these were addressed with the relevant enumerators immediately. At the end of each day, supervisors and enumerators met the Consultant for a debriefing session where issues arising from the day's activities are discussed.

Part of Nairobi team after a debriefing session

Part of Siaya team after a debriefing session

[15] This sample size was computed using Taro Yamane's (1967) formula (read details in the baseline evaluation report)

Table 3: *Outcomes, Indicators, Data Sources, Data Collection Method, and Broader Evaluation Questions Based on OECD DAC Criteria*

Outcome	Indicator(s)	Data Source	Method(s)	Broader Questions
1. Increase in the number of AGYM who successfully transition from primary to secondary school	**[1.1]** Number of Bridge Centre clients [AGYW] that transition to secondary school	▪ Trócaire documents (including Bridge Center records of beneficiaries) ▪ AGYW aged 15-24 years	- Secondary data analysis (SDA) - Analysis of KAP Survey data (baseline & endline)	**1. Relevance** **1.1** To what extent was DREAMS IC intervention consistent with national policies regarding the needs/right of AGYW? **1.2.** To what extent did the project address AGYW issues? **1.3.** Were project geographic areas targeted appropriate? **2. Effectiveness** **2.1** To what extent has the project contributed to:- **a**. increased support being provided to AGYW's education by duty bearers and service providers? **b**. positive change in community perceptions towards girls' education and support to young mothers? **c**. increased confidence & self-esteem among targeted AGYW **d**. reduced sexual and gender-based violence against AGYW **e**. Increased knowledge and access to SRH and HIV information and services **2.2** What factors constrained/facilitated achievement of results? **2.3** What are the key lessons identified? **2.4** Is the cost delivery reasonable (value for money) **3. Efficiency** **3.1** Was the project implemented according to SOW? Were the resources used well and implementation strategies appropriate? **3.2** To what extent were interventions done in a timely manner? **3.3** Could a different intervention lead to similar results at lower cost? If yes, how (give examples)? **4. Impact** **4.1** To what extent did the interventions contribute to AGYW's increased transitions from primary to secondary schools? **4.2** What were the unintended, positive or negative outcomes? **4.3** To what extent have the interventions contributed to reduced HIV infections among AGYW in the target areas? **5. Sustainability and replicability** **5.1** To what extent are the project outcomes sustainable? **5.2** What exit strategies exist for phase out of project assistance? **5.3** How likely are the solutions replicable and scalable to other Counties? Any foreseeable barriers to replications? **5.4** What irreversible changes have the project made?
2. Increased support is provided to AGYW's education by duty bearers and service providers	**[2.1]** Number of duty bearers who take action to support girl's transition, re-entry, and retention to secondary education **[2.2]** Number of AGYWs who access support services and receive material assistance	▪ Bridge Center records ▪ AGYW 15-24 years ▪ Duty bearers ▪ Care providers ▪ Family/guardian/caregiver ▪ Other community members	- SDA - KAP Survey - KIIs - FGDs - Checklist - Field notes	
3. Positive change in community perceptions towards girls' education and support to young mothers	**[3.1]** Levels of stigma and discrimination experienced by AGYW **[3.2]** Knowledge and attitudes expressed by community members **[3.3]** Percent of participants reporting increased agreement with the concept that males and females should have equal access to social, economic and political resources and opportunities	▪ Bridge Center records ▪ AGYW 15-24 years ▪ Duty bearers ▪ Care providers ▪ Family/guardian/caregiver ▪ Other community members	- SDA - KAP Survey - KIIs - FGDs - Checklist - Field notes	
4. Increased confidence and self-esteem among AGYM targeted by the project	**[4.1]** Levels of perceived confidence and self-esteem as expressed by AGYWs	▪ Bridge Center records ▪ AGYW 15-24 years ▪ Duty bearers ▪ Care providers ▪ Family/guardian/caregiver ▪ Other community members	Same as above	
5. Reduction in sexual and gender-based violence (SGBV) against AGYW	**[5.1]** Percentage of participants that view gender based violence (GBV) as less acceptable after participating in or being exposed to USG programming **[5.2]** Percentage of girls reporting GBV in past 12 months	▪ Bridge Center records ▪ AGYW 15-24 years ▪ Duty bearers ▪ Care providers ▪ Family/guardian/caregiver ▪ Other community members	Same as above	
6. Increase in knowledge and access to sexual and reproductive health and HIV information and services	**[6.1]** Percentage of women and men who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission **[6.2]** Percentage of AGYW surveyed in target areas who report actively using OIDP **[6.3]** Percentage of AGYW surveyed in target areas who report listening to radio broadcasts	▪ Bridge Center records ▪ AGYW 15-24 years ▪ Duty bearers ▪ Care providers ▪ Family/guardian/caregiver ▪ Other community members	Same as above	

Note: **KAP** = Knowledge Attitude & Practice**;** **AGYW** = Adolescent Girls and Young Women; **FGD** = Focus Group Discussion**;** **KII** = Key Informant Interview

2.8 Data Entry and Analysis

Quantitative data were exported to SAS for analysis. Quantitative data analysis included computation of descriptive statistics (e.g., frequencies, percentages, means and standard deviations) and comparison of baselines and endline values. Qualitative data (FGDs, KIIs, and field notes) were transcribed and entered into MS Excel for analysis. ***Thematic content analysis*** was accomplished in three major steps. First, qualitative data were organized by topical areas through independent coding by two members of our evaluation team. We employed ***in vivo* coding,**[16] that is**,** assigning a section of data [word or statement] a label using a word or short phrase taken from that section. This technique ensures that the concepts remain close to respondent's own words. Next, by constantly comparing each code with the preceding ones to avoid redundancy, we aggregated codes containing statements similar in content to form ***themes***. Finally, we computed ***theme frequency*** (i.e., the number of times a theme emerged in a FGD or KII, expressed as a % of total number of FGDs or KIIs). Noteworthy, how frequency effect size is measured here is a modification of Wao et al.'s[8] conceptualization of theme frequency which is based on actual number of participants. Quantizing qualitative data enabled us to glean more information from qualitative data to triangulate with quantitative data thus enhancing the credibility of our findings.

2.9 Data Integration

Several data sources were used: secondary data provided by Trócaire; online KAP survey data; and qualitative data obtained via FGDs, KIIs, and field notes. To facilitate data integration, we ensured items addressing the six evaluation questions (see **section 1.6**) were included in both quantitative and qualitative instruments and are based on DAC criteria of relevance, effectiveness, efficiency, impact, and sustainability. The following examples illustrate our efforts of data triangulation. To address the question, "***To what extent did AGYW's confidence or self-esteem in relation to their education and wellbeing change?***" the girls were asked in the KAP survey to respond, using a 5-point Likert scale (1 = Disagree Strongly … 5 = Agree Strongly), the extent to which they agreed/disagreed with 13 statements about their confidence and self-esteem during DREAMS IC implementation period. This allowed for quantifying the degree of confidence or self-esteem (quantitative data via KAP survey). In the FGD, the girls were asked, "*How do you feel about yourself in terms of your ability and efforts to succeed in school?*" to capture the girls' perceptions of their confidence or self-esteem (qualitative data via FGDs). In addition, data obtained from AGYW via KAP surveys and FGDs were further triangulated with data obtained from FGDs and KIIs with other participant groups (e.g., ABYM, adult women, adult men, teachers, Trócaire and partner staff etc.). By using different tools, we obtain findings from multiple participant groups on the same question, which yields more informative and reliable findings than relying on single-sourced information.

2.10 Data Quality Assurance

We ensured that **quality of data** was maintained throughout the process through: (a) use of reliable sources of information, corroboration with the Trócaire and cross-checking credible sources; (b) design and use of the effective data collection tools and methods for analysis; (c) inbuilt data quality check in *Kobocollect*; (d) rigorous training of research team to ensure they are conversant with tools used; (e) pretesting and reviewing the data collection tools based on feedback from pretest; (f) having the research team members and supervisors cross check data collected during the day and at the end of the day and corrections effected while still in the field; (g) daily de-briefing research team every evening where experiences are shared and strategies for way forward charted; and (h) randomly spot-checking compiled data while in the field to validate their authenticity. We also ensured data collection methods used were reliable and valid. Regarding **reliability**, we ensured data reflected consistent data collection processes and analysis methods over time. Specifically, to ensure reliability, we: (1) designed the tools according to the internationally accepted standards; (2) pre-tested all data collection tools during enumerator training; and (3) rigorously trained the research team on the proper use of the tools and their full understanding of indicators. Under **validity**, we ensured the study methodology and results accurately reflected intended

[16] Wao, H., Dedrick, R. F., & Ferron, J. M. (2011). Quantitizing text: using theme frequency and theme intensity to describe factors influencing time-to-doctorate. Quality & Quantity, 45, 923-934.

results. We identified and translated key terms in the evaluation tools into local dialects to ensure common understanding and consistency of responses received.

2.11 Ethical Considerations and Risk Management

Requesting participants to share their experience regarding DREAMS IC activities may not expose them to any higher risk than they would encounter when talking about their education and wellbeing. Nevertheless, besides obtaining signed or verbal consent from all respondents, we exercised tact and compassion in our approach, allowing respondents every opportunity to withdraw from participating should they experience discomfort. To ensure responsible conduct of research, we adhered to the following accepted codes of conduct:

- seeking **informed written/oral consent** from respondents before any interview is conducted.
- maintaining confidentiality of data collected from various respondents (e.g., anonymizing data as necessary)
- avoiding information considered private as this tantamount to infringing on the privacy of respondents (e.g., we asked whether a participant had ever been tested for HIV but not asking them to disclose to us their HIV status)
- avoiding deliberately reporting wrong findings or wrong procedures as this tantamount to reporting bias

Once KAP data were collected, each enumerator sent finalized form which the Consultant downloaded as Excel CSV file. Field notes and other paper-based data were typed and emailed to the Consultant as word files. Similarly, FGDs and KIIs were transcribed and word file emailed to Consultant. All data sets were password-protected. Paper copies were stored in locked storage rooms in cabinets accessible only to the Consultant. After completion of EOP evaluation project, the Consultant handed over paper and electronic versions to Trócaire for safe keeping. The Consultant will keep the electronic copy for 5 years and delete them from the computer thereafter. Specifically, the file folder will be emptied to the recycle bin and the recycle bin emptied too. Data files shared with Trócaire will be handled according the institution's policies. It is worth noting that the consulting team also adhered to the *Guidelines for Conducting Adolescents Sexual and Reproductive Health Research in Kenya, May 2015* as well adhering to relevant Trócaire policies (e.g., ensuring all field staff signed relevant Trócaire policy documents such the Child Protection Policy; Safeguarding Policy for International Programs etc.). We made efforts to pro-actively minimize potential risks such as failure of some respondents to be interviewed (e.g., by making prior appointments for interviews and ensuring that confirmation of these appointments were obtained).

2.12 Limitations and Challenges

To ascertain the intervention effect, the best design ought to have been a randomized control trial (RCT) whereby AGYW who meet inclusion criteria are randomly assigned to either intervention or control arm of the study and baseline and endline values are compared. However, conducting an RCT was not practical as AGYW cannot be randomly assigned to intervention and control arms owing to the difficulty in blinding participants. Were we to create a closely matched comparator, attributing intervention effect would still be problematic due to existence of similar interventions that could potentially contribute to the observed effect. These design limitations justify our use a cross-sectional design with complementary quantitative-qualitative data. We encountered the following challenges during fieldwork: surveying the girls was viewed as being distractive to students preparing for end of year examination; head teachers of boarding schools were against surveying girls over week-ends; in many schools, students were sent home for fees; rainfall disrupted the interviews; and low Internet connectivity disrupted capturing of GPS coordinates. However, with the support from navigators (especially in Siaya), we were able to reach a good number of AGYW.

2.13 Enumerators' Qualifications and Training

Twenty enumerators were contracted on short-term basis and deployed to participate in data collection. Each enumerator had at least Bachelor's degree in Social Sciences from a recognized institution and demonstrated deep understanding of structural drivers of HIV risk among AGYW. They had experience in qualitative and quantitative data collection, demonstrated good interviewing skills and community entry, high quality transcription and translation (especially in Swahili or Luo to English). All field staff were trained on data collection techniques, mastery of the *KoboCollect* tool for data

collection, interviewing strategies, ethical conduct of research, and other logistical considerations. Two full-day trainings were conducted, one in Nairobi (September 25, 2019 at *Maisha Poa Center*, Kawangware) and another in Siaya (October 1, 2019, 2019 at *Topssy Hotel*, Sega). Both training were attended by staff from Trócaire and partner organizations who made presentations and provided insightful feedback on the instruments. A significant component of the training involved having enumerators translate the KAP survey (including FGD or KII guide) into local languages used by intended participants (e.g., conversational Kiswahili in Nairobi and Dholuo in Siaya). Other segments of the training focused on responsible conduct of research and ethical considerations, leveraging on enumerator's prior fieldwork experiences. Based on feedback from field test, the instruments were revised. Analysis of end-of-training evaluation data indicated that the training equipped enumerators to conduct a high quality fieldwork.

A staff from Trócaire makes a presentation during the enumerator training workshop in Nairobi

A staff from Trócaire makes a presentation during the enumerator training workshop in Siaya

3. Evaluation Findings and Discussions

The **primary purpose** of this EOP evaluation study was to establish the changes experienced by targeted beneficiaries with regard to indicators included in the M&E framework. In this section, **evaluation findings** corresponding to evaluation questions are presented by comparing baseline and endline results. Consistent with the main objective of evaluating the entire project in terms of relevance, effectiveness, efficiency, impact, and sustainability, perceptions of the project based on these five OECD DAC criteria are also presented. Preceding the presentation of evaluation findings is a description of participants' socio-demographic characteristics. Participants included AGYW who were surveyed as well as KII and FGD participants. **Tables** are used to summarize findings and **text boxes** to highlight significant findings from FGDs and KIIs.

3.0. AGYW socio-demographic characteristics

A total of 510 AGYW participated in the EOP evaluation KAP survey (Siaya, *n* = 280; Nairobi, *n* =230). This is 4.1% more than the 490 participants planned for at baseline. **Table 4** provides details of participant socio-demographic information. In terms of ***birth order***, 30% of the girls were first born, slightly over half (53%) were "middle" children, and 17% were last born in their families. The mean household size was six members. Few (17%) of the girls had a child less than five years old, with a slightly higher proportion in Siaya (20%) than Nairobi (13%).

There was a 24% decrease in the proportion of AGYW who lived with husband whereas the proportion of girls who indicated being married dropped by 52% from baseline to endline. **Analysis of KAP survey data, 2019.**

Parents/people with whom AGYW live. The proportion of AGYW who lived with a husband dropped from 26% at baseline to 2% at endline. Similarly, the proportion of AGYW reporting being **married dropped by 52**% whereas that of girls **living with mother or both parents** increased by 19% and 9%, respectively. Additional analysis showed that among those who indicated living with other (23%), a good number (6%) lived with a grandmother especially in Siaya. Overall, both parents of most girls (61%) did not have a KCSE certificate or higher, 25% of either parents had a KCSE certificate, and only 14% of both parents had a KCSE certificate.

Parent's source of income and level of education. In this study, source of income was used as a proxy for parents' socioeconomic status. Parents' socioeconomic status worsened during the project period. The proportion of parents with **no source of income** increased by 34% whereas that of **self-employed** parents dropped by 26%. The proportion of parents who were **casual laborers** dropped by 20% and that of parents with **formal employment** increased by 11%.

Type of residence. Type of housing was also used as a proxy for parents' socioeconomic status. As with parent's source of income, living condition of the girls deteriorated during the project period. There was a 20% increase in the proportion of girls living in **mud wall/grass thatched houses**, a 13% drop in the proportion of girls living in **semi-permanent houses**, and 5% drop in those living in permanent houses.

During the project period, parents' source of income and living conditions worsened. The proportion of parents with no source of income increased by 34% whereas that of self-employed dropped by 26%. The proportion of girls living in mud wall/grass-thatched houses increased by 20% and that of girls living in semi-permanent houses dropped by 13%. **Analysis of KAP survey data**

Religion and work experience. Majority of the girls belonged either to Protestant or Catholic faith, an increase of 31% and 24%, respectively. The proportion of girls who indicated working for pay in the past reduced by 8% and much fewer numbers (22%) were looking for a job at the time of our visit, perhaps an indication of DREAM's impact.

