

EVALUATION OF THE CASH PLUS PROJECT'S CONTRIBUTION
TO REDUCING VULNERABILITY AMONGST ADOLESCENT GIRLS
& YOUNG WOMEN TO HIV IN TURKANA COUNTY

Evaluation Report June 30th, 2021

Prepared by:



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ABBREVIATIONS AND ACRONYMS

AGYW	Adolescent Girls and Young Women
AICHM	Africa Inland Church Health Ministry
AIDS	Acquired Immunodeficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
AYP	Adolescents and Young People
AYPLHIV	Adolescents and Young People Living With HIV
BLAST	Building Lives Around Sound Transformation
CACC	County AIDS Control Committee
CASCO	County AIDS and STI Coordinator
CATS	Community Adolescent Treatment Supporters
CHMT	County Health Management Team
CHV	Community Health Volunteer
COVID-19	Corona Virus Disease 2019
CSE	Comprehensive Sexuality Education
CTP	Cash Transfer Programme
EBI	Evidence Based Intervention
FGD	Focus Group Discussion
GBV	Gender Based Violence
GF	Global Fund
GOK	Government of Kenya
HCBF	Healthy Choice for a Better Future
HIV	Human Immunodeficiency Virus
HRG	Human Rights and Gender
HTS	HIV Testing Services
ICC	Inter-Agency Coordination Committee
IDI	In-depth Interviews
IERC	Institutional Ethics and Research Committee
IPC	Infection Prevention and Control
JOOTRH	Jaramogi Oginga Odinga Teaching and Referral Hospital
KASF	Kenya AIDS Strategic Framework
KENEPOTE	Kenya Network of HIV Positive Teachers
KES	Kenya Shillings
KII	Key Informant Interview
KRCS	Kenya Red Cross Society
MHMC	My Health My Choice

ABBREVIATIONS AND ACRONYMS (Cont'd)

MOH	Ministry of Health
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
OIG	Office of the Inspector General
PDM	Post Distribution Monitoring
PEP	Post-Exposure Prophylaxis
PHDP	Positive Health Dignity and Prevention
PNS	Partner Notification Service
PR	Principal Recipient
PUDR	Progress Update and Disbursement Request
RA	Research Assistant
SOPs	Standard Operating Procedures
SR	Sub Recipient
STI	Sexually Transmitted Infections
ToC	Theory of Change
TWG	Technical Working Group
WHO	World Health Organization
WOFAK	Women Fighting AIDS Kenya
WVK	World Vision Kenya



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I had dropped out of school because of fees but the money from the project enabled me to go back to school.

FGD Participant - Katilu, Turkana South Sub County.



EXECUTIVE SUMMARY

Background. The Kenya Red Cross Society (KRCS) was the non-state Principal Recipient (PR) for the Global Fund HIV Grant, over the period January 2018 to June 2021. In April 2021, KRCS commissioned a final evaluation of the *Cash Plus Project for Adolescent Girls and Young Women (AGYW) in Turkana County*. The main objective of the evaluation was to assess the contribution of the Cash Plus Project in reduction of STIs and HIV infections among AGYW, and to document the changes associated with the project, promising practices, and lessons learnt for future project implementation. The evaluation was undertaken in accordance with a detailed terms of reference (TOR) and based on the project's theory of change (ToC), as reconstructed by the evaluation team. The evaluation included a comparison of results in Kilifi County where AGYW-focused HIV prevention interventions were implemented, but without cash transfers to the AGYW. The preliminary evaluation report was reviewed by KRCS and discussed with other stakeholders before finalization.

Project context. In line with the Global Fund Strategy 2017–2022, which committed to scaling-up programs to support AGYW in 13 countries including Kenya, KRCS supported the implementation of AGYW focused interventions in selected sub-counties in Turkana, Machakos, Kilifi, Kisii and Siaya counties. The interventions aimed to ensure AGYW have access to a defined package of biomedical, behavioral and structural interventions to reduce their vulnerability to HIV infection. As a part of the interventions, a cash plus project was implemented in three sub-counties of Turkana County.

The overall objective of the Cash Plus project was to promote HIV risk reduction and scale up access to HIV prevention, care and treatment among AGYW in Turkana County. The project targeted 9,000 AGYW aged 10-24 years with cash transfers and dignity kits as structured interventions, combined with other behavioral and biomedical interventions to support HIV prevention and

risk reduction. The project area encompassed the three sub-counties of Turkana Central, Turkana South and Turkana West, identified as areas with a comparatively high HIV prevalence by the PR, in collaboration with the Turkana County Health Management Team (CHMT). The specific objectives and components called for combination prevention programming. In this way, cash transfers to AGYW in and out of school would be combined with other interventions aimed at increasing awareness on HIV prevention and behavior change, increasing access to HIV testing services (HTS), linkage of adolescents and young people (AYP) living with HIV to treatment, care and support services, and improving awareness and response to sexual and gender-based violence (SGBV) cases at community level.