Table 4: *Socio-demographic characteristics of adolescent girls and young women (AGYW)*

Socio-demographic Characteristic	Nairobi		Siaya		Combined		Change
	Baseline (n=243)	Endline (n=230)	Baseline (n=272)	Endline (n=280)	Baseline (N=515)	Endline (N=510)	Δ
	%	%	%	%	%	%	
1.1 How many are you in the household? M(SD)	-	5(2)	-	6(2)	-	6(2)	-
1.2 What is your birth order							
Firstborn	-	35	-	26	-	30	-
In Between Child	-	50	-	56	-	53	-
Lastborn	-	15	-	18	-	17	-
1.3 Do you have a child <5yrs old? (Yes)	-	13	-	20	-	17	-
1.4 With whom do you live?							
Mother	15	39	21	35	18	38	20
Both Mother & father	9	35	32	30	21	32	11
Father	3	3	2	5	2	4	2
Husband	33	0	20	3	26	2	-24
Other	40	18	25	23	33	25	-8
1.5 If neither or living with other, why?							
Girl divorced or separated	2	1	1	3	1	2	1
Parent deceased	3	4	16	10	9	7	-2
Girl in school	4	6	7	3	6	4	-2
Other reasons	32	4	31	11	31	24	-7
Girl is married	59	1	45	3	53	1	-52
1.6 Parents have KCSE or + more							
Neither parents	49	52	56	69	53	61	8
Father only	25	11	17	11	21	11	-3
Mother only	-	10	-	4	-	7	-
Both father and mother	18	7	6	5	12	6	-6
Don't know	7	20	20	11	14	15	1
1.7 Main source of parent's income							
No source of income	8	50	19	47	14	48	34
Formal employment	20	14	7	32	13	24	11
Casual laborer	17	12	36	3	27	7	-20
Self-employed	55	23	38	18	46	20	-26
1.8 Type of residence?							
Mud wall/grass-thatched	5	2	24	41	3	23	20
Temporary/box/polythene bags/street life	7	11	0	0	8	6	-2
Permanent	9	20	6	3	15	10	-5
Semi-permanent	79	67	70	56	74	61	-13
1.9 What is your religion?							
Protestant	48	51	11	51	20	51	31
Catholic	17	26	9	40	10	34	24
Muslim	3	3	0	0	1	2	1

	Other	31	17	80	8	69	12	-57
1.10a Have you ever worked for pay? (Yes)		41	21	11	13	24	16	-8
1.10b. Are you looking for a job? (Yes)		40	4	17	5	27	5	-22

Note: "-" implies that data were not collected on this variable

3.1. FGD and KII participants

We conducted 18 FGDs: four for AGYW, four Adolescent Boys and Young Men [ABYM], four for Adult Women; four for Adult Men, and two for *boda boda* operators. Similarly, we purposively identified eight categories of KII participants. Table 5 shows a total of 25 KIIs that were conducted among different categories of participants.

Table 5: *Key Informant Interviews (KII) by Respondent Category*

	Respondent Category	No. of KIIs
1	Trócaire (n=1) and Partners (GCN, AVF, and LCVT Health)	4
2	Head-teacher or deputy head teacher of selected secondary schools (5 in Nairobi, 4 in Siaya)	9
3	Ward Leaders (Chief, Assistant Chief, or Village Elder) (2 in Nairobi, 1 in Siaya)✞1	3
4	Community Health Volunteers (CHV)/Nurse-in-Charge/Health Worker (1 in Nairobi, 0 in Siaya)	1
5	Bridge Center Staff (2 in Nairobi, 0 in Siaya) ✞2	2
6	FBOs/NGOs supporting girl child education and rights protection (1 in Nairobi, 1 in Siaya)	2
7	County Medical Officers and/or County HD/SubCounty HIV/AIDS Coordinator (1 in Nairobi, 2 in Siaya) ✞3	3
8	County Education Officers (0 in Nairobi, 1 in Siaya) ✞4	1
	Total	**25**

Note. ✞1 = One ward leader in Siaya cancelled appointments twice; ✞2 = Bridge Center staff in Siaya were not available (no longer employed); ✞3 = We added one more KII (HIV/AIDS Coordinator in Siaya); ✞4 = The office holder was new and former Officer declined to participate in the KII

Outcome 1. Increased number of AGYW who successfully transition to secondary school

Indicator 1.1: Number of Bridge Center clients that transition to secondary school

Findings related to this outcome were obtained from analysis of two data sets: beneficiary (secondary) data provided by Trócaire and primary data obtained via KAP survey of AGYW. Analysis of ***beneficiary data*** revealed that:-

- The project surpassed its target by reaching 1,679 AGYW, that is, 109% of the targeted 800 AGYW
- The mean age (M) and standard deviation (SD) of the girls were comparable across all sites: Kangemi (M=17, SD=2, n=580), Mukuru (M=17, SD=2, n=514), Nyalenya (M=18, SD=2, n=291), and Sihay (M=18, SD=2, n=294)
- **Lack of school fees** was the most frequently cited reason for dropping out, cited by 87% of the girls
- **Early pregnancy** was the next most frequently cited reason for dropping out, cited by 11% of the girls
- Majority (78%) of AGYW dropped out of school, the risk increasing over time: 13% for 2016, 32% for 2017, and 39% for 2018. However, the risk of dropout reduced across classes: 27% for Form 2, 19% for Form 3, and 5% for Form 4
- Over one-half (62%) of AGYW registered at the BCs re-enrolled at different secondary schools, with higher proportion of re-enrollees in Siaya (Nyalenya 75% and Sihay 78%) than in Nairobi (Kangemi 53% and Mukuru 56%).
- Four factors associated with the odds of girls' re-enrollment included:
  - Having a baby: Girls with ≤5-year olds were **less** likely to re-enroll than those without (OR = 0.33, CI: 0.26, 0.42)
  - Marital status: Single girls were **more** likely to re-enroll than those who married (OR = 7.39, CI: 4.24, 12.9)
  - Age: Young girls (15-17 years) were **more** likely to re-enroll than older (18-24 years) (OR = 2.82 CI: 2.29, 3.46)
  - Setting: Girls living in urban informal settlements were **less** likely to re-enroll than those living in rural settings (OR=0.37, CI: 0.29, 0.46)
- Whether a girl came from a **nuclear family** or from a **single parent home** was not associated with re-enrollment.

As presented in Table 6, analysis of ***KAP survey data*** revealed that:-

- Majority (96%) of the AGYW surveyed were **enrolled** in school (Form 2: 43%, Form 3: 31%, and Form 4: 20%)

- The proportion of AGYW who reported **repeating a class** dropped by 35%, perhaps indicating that DREAMS IC was successful in retaining girls in school
- Whereas the proportion of girls citing lack of school fees as the main reason for repeating a class rose by 30% between baseline and endline, the good news is that the proportion of girls reporting **early pregnancy** as the main reason for repeating class dropped by 3%, perhaps indicating again the project's success in retaining girls in school
- The proportion of girls who reported **stopping out** increased by 17% from baseline to endline. Whereas Nairobi witnessed a 46% increase in stopout, Siaya witnessed 8% decrease in stopout during the same period. In both Counties, **lack of school fees** was predominantly cited as the main reason for stopping out, a 30% increase in the proportion of participants citing this as a major contributing factor, a finding that coincides with beneficiary data finding
- Increasing proportions of girls intended to attain higher **levels of education**: a 9-10% increase for those desiring higher-level degrees (Bachelors to PhD) versus a 9-12% decrease for those desiring lower level degrees (KCPE to Certificate/Diploma). What these trends may be suggesting is that during the project period, the "DREAMERS" became more determined, resilient, and believed they could achieve their educational dreams.

Table 6: *AGYW academic performance and progress*

Factor	Nairobi		Siaya		Combined		Change
	Baseline (n=243)	Endline (n=230)	Baseline (n=272)	Endline (n=280)	Baseline (N=515)	Endline (N=510)	Δ
	%	%	%	%	%	%	%
1.1 Currently in school - Yes	13	95	47	97	30	96	66
1.1a If Yes, what form?							
Form 1	-	3	-	6	-	6	
Form 2	-	38	-	47	-	43	
Form 3	-	32	-	31	-	31	
Form 4	-	27	-	16	-	20	
1.2a Ever **repeated** a form? -Yes	45	16	49	8	47	12	-35
1.2b If Yes, major reason for repeating							
School fees	54	3	23	21	10	50	40
Other	5	35	8	35	7	5	-2
Pregnancy	13	59	18	30	38	35	-3
Sickness	10	0	7	5	7	2	-5
Academic failure	31	3	44	9	38	8	-30
1.3a Ever **stopped out** (taken a break)? - Yes	18	64	32	24	25	42	17
1.3b If Yes, major reason for stopping out?							
Lack of school fees	53	83	40	64	46	76	30
Early pregnancy	12	14	18	31	15	19	4
Sickness	0	2	7	3	4	2	2
Failure	5	0	1	0	3	0	-3
Other	30	0	34	0	32	1	-31
1.4 Highest level of education you intend to attain							
Masters	4	16	3	12	3	14	11
PhD	6	23	4	8	5	15	10
Bachelor's	32	26	38	58	35	44	9
KCSE	9	0	8	0	9	0	-9
Certificate/Diploma	35	35	37	22	36	27	-9
KCPE	14	0	10	0	12	0	-12

A closely related study[17] examining sociodemographic determinants of HIV infection among AGYW in South Africa established that being married (OR = 0.07) or living in less poor household (OR = 0.08) were each statistically associated with decreased risk of HIV infection. However, it should be noted that effect of marriage on AGYW's risk of HIV infection

[17] Mabaso, M., Sokhela, Z., Mohlabane, N., Chibi, B., Zuma, K. & Simbayi, L. (2018). Determinants of HIV infection among adolescent girls and young women aged 15-24 years in Sotuh Africa: a 2012 population-based national household survey. *BMC Public health, 18*, 183, 2-9.

are mixed. Some studies[17-18] suggest that married adolescents have low risk for HIV infection especially when both partners are uninfected at the time of marriage whereas other studies suggest that being married may increase the vulnerability of AGYW to HIV infection due to limited bargaining power within the marriage. These findings suggest the need for multicomponent interventions which simultaneously address socioeconomic drivers of the HIV epidemic.

Outcome 2. Increased support is provided to AGYW's education by duty bearers and service providers

Findings related to this outcome were derived from analysis the following data/documents: **Activity Report** dated March 31, 2019 and primary data (KAP survey, FGDs, & KIIs). Findings obtained from analyses are presented next:-

Indicator 2.1: Number of duty bearers who support girl's transition, re-entry, and retention to secondary education

According to the *Final Activity Report*, 789 duty bearers and service providers were trained to support the girls' enrollment and retention in school. This is 112% more than the targeted number (n=704). Support provided to the AGYW included:

- **head teachers** allowing girls from BCs to re-enroll without school uniforms while funds were being secured; not sending girls home before consulting GCN recognizing that the girls might miss classes or perhaps drop out; setting up day care center at school; and/or allowing the girls to breastfeed their babies during break time
- **local administration** such as village elders identifying potential participants and referring them to the BCs for registration or chiefs signing off on bursary application forms for the benefit of girls from their jurisdiction
- **guidance and counselling teachers** adopting the model in the re-entry schools, offering them guidance and counselling services, and updating the project on the girl's progress

Findings from **analysis of KAP surveys** were consistent with what was reported in the ***Final Activity Report***. With respect to AGYW's perceptions of the extent to which different duty bearers and service providers supported AGYW's education and wellbeing, Table 7 shows that **parents/guardian** provided the highest level of support to the girls, a mean of 4.6 at baseline and 4.4 at endline based on a scale of 1 to 5.

Table 7: *Supportive duty bearers, service providers, and parents at baseline and endline*

Stakeholder Category		Baseline		Endline	
		n	Mean(SD)	n	Mean(SD)
1. Parent/guardian (including family & friends)		691	4.6(0.7)	436	4.4(1.3)
2. Other family members		-	-	490	4.1(1.5)
Duty Bearer					
1	Bridge Center staff or partner staff	10	3.9(1.2)	495	4.5(1.3)
2	Head teacher/deputy, guidance & counselor	340	4.0(1.1)	490	4.1(1.5)
3	Religious leader (pastor, priest, rabbi, et)	156	4.1(1.0)	356	2.6(2.1)
4	Staff from CSO focusing on girl child education	23	3.9(1.2)	306	2.4(2.3)
5	Government (through disbursement of bursaries)	-	-	303	2.0(2.1)
6	PTA member, school board member	30	3.6(1.0)	255	1.5(1.9)
7	Local administration (chief, assistant. chief, etc.)	68	3.6(1.1)	209	1.2(1.8)
8	County Children's Office /Department of Children's Services	13	4.2(1.0)	141	1.0(1.5)
9	County/Sub-County Education Officer	18	3.6(0.9)	178	1.0(1.7)
10	Politicians (e.g., women representative)	-	-	134	0.7(1.5)
Service Provider					
1	Health Care Provider (Nurse in Charge)	52	4.1(1.3)	259	1.6(1.9)

[18] Clark S. Bruce J, Dude A. Protecting Young Women from HIV/AIDS: the case against child and adolescent marriage. *Int Fam Plan Perspect* 2006; 32(2): 79–88.

2	Community Health Volunteer	14	3.8(1.6)	236	1.5(2.0)
3	Financial institutions (e.g., Equity Group Foundation)	-	-	103	0.5(1.3)

To understand the level of support provided to AGYW, we compared the computed mean and corresponding standard deviation and sample size at baseline and endline. Figure 2 shows the standard difference of means and 95% confidence intervals for all stakeholders including duty bearers, care providers and parent/guardian. Overall, there was a statistically significant increase in the level of support provided by all stakeholders to AGYW (M = 0.144, CI: 0.07 to 0.22). Consistent with what was reported in the *Final Activity Report*, we found that:

- the largest increase in level of support to the girls was by ***head teacher/deputy head teacher/guidance & counselor*** (M=2.3, CI: 2.1, 2.5), results which also coincided with baseline findings in which majority of the girls (~63%) were supported by their *head teachers, their deputies, and/or guidance and counselling teachers*
- Next was the support from ***religious leaders*** (0.82, CI: 0.62, 1.01) and ***Bridge Center*** (M=0.46, CI: -0.17, 1.1)

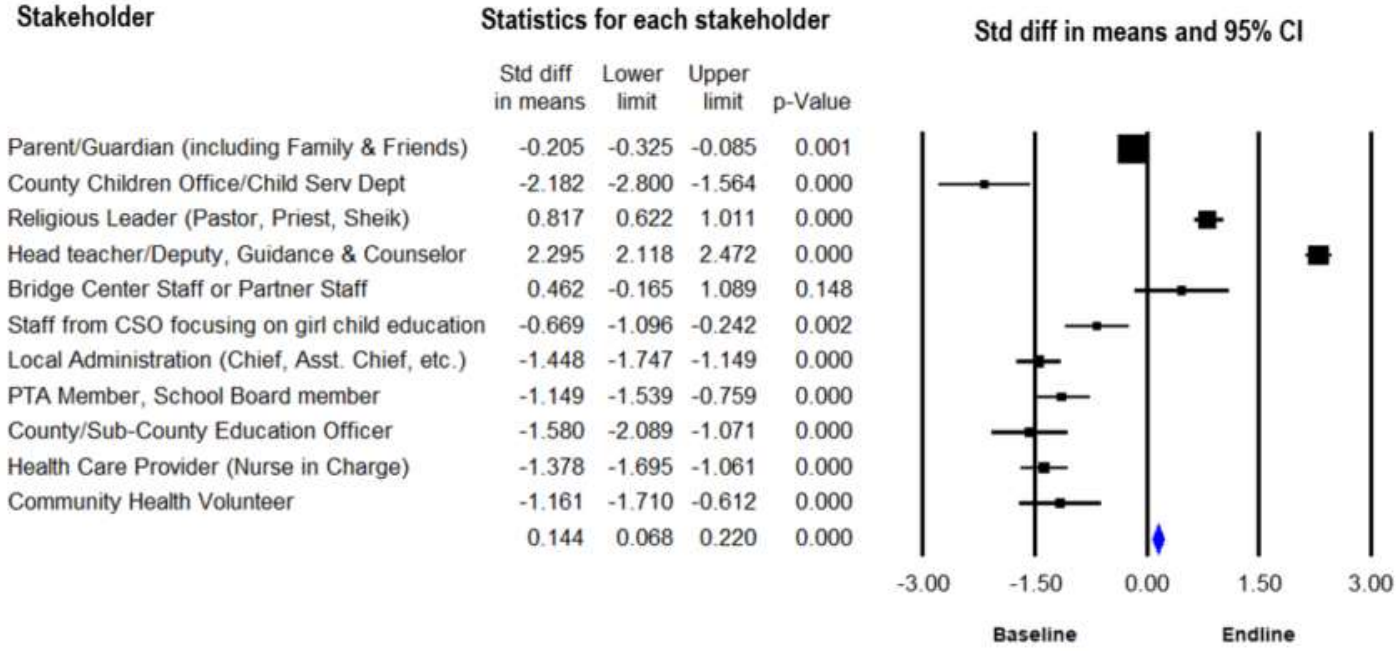

Figure 2. Standardized difference in means and 95% confidence interval of level of support

In the KAP survey, AGYW were asked to identify the nature of support received from the community. The proportion of AGYW reporting receiving different forms of support services increased significantly from baseline to endline (Table 8). There was an 80% increase in the proportion of girls reporting discussing SRH-related issues, 77% increase for girls reporting having had a role model or mentor, 76% increase for girls reporting having had somebody with whom they discussed young girl's issues, and 76% increase for girls reporting having one who could listen, praise, or comfort them.

Table 8: *Nature of support AGYW received*

	Nature of support	Baseline	Endline	Change
		(n=515)	(n=510)	Δ
		%	%	%
1	Discuss SRH issues (STIs, HIV, condom use, contraceptives)	15	95	80
2	Serve as your role model or mentor	14	91	77
3	Discuss with young girls' issues (e.g., menstruation, hygiene, etc.)	19	95	76
4	Listen, or praise, or comfort you when you're low/affected by some events	13	89	76
5	Discuss conflicts with parents/guardians/ teacher affecting your education	8	80	72
6	Discuss financing of your education (fees, scholarship, bursary, etc.)	19	90	71
7	Encourage you to participate in extracurricular activities	17	88	71

8	Discuss academic obstacles you encounter (e.g., at school, home, etc.)	25	89	64
9	Discuss career plans (intended major, profession, college to go to, etc.)	34	91	57
10	Discuss dating, sex, or sexual relationship	21	74	53
11	Discuss academic progress (performance, study habits, subject, etc.)	55	94	39

Qualitative findings. Thematic analysis of the FGD and KII data identified seven categories of supportive duty bearers, service providers, and family (Upper panel of **Table 9**). Among the most frequently cited as being most supportive included NGOs such as Trócaire; teachers; and local administration such as Chiefs. These were followed by women groups, peer/friend, and FBO/churches. Local administration officers such the chiefs and assistant chiefs as well as *nyumba kumi* officials (in Nairobi) were also mentioned as being supportive by encouraging all parents to take their girls to schools. In an FGD with ABYM, it was reported that these officers at times threaten those defiant with punishments if they ever discriminated against girls. Siaya, being predominantly Christian County, the church leaders were cited as being supportive of the girls' education, sometimes contributing funds to help the AGYW to buy books and school uniforms.

With respect to the nature of support these duty bearers, service providers, and family provided, the most frequently cited was payment of fees/bursaries followed by provision of basic needs or personal effect. Other less frequently cited support included counseling and mentorship. In both FGD and KIIs, participants were asked to identify challenges AGYW face in seeking education support. **Lack of school fees** emerged as the most predominantly challenge. This was followed by **lack of parental support** which came in the form of being raised up by irresponsible or careless parents, living with parents who are in an unhealthy relationship (e.g., common fights, frequent family breakups) or unhealthy living conditions (e.g., no lighting at home, AGYW sleeping in same room as parents, being forced to share kitchen room with animals, or living with alcoholic father who disrupts the girl's studies). In these circumstances, the AGYW may end up being forced to look for a job, succumb to peer pressure and engage in drug abuse or attend "disco matanga." **Unhealthy school environment** also emerged as a theme whereby the schools were few and/or overpopulated, teachers discouraged AGYW especially if they are pregnant, and lack of daycare services for girls with babies. Sometimes, especially in Siaya, the schools are located far away from home. The long distance and lack of transport to/from school predispose the girl to *boda boda* operators who often coerce them to engage in premarital unprotected sex in return for the favor extended. However, this puts the girls at risk of HIV infection, early pregnancy, and early marriage. For those that do get married, husbands are often not supportive of their education for fear of losing them. An AGYW FGD in Siaya pointed out that sometimes girls were discriminated by community members responsible for disbursement of funds (e.g., Constituency Development Fund [CDF]) especially if one had dropped out because of early pregnancy. The officials argued that paying fees for such girls is a waste of funds as the girls are likely to drop out of school again. Respondents in the FGDs and KIIs suggested **how to address the aforementioned challenges** which included parents coming together to engage in table banking to be able to raise fees for the girls. Indeed, through community conversations parents came together and identified different ways of raising fees for their children. Some participants suggested the use of bicycles which the girls could use thus avoiding being coerced by *boda bodas*. To avoid school absenteeism due to lack of sanitary towel, reusable sanitary pads were suggested as an alternative.

> *We meet these girls and at times give them free rides upon their request, or even buy them chips. They, at times, even miss schools to go out for dates. This may result in us even taking our relationships to higher levels until they leave school at last… once we give the cash, they have to pay back.* ***Boda Boda*** **FGD – Ligingo, Siaya**

Table 9: *Theme frequency of supportive duty bearers, service providers, and family*

	Most supportive	Baseline					Endline			
		FGD	KII		FGD			KII		
		Overall (n=18)	Overall (n=26)	Nairobi (n=9)	Siaya (n=9)	Overall (n=18)	Nairobi (n=11)	Siaya (n=8)	Trocaire & Partners (n=4)	Overall (n=23)
		%	%	%	%	%	%	%	%	%
1	NGOs (e.g., Trocaire's DREAM IC)	63	63	44	**100**	72	**91**	**75**		**70**
2	Parent/family	**100**	**100**	**89**	78	**83**	55	50	**50**	52
3	Teachers	13	13	22	67	44	18	38		22
4	Local admin (e.g., Chief)/Government)	69	69	22	22	22	45	50	25	43
5	Women Groups			11		6				
6	Peer/Friend			11		6				
7	FBO/Churches	63	63		22	11			25	4

Indicator 2.2: Number of AGYW who access support services and receive material assistance

In the KAP survey, the AGYW were asked to identify DREAMS IC programs they participated in and the support services or material assistance received. Except for *informational radio programs*, there was a significant increase in the proportion of girls reporting participating in the BC accelerated program (84% increase), OIDP (76% increase) and educational materials on puberty (51% increase) (Upper panel of **Table 10**). As explained in the *Final Activity Report*, a misunderstanding on the copyright ownership delayed the development of puberty resource book. Perhaps, this delay in publication partly explains the least change in participation in DREAMS IC activities (upper panel of Table 10). With regard to support services and material assistance, there was increase in the proportion of girls reporting receiving support services and material assistance ranging from 19% to 69% increase (Lower panel of **Table 10**). For instance, the proportion of girls reported having access to necessary kits such as sanitary towel rose by 69%.

Table 10: *Nature of support and AGYW's participation in DREAMS IC activities*

Theme	Nairobi		Siaya		Combined		Change
	Baseline (n=243)	Endline (n=230)	Baseline (n=272)	Endline (n=280)	Baseline (N=515)	Endline (N=510)	Δ
	%	%	%	%	%	%	%
Participation in DREAMS IC							
Bridge Center's accelerated program	16	97	8	95	12	96	84
One2One Integrated Digital Platform (**OIDP**)	15	88	4	85	10	86	76
Educational materials on puberty	27	72	24	81	26	77	51
Informational radio programs	50	39	25	65	38	53	15
Support services and material assistance AGYW had access to in the last two years							
Access to necessary kits (e.g., sanitary towel)					18	87	69
Access to accelerated curriculum to support your education					34	81	47
Parental counseling and education (e.g., daughters holding dialogue with parents)					48	92	44
Access to hygiene products and services					48	90	42
Access to counseling services on handling education obstacles					55	95	40
Access to education resources (e.g., brochures) about puberty etc.					45	80	35
Access to information that support your education (books, etc.)					52	83	31
Access to financial subsidy (e.g., paying partial fees)					48	75	27
You have listened to radio broadcasts on AGYW education and health issues					55	74	19

Outcome 3. Positive change in community perceptions towards AGYW's education and support

Findings related to this outcome were obtained from analysis KAP survey data, ***Activity Report*** dated March 31, 2019, and qualitative data (KIIs & FGDs). Data from these multiple sources was triangulated and efforts made to highlight areas of agreement or disagreement as well as a discussion of what emerged from data triangulation.

Indicator 3.1: Levels of stigma and discrimination experienced by AGYW
Indicator 3.2: Knowledge and attitudes expressed by community members
Indicator 3.3: Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic and political resources and opportunities

Quantitative (KAP Survey) Findings

The AGYWs were asked to indicate using a 5-point Likert scale (**1** = Disagree Strongly, **2** = Disagree, **3** = Neutral, **4** = Agree, **5** = Agree Strongly) the extent to which they agreed/disagreed with a list of statements describing community perceptions of and support provided to AGYWs. The evaluation found that, while few AGYW agreed or agreed strongly with stigma and discriminatory statements describing how they felt the community perceive girls (Table 11, upper panel), overall, there was a slight increase in the proportion of girls who felt the community continued to hold attitudes that **stigmatized and discriminated** against AGYW. For example, the proportion of girls who felt the community's view is that "it is better for boys to go to school than girls" increased by 5% from baseline to endline, perhaps indicating that stigma and discrimination experienced by AGYW has not changed much in the two communities. There is evidence that **knowledge and attitudes expressed by community members** with regards to AGYW's education improved. For example, majority of the girls felt the community is against: "marrying off girls before they are 18" or "marrying off mature girls instead of allowing them to continue with school." This finding is consistent with the ***Final Activity Report*** dated March 31, 2019 in which it was reported that the girls felt the project not only afforded them a second chance in pursuing their education, it also "softened the hearts of their parents who expressed disappointment at their predicament and had vowed never to pay their fee." (p.4.). With respect to **equal access to resources and opportunities** for males and females, we found that the perception of the communities changed slightly positively. For example, 11% more girls felt the community would endorse the view that "men and women should share household chores." Interestingly, the proportion of girls who felt the community's view is that "daughters should have same chance to work outside home" dropped by 31%. This finding may be indicating that the community is yet to accept the view that males and females should have equal access to social, economic and political resources and opportunities.

Table 11: *Community perception toward education and support to AGYW*

Statement	Baseline (n=515)			Endline (510)			Change
	DS/D	N	A/AS	DS/D	N	A/AS	Δ
	%	%	%	%	%	%	%
a. Stigma and discrimination							
It is better for boys to go to school than girls	84	5	11	79	4	16	5
Boys should be more educated than girls	83	5	12	83	3	15	3
Send girls to school only if they are not needed to help at home	87	5	9	85	3	12	3
If money is limited, better send boys to school first	81	7	12	83	2	15	3
Educating a girl is a waste of resources	-	-	-	85	3	12	-
b. Knowledge and attitudes							
Girls should be married before they are 18 years old	90	3	7	92	1	7	0
A girl who gets pregnant in school deserves a second chance	8	2	90	19	3	78	-12
Educating a girl is waste of her time for marriage	-	-	-	90	2	8	-
A girl who seeks contraceptives is a "malaya" [sex worker]	-	-	-	69	6	24	-
A girl who gets pregnant is promiscuous	-	-	-	71	6	23	-
A girl who gets pregnant while in school is a complete failure	-	-	-	75	3	22	-
It's okay to have your daughter married in exchange for wealth	-	-	-	81	4	15	-
Mature girls should get married instead of continuing with school	-	-	-	85	3	12	-
c. Equal access to resources and opportunities							
Men and women should share household chores	35	14	51	33	5	62	11
A woman should accept violence to keep family together	77	5	19	73	4	24	5

A good girl/woman never refuse anything her husband says	59	12	29	67	9	24	-5
Every girl/woman needs a man to protect her	56	9	35	65	6	29	-6
Daughters should have same chance to work outside home	18	6	76	44	11	45	-31

Note: **DS** = Disagree Strongly, **N** = Neutral, **AS** = Agree Strongly; **%Δ**=(%A/AS at endline-%A/AS at baseline); "**-**" =question was not asked

Qualitative (FGD and KII) Findings

Participants in FGDs and KIIs shared their opinions regarding community's perceptions of and support to girls' education. Thematic content analysis yielded four themes (**Table 12**). ***Negative attitude toward girl education*** was the most frequently emergent theme at baseline (FGD 50%, KII 68%) and endline (Nairobi KII 64%, Trócaire & partners KII 100%). For example, a **head teacher in Nairobi** noted, "The mind-set that the girl is a lesser being in the family is yet to be completely eroded from the community. They are married off and after that there is no value for their education." The teacher, however, pointed out that the community perception is changing over time to educate both the girl and the boy child alike. He attributes this to the efforts of the local administration (chief) who ensures that students are in school. The teacher added that the area Member of County Assembly (MCA) has also given much input. A **KII with AVF staff** revealed a retrogressive attitude of some community members exemplified in form of analogies portraying girls as powerless: "No matter how much you empower a gazelle, if you do not deal with the lion, the gazelle still remains vulnerable." Portraying the girl as a gazelle and the boy as a lion leaves the girl vulnerable and without any much power to control what will happen to them. This therefore means that the girl going to school is very dependent on the family, the boyfriend and not the girl herself. ***Positive attitude towards girls' education*** was the second most frequently emergent theme but first in Siaya FGDs (89%) and Siaya KII (75%). For instance, according to an **Adult Men FGD** in Siaya, the community's perception on AGYW education has changed positively. The number of AGYW who perform well in schools have opened the community member's eyes and majority are now taking their girls to school. Some of the AGYW who have been successful are constructing houses for their parents and paying for their siblings' education. This has motivated the community to support girls' education. In an **ABYM FGD-Siaya**, the group noted that the community gets concerned when a girl overstays at home and even report to the relevant authorities to ensure she is sent back to school by their parents or guardians. A KII with **head teacher in Nairobi** confirmed the positive attitude towards girls' education: "The community in Mukuru is supportive and intentional when it comes to educating the AGYW. Their preferences have over time become positively aligned to the girls' best educational interest. The school is perceived as a second home. Some circumstances around the girls' wellbeing and education are desperate and dire. School, at times, relieves parents the burden of providing basic needs." ***Discrimination*** (e.g., giving preference to boys' education) ***or stigmatization*** (e.g., viewing girls seeking contraceptives as being "malaya" [prostitutes]) emerged as the third-most frequent theme overall but first in Nairobi FGDs (67%). Based on KII with **Siaya County Health Department** staff, "the community values girl child education but if given a chance to choose between educating a girl or a boy then majority will chose a boy. Many claim that they would rather educate a boy because a girl will get married and leave the community while a man will forever be with the community."

> *No matter how much you empower a gazelle* [girl]*, if you do not deal with the lion* [boy]*, the gazelle still remains vulnerable.* **AVF Staff KII**

> *Stigmatization and discrimination of the AGYW especially expectant girl seeking a second chance is rare amongst teachers and the school management. A sense of obligation to fulfil the success of the girls prevails so that they are diligent in delivery and committed to the course. Girl to boy ratio in class is at least 50/50 and in some cases it soars to have girls as the majority. This is a great indicator of the level of combined support accorded by the community. However, this might not be the case among peers even though little is known of the kind of interaction involved at class level.* **Head Teacher KII-Nairobi**

Table 12: *Theme frequency of community perceptions of and support to AGYW's education*

	Theme	Baseline					Endline			
		FGD	KII		FGD			KII		
		Overall (n=18)	Overall (n=26)	Nairobi (n=9)	Siaya (n=9)	Overall (n=18)	Nairobi (n=11)	Siaya (n=8)	Trocaire & Partners (n=4)	Overall (n=23)
		%	%	%	%	%	%	%		%
	Community Perceptions									
1	Negative attitude towards girls' education	**50**	**68**	44	44	44	**64**	50	**100**	**65**
2	Positive attitude towards girls' education	19	16	56	**89**	72	45	**75**	25	52
3	Discrimination and stigmatization	25	32	**67**	33	50	36	13	50	30
4	Equal opportunities for boys and girls			44	44	44	27			9
5	Lack of goodwill from the community	38	16	22		11		13	25	9
	Handling Challenges									
1	Girls work hard to prove themselves			11	44	28	9	63		26
2	Girls become resilient and withstand pressure			22	11	17	9	50	25	26
3	Girls identify what they are good at			11		6				
4	Parents to mentor/counsel the girls			11		6				
5	Girls resort to early marriage			11		6			25	4
6	Girls not being open about issues affecting them			11		6				
7	Girl show good behavior to win trust				11	6				
8	Girls seek help from Bridge Center				11	6				
9	Girls run away, give up, or become helpless				11	6	18	13	25	17
10	Girls seek refuge/live with relatives, pastor, friends				22	11			25	4

With respect to handling challenges AGYW encounter in seeking education, positive and negative strategies that girls employ emerged from the FGDs and KIIs. Positive strategies included girls working hard to prove themselves; being resilient to withstand pressure from the community; showing good behavior to win trust; being open about issues affecting them; seeking help from the BC; and identifying what they are good at and working hard to excel at it. Negative strategies included running away, giving up, or becoming hopeless and resorting to early marriage.

Outcome 4: Increased confidence or self-esteem among AGYW in relation to their education and wellbeing

Findings related to this outcome were obtained from analysis of KAP survey data, ***Activity Report*** dated March 31, 2019, and thematic content analysis of qualitative data (KIIs and FGDs). By triangulating data from these multiple sources, efforts were made to highlight areas of agreement or disagreement as well as discuss emergent themes.

Indicator 4.1: Levels of perceived confidence and self-esteem as expressed by AGYW

Quantitative (KAP Survey) Findings

Descriptive analysis showed significant improvement in AGYW's perception of their confidence and self-esteem (Table 13). For instance, there was 8-24% increase in the proportion of girls who agreed or agreed strongly with the positively-worded statements reflecting their confidence and self-esteem. As expected, there was a 3-12% decrease in the proportion of girls agreeing or agreeing strongly with the negatively-worded statements.

Table 13: *Confidence and self-esteem of AGYWs in the last 2 years*

Statement (negatively worded in italics)	Baseline (n=539)			Endline (n=510)			Change
	DS/D	N	A/AS	DS/D	N	A/AS	Δ
	%	%	%	%	%	%	%
All in all, you are satisfied with yourself	19	10	71	3	1	95	24
You feel confident to achieve the things you set to do	6	10	84	1	0	98	14
You are a good person who has a lot to offer	9	11	80	4	3	93	13
You feel that you have plenty of good things in you	12	7	81	5	4	92	11
You think other people like you	7	27	66	10	13	77	11

Overall, you like who you are	4	8	88	1	0	99	11
How you feel about your body makes you feel confident	8	8	84	3	2	95	11
You feel that you are as important as others	11	5	84	6	2	92	8
You are able to do things as well as most other people do	5	6	89	2	1	97	8
At times, you think you are not good at all	53	14	33	70	10	21	-12
You feel that you will not make it in life	66	9	25	84	3	14	-11
You certainly feel useless at times	58	10	32	65	12	23	-9
You feel you do not have much to make you proud	56	15	29	64	9	26	-3

Note: **DS** = Disagree Strongly, **AS** = Agree Strongly; **%Δ**= (%A/AS at endline-%A/AS at baseline)

Besides describing girls' confidence and self-esteem in terms of how they felt, **Table 14** presents a complementary dimension regarding how frequently the girls had these feelings. Results show that there was a significant increase in the proportion of AGYW who felt a lot of the times or almost always that they: "are able to stand up for themselves and what they believe in" (25% increase); "feel good about their abilities compared to others" (27% increase); and "can be themselves around other people" (25% increase). Similarly, for the negatively worded statements, a significant decrease was noted of the proportion of girls who felt a lot of the times or almost always that "they are useless" (15% decrease).