The review period (2018-2020) was characterized by implementation of a revised project design that had benefitted from lessons learned in phase one of the project. The project embraced a multi-stakeholder approach with active participation of the Turkana County Cash Transfer Task Force, Sub-Recipients (World Vision Kenya and AIC Health Ministries) and the PR, as well as other partners. The first disbursement under the project was made in November 2018 to 2,470 AGYW, although by the fifth disbursement, the project was able to reach 9,100 AGYW with cash transfers and other biomedical and behavioral interventions. The project concluded at the end of December 2020.

Methodology. The evaluation used qualitative and quantitative methods in data collection and analysis. Quantitative methods included a survey covering 793 AGYW across the counties of Turkana and Kilifi, while document review involved analysis of the post distribution monitoring reports, project update and disbursement requests as well as other project documents. Qualitative methods included key informant interviews (KIIs) with SR and PR officers, stakeholders, members of Turkana County

Cash Transfer Task Force, chiefs, county and national government officers; and focus group discussions (FGDs) with beneficiaries and their parents. Ethical approval for the study was granted by the Institutional Ethics and Research Committee (IERC) of Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) and registered as IERC/JOOTRH/417/21.

Relevance. There is a general consensus that the project appropriately attended to the specific needs of the target groups and stakeholders and is consistent with national/county policies as well as the strategies of the main donor and the implementing agencies. The design of the project was aligned with the priorities of AGYW and the Turkana County health and education departments as well as strategic frameworks of other key stakeholders including the Global Fund, the PR, SRs and the national Kenya AIDS Strategic Framework (KASF) I and II. The design quality in terms of targeting, strategies and logical framework was sound with a few shortcomings. Despite there being common appreciation on why AGYW were targeted by the project, some community members and local administrators felt that by exclusively targeting girls, the boys were side-stepped and excluded. Although community views on the need for the Cash Plus project were largely positive, there were a few perspectives that pointed to a limited understanding of the project.

Project Effectiveness. The cash plus project was successful in exceeding the target of reaching 9,000 AGYW with cash transfers and dignity kits. At the highest, 9,214 AGYW (102.4%) were reached in the payment cycle of June 2020. Payment frequency and consistency of cash transfers and dignity kits distribution was relatively stable since project inception except for three isolated episodes of changes in payment schedules. Cash transfers were mainly used to purchase food, pay school fees and buy clothing, although some AGYW reported expenditure on healthcare, small business and savings.

There was evidence of change in some key behaviour variables. These included self-reported behaviour on condom use, transactional sex and age disparate sex. In Turkana County results show a slight improvement on condom use with 85.5% of AGYW who had sex reporting that they always used a condom as compared to 84.75% at baseline. For Kilifi County, results for those who indicated 'always' using a condom were below those of the aggregated baseline value for the five counties from 29.1% at baseline to 24.1% at endline. There was a significant drop in the proportion of AGYW participating in transactional sex from 35.7% at baseline to 7.8% at endline in Turkana County. This was associated with the cash transfers that covered some of the AGYW needs. Although 10.8% of the respondents in Kilifi County reported involvement in transactional sex over the last 12 months, there was no baseline value to compare with the end line survey. Nonetheless, these findings show that AGYW in the project locations remain vulnerable to transactional sex.

On age-disparate sex, Turkana County results indicated a significant increase in the proportion of AGYW who reported having a sexual partner of the same age (from 3.83% at baseline to 47.20% at endline) and a decrease in AGYW with sexual partners who were older (from 89.7% at baseline to 51.2% at endline). For Kilifi County, the evaluation established an increase in AGYW reporting age-disparate sex from 69% at baseline to 78.4% at endline. This implies that despite the interventions, AGYW in Kilifi County had older sexual partners compared to Turkana County where the cash plus project was implemented.

The project faced challenges in implementing some interventions due to delays in preparations. This limited opportunities for greater outcomes. Affected activities included an EBI, Positive Health Dignity and Prevention (PHDP), HRG interventions and the school-based Comprehensive Sexuality Education (CSE) which was not implemented as planned.