Table 14: *How often AGYW feel about themselves*

Statement (negatively worded in *italics)*	Baseline (n=539)			Endline (n=510)			Change
	HE/AT	N	AL/AA	HE/AT	N	AL/AA	Δ
	%	%	%	%	%	%	%
You feel good about your abilities compared to others	15	29	56	5	12	83	27
You stand up for yourself and what you believe in	11	29	59	4	12	84	25
You feel you can be yourself around other people	14	27	58	4	14	83	25
If you make an innocent mistake, you let it get you down	48	27	24	81	10	9	33
You feel useless	66	25	9	87	10	3	-15
You feel about yourself based on what others think of you	60	29	15	67	14	19	4
You are proud for being in school despite challenges	-	-	-	2	6	92	-
You are not sure that you will complete your studies	-	-	-	83	5	12	-
You believe you are not better than boys in all aspects	-	-	-	89	6	5	-
You feel of lesser value than your male counterparts	-	-	-	93	4	3	-

Note: **HE** = Hardly Ever, **AT** = A Little of the Time; **AL** = A Lot of the Time, **AA** = Almost Always; **%Δ**=(%AL/AA at endline-%HE/AT at baseline)

Qualitative Findings

In the FGDs and KIIs, participants were asked to describe AGYW's confidence and self-esteem based on their interactions with the girls. Consistent with quantitative findings, thematic analyses of qualitative data showed a general improvement in the girls' confidence and self-esteem. **Table 15** presents 10 emergent themes describing how AGYW felt about themselves. Majority felt ***confident and resilient***. According to a KII with **BC Staff in Nairobi**, self-esteem and confidence of the girls went up. She said, "During the start the girls would not volunteer even to give a vote of thanks but nowadays it's like everybody wants to do it. Most of the girls are given responsibilities at school like we have a girl in Dagorreti who is the school head prefect." These sentiments were echoed in an **Adult Women FGD in Siaya**: "There is tremendous improvement of the AGYW confidence and self-esteem. We thank the Bridge Center and the persons involved in bringing back the girls confidence that was lost. The AGYW have improved based on the way they talk and are very free in sharing some of the things that affect them from school, home and in the community. There are issues that they were never free to share with their parents like issues about relationships but currently they are confident enough to share with even teachers and that's where they get advice on how they can keep safe. The level of openness they display in school

> *I have a baby and I have gone back to school. Sometimes I am called to meetings in big hotels to go and share my story to encourage other girls and I get paid.* **AGYW FGD, Nairobi**

and at home make parents and teachers willing to help them more and this impacts their education positively." Similarly, sentiments from a **Head teacher in Nairobi** concurred: "The girls who have attended the mentorship programs by DREAMS have indeed shown change… One of our students, Jessica (pseudonym), who at some point was so shy and fearful is now very confident and without any fears." An **FBO KII in Nairobi** concurred, "The girls who have benefited from the program are confident with increased ability and efforts to succeed in their education, with a majority aiming to go to University. This is because the programs focused on behavior change, and this has been achieved as most girls have changed from the negative to the positive." While majority of girls showed improved confidence and self-esteem, some still had ***low levels of confidence and self-esteem***. Another **Head Teacher in Nairobi** noted, "The AGYW still have issues with their esteem. This can be resolved by providing trainings on life skills to all girls." In an **FGD with Boda Boda in Siaya**, it was noted that whereas the confidence levels of the girls had improved, "there are some who still are not quite confident…when talking to them some still cannot look at you straight in the face." KII with a staff from **Siaya County Health Department** indicated that a girl's self-esteem and confidence depends on upbringing: "So many girls in the community are not confident enough but this depends on the upbringing of individuals. If one was brought up confident then she will grow with confidence…given that the project is ending, they may show less confidence of completing their education unlike if they were assured of the continued support." A KII with **AVF staff** showed that self-esteem is still a challenge especially for the girls who may have been disadvantaged by early pregnancy, lack of school fees, among others. However, with regard to confidence, the staff concurred: "The biggest part of this project was the confidence in the girls, whom when we met at the beginning of the project they were very beaten down in life and lacked hope. Now they can talk of their f future plans and this is a plus."

> *Sophia (pseudonym) was not in good terms with her mum. She decided to get married to a man who physically abused her. She lost a baby due to domestic violence. She opted to go to leave with the step mum after being rescued from the man. Sophia was enrolled at the BC and later taken to school. She experienced a lot of challenges but she kept at school. Trócaire is thinking of taking her to a boarding school so that she can be relieved of the many challenges. Her resilience was amazing!* **KII –Trócaire Staff**

Table 15: *Theme frequency of AGYW's confidence and self-esteem*

	Feeling about self	Baseline					Endline			
		FGD	KII		FGD			KII		
		Overall (n=18)	Overall (n=26)	Nairobi (n=9)	Siaya (n=9)	Overall (n=18)	Nairobi (n=11)	Siaya (n=8)	Trocaire & Partners (n=4)	Overall (n=23)
		%	%	%	%	%	%	%		%
1	Confident and resilient	50	5	44	78	61	73	75	50	70
2	High self-esteem and feel able or worthy			44	44	44	27		25	17
3	Know what they want and can express themselves/firm			22	22	22	18	13		13
4	Low level of confidence	44	68	11	22	17	9	13		9
5	Low level of self-esteem	44	68	11		6	27	25		22
6	Goal-oriented			11		6				
7	Have self-control			11		6				
8	Understand and have accepted themselves			11		6	18			9
9	Express themselves, and are open			11	22	17	18	13	75	26
10	Optimistic about the future			11	78	44	55	13	75	43

Outcome 5: Reduction in sexual and gender based violence (SGBV) against AGYW

Findings related to this outcome were obtained from analysis of KAP survey data and thematic content analysis of qualitative data (KIIs and FGDs). These data are triangulated and efforts are made to discuss areas of agreement or disagreement emerging from data analyses.

Indicator 5.1: Percentage of participants that view SGBV as less acceptable after participating in or being exposed to USG programming

Indicator 5.2: Percentage of girls reporting SGBV in past 12 months

Quantitative (KAP Survey) Findings

There was a decrease by 4% - 10% in the proportion of AGYW who "currently are married or living with a man," "have dated or had a boyfriend in the past," or are "currently dating/having a boyfriend" (**Table 16**). This may be an indication that perhaps these "unfavorable" relationships changed in concert with DREAMS IC counseling services that discourage engagement in such unhealthy relationships while pursuing education. In addition, the proportion of girls who have "never dated or had boyfriend" or "never married or lived with a man" increased by 1%-18%, perhaps also an indication of the impact of DREAMS IC intervention that discourage engaging in intimate relationship while still young and are pursuing education.

Table 16: *Relationship status of the AGYW*

Relationship Status	Nairobi		Siaya		Overall		Change
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Δ
Currently married/live with a man	44	20	0	3	21	11	-10
Have dated/had boyfriend in the past	15	11	27	17	21	14	-7
Currently dating/have boyfriend	23	14	17	19	20	16	-4
Formerly married/lived with a man	4	3	1	1	2	2	0
Never dated/had boyfriend	13	37	27	39	20	38	18
Never married/lived with a man	1	15	20	10	11	12	1

For AGYW who indicated being in a relationship (i.e., being connected emotionally and intimately with a man), they were asked if their relationship was characterized by different forms of gender-based violence or abuse presented as options in the KAP survey. **Table 17** shows that proportion of girls reporting experiencing the SGBV acts reduced by 4-10%, perhaps indicating that community conversations with community members was impactful. However, there was 18% increase in the proportion of girls reporting that their partner "insisted on knowing where they are at all times." This finding speaks to control, a core component of power imbalanced relationships in which the girls is exploited and abused.

Table 17: *Sexual and gender-based violent acts*

Gender-based violent act	Nairobi		Siaya		Overall		
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Δ
	%	%	%	%	%	%	%
He is/was jealous or angry if you talk to other men	23	14	17	19	20	16	-4
He frequently accuses you of being unfaithful to him	44	20	0	3	21	11	-10
He does not permit you to meet your female friends	4	3	1	1	2	2	0
He tries/tried to limit your contact with your family	15	11	27	17	21	14	-7
He insisted on knowing where you are at all times	13	37	27	39	20	38	+18
He drinks alcohol prior to engaging in above acts	1	15	20	10	11	12	+1

The AGYWs were asked about the frequency of IPV in the last 12 months orchestrated by the person with whom they had intimate relationship. The response was in 4-point Likert scale (**1** = Never, **2** = Rarely, **3** = Sometimes, **4** = Often). Results show reduction in the proportion of girls reporting experiencing IPV in the last 12 months (**Table 18**). The largest decrease (5%) was noted in the proportion of girls reporting that they had been "hit with a fist or something else that could hurt them" or someone "physically forced them to have sex against their will."

Table 18: *IPV committed in the last 12 months*

Violence committed in the last 12 months	Baseline			Endline			Change
	ST	OF	ST/OF	ST	OF	ST/OF	Δ
	%	%	%	%	%	%	%
Slapped you or threw something that could hurt you	13	5	18	13	3	16	-2
Pushed or shoved you	15	3	18	7	9	16	-2
Threaten or used a gun, knife or other weapon against you	4	3	7	3	1	4	-3
Forced you to do something sexual you found degrading	6	2	8	4	1	5	-3
Made you afraid if you didn't have sex with him	6	2	8	4	1	5	-3
Kicked, dragged or beat you up	7	4	11	6	1	7	-4
Choked or burned you	3	2	5	1	0	1	-4
Hit you with a fist or something else that could hurt you	8	4	12	6	1	7	-5
Physically forced you to have sex against your will	8	3	11	5	1	6	-5

Note: **ST** = Sometimes, **OF** = Often; **%Δ**=(%A/AS at endline-%A/AS at baseline)

The AGYW were asked whether any of the people listed had hit, slapped, kicked, or did anything else to hurt them physically, emotionally, or psychologically. A major finding was a significant reduction in the proportion of girls reporting experiencing these forms of abuse (**Table 19**). For example, the largest reduction was reported for employer or someone at work (72% reduction) followed by father or step-father (33% reduction). Interestingly, there was an increase in the proportion of girls reporting father-in-law committing these forms of abuse (32% increase). Other violators specified, in decreasing order of endorsement included village mate boys, neighbors, schoolmates, boyfriends, herdsmen, and *wachungaji* (preachers) who wanted to befriend the girls.

Table 19: *People who committed SGBV in the last 12 months*

Violence in the last 12 months by different perpetrators	Nairobi		Siaya		Overall		Change
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Δ
Father-in-Law	6	40	0	31	3	35	32
Police/Security Officer, or Soldier	4	3	1	7	3	5	2
Other Relative (Uncle, etc.)	3	1	1	1	2	1	-1
Mother or Step-Mother	35	19	21	12	28	15	-13
School teacher	14	0	13	1	14	1	-13
Mother-in-Law	30	13	20	9	25	11	-14
Sister or Brother or Cousin	28	1	29	0	28	0	-28
Father or Step-Father	50	19	46	11	48	15	-33
Employer or Someone at work	74	3	76	3	75	3	-72
Boda Boda operators	-	3	-	7	-	6	-
Other (specified)	-	3	-	7	-	6	-

Asked where or from whom they sought help (safe net) upon experiencing SGBV, majority cited mother (57%), which actually increased by 9% (**Table 20**). On the contrary, the proportion of girls citing father as a "go to" person to handle SGBV reduced by 14%, perhaps indicating that male parents are not viewed as helpful to girls when it comes to dealing with SGBV. However, the proportion of girls citing religious leader as a "go-to" person for help increased by 28%.

Table 20: Source of help when faced with SGBV

Source of help	Nairobi		Siaya		Overall		Change
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Δ
	%	%	%	%	%	%	%
Mother	-	69	-	47	48	57	9
Father	-	22	-	18	33	19	**-14**
Sister or Brother or Cousin	-	44	-	26	33	34	1
Friend/Peer	-	61	-	35	46	47	1
Adult Neighbor	-	19	-	12	-	15	15
Religious Leader	-	38	-	20	-	28	**28**
Doctor/Nurse/ Medical Personnel	-	20	-	15	-	17	17
Police Officer, Security Officer	-	10	-	3	7	6	-1
Social Service Organization	-	35	-	15	8	24	16
Other	-	10	-	11	-	11	11
Specify	-	8	-	8	-	8	8

Qualitative (FGD) Findings

> *Some of us when carrying the girls, make instant breaks. The girl hits the rider's back with their breast. While this is happening, the rider observes the girls reaction via a rear mirror. If it is pleasant to the girl, this marks the beginning of an affair.* **Boda Boda FGD, Siaya**

In FGDs and KIIs, participants were asked to describe what, in their opinion, constitute sexual and gender-based violence (SGBV) in their communities. Eleven forms of SGBV acts emerged from the thematic analysis of FGD (Upper panel of Table 15). ***Rape*** and ***sexual violence*** emerged as the most frequently cited forms of SGBV. In an **AGYW FGD-Siaya**, participants pointed out that sexual harassment by their male counterparts occur in the schools whereby boys touch them inappropriately; when the teachers claim that they have worn very tight dresses and therefore want them undressed in front of the rest; or at homes whereby some guardians make sexual advances. Due to long distance that some travel from home to school, they are forced to use motorbikes which sometimes pedispose them to sexual harassment from *boda boda* operators. In all these cases, whenever the girl resist the demands of perpetrators, they encounter ***physical violence***, the third most-frequently cited SGBV. According to an **adult women FGD in Siaya**, girls are at times beaten by their male counterparts in mixed schools when they refuse to engage in boy–girl relationship with them. They said that this happens both in school and outside the school. Similarly, **adult men FGD** reported that majority of physical violence are home-based: "Parents/guardian who indulge in excessive consumption of alcohol beat up their spouses and daughters." With respect to how SGBV cases are handled, qualitative data showed inconclusive finding (Lower panel of Table 21). During a KII with **LVCT Health** staff, the respondent commented, "If a girl is raped by someone in the locality, the issue is discussed locally. In some cases a tin of maize is given to the victim's parents and the issue is sorted. Legal redress is usually very limited…In other cases, the victims are accused of exposing themselves to the GBV." However, a **head teacher in Nairobi** commented, "The girls are now more firm with the men in the community… it is increasingly becoming difficult for men to force their way into sexual activities as they view the empowered girl as proud and harder to fall for their conventional tricks. This kind of socializing over time has seen a decline in the number of reported cases of SGBV against AGYW in the community." According to a *Nyumba Kumi* official (**clan elder**), "..we invite the victims, or at times visit them to find an amicable solution. In the cases of rape, the community structure is well in place to follow up help where necessary. Help include seeking medication."

> *In the event of a rape case, as a parent, I will ensure that I take her to the hospital within 72 hours before I report to the police station and open a case file. However, others are covered by the parents. The perpetrators at times bribe the police officers and the case is thrown out … In such a case, I just go back home but with a consolation that my daughter at least got medical attention.* **Adult Women FGD Nairobi**

Table 21: *Theme frequency on what constitutes SGBV against AGYW*

	Theme	Baseline		Endline						
		FGD	KII		FGD			KII		
		Overall (n=18)	Overall (n=26)	Nairobi (n=9)	Siaya (n=9)	Overall (n=18)	Nairobi (n=11)	Siaya (n=8)	Trocaire & Partners (n=4)	Overall (n=23)
		%	%	%	%	%	%	%		%
	Forms of SGBV									
1	Rape	**75**		**78**	44	61	45	63	50	52
2	Sexual violence/abuse/molestation	31		44	**89**	**67**	**55**	**75**	**50**	**61**
3	Physical assault/beating/corporal punishment/bruta	56		33	78	56	27	**75**	25	43
4	Domestic violence(fights)	13		33	44	39	18	25		17
5	Defilement condoned by parents/dismissing cases			44		23	18	13		13
6	Child labor and/or economic-based violence	13		33		17	27	13	25	21
7	Emotional molestation/abuse	31		11		6	18			9
8	Forced early marriage	13		11		6				
9	Verbal abuse,name calling, insult or being vulgar	25			44	22	9	38		17
10	Psychological harrasment	25			22	11	27		25	17
11	Inappropriate touching/undressing a girl publicly				22	12		26		8
	How Cases are Handled									
1	Cases are reported			44	89	67	27	38		26
2	Inhouse solutions, handled locally, or via negotiations			22	44	33	27	13	50	26
3	Avoid tampering with evidence			11		6				
4	Not fighting in front of children			11		6				
5	Cases not reported				67	33	18		25	17
6	Action taken				11	6	9	25		17
7	No action taken against offendors/bribery				78	39	18	13	50	22
8	Fear of revenge by perpetrator				11	6				
9	Girl blamed				33	17				
10	Counseling at the Bridge Center					6				

Outcome 6: Increased knowledge and access to sexual and reproductive health (SRH) and HIV

Findings related to this outcome were obtained from analysis of KAP survey data and through thematic content analysis of qualitative data (KIIs and FGDs). Data were triangulated and areas of agreement or disagreement discussed.

Indicator 6.1: Percentage of women and men who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission

Quantitative (KAP Survey) Findings

AGYW were asked knowledge-based questions about HIV testing; HIV infection, spread, and prevention; and myths about HIV or AIDS. The proportion of girls who responded with the desired/correct answer increased by 2-11% for eight of the 15 questions (Table 22). However, for 6 of the 15 questions, the proportion of girls who responded correctly decreased by 1-14%. Interestingly, the proportion of girls demonstrating knowledge that HIV can be transmitted from mother to baby during pregnancy decreased by 14%, perhaps an indication of lack of knowledge in this SRHR area.

Table 22: *Knowledge-based questions on HIV/AIDS*

Statement	Desired response	% desired response		Δ
		Baseline	Endline	
HIV can be transmitted from a mother to her baby during delivery	Yes	75	86	11
One can get HIV infection from a mosquito bites	No	87	95	8
HIV can be transmitted from a mother to baby by breastfeeding	Yes	83	91	8
One cannot get HIV infection from anal or oral sex	No	51	56	5
Know a place where one can go to get tested for HIV?	Yes	94	98	4

One can get of HIV infection through witchcrafts	No	92	95	3
AGYW who have been tested to see if they have HIV	Yes	88	90	2
Not having sex at all reduces chance of HIV infection	Yes	77	79	2
AGYW who get the results of their HIV test	Yes	88	88	0
Use of a condom reduces chance of HIV infection	Yes	83	82	-1
It is possible for a healthy-looking person to have AIDS	Yes	85	81	-4
Sharing food with a person who has AIDS reduces risk of HIV infection	No	81	74	-7
There are special drugs that reduce risk of transmission to the baby	Yes	70	63	-7
Having one uninfected sex partner reduces chance of HIV infection	Yes	81	72	-9
HIV can be transmitted from mother to baby during pregnancy	Yes	53	39	-14
Average		73	79	

AGYW were asked, in the last two years, for each the listed topics, from whom/where would they feel most comfortable receiving the information. In the KAP survey, the following non-technical definitions were provided: **puberty** – ways in which boys' and girls' bodies change during the teenage years; **sexual and reproductive systems (SRS)** – where eggs and sperm are made and how pregnancy occurs; **Relationships** – how boys should treat girls and vice versa; **contraceptives** – methods of preventing pregnancy (e.g., pills, condom, intra-uterine devices); **Other methods** of preventing pregnancy (withdrawal, abstinence, non-vaginal sex); and **sexually transmitted infections** include gonorrhea, syphilis, and HIV. Because an information source could be preferred for more than one topic, by summing across all topics, we obtained the *total number of endorsements*, an indicator of the level of preference. In the endline KAP survey in which all the information sources were listed, we ranked the information sources from the most preferred to least preferred. A similar process was followed for baseline in which some information sources were not listed. As shown in **Table 23**, in the absence of Bridge Center Counselor (at baseline), Mother was the most preferred source of information across all topics, followed by clinic, friend, and school teacher in that order. However, at endline, majority of AGYW were most comfortable receiving information across all topics from BC counselor, mother, and BC teacher in order of decreasing level of preference. At baseline and endline, father was the least preferred source of information across all topics.

> ***Mother** was the most preferred source of information on puberty; sexual and reproductive health; relationships; contraceptives; and sexually transmitted infections.*
> **AGYW KAP Survey**

Table 23: *Preferred information source*

Preferred Information Source	Topic						endline	baseline	rank_base	rank_end
	Puberty	SRH	Relationship	Contracept	Other	STI/HIV				
Bridge Center counselor	214	196	218	244	242	239	1353			1
Mother	131	95	104	62	61	44	497	804	1	2
Bridge Center teacher	51	50	45	58	63	58	325			3
Clinic	12	23	5	51	51	55	197	695	2	4
Friend	29	26	61	21	20	11	168	679	3	5
School Teacher	25	71	28	21	5	2	152	604	4	6
Hotline Counselor (OIDP/1190)	23	20	20	24	29	27	143			7
Sibling	6	5	7	2	24	55	99	189	5	8
Internet	3	8	4	5	3	2	25	36	7	9
Other	6	5	5	7	1	1	25	177	6	9
Book	4	3	1	4	2	7	21	30	8	11
Community facilitator	2	2	2	5	2	2	15			12
Father	1	3	7	2	1	1	15	5	9	12
Total	507	507	507	506	504	504	3025	3219		

Qualitative (FGD) Findings

Thematic analysis of FGD and KII data identified 14 sources of information on SRH and HIV (**Table 24**). The NGOs, school teachers, peers, and parents were among the most frequently cited information sources. In **AGYW FGD-Siaya**, it was reported that girls acquire information about puberty, sexual and reproductive system, relationship, contraceptives and STI from **close friends** who are either in schools or back home. They indicated that they find it easy to ask and share their experiences with their close friends than even their parents. They also obtain the information from **school** where they are normally taught life skills as a subject. **Bridge Center** was also mentioned as a credible source of the information where many AGYW share and discuss how best to manage changes that occur in their bodies. Based on a KII with **LVCT Health staff**, adolescents have the poorest access to HIV services… the barriers are within the healthcare systems, the community or self-level barriers. They do not know that the services exist, and where they exist they are provided in an unfriendly environment that is unresponsive to their needs. The adolescents may also be afraid that their parents/guardians may know…The conservative nature of the environment also constricts access to information. In the FGDs and KIIs, the following behaviors and actions were identified as **putting AGYW at risk of HIV infection**: wrong use of contraceptives, condoms, and PREPs; unhealthy relationships or having multiple sex partners; poor dress code or tight clothes; non-private living conditions; parental neglect or negligence; social media/Facebook; indiscipline; overnight parties and/or fellowships; cross-generational sex; attending "*disco matanga*" or '*arita*," sleeping or studying at a neighbor's house during holidays; sending a girl late to go to the market; and early exposure to sex. For example, in an **ABYM FGD-Nairobi**, it emerged that the nature of our housing in the slums also exposes the girls and boys to know/hear about sex and even yearn to practice should an opportunity comes. An **AGYW FGD-Siaya** pointed out that majority of the girls may be infected by HIV during **overnight prayers** [*kesha*]. They explained that many girls get raped along the way whereas some, when they cannot make it back to their home at night, spend at their male counterparts' houses. Some also cheat their parents that they are attending "kesha" yet end up in their male friends' houses or attend *disco matanga*. Noteworthy, some of these findings suggest that more responsibility is put on the AGYW and there is an implied blame of the victim (AGYW). For example, poor dress code or tight clothes do not cause HIV or increase the risk but if tight clothes are worn to attract men sexually then such behaviour may lead to unhealthy relationship. Attending discos in and of themselves do not cause HIV but may predispose girls to unhealthy relationships given the calibre of people who visit the discos. Similarly, overnight prayers does not cause HIV, but the girls, by engaging in overnight prayers, which is seemingly a healthy social event, are endangered as they encounter men who may be HIV-infected thus predisposing them to HIV-infection. In sum, the preparation of AGYW for understanding their biological and social selves as they engage in healthy relationships is key.

> *The most common behavior/action that puts AGYW at risk of HIV infection is* ***cross-generational relationships****. With age imbalance comes power imbalance. In this case the girl is powerless to negotiate for safe sex. With money exchanging hands, the man has more power. Most men argue that since it is a pay for their money they have to do it in the unprotected way.* **AVF Staff KII**

Table 24: Theme frequency of how AGYW obtain information on SRHR and HIV

	Information source	Baseline					Endline			
		FGD	KII		FGD			KII		
		Overall (n=18)	Overall (n=26)	Nairobi (n=9)	Siaya (n=9)	Overall (n=18)	Nairobi (n=11)	Siaya (n=8)	Trocaire & Partners	Overall (n=23)
		%	%	%	%	%	%	%		%
	Information Source									
1	NGO (e.g., Trocaire's DREAMS IC Program)	6		44	**89**	67	**55**	50	**75**	57
2	School/Teachers	**50**	**37**	67	**89**	**78**	**55**	38	25	44
3	Peers	56	21	**78**	33	56	36		**75**	30
4	Parent (Mother/Fathe)/Grandmothers	38	21	67	33	50	**55**			26
5	Social Media	31	5	44		22	31	13	**75**	30
6	Seminar/public awareness forum			44		22	18	13	25	17
7	Counselors			11		6	9	13	25	13
8	Church	6	5	33		17			50	9
9	CHV/Urban slum nurses	13	16		22	11	9	13		9
10	TV/Radio Program			33	11	33			25	4
11	Hospital/clinic	19	26	11	33	22		13		4
12	Reading printed materials/banner	6		11		6	9		25	4
13	Internet/OIDP	13	5	33		17				
14	Other family members	19		11		6				

Summary of findings

Table 25: *Summary of findings based on six outcomes*

Outcome	Indicator(s)	Baseline	Endline	Change╪
1. Increase in the number of AGYM who successfully transition from primary to secondary school	[1.1] Number of Bridge Centre clients [AGYW] that transition to secondary school *(The project surpassed its target by reaching 1,679 AGYW, that is, 109% of the targeted 800 AGYW. Of the 1679, 62% (1041) transitioned (re—enrolled) to secondary school)*	0	1041	1041
2. Increased support is provided to AGYW's education by duty bearers and service providers	[2.1] Number of duty bearers who take action to support girl's transition, re-entry, and retention to secondary education	0	789	789
	[2.2] Number of AGYWs who access support services and receive material assistance *(Numbers obtained by computing average from **Table 10**)*	231	428	197
3. Positive change in community perceptions towards girls' education and support to young mothers	[3.1] Levels of stigma and discrimination experienced by AGYW *(Percentage obtained by computing average % of Agree/Agree Strongly to statement supporting stigma and discrimination against AGYW from upper panel of **Table 11**)*	11%	14%	+3%
	[3.2] Knowledge and attitudes expressed by community members *(Percentage obtained by computing average % of Agree/ Agree Strongly to two statements not supporting improved knowledge & attitudes from middle panel of **Table 11**)*	8%	13%	+5%
	[3.3] Percent of participants reporting increased agreement with the concept that males and females should have equal access to social, economic and political resources and opportunities *(Percentage obtained by computing average % Yes response to positively-worded about improved confidence and self-esteem-see **Table 13**)*	63.5%	53.5%	-10%
4. Increased confidence and self-esteem among AGYM targeted by the project	[4.1] Levels of perceived confidence and self-esteem as expressed by AGYWs *(Percentage obtained by computing average % of Agree/ Agree Strongly to two statements supporting equal access to resources and opportunities from lower panel of **Table 11**)*	81%	93%	+12%
5. Reduction in sexual and gender-based violence (SGBV) against AGYW	[5.1] Percentage of participants that view gender based violence (GBV) as less acceptable after participating in or being exposed to USG programming *(Percentage obtained by computing average % of Yes response to six statements about GBV acts— see **Table 17**)*	16%	15.5%	-0.5%
	[5.2] Percentage of girls reporting GBV in past 12 months *(Percentage obtained by computing average % of Sometimes/Often response to nine statements about SGBV in the last 12 months— see **Table 18**)*	11%	7%	-4%
6. Increase in knowledge and access to sexual and reproductive health and HIV information and services	[6.1] Percentage of women and men who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission *(Percentage obtained by computing average % of Sometimes/Often response to nine statements about SGBV in the last 12 months— see **Table 18**)*	73%	79%	+6%
	[6.2] Percentage of AGYW surveyed in target areas who report actively using OIDP *(Percentages obtained from upper panel of **Table 10**)*	10%	86%	76%
	[6.3] Percentage of AGYW surveyed in target areas who report listening to radio broadcasts *(Percentages obtained from upper panel of **Table 10**)*	38%	53%	15%

Note: ╪ = computed by subtracting baseline value from endline value (if an increase makes sense), otherwise subtract endline value from baseline value (a decrease makes sense)

4.1. Relevance

Quantitative (KAP Survey) findings. Analysis of KAP surveys suggest that majority of AGYW (97-98%) agreed or agreed strongly that DREAMS IC program was relevant to them (**Table 26** upper panel). The project activities were consistent with the needs or rights of AGYW in Kenya, they addressed issues that affect AGYW in the two communities (Nairobi and Siaya), and project's geographic locations chosen were appropriate. Review of documents provided by Trócaire and related documents show that the program was designed in line with national needs and priorities of AGYW in Kenya. For example, both Nairobi and Siaya County HIV & AIDS Strategic Plans as well as the Kenya AIDS Strategic Framework 2015/2016-2018/2019 emphasize reduction of new HIV infections, a major focus of DREAMS IC. In addition, the ***Kenya Gazette Supplement No. 81 (Senate Bills No. 11)*** also highlight, *inter alia*, care of expectant children and children; school dropout prevention and re-entry programs; and establishment of care centers—issues that are central to success of AGYW participation in secondary education and beyond, and which are characteristic of DREAMS IC program.

Qualitative findings. Results of thematic analysis are consistent with the quantitative findings. All 25 KIIs and 18 FGDs show that DREAMS IC was relevant to AGYW, with Trócaire and partners staff interviewed concurring that the program was relevant (91-100%) (**Table 26** middle & lower panels). In an **FGD with ABYM in Nairobi**, it was commented, "DREAMS has ensured that girls who were passionate with education yet lacked fees were able to get back to school and learn" indicating the program was relevant. In a **KII with AVF**, the respondent noted that the project addressed the real needs for the AGYWs since at the community, the girl child is suffering on issues including HIV, early pregnancies, sexual reproductive health, and education that are quite common in the target communities. The respondent said, "If we think about Siaya, at the start of the program it was number three in terms of HIV prevalence yet right now it is number one according to the latest figures from NAC. Additionally, HIV incidence among girls is increasing in Nairobi and Siaya despite all sorts of interventions that have been tried… so this target is very relevant. Our intervention focused on putting the girls in school to reduce the chances of HIV and AIDS." In an **adult women FGD in Nairobi**, it was mentioned that the project was relevant as it addressed the very needs of the AGYW by paying their fees, counseling and motivational support to build their self-esteem, providing sanitary materials and providing educational and social monitoring. These comments coincided with sentiments from an **AGYW FGD in Nairobi** in which it emerged, "AGYW have hope and know that giving birth is not the end of their lives and they have reconciled with their parents." In one **FGD with AGYW in Nairobi**, the group concurred that the project has paid their school fees, made them appreciate and have confidence, and gave them a second chance to go back to school. Asked about the programs relevance, one **Bridge Staff in Nairobi** commented, "the program as implemented by Trócaire was relevant because as we empowered the girls, they become more enlightened and are molded for the future. The girls were also encouraged to be role models to other girls in the community who are not in direct beneficiaries." However, in a **KII with Chief in Nairobi**, it emerged that "boys are also vulnerable and need to get a mechanism of how to help them to create an equal society." When probed about what could be done about boy child education, a **GCN KII participant** commented, "It may be true but what have we done about it [boy child education]? Who has stopped men from putting attention on boys? Women got organized when they realized there is a problem. Elevating girls is not at the expense of boys." It is worth noting that the concern about boy child education featured during baseline survey. However, it was more pronounced during endline survey. While the focus of DREAMS IC was on AGYW, it is worth noting that this growing concern about boy child education continues. Further research could investigate whether boys are at more risk of poor educational outcomes than girls, and if so, is this changing over time? The findings of this study, however, do not seem to render irrelevance the DREAMS IC program.

> *The project implementation was surely relevant since it addressed the very needs of the girls with the geographical location well selected based on the* ***baseline*** *reports that revealed a low transitions from secondary school and high HIV incidents based on national surveys.* **KII with LVCT Health**

> *DREAMS IC has given hope to hopeless girls in the community. It has educated parents on the importance of girl child education. There is more love in the families and broken families have been healed through DREAMS interventions. Girls have gone back to school.* **Adult Men FGD - Nairobi**

Table 26: Relevance of DREAMS IC

Instrument	Nairobi				Siaya				Trocaire & Partners				Overall			
		DS/D	N	A/AS		DS/D	N	A/AS		DS/D	N	A/AS		DS/D	N	A/AS
	n1	%	%	%	n2	%	%	%	n3	%	%	%	n1+n2+n3	%	%	%
KAP																
Relevance_Q1	*230*	0	1	96	*280*	0	1	99					*510*	0	1	98
Relevance_Q2	*230*	1	1	97	*280*	1	1	96					*510*	1	1	97
Relevance_Q3	*230*	0	2	96	*280*	1	0	98					*510*	1	1	97
KII																
Relevance_Q1	*11*	0	0	100	*8*	0	13	87	*4*	0	0	100	*23*	0	4	96
Relevance_Q2	*11*	0	0	100	*8*	0	25	75	*4*	0	0	100	*23*	0	9	91
Relevance_Q3	*11*	0	0	100	*8*	0	0	100	*4*	0	0	100	*23*	0	0	100
FGD																
Relevance_Q1	*9*	0	0	100	*9*	0	0	100					*18*	0	0	100
Relevance_Q2	*9*	0	0	100	*9*	0	0	100					*18*	0	0	100
Relevance_Q3	*9*	0	0	100	*9*	11	0	89					*18*	6	0	94

Note:

Relevance_Q1 = Project activities are consistent with the needs/rights of AGYW in Kenya
Relevance_Q2 = The project addressed issues affecting AGYW in this community
Relevance_Q3 = The project's geographic location (e.g., Siaya County) chosen was appropriate

4.2. Effectiveness

Quantitative findings. The KAP survey results show that majority of AGYW (87-98%) agreed or agreed strongly that DREAMS IC program was effective (**Table 27** upper panel). As a result of the project activities, AGYW have received increased support toward their education from duty bearers and service providers; the community's perceptions towards education of AGYW has changed positively; girls' confidence and self-esteem has improved (e.g., they have become more positive, less negative); they have been informed or empowered to deal with SGBV issues; and their knowledge of and access to SRHR and HIV information/services has increased.