The cash plus project managed to provide HTS to AGYW with an achievement against cumulative target of 12.9% in 2018, 59.7% in 2019 and 30.6% in 2020. Positivity rates were significantly low. In 2018, HTS yielded 10 positive results, in 2019 there were 11 positive results while in 2020 there were 14 positive results. All the 35 AGYW who had positive results were linked to treatment and care.

There was a slight increase in respondents who reported experiencing public humiliation (from 6% at baseline to 11% at endline) and physically forced to have sexual intercourse (5.8% at baseline to 7% at endline). Notably those who reported experiencing economic violence reduced from 4.96% to 2% at endline. This could indicate the effect of economic empowerment of AGYW by the cash plus project in Turkana County. For Kilifi County there was a decrease AGYW reporting SGBV experience. Those reporting public humiliation decreased from 29.6% to 7.2% at endline, physically forced to have sexual intercourse 6.7% to 5.9%, while those reporting being threatened with withdrawal of economic livelihood almost remained the same (2.2% at baseline and 2.0% at endline). The evaluation also established that 45% of the AGYW in Turkana County sought help after experiencing GBV, compared to 16% in Kilifi County.

Notably, the achievement of project objectives was negatively affected by the disruption to implementation occasioned by the COVID-19 outbreak in Kenya in March 2020.

Effectiveness of Implementation. The Cash Plus project benefited from generally successful implementation strategies and timely changes, which inculcated learning from phase I. The project established some strong and effective partnerships that were integral to project success. The SRs have praised the PR as a collaborative and supportive partner, bringing a consultative approach with technical insight into issues of HIV prevention and AYP interventions. The choice of partnering with AICHM

and WVK was key to successfully delivering the work streams for Specific Objectives 1 and 2. The Turkana County Cash Transfer Task Force was a crucial facilitator of project implementation through providing a multi-stakeholder forum for project oversight and guidance. The broad representation of the Task Force fostered ownership of the project by the stakeholders and eased implementation as well as project communication. Overall, the Task Force has been assessed as effective in monitoring the programme, providing oversight and providing technical guidance to the implementation of the project. The project has been successful in its partnership with Flex Money Transfer for the distribution of cash transfers to the AGYW.

The project's collaboration with national and county government stakeholders has promoted community buy-in as well as facilitated implementation in the project sites.

The Red Rose System facilitated effective and efficient cash distribution and reliable management of beneficiary and project data. Stakeholders were unanimous that the Red Rose system was a significant upgrade to the data management system used in Phase 1. The system was considered a core management tool for the cash plus project given its central position in registration, verification, payment of AGYW, and reporting on project activities and cash plus transactions.

Efficiency. Among the major changes undergone by the project, the evaluation identified the following positive signals: (i) despite the delayed start-up, the project successfully exceeded the target of 9,000 by the fifth disbursements; (ii) outsourcing played a key role in implementation and generated important lessons learned; and (iii) payment collection costs were low for most AGYW implying that the mapping and targeting of the payment sites for the project were largely appropriate.

An outstanding characteristic of the cash distribution operations was almost no leakage of the cash transfer, especially to project staff. Only 0.1 % reported having to pay any money to someone in the community, for example a chief or an elder, when collecting the payment.

The project was largely implemented within the expected budget except for some early variances caused by delays in implementation of the cash distribution module. Implementation delays were the only major efficiency issues that appear to have negatively affected the effectiveness of the project. Most of the delays were caused by factors outside the project's control, although there is evidence that the project made arrangements to accelerate implementation.

Stakeholder participation and accountability. The project successfully engaged and established relationships within and between multi-government stakeholders, the SRs, PR and the community in Turkana County. The project has consistently and actively involved

stakeholders in key stages of its implementation. The inclusive engagement of SRs, local partners and AGYW from the planning and implementation of the project ensured that the project was more aligned with local stakeholder participation.

There was varied understanding of the project by beneficiaries, with a clear grasp of the targeting criteria and cash transfer component. Some AGYW could link the cash transfer to targeted health outcomes. The AGYW had a mostly positive view of clarity of the project's selection criteria. Majority (96%), agreed that the eligibility criteria were clear. This indicates that the communication on eligibility by the project was effective.

There were instances throughout the project term that exhibit involvement of AGYW in decision making. Prominently, in 2018, the project held review meetings with among others, caregivers, beneficiaries and the community. Overall, there were no major issues identified with regard to beneficiary involvement in decision making.

Impact. Several changes were associated with the project, especially on some of the factors that increase the vulnerability of AGYW to HIV. Cash transfers helped meet basic needs for the most vulnerable AGYW and influenced behavior change, an impact that is widely supported by the community. By contributing towards food, school fees and other basic needs, the project reduced AGYW need to seek male partners for material benefits, thus reducing HIV risk by deterring transactional sex. The survey results report a significant reduction in AGYW who reported receiving money, gifts or favours in exchange for sex in last 12 months, from 35.7% at baseline to 7.8% at endline.