Qualitative findings. Results from thematic analysis coincide with the quantitative findings. In majority of the KIIs and FGDs, participants either agreed or strongly agreed with statements about the program's effectiveness (KIIs: 87-96%; FGDs: 88-94%). According to one **FGD with adult women**, DREAMS was effective as it addressed the very needs of the AGYW by paying their fees, counseling and motivational support to build their self-esteem, providing sanitary materials and providing educational and social monitoring. A respondent said, "I work as a house help and my daughter dropped out of school in Form 3 because of fees. After she had stayed home for some time, one day she told me that a team from DREAMS paid her a visit and took her details. She would go to the mentorship sessions until one day I was called to the Center. She later reported to me that she had been sponsored. This was good news even if she was enrolled in a local day school. I am humbled and happy." In a **KII with an NGO/FBO staff**, a respondent said, "Through the project interventions, the beneficiaries had increased self-esteem together with increased knowledge on SGBV issues. Besides, girls had more knowledge on HIV and contraceptive use. The knowledge should however be given more often so as to remain fresh in the minds of the beneficiaries." However, with respect to ***cost-effectiveness***, in about one-half (52%)

> *One thing that is for sure is that DREAMS has tried to modify their [girls'] way of thinking. Most if not all the girls have their focus aligned to education. The counselling sessions indeed work.* **Adult Women FGD - Nairobi**

> *We have also been mentored and educated to become more knowledgeable on issues of hygiene, HIV and AIDS, sexual violence, contraceptive use and education therefore increasing our confidence and self-esteem. We now understand ourselves better, trust ourselves and are bolder as a result of DREAMS* **AGYW FGD - Nairobi**

of the KIIs, it was felt that cost delivery was reasonable (value for money), with 35% of KIIs being neutral on this item. In less than one third (28%) of the KIIs conducted in Siaya, informants felt that cost delivery was not reasonable, a sharp contrast to Nairobi where 73% of the KIIs felt that cost delivery was reasonable. Commenting on the program's effectiveness, one principal of a secondary school in Mukuru stated, "The girls indeed have increased self-esteem with the community coming in handy to support the education of the AGYW. Besides, the girls have become more empowered and able to stand and speak for themselves courtesy of Trócaire. The girls also have increased knowledge on GBV, SRHR and HIV." In an **FGD with AGYW in Nairobi**, participants concurred that DREAMS provided the girls who had dropped out an accelerated learning such that they were able to catch up in school; they received school kits; sanitary towels; taken through guidance and counseling that help reduce HIV infections as well as being given information on contraceptive and how to access them. Comments from a **KII with LVCT Health staff** eloquently captured the program's effectiveness: "At the time the project was coming to an end, there was a change in the community perceptions on educating the AGYW, increased self-esteem among the AGYW, increased knowledge on GBV and SRHR. This was measured using pre and post session evaluation on topical issues that were addressed at the Bridge Centers where the results showed progressive improvements." The informant added that they conducted high level statistical analysis on information shared and reported progress in their understanding on HIV prevention, GBV among others to Trócaire. There were a number of inspirational stories gathered by enumerators that speak to the program's effectiveness. For example, a Form 2 girls in Siaya stated, "Currently, I don't have fees arrears and am going to sit for the national exam (KCSE) and finish my secondary education with no stress. This has been made possible by Trócaire. Thanks DREAMS."

> *The AGYW received increased support from* ***duty bearers.*** *When we approached some schools at the beginning that we wanted to enroll some girls into, they were reluctant, saying that the girls would be of negative influence to other students. Through the project, we have put more pressure on the schools and they became more open to accept the girls who had dropped out for whatever reasons. 'The* ***communities*** *are now more aware of the importance of educating girls and are more cautious that they should play a part in supporting their education. We see a big difference in the lives of the girls beyond the fact that they were back in school. The biggest part of this project was the* ***confidence*** *in the girls who at the beginning of the project were very beaten down in life and lacked hope. Now they can talk of their future plans and this is a plus!* **AGYW FGD - Nairobi**

> *Two ladies, Silvia and Mellen (pseudonyms), interviewed in Siaya, were particularly standing out. Silvia was a 28 year old lady who dropped out of school at the age of 13 when her parents died. She had been married before and separated with the husband due to infidelity. Later, she became a house help and eventually got remarried. She experienced physical and emotional abuse from the spouse before ending her second marriage. At the age of 28, she has wonderful dreams of studying to the highest possible level. She looked very determined and is willing to do all that it will take to make it. Mellen was a 25 year old mother and wife who would leave her house every morning for school thanks to the DREAMS project. She added, 'I had had no hope of joining a secondary school because I had nobody to pay for my school fees but the DREAMS Project gave me a chance of hope by enrolling in school.* **Enumerator field notes - Siaya**

Table 27: *Effectiveness of DREAMS IC*

Instrument	Nairobi				Siaya				Trocaire & Partners				Overall			
		DS/D	N	A/AS		DS/D	N	A/AS		DS/D	N	A/AS		DS/D	N	A/AS
	n1	%	%	%	n2	%	%	%	n3	%	%	%	n1+n2+n3	%	%	%
KAP																
Effectiveness_Q1	*230*	3	1	94	*280*	0	13	87					*510*	0	4	96
Effectiveness_Q2	*230*	0	0	89	*280*	0	0	100					*510*	1	1	97
Effectiveness_Q3	*230*	1	0	97	*280*	0	0	99					*510*	1	0	98
Effectiveness_Q4	*230*	0	0	98	*280*	2	1	97					*510*	1	0	97
Effectiveness_Q5	*230*	1	1	96	*280*	3	1	96					*510*	2	1	96
KII																
Effectiveness_Q1	*11*	0	9	91	*8*	0	13	87	*4*	0	25	75	*23*	0	13	87
Effectiveness_Q2	*11*	0	18	82	*8*	0	0	100	*4*	0	0	100	*23*	0	9	91
Effectiveness_Q3	*11*	0	9	91	*8*	0	0	100	*4*	0	0	100	*23*	0	4	96
Effectiveness_Q4	*11*	0	9	91	*8*	0	12	87	*4*	0	0	100	*23*	0	9	91
Effectiveness_Q5	*11*	0	9	91	*8*	0	0	100	*4*	0	25	75	*23*	0	9	91
Effectiveness_Q6	*11*	0	27	73	*8*	27	45	28	*4*	0	0	100	*23*	13	35	52
FGD																
Effectiveness_Q1	*9*	0	11	89	*9*	0	0	100					*18*	0	6	94
Effectiveness_Q2	*9*	0	11	89	*9*	0	0	100					*18*	0	6	94
Effectiveness_Q3	*9*	0	11	89	*9*	0	0	100					*18*	0	6	94
Effectiveness_Q4	*9*	0	0	100	*9*	0	11	100					*18*	0	6	94
Effectiveness_Q5	*9*	0	0	100	*9*	0	22	88					*18*	6	6	88

Note: **Effectiveness_Q1** = AGYW have received increased support toward their education from duty bearers and service providers
Effectiveness_Q2 = The community's perceptions towards education of AGYW has changed positively
Effectiveness_Q3 = Confidence & self-esteem of AGYW has improved (e.g., they have become more positive, less negative)
Effectiveness_Q4 = AGYW have been informed/empowered to deal with sexual and gender-based violence against AGYW
Effectiveness_Q5 = AGYW's knowledge of and access to SRHR and HIV information/services has increased
Effectiveness_Q6 = Cost delivery was reasonable (value for money)

4.3. Efficiency

Quantitative findings. Based on analysis of KAP surveys, DREAMS IC was fairly efficient (Table 28 upper panel). Whereas majority (92%) of the AGYW surveyed disagreed or disagreed strongly with the statement, "Participating in the project was a waste of the girls' time (e.g., nothing new was learned or they had learned the content elsewhere)," almost two-thirds (64%) of the girls felt "there were other people who could have benefited from the project but were left out."

Qualitative findings. Thematic analysis results agree with the quantitative findings. There was a 100% agreement in all KIIs and FGDs that participation in the project was not a waste of the girls' time, however, other measures of efficiency revealed a different picture. In all the FGDs, participants concurred that there were other people who could have benefited from the project but were left out. Further probing of participants revealed that: 1) the "**boy child** should have been part of the project implementation but was left out" (FGD with *Boda Boda* Operators in Nairobi); 2) the "***boda boda*** riders specifically those below 45 years of age should have been included in the project in a proactive manner" (KII with LVCT Health); 3) "the **girls outside the criteria** - whose focus was on doing a skilled course rather than secondary school education, boys and any man with liquidity were among the people who could have been involved in the project for more impact" (KII with AVF Staff); and 4) the "***nyumba kumi***" and **chiefs** who ensure GBV issues are handled and the girls are retained in schools. It is not clear what is implied by the growing calls for inclusion of the boy child and male youth. Given that these sentiments generally emanate from men, perhaps the fact that patriarchy assume its right to inclusion in all spaces is at play in these narratives. One wonders whether the inclusion of the suggested subgroups would support the

achievements of the program's aims and objectives. To illumine our understanding of the program's efficiency, we specifically asked additional three questions capturing program's efficiency with key informants as respondents. The findings varied. Whereas interviews with Trócaire and partners showed that "the project was implemented according to scope of work," less than half of KIIs (45% in Nairobi; 37% in Siaya) with other stakeholders indicated a similar finding. Similarly all KIIs with Trócaire and partners showed that the project was done is a timely manner yet KIIs with other stakeholders indicated a slightly different story (55% in Nairobi, 62% in Siaya). One KII with GCN revealed some challenges that seem to relate to program's efficiency: "There were delays in decision making thus making it difficult to roll out the project. For example, school fees was not factored and it took time to make that decision. Similarly, it took almost a whole quarter to decide on the locations of the BCs yet everything was pegged on the BC. In sum, whereas the project was implemented over a 2-year period with majority of the targets being met, as pointed out in KIIs with partners, time allocated for pre-implementation activities including entry into the community, establishing BCs, and related activities was not adequate.

> *The intervention in itself targeted the community and the girls but the intervention did not take into account the family setup yet the family play a key role in determining whether or not a girl would have an education. This was, however, not taken into consideration at the design. A change of tact was needed to have then buy in the intervention.* **KII – AVF Staff**

Table 28: Efficiency of DREAMS IC

Instrument	Nairobi				Siaya				Trocaire & Partners				Overall			
		DS/D	N	A/AS		DS/D	N	A/AS		DS/D	N	A/AS		DS/D	N	A/AS
	n1	%	%	%	n2	%	%	%	n3	%	%	%	n1+n2+n3	%	%	%
KAP																
Efficiency_Q1	*230*	89	0	9	*280*	95	0	5					*510*	92	0	7
Efficiency_Q2	*230*	13	5	71	*280*	32	9	58					*510*	23	7	64
KII																
Efficiency_Q1	*11*	91	9	0	*8*	100	0	0	*4*	100	0	0	*23*	100	0	0
Efficiency_Q2	*11*	0	27	73	*8*	0	38	62	*4*	0	25	75	*23*	0	30	70
Efficiency_Q3	*11*	0	55	45	*8*	0	63	37	*4*	0	0	100	*23*	0	48	52
Efficiency_Q4	*11*	0	55	45	*8*	0	13	87	*4*	0	0	100	*23*	0	30	70
Efficiency_Q5	*11*	0	45	55	*8*	0	38	62	*4*	0	0	100	*23*	0	35	65
FGD																
Efficiency_Q1	*9*	100	0	0	*9*	100	0	0					*18*	100	0	0
Efficiency_Q2	*9*	0	0	100	*9*	0	0	100					*18*	0	0	100

Note: **Efficiency_Q1** = Participating in the project was a waste of their time (e.g., nothing new, had learned them elsewhere)
Efficiency_Q2 = There are other people who could have benefited from the project but were left out
Efficiency_Q3 = The project was implemented according to scope of work (SOW)?
Efficiency_Q4 = Resources were used well and implementation strategies were appropriate
Efficiency_Q5 = Interventions were done in a timely manner

4.4. Impact

Quantitative findings. KAP survey analysis results suggest that a good proportion of AGYW (71-96%) agreed or agreed strongly that DREAMS IC program was impactful (**Table 29** upper panel). If impact is defined as increase in the transition rates of AGYW from primary to secondary schools or increase in retention rates of AGYW in secondary school then the vast majority of girls surveyed perceived the program was impactful.

Qualitative findings. Thematic analysis of KIIs and FGDs yielded results that are largely consistent with the quantitative findings. For example, 91% of KIIs showed the retention rates of AGYW has increased. According to a **head teacher in Nairobi**, "It is hoped that more girls especially those that were re-admitted into the schools will be able to transit to the next levels of education and even to empower and encourage the rest." This sentiment suggests that impact of the program will be ascertained when AGYW afforded the chance graduate of fail to do. In a KII with a clan elder, the program was

lauded, "As a result of DREAMS, we make follow-ups on girls thereby encouraging them not to lose track and get into drug addiction and other forms of immorality. This has been done in collaboration with parents." Asked about any unintended events (positive or negative) that occurred as result of the DREAMS IC program, responses of KII participant varied. An example of a positive event was that a community member gave his land to help girls raise school fees by tilling the land. An example of a negative event was the perception that DREAMS IC program was initially viewed by some members of the community as a devil worshipping group whose intention was to "suck the blood" of the girls. Whereas DREAMS has afforded the girls the opportunity for further education, it is upon the girls to proactively take advantage of these opportunities presented. One FGD with Adult Men in Nairobi aptly puts it, "DREAMS has taught our girls on HIV and on education. They have played their part. It is now upon the girls to take what is important and transit to the next level with life." In one FGD with AGYW, it was noted that before DREAMS, girls would be sent home because of fees. Some resorted to learning how to plait at local saloons to earn a living. At these times, they had all the time to meet with their boyfriends. This puts them at risk of early pregnancy and HIV infection. However, through participation in DREAMS, these risks are minimized.

> *The project should, however, be able to see the girls through all the transitions until they have completed their education to be able to measure actual impacts.* **KII with BC Staff, Nairobi**

> *The* ***short term outcomes*** *including enrolling the girls back to school after completing the sessions at the Bridge Centers, increased transitions from secondary school, and reducing the self-risk of HIV among girls were* ***truly achieved****. Long term impacts can, however, not be measured since the project was only implemented for two years. We achieved much in collaboration with County government, Department of Education and Gender. We were able to provide them with our intended outcome and through partnerships, Siaya launched their Adolescent Sexual and Reproductive Health Action Plan which was informed by what we did in the project. We also advised the partners to develop an investment framework for SRH that would be used to reduce teenage pregnancies with long term policies. We were able to have the first lady in the counties marshal the community to keep girls in school, and to talk to them on self-esteem and career choice, something that we did not plan for in the project design* **KII with LVCT Staff**

Table 29: Impact of DREAMS IC

Instrument	Nairobi				Siaya				Trocaire & Partners				Overall			
		DS/D	N	A/AS		DS/D	N	A/AS		DS/D	N	A/AS		DS/D	N	A/AS
	n1	%	%	%	n2	%	%	%	n3	%	%	%	n1+n2+n3	%	%	%
KAP																
Impact_Q1	*230*	0	1	97	*280*	3	1	96					*510*	2	1	96
Impact_Q2	*230*	1	1	91	*280*	4	2	94					*510*	3	2	92
Impact_Q3	*230*	4	3	86	*280*	3	2	89					*510*	4	3	87
Impact_Q4	*230*	7	10	75	*280*	8	13	68					*510*	7	12	71
KII																
Impact_Q1	*11*	0	9	91	*8*	38	0	62	*4*	0	0	100	*23*	13	4	83
Impact_Q2	*11*	0	0	100	*8*	0	13	87	*4*	0	25	75	*23*	0	9	91
Impact_Q3	*11*	0	18	78	*8*	0	63	37	*4*	0	25	75	*23*	0	35	65
Impact_Q4	*11*	0	55	45	*8*	0	0	100	*4*	0	25	75	*23*	0	30	70
Impact_Q5	*11*	0	55	45	*8*	0	50	50	*4*	0	25	75	*23*	0	48	52
FGD																
Impact_Q1	*9*	0	44	56	*9*	0	0	100					*18*	0	22	78
Impact_Q2	*9*	0	44	56	*9*	0	0	100					*18*	0	22	78
Impact_Q3	*9*	0	11	89	*9*	0	67	33					*18*	0	39	61
Impact_Q4	*9*	0	33	56	*9*	0	50	50					*18*	0	39	61

Note: **Impact_Q1** = Transition rates of AGYW from primary to secondary schools has increased
Impact_Q2 = Retention/graduation rates of AGYW from secondary schools has increased
Impact_Q3 = HIV infections rates among AGYW in the community have reduced
Impact_Q4 = Some other unintended things (+/-) have happened e.g., _____
Impact_Q5 = What are the key lessons you identified

4.5. Sustainability and Replicability

Quantitative (KAP Survey) findings. According to results from analysis of KAP survey data, majority of AGYW (79-99%) agreed or agreed strongly that DREAMS IC program was sustainable (**Table 30** upper panel). That is, some project activities are likely to continue even after program ends; AGYW will continue to use what they have learned even after the project ends; and project outcomes are sustainable.

Table 30: *Sustainability of DREAMS IC*

Instrument	Nairobi				Siaya				Trocaire & Partners				Overall			
		DS/D	N	A/AS		DS/D	N	A/AS		DS/D	N	A/AS		DS/D	N	A/AS
	n1	%	%	%	n2	%	%	%	n3	%	%	%	n1+n2+n3	%	%	%
KAP																
Sustainability_Q1	*230*	7	3	83	*280*	14	4	83					*510*	11	4	79
Sustainability_Q2	*230*	0	0	99	*280*	0	0	99					*510*	0	0	99
Sustainability_Q3	*230*	0	0	97	*280*	3	1	97					*510*	2	1	96
KII																
Sustainability_Q1	*11*	0	36	64	*8*	0	63	37	*4*	0	25	75	*23*	0	43	57
Sustainability_Q2	*11*	0	36	64	*8*	0	38	62	*4*	0	25	75	*23*	0	35	65
Sustainability_Q3	*11*	0	45	55	*8*	0	13	87	*4*	0	25	75	*23*	0	30	70
Sustainability_Q4	*11*	0	55	45	*8*	0	88	12	*4*	0	50	50	*23*	0	56	44
Sustainability_Q5	*11*	0	27	73	*8*	0	0	100	*4*	0	0	100	*23*	0	13	87
Sustainability_Q6	*11*	0	45	55	*8*	0	0	100	*4*	0	0	100	*23*	0	17	83
Sustainability_Q7	*11*	0	36	64	*8*	0	0	100	*4*	0	0	100	*23*	0	17	83
FGD																
Sustainability_Q1	*9*	0	11	89	*9*	22	67	11					*18*	11	39	50
Sustainability_Q2	*9*	0	11	89	*9*	11	11	78					*18*	6	11	83
Sustainability_Q5	*9*	0	0	100	*9*	0	0	100					*18*	0	0	100
Sustainability_Q6	*1*	0	0	100	*1*	0	0	100					*2*	0	0	100
Sustainability_Q7	*1*	0	0	100	*1*	0	0	100					*2*	0	0	100

Note: **Sustainability_Q1** = Some project activities are likely to continue even after program ends. **Sustainability _Q2** = AGYW will continue to use what they have learned even after the project ends. **Sustainability _Q3** = Project outcomes are sustainable. **Sustainability _Q4** = Exit strategies existed for phase out of project assistance. **Sustainability _Q5** = Solutions are replicable and scalable to other Counties (there are no foreseeable barriers). **Sustainability _Q6** = The project has made some irreversible changes. **Sustainability _Q7** = The project can be replicated in other Counties

Qualitative findings. Results from thematic analysis are not entirely consistent with the quantitative findings. For example, whereas majority (79%) of AGYW felt some project activities are likely to continue after the program ends, in significantly lower proportions of KIIs (57%) or FGD (50%) was this the case (**Table 29** middle & lower panels). There was concurrence in findings between KIIs and FGD with regard to program's replicability. In all FGDs, it was felt that: solutions identified in the program are replicable and scalable to other counties; the project had made irreversible changes; and it could be replicated in other counties. All FGDs, KIIs with Trócaire and partners, and KIIs in Siaya concurred 100% with these findings. With regard to existence of exit strategies for phase out of project assistance, results show that in less than half of the KIIs (44% on average) respondents felt an exit strategy existed. Comments from a KII with GCN former staff suggested that exit strategy was not thought through or planned well. For instance, at design phase, in all four sites, totally new people were employed notwithstanding the amount of time needed for one to understand the organization and work offsite. The design should have factored the integration of old and new employees to avoid spending more time

> *A 16-year old AGYW in one of the secondary schools visited said: I don't have any way to stay in school without sponsorship, I don't have a father, my mother just ferries water for people in the village and she is paid KSh. 10 for a 20 litre Jerrican. What she is paid cannot keep me is school and we are six children in the family. Sometimes I feel like I may be forced to go help her ferry water or even go work for someone as a house help in the event that my education is cut short due to lack of money.* **Enumerator field notes - Siaya**

on operation as opposed to programmatic issues. Whereas the partners had worked together, this was the first time they implemented a program that links HIV and education thus needed more coordination. Respondents had different view about the project's sustainability. In a KII with head teacher in Nairobi, the respondent said, "girls who have attended the mentorship programs by DREAMS and have shown positive change will continue to be used as examples for others even beyond the scope of the project to encourage and even to mentor others.

An NGO/FBO staff said, "After the project implementation, it is hoped that the project beneficiaries will continue to cascade the knowledge gained through project implementation period. The project can also be cascaded/replicated in other regions across Kenya but should include components of empowering the parents and involving the ABYM" whereas an **LVCT Health KII in Nairobi** commented that parents were empowered to take care of their children if the program closes down.

The LVCT's platform for information on SHRS is donor funded and girls continue to access information as long as the organization exists. That is, the girls are still able to call the tall free lines and send/receive messages for counseling and for information on sexual reproductive health and GBV. The girls still access bursaries from the first ladies and the area MPs, an initiative that was also brought about by the project and still continues. The girls still access the Bridge Centers for their personal studies and even to learn from one another, and these structures still remain a safe space to the AGYW because they are community owned. The personal initiative by the girls to pursue their own goals by applying for bursaries and being available for other relevant services at the community still remains with the girls, and they are still able to influence others to this direction. The community can set their priorities right by considering the education of the AGYW as important. **KII – LVCT Health**

Community forums being held periodically are still up and running beyond the life of the project even without the implementing partners. A majority of the girls are keen to complete their studies besides impacting positively the life of others. On the other hand, the Bridge Centers are no longer functioning, and there is no surety of funds for school fees beyond the current beneficiaries. This can be sorted by involving the Counties to take up the projects, and partners with the grassroots CSOs for sustainability. **KII - AVF**

4.6 Summary of Findings (OECD DAC Criteria)

To summarize findings based on OECD DAC criteria, we computed average score for Agree/Agree Strongly response and categorized the scores as follows: **Very Low** (0%-20%); **Low** (21%-40%); **Moderate** (41%-60%); **High** (61%-80%); **Very High** (81%-100%). Based on this categorization, overall, the project was assessed as being of very high relevance, very high effectiveness, moderate efficiency, high impact, and high sustainability (**Figure 3**).

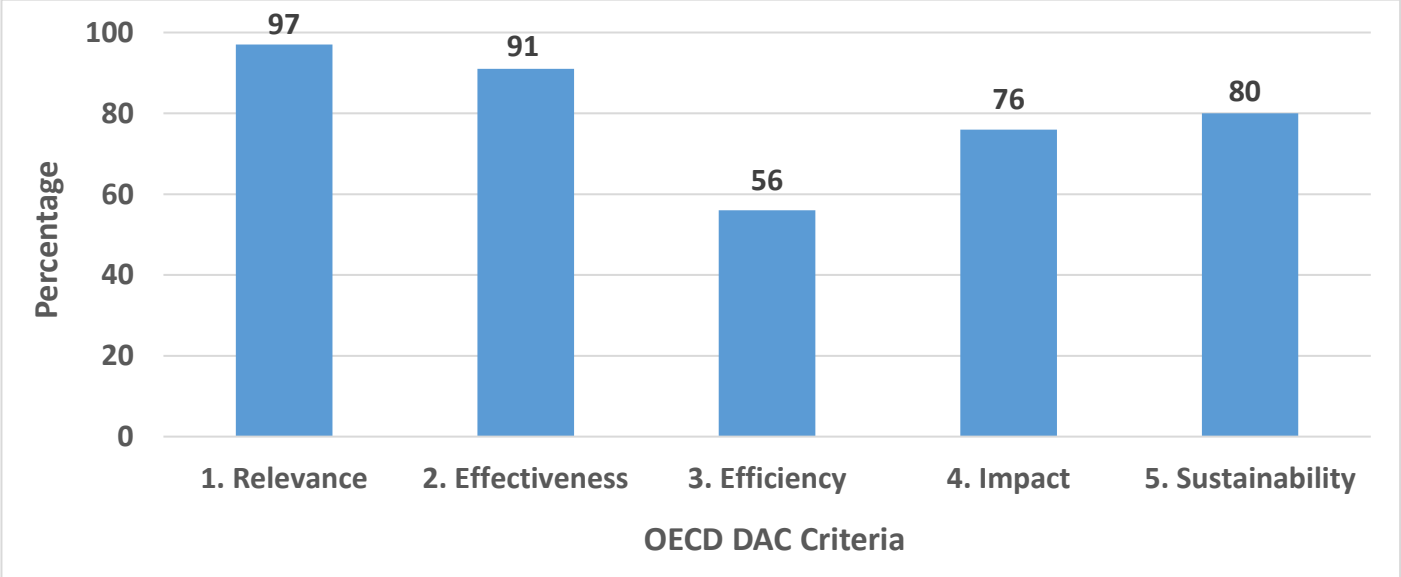

Figure 3. Summary of findings based on OECD DAC criteria

DREAMS IC, as implemented by Trócaire and partners, was an ambitious effort to scale-up a suite of multi-sectoral interventions for HIV prevention. In this section, we provide conclusion for each of the outcomes of interest.

5.1. Increased number of AGYW successfully transitioned from primary to secondary school

The project surpassed its target by reaching 1,679 AGYW, that is, 109% of the targeted 800 AGYW. These girls were exposed to a suite of interventions including the Bridge Center's accelerated education, guidance and counseling, radio program and so on. Lack of school fees followed by early pregnancy were the main reasons for school dropout, with the risk of dropout decreasing over time. Over one-half (62%) of the girls registered at BCs re-enrolled at different secondary schools. Four factors were associated with re-enrollment. Girls who had ≤5-year old baby (compared with those without a baby) or lived in informal settlement of Nairobi (compared with those in rural Siaya) were less likely to re-enroll. Girls who were single (as opposed to married) or younger (as opposed to older, 18 years or older) were more likely to re-enroll. Class repetition rate dropped during the project period. Increasingly more girls aim to attain higher levels of education.

5.2. Increased support was provided to AGYWs' education by duty bearers and service providers

The project surpassed its target by training 789 duty bearers and services to support the girls' transition, re-entry, and retention in school (i.e., 112% of the 704 targeted number). Besides NGOs such as Trócaire, among those viewed as most supportive included head teachers (who worked with BC staff to ensure smooth re-enrollment of the girls), local administration (who identified potential participants and referred them to the BC), and guidance and counselors (who adopted the model in the re-entry schools). Noteworthy religious leaders and parents also emerged as being supportive. Besides financial support, discussion of SRH issues was the most frequently cited nature of support to the girls. The proportion of girls participating in different DREAMS IC activities rose over the project period, with BC's accelerated curriculum attracting the highest number of participants.

5.3. Positive change in community perceptions towards girls' education

Quantitative data revealed a slight increase in the proportion of girls who felt the community embraced **stigma and discrimination** against them. However, **knowledge and attitudes expressed by community members** with regards to AGYW's education improved. With respect to **equal access to resources and opportunities** for males and females, the perception of the communities changed slightly positively. These positive trends are perhaps attributable to the community conversations engagements – a total of 5,085 community members participated in these mobilization activities. Whereas negative attitude towards girl education was the most frequently emergent them, positive attitude towards girl education followed a close second. Majority of the girls adopted positive strategies such as being resilient and working hard to prove themselves as a way to address challenges associated with community's perception of their education.

5.4. Increased confidence and self-esteem among AGYWs targeted by the project

There was a significant improvement in AGYW's perception of their confidence and self-esteem. Majority felt satisfied within themselves, confident to achieve their goals, and that they have a lot to offer. The girls also increasingly felt good about their abilities and can stand up for themselves and what they believe in. Qualitative data show that they are more confident, resilient, feel able and worthy, and know what they want in life. These changes are largely attributable to DREAMS IC activities including counseling and mentorship as well as the life skills sessions conducted at the BCs.

5.5. Reduced cases of SGBV against AGYW

The proportion of girls reporting experiencing SGBV in the last 12 months dropped for almost all perpetrators of the violence. Majority of the girls identify mother as source of help when faced with SGBV situation such as rape or sexual violence. Participants demonstrate knowledge of how to deal with SGBV and there is an increasing shift from local solutions to reporting and seeking medical attention. Instances of exploitative or abusive relationships (e.g., characterizing dating

while pursuing secondary education) reduced during the project perhaps due to concerted efforts of Trócaire's DREAMS IC counseling services.

5.6. Increased knowledge and access to sexual and reproductive health (SRH) and HIV

The proportion of girls demonstrating correct knowledge with regard to identifying ways of preventing the sexual transmission of HIV and rejecting major misconceptions about HIV transmissions increased during the project period. The most preferred source of SRH and HIV information was the Bridge Center counselor followed by the girl's mother.

6.0 Challenges, Suggested Solutions, and Lessons Learned

A secondary purpose of this EOP evaluation study was to gain insights into key elements of the implementation process which either explain *how* reported changes occurred or *why* such changes were achieved (or not achieved). In this section, for each the six outcomes, we present challenges encountered, suggested solutions, and lessons learned in the process.

6.1 Increased number of AGYW successfully transitioned from primary to secondary school

Lack of school fees - The baseline survey revealed that lack of school fees kept many AGYW out of school. This was not envisioned at project design. Government programs providing school fees and bursaries for eligible AGYW are competitive and do not extend to private schools. That is, one can only be considered if already in school. This meant re-enrolling the girls before they could be considered. Though the issue of school fee was resolved in the course of implementation, it was a challenge as it meant a change of tact. Moreover, it took time before a decision could be reached. While Trócaire was able to meet this demand via requesting for year 1 budget that included school fee component, it caused delay in rollout of the program as earlier planned. Another lesson learned with respect to lack of school fees is that there is need to fully understand the context (including structural and behavioural barriers) before project implementation. To do this, we recommend conducting a context analysis before the project begins provided adequate funding is available to do so. As part of long-lasting solution to this issue, Trócaire should consider cash transfers, education subsidies, and collaboration with partners who provide financial support (e.g., Equity Group Foundation, Safaricom Foundation, etc.). Such joint effort is likely to boost enrolment and retention of AGYW in secondary school.

Delays in setting up the BCs - While funding was available to furnish the BC, documentation, due diligence, and setting up of community entry took a long time. It took almost a whole quarter to decide on BC locations! The major reason for delay was primarily lack of buy-in on conceptualization of a BC. Delays in setting up of BC meant fast-tracking recruitment of girls when the BCs were in place to meet year one targets. Unfortunately, this meant increased demand for day care and accelerated learning program services, which could not be met by the original staffing. The lesson learned was that daily *attendance registers* guided recruitment efforts because not all centers registered an increase in the number of babies and girls. Moreover, staffing of teachers and caregivers was informed by analyzing these registers. To address the challenge with regard to lack of space, the project incorporated a multi-shift session with groups coming in the morning and others in the afternoon.

Distance from school - Informal settlements such as Mukuru has limited re-entry options for the girls in the BCs. There are limited number of public day or boarding schools in the urban informal settlement of Nairobi. Government schools are rare in the slums as these are not recognized by the state as formal settlements in need of services. This forced some of the AGYW to enroll in informal schools or walk long distance to available schools. Moreover, the informal schools are of poor standards, lack well trained teachers and basic infrastructure. The situation in Siaya is slightly different. In most cases, the girls have to walk long distance to/from school. As pointed out in the suggestion box messages, lack of transport affected many girls. Whereas affected girls were moved to boarding schools, in future, Trócaire should consider perhaps an affordable means of transport such as the use of bicycle which girls can co-ride thus cutting costs. This, however, may not work for informal settlements such as Mukuru where burglary may pose threat to the girl's life to/from school. A lesson learned is that there is need to conduct a context analysis including risk analysis. Specifically, it is important to plan from the beginning the pathway for girls to schools, including adequate budget to support their transport (bus fare, use of bicycle, etc.) to/from school and ensure their safety in the process.

6.2 Increased support was provided to AGYWs' education by duty bearers and service providers

Provision of back-to-school kit - Whereas provision of school fees was an attempt to address girls' drop out, providing the girls with hygiene and young mother's kits freed up resources for other basic items, and in turn, reduce the girls' vulnerability to HIV acquisition especially if the girls become more reliant on exploitative relationships or situations. Most parents are unable to afford food, let alone school fees. Sometimes the girls are forced to engage in transactional sex to support their family or children. By providing diapers to their babies, some girls' time for studies is freed up as they do not have to wash baby clothes every evening after getting home late from school.

Having a daycare and caregiver on site - It was realized that despite school fees being paid, some girls were absent or not able to concentrate in class. Having a day care on site and a resident caregiver led to improved educational and health outcomes of the AGYW as they were able to concentrate better in sessions knowing that their children were in safe hands.

Difficulty in monitoring girls' academic progress - Whereas the project spent a lot of resources to support the girls to pursue secondary education, without a mechanism for tracking their academic performance, the outputs is not optimized. When the girls are held accountable, chances are that they will work hard to excel than when left unmonitored. Based on enumerator field notes, there is evidence that Trócaire conducted visitation at both schools and homes to check on girls' academic performance and to know how they related with people at home. However, details on what went on during the visits were not well documented. One deputy head teacher in Siaya pointed out that some girls do not take their education seriously. He suggested that sponsors [Trócaire] come up with criteria on how to make follow-ups on their performances every term hoping that that may bring a change (**Enumerator field notes- Siaya**).To monitor the girls' progress, Trócaire requested for copies of attendance register, however, most public schools were unwilling to issue these documents citing Ministry of Education regulation. Noteworthy, this is a useful tool for not only verifying school attendance and retention but also informing about school fee payments. In the absence of the registers, Trócaire adopted physical verification, required the girls to sign off on a list of participants, share confirmation note from head teacher, and produce school report card. As one enumerator pointed out, there is need for a **tracer study** to enable Trócaire establish what girls who complete secondary education do. An example was given of Doreen (pseudonym) who "finished and now has certificate in Early Child Development Education (ECDE) certificate but is jobless" (**Siaya enumerator field notes**). Such a study may help in understanding issues encountered by girls who drop out despite receiving school fees support. For example, one enumerator reported that two girls interviewed at Siaya BCs were no longer enrolled: "one who had dropped out in Form 3 claimed she was nursing a 1-year old son and could not join school again because she has no one to leave the baby with - currently she is working in a salon and the other girl said most schools refused to admit her because she has been out of school for a long time, since 2010" (**Siaya enumerator field notes**).