Cash transfers addressed food insecurity and access to other basic needs like clothing. These would sometimes be provided by 'sponsors' or a boyfriend who would ask for sex in return. This is evidence that the cash was effective in empowering AGYW to avoid transactional sex and thus reducing HIV risk.

Cash transfers contributed to school enrolment and attendance with good effect on school retention and dropout rates among AGYW. School fees was one of the main uses of the cash transfers. By keeping girls in school, the cash transfers helped to delay their sexual debut, focus and shield girls from negative activities as well as possibilities of early marriage. Of the enrolled 9,916 AGYW, 6,456 AGYW (65%) were school going. With school fees identified as a major expenditure item, it implies that cash transfers contributed towards impact in the education of the AGYW. The EBIs have also had a good impact in empowering AGYW with HIV prevention knowledge and capacity to confidently reject unwanted sex partners and practice sexual restraint. The project was successful in influencing adoption of HIV prevention modalities such as condom use and HIV testing among

the AGYW. The project has contributed to the economic empowerment of the AGYW, with evidence of shared benefits with the community.

Sustainability. Overall, the scenarios for the flow of project benefits to continue beyond closing are uncertain although there are windows of opportunity. The improved capacities of the community specifically knowledge obtained from the EBIs and other project interventions including the life skills training, is expected to remain with the recipients. These are key benefits of the project that continue to be practised and shared with other members of the community. The sustainability of this type of benefit is therefore more predictable.

Notably, the Cash plus project developed sustainability strategies except that these were developed towards the end of the project thus limiting opportunities for their usability and appropriate follow-up. The timing of the exit strategy was inappropriate and did not provide adequate time to implement the exit strategy.

The availability of funding beyond donor support to continue project implementation is a major determinant of the sustainability of cash transfer projects. There was no evidence of funding beyond project end. This dims the possibility of continued implementation.

Finally, the socio-economic environment doesn't appear very conducive to sustain some of the project gains. The COVID-19 pandemic has continued to pile economic pressure leading to shrinking opportunities for income generation. This implies that the small businesses or savings by some AGYW may not last long. This situation is likely to increase the vulnerability of the AGYW especially by encouraging transactional sex to take care of basic needs.

Conclusion. The Cash Plus programme aimed to influence change in several factors that increase the vulnerability of AGYW to HIV in Turkana County. The project design promoted combination prevention programming. Biomedical, behavioural and structural

interventions targeting AGYW were implemented over approximately three years, although in intermittent fashion. Over the project period, there have been considerable challenges that limited the amount of movement and momentum towards project objectives. These included delays in implementation, unsuccessful partnerships and more lately, a disruption of project implementation occasioned by the COVID-19 pandemic.

However despite these limitations, the project showed fluidity and adaptivity. Activities were adjusted to changing circumstances on the ground, both in terms of an increased understanding of the project environment, and in terms of the learning obtained from the implementation experiences.

Overall, compared to the project in Kilifi County, the cash plus project in Turkana County achieved comparatively better results under several objectives, and demonstrated desired change through several pathways. The project had significant outcomes in reducing transactional sex among the AGYW, decreasing age-disparate sex and promoting safe sex. Demonstrable results were found in the proportion of AGYW retained in school, with the possible knock-on effects of reducing child marriages as well as age of sexual debut. Increased access to HIV testing services and STI screening, the economic empowerment sustained over the project period and life skills training provided to the AGYW and their parents, have not only impacted the self-esteem and agency of the AGYW, but created a new perception among the AGYW and the community. Through the foregoing, the project has made a significant contribution towards reducing the vulnerability of AGYW to HIV and ultimately, to a reduction of HIV infections.



We go to school on time because we can buy school items early using the money.

FGD Participant – Lodwar, Turkana Central Sub County



1 INTRODUCTION

1.1 About the report

This is an independent final evaluation of the 'Cash Plus Project's Contribution in Reducing Vulnerability amongst Adolescent Girls and Young Women (AGYW) to HIV in Turkana County'. The project was implemented between 2018 and 2020 with funding from the Global Fund through Kenya Red Cross Society (KRCS) as the non-state Principal Recipient (PR). Project implementation involved World Vision Kenya (WVK) and AIC Health Ministry (AICHM) as sub-recipients (SRs) in close partnership with Government of Kenya (GoK) and Turkana County Government.

The evaluation set out to assess the project's relevance, effectiveness, efficiency, the progress made towards achieving impact, and the likely sustainability.¹ It also aimed to assess partnerships and stakeholder engagement and to extract lessons from the implementation process that can inform future interventions. The evaluation made a comparison with Kilifi County where a similar HIV prevention intervention was undertaken, but without cash transfers to the AGYW.

¹ See Annex I for the Terms of Reference for the evaluation.

The structure of the evaluation report is as follows:

- In Section 2, we present an initial outline of the project and its objectives. Here, we also provide a brief description of how and why the project has evolved during implementation.
- We then, in Section 3 and 4, present a summary of the methodology used for the evaluation. This includes the evaluation questions that framed the assessment and the main limitations of the evaluation.
- In Section 5, we present the findings of the evaluation. These are organised according to evaluation criteria and evaluation questions that were specified in the terms of reference (TOR). For ease of perusal, the evaluation has limited comparison elements between Kilifi and Turkana County to effectiveness and impact. Other criteria of evaluation for Kilifi County are assessed at Annex V.
- Finally, Section 6 offers the conclusions and recommendations, based on the evaluation findings.



Redrose System was an exceptional system for this program. It captured the details of the girls, their parents, where they come from, their allocation and disbursements, balances, schools. It also captured if we reached a girl with monitoring and STI screening. The only thing it did not capture was the EBI sessions attendance.

Key informant – Turkana County.

2 CONTEXT AND BACKGROUND TO THE EVALUATION



This section is important to understanding the intentions of the project and how the project has evolved over time.

2.1 Evaluation Context

In Kenya, 1.6 million people were living with HIV, with 46,000 people newly infected with HIV at the end of 2018.² Although there has been a 55% decrease in number of AIDS-related deaths and 30% decrease in new HIV infections since 2010, HIV rates among women remain high in many settings with HIV prevalence rate of 6.2 compared to a prevalence of 3.5 for men as at 2017.³ By the end of 2018, women accounted for 910,000 of the 1.6 million people living with HIV in Kenya. New HIV infections among young women aged 15–24 years were more than double those among young men: 11,000 new infections among young women, compared to 5,000 among young men.⁴

The Global Fund Strategy 2017–2022, “Investing to End Epidemics”, has committed to scaling-up programs to support AGYW in 13 countries, Kenya included. To this end, the Global Fund supports delivery of evidence-informed package of interventions for HIV prevention, treatment and care and support among AGYW outlined in the Global Fund technical brief for AGYW in high-HIV burden settings.⁵

Kenya Red Cross Society (KRCS) is the non-state Principal Recipient (PR) for the Global Fund HIV Grant, running from January 2018 to June 2021. The grant has focused on creating demand for health services from the community through increasing access to community HIV testing and counselling; expanding services for HIV prevention; providing community HIV care and support and strengthening community health systems.⁶

AGYW interventions are part of the national response and the grant addressed some of the gaps in five counties namely, Turkana, Machakos, Kilifi, Kisii and Siaya counties. The program targeted AGYW aged 10–24 years in and out of school. In alignment with the response, a cash plus project was implemented between 2018 and 2020 in three sub-counties within Turkana County.

2.2 Project aims and Objectives

The overall objective of the cash plus project was to *promote HIV risk reduction and scale up access to HIV prevention, care and treatment among AGYW in Turkana County*. In addition to cash transfers, the project aimed to provide comprehensive HIV prevention that included biomedical, behavioural and structural interventions to reduce vulnerability of AGYW to HIV in Turkana County. The project targeted 9,000 AGYW who were aged between 10 and 24 years, in and out of school, due to their vulnerability to HIV infections. The project was implemented through African Inland Church - Health Ministry (AICHM) and World Vision Kenya (WVK) as Sub Recipients (SRs) of the Global Fund HIV Grant.

² Ministry of Health (2018). Kenya AIDS Response Progress Report 2018.

³ Ibid

⁴ UNAIDS. (2019). UNAIDS Data report

⁵ The Global Fund Measurement Framework for AGYW (September, 2018)

⁶ KRCS Global Fund Concept Note (2019) HIV Prevention and Care Interventions for AGYW (10 – 24 years) in Turkana, Machakos, Kilifi, Kisii and Siaya Counties of Kenya.

The cash plus project was implemented in three sub-counties of Turkana County namely, Turkana West, Turkana Central and Turkana South. These sub-counties were selected due to higher HIV prevalence.⁷ The project structured activities under eight broad specific objectives as shown below.

	Specific Objective	Key partners
1	Reach 9,000 AGYW aged 10 - 24 years with Cash Transfers and Dignity