6.3 Positive change in community perceptions towards girls' education

Inadequate prior engagement with target communities - There was need to find out issues that affect the community before designing the project. For example, the intervention targeted the community and the girls yet it did not take into account the family setup. Family play a key role in determining whether or not a girl would have an education. However, it seems that this was not considered at project design. A change of tact was therefore needed to have them buy in the interventions. Had this buy-in been sought prior to rolling out the project, the project would have been more impactful as the activities are informed by the communities' input.

Managing expectations of the community - Due to extreme poverty that exist in the study communities, any form of support was likely to be viewed as the solution to all issues related to girls' education. Some members of the community expected Trócaire to be fully responsible for AGYW wellbeing including providing school fees, SRHR, SGBV, and related services. It was not the objective of the project that Trócaire takes over parental responsibility, rather, to support the girls within the project scope of work. Whereas Trócaire made efforts to refer the girls for related services, this was met with challenges. For instance, referrals for SGBV services, vocational training, and adult learning centers in Siaya was hampered by the remoteness to the centers offering these services. As pointed out in many of enumerators' field notes, it is important that parents and guardians be adequately informed about responsibilities of Trócaire according project's scope

of work. Also, parents should be reminded of their responsibility to care and provide for the girls, a responsibility that Trócaire is not to take over. There was/is need to fully utilize the community conversation groups to mobilize for funds from different sources to start up sustainable ventures that can either supplement the intervention or hold support when the project ends.

Intervention addressing stigma and discrimination – In this EOP evaluation study, enumerators carefully asked AGYW to respond about the community perceptions and not their own. A slight increase in the proportion of AGYW who felt that the community continued to hold attitudes that stigmatized and discriminated against them was found. Although the survey data did not explicitly display as so, what emerged from this EOP evaluation is largely *internalized stigma*[19] (i.e., negative feelings, beliefs, or actions experienced by AGYW due to their SRH-related behavior). For example, it was evident from the way the AGYW responded to questions, often reinforcing their own perceptions rather that the community perceptions and forcing the enumerators to clarify that they should provide the community perceptions rather than their own. Perhaps, societal norms have been practiced for long such that majority of the AGYW have come to believe that these negative beliefs and practices are acceptable and/or the AGYW have devised ways of coping with the societal attitudes. Other forms of stigma that emerged but with less intensity include *disclosure concerns* (AGYW's concerns related to keeping their SRH-related behavior secret or controlling who gets to know about them) and *negative self-image* (AGYW's negative feelings toward self for SRH-related behavior, including emotions such as guilt and shame). In scale up of DREAMS IC, addressing these forms of stigma should form a critical part of the suite of intervention. We recommend a group-based intervention akin to *Project ACCEPT*[20] that employs a holistic approach to stigma reduction. This may include providing SRH-related information to AGYW and those with whom they relate closely, facilitating AGYW's acquisition of coping skills (e.g., connecting them with other AGYW who have been successful in coping up so as to provide social support to those undergoing the intervention), empowering the AGYW through community engagement and discussions about stigma, and psychosocial counseling leveraging existing community structures such as churches, teachers, and other stakeholders. To assess intervention effect, four aspects of stigma reduction could be targeted: 1) decreasing negative feelings toward self and others based on SRH-related behavior; 2) increasing planned and strategic disclosure of SRH-related behavior to others; 3) creating supportive networks to combat fears and feelings of rejection; and 4) increasing skills to combat SRH-related discrimination and other forms of stigma encountered by AGYW. Noteworthy, tools such as Adolescent SRH Stigma Scale[21] with subscales (internalized, enacted, & lay attitudes) can be adapted for use to measure intervention effect.

6.4 Increased knowledge and access to sexual and reproductive health (SRH) and HIV

Unavailability of puberty resource book - During the EOP evaluation survey, Trócaire provided the consultancy team with sample puberty resource books for issuance to schools and other participants. Everyone who got a chance to peruse through the book asked for more copies. It is indeed an important resource yet as pointed in this EOP evaluation, it never reached participants during the life of the project. It took a long time for the project to get an approval from the Ministry of Education (MoE). However, through GCN's MoU with the MoE, the approval was fast-tracked and the book is out.

[19] **Internalized stigma** refers to "a subjective process, embedded in the sociocultural context, characterized by negative feelings (about the self), maladapted behavior, the transformation of identity or the application of stereotypes resulting from an individual's experiences, perceptions or anticipation of negative social reactions on the basis of their mental illness" – definition from: Livingston JD, Boyd JE. Correlates and consequences of internalized stigma for people living with mental illness: a systematic review and meta-analysis. *Soc Sci Med*. 2010;71(12):2150–2161.

[20] ***Project ACCEPT*** (**A**dolescent **C**oping, **C**onnecting, **E**mpowering, and **P**rotecting **T**ogether) focused on youth newly diagnosed with HIV but the intervention could be replicated for AGYW facing stigma and discrimination related to their SRH behaviors. For details on this intervention, read: (Hosek SG, Lemos D, Harper GW, Telander K. Evaluating the acceptability and feasibility of Project ACCEPT: An intervention for youth newly diagnosed with HIV. AIDS Educ Prev 2011;23:128–144) and (Harper, GW., Lemos, D., Hosek, SG et al. (2014). Stigma reduction in adolescents and young adults newly diagnosed with HIV: Findings from the Project ACCEPT intervention. *AIDS PATIENT CARE and STDS, 28*(10))

[21] Hall KS, Manu A, Morhe E, Loll D, Ela E, Kolenik G, Dozier JL, Challa S, Harris LH, Adanu R, Zochowski M, Boakye A, Dalton VK. Development and validation of a scale to measure adolescent sexual and reproductive health stigma. J Sex Research. 2017. Epub 07 Mar 2017.

Noteworthy, the development of the girl's puberty book elicited interest from stakeholders and brought out the need for a boy's book. GAK is developing a boy's book through their own internal funding and Trócaire' will support its field testing.

Delayed training of radio journalist and contextualizing of messages - It took the organization time to train the radio journalists so that they could find a better way of keeping conversation on gender sensitive matters. Given the diverse listener audience, it became crucial to contextualize message to audience and individual needs. The lesson learned was that it is important to develop evidence-based messages based on the interactions with the AGYW and to separate messaging by demographics such as age and geographical location.

7.0 Best Practices, Unintended Outcomes, and Recommendations

7.1 Inclusion of girls in the program

The AGYW know their issues more than any member of the community. Involving them in the program design helps save time and resources as they provide inputs critical to program's success. Meaningful engagement of the AGYW whereby feedback is sought through the use of suggestion boxes, FGDs and insight validation workshops enabled the project to benefit from girls' insights. This ensured that interventions were responsive to their needs. For example, girls revealed the need to be issued with hygiene kits during their stay at the BC as well as post-placement mitigated associated HIV risk acquisition with regard to sex for pads. This, however, necessitated budget readjustments to procure more sanitary towels.

7.2 Use of multipronged approach to addressed AGYW education

Given the multidimensional nature of AGYW vulnerability, continuous application of multidisciplinary approach (as opposed to single interventions, sectors, or disciplines)[22] was appropriate. This was because the girls' issues are multifaceted. For example, from school, home, and their wellbeing and so on - all need multipronged approach. It became clearer as the program was rolled out that some girls had been married by the time they enrolled. Their children had to be taken care of for them to stay focused in school. While some of these were conceptualized *a priori*, majority emerged during program implementation. Another lesson learned was that factors such as age, marital status, and whether an AGYW had a child under 5 years or not had an impact on the likelihood of re-enrolling. In sum, understanding barriers and risks in advance is critical. Trócaire should consider these factors in future projects, as potential barriers and targeted efforts made to mitigate them. If this is not possible, linking AGYW with other existing initiatives that provide such services can help.

7.3 Careful recruitment of community facilitators and BC staff

The success of the project largely depended on the quality of staff recruited. Recruitment of youthful BC staff who struck a rapport with the AGYW because they could understand them at an individual level. Similarly, recruitment of community facilitators (CFs) from the existing community structures ensured their retention over the project implementation period. Indeed during EOP evaluation field work, the consultancy team benefited from very motivated and passionate community facilitators especially in Siaya. Even after closing out partners, the CFs have continued to follow up on the girls, indicating their commitment to girls' success. In future, Trócaire should uphold this practice of identifying CFs who are passionate about girls' education.

7.4 Importance of ongoing documentation

While it may require time and human resource allocation, ongoing documentation makes it easy to tease out lessons as the program progresses and actually support an iterative approach to project implementation. Lessons learned from this project was that real time data could be generated from radio shows, OIDP, FGDs, and so on. Through data sharing and use, the partners were able to strengthen one another's interventions within the consortium. For example, content from the OIDP informed mentorship sessions at the BC, radio reports' validation workshops with partners' encouraged incorporation

[22] Mavedzenge SN, Luecke E, Ross DA. (2014). Effective approaches for programming to reduce adolescent vulnerability to HIV infection, HIV risk, and HIV-related morbidity and mortality: a systematic review of systematic reviews. *J Acquir Immune Defic Syndr., 66*(Suppl 2):S154–69.

of topics of discussion in the OIDP via push messages, among girls enrolled at the BCs as well as with wider community members during community conversation forums.

7.5 Enabling and prohibitive policy/regulatory environment

A number of policies, laws, legislations, or legal frameworks at county and/or national levels impacted the project's meeting of its targets. First is the ***re-entry (re-admission) policy***, a government course of action whereby public schools are mandated to re-admit an AGYW after she has delivered and is ready to continue with her studies. Anecdotal data suggest that many head teachers and other stakeholders were aware of and enforced this policy, thus creating an enabling environment that contributed to AGYW's retention in secondary schools. We argue that DREAMS IC provides an innovation that can help the Government of Kenya (GoK) to fulfill its commitment to the re-entry policy were it to be scaled up countrywide. Second, in June 2017, President Uhuru Kenyatta signed into law the ***basic education amendment act*** that compels the GoK to provide free, sufficient and quality sanitary towels to every girl who has reached puberty and is registered/enrolled in a public basic education institution. Prior to this (November 2016), the GoK had removed duty charged on raw materials used for producing sanitary pads. Thirdly, besides the establishment of ***constituency development fund*** (CDF) aimed supporting students financially in their pursuit of secondary education, beginning January 2018, in an effort to ensure ***free day secondary education*** and a 100% transition for all learners, the GOK subsidized school fees for students in day schools. *Prima facie*, this seemed as a move that would enhance AGYW's enrollment as school fees was a challenge to majority of students. However, it turned out that students were not able to afford other important expenses such as school uniform and textbooks which affected their enrollment. Fourthly, more recently, the *Kenya Gazette Supplement No. 81 (Senate Bills No. 11)* highlights, *inter alia*, ***care of expectant girls***; ***school dropout prevention*** and ***establishment of care centers***. These issues, which are characteristic of DREAMS IC program, are central to success of AGYW participation in secondary education. Lastly, the GoK's mandate that every school must have a ***guidance and counseling teacher*** provided an enabling environment for the successful implementation of the project. These professionals detected cases of pregnancy, informed parents/guardians, linked the girls to BC, and assisted the affected girls to cope with their studies upon re-admission. As elaborated in the next section (**7.6**), these teachers collaborated with the BC counselors to ensure smooth transition of the girls into secondary schools. It should be noted that some policies such as the Ministry of Education's regulation that school admit students only in January may delay girls' enrollment to later semesters of the school calendar year. However, sensitization sessions with the school Board of Management and continuous engagement with head teachers about BC model may help facilitate admissions during the second term. Schools should be allowed to admit whenever a student is deemed ready for transition. Lesson learnt was that it is easier for the schools with which the project had engagement in the sensitization forums to enroll the girls compared to those with which no form of engagement had taken place.

7.6 Institutionalizing guidance and counseling

When asked which component of the project they found most impactful, majority of participants cited the BC. Three head teachers were either in the process institutionalizing the guidance and counseling component or were seriously considering it. One head teacher in Siaya commented that their guidance and counseling department is working closely with the BCs to help the girls from both ends. A head teacher in Nairobi commented that their institution has taken guidance and counseling as a core mandate of the staff to its clients. Majority of the girls confess that counseling and the mentorship forums were very impactful. The sessions were most helpful in restoring their confidence and determination. As pointed out by GCN staff during KII, in considering institutionalizing guidance and counseling, there is need for **fulltime counselor**, not a teacher who doubles as a counselor. Counselling space needs to be respected, elevated, and promoted. Doing this creates a health-seeking behaviour for services. Recognizing that teaching is stressful profession, having a counsellor on-site will not only benefit students but also teachers. For example, a trained counsellor can ensure wellness for teachers, guide on safe distance with student, how to deal with a girl who has "a crash" on a teacher, and so on.

7.7 The use of community conversations

The use of community conversations as a community mobilization approach was very impactful. Groups created through the approach continue to meet unsupervised even after the close of the project. This is an indication that they were

adequately prepared to forge ahead with their plans for continuity post the project period. Prior to community engagement, however, it is important to plan a community entry process that focuses on aspects of community and household targeting, preferably with the help of local administration. Community facilitators also are helpful in clearly communicating to other community members about the project and how best to involve them.

7.8 Innovative use of massive data collected

A lot of data were collected in this project yet time and other resources to make sense or use of these data was not sufficient. For example, a quick review of messages shared in the **suggestion box** show that the girls would have appreciated extra-curricular activities such as talent festivals, field trips/excursions, and games as part of BC activities. Problems also emerged whereby other AGYW expressed concern about having overstaying at the BC before being re-enrolled: "*Tumekaa huku sana, tafadhali tupelekwe shule* please [We have overstayed here, please take us to school]. We are serious, we want to go to school" and *"Nimekaa hapa one month na term karibu inaisha. Kwani siendi shule na ninafaa kusinga mbele na masomo yangu* [I have stayed here for a month and the term is almost ending. Am I not going to school, and I'm supposed to continue with my education]." If time was taken to analyze these data, perhaps some mid-course adjustments in the program could have been effected thus enhancing the project's impact. Trócaire could consider engaging with higher education institutions and provide access to postgraduate students who may be in need of secondary data for their thesis and/or dissertation. Through such engagement, existing data could be utilized to address important policy-relevant research questions rather than shelving high quality data. Trócaire could also consider engaging **outcome harvester** to analyze these data to determine extent to which DREAMS IC activities contributed to different outcomes of interest. In undertaking the latter, additional data would then be obtained that could complement or corroborate findings reporting in this report thus enhancing the validity and reliability of the evaluation findings.

7.9 Factoring time for inception and reflective learning

The project was implemented over a 2-year period and majority of the targets were met. However, time allocated for pre-implementation activities including entry into the community, establishing BCs, and related activities was not adequate. It is strongly recommended that sufficient time should be factored in for proposal development, program design, and program inception. Accompaniment and reflection should be built in throughout program delivery to support program direction and, where necessary, redirection or course correction. Rather that rushing with program implementation, it is advisable to meet all partners, perhaps, monthly to think together and determine whether the project is on track, address any challenges that arise, and determine what is (or is not) working and how to address them. Addressing such challenges in a relaxed atmosphere as opposed to towards end of program, may results in midcourse adjustment that create more program impact.

7.10 Soliciting family, parental, and/or spousal support

The quantitative findings was that family/parents provided the highest level of support to the girls including providing school fees and personal effects. This is evidenced by an increase in the proportion of AGYW who lived with either or both parents and huge decrease in the proportion that live with husband. Mother was the most preferred source of information across all SRH and HIV-related topics and majority of the girls identify mother as source of help when faced with SGBV situation such as rape or sexual violence. Complementing these findings, in the qualitative component, lack of parental support (e.g., being raised up by parents who frequently engage in physical fights or living conditions characterized by AGYW sleeping in same room as parents) emerged as major challenge to the girls' education progress. Illustrating the critical role of family or spouse, this EOP evaluation study showed that it was a big challenge convincing husbands of the AGYW to allow their "wives" to be taken back to school as majority felt the girls were being taken away from them forever. The lesson learned is that husbands as well as parents may be an impediment to the girls' participation and re-enrollment if not engaged early and effectively. Girls are best served when there is a link to and understanding of their home environment. Whereas the program attempted to mobilize positive supports at family/parental level through community conversations, there is room for improvement. For example, male partners, especially husbands of married girls and parents/family of unmarried girls were engaged out of necessity. This is because the project did not originally consider how many of the girls were or would be married and the need to solicit spousal support. In scaling up DREAMS IC, there is need to do more to develop and engage male champions to address the vulnerability of the households the girls come from. By engaging

spouses, some became vocal champions for the program, and not just for their own partner's participation. One husband, as a result of community conversation engagement donated a piece of his land to the support group in which his wife was a member to farm and sell their produce for purposes of securing school fees. Conscious efforts should be made to engage family and husbands of the girls in the AGYW education so as to maximize intervention's effect.

Household KAP Survey Questionnaire

Attachment: p. 4-10

Focus Group Discussion Guide

For AGYW: Attachment p. 11-12
For Adolescent Boys and Young Men: Attachment: p. 13-14
For Adult Women/Guardian: Attachment: p. 15-16
For Adult Men/Guardian: Attachment: p. 17-18
For *Boda Boda* operators: Attachment: p. 19-21

Key Informant Interview (KII) Guide

For Trócaire and Partners: Attachment: p. 22-24
For Other Stakeholders (Duty Bearers, Care Providers etc.): Attachment: p. 25-27

Observation Checklist

For Bridge Center Observation: Attachment: p. 28.

Adverse Event Report Form

Attachment: p. 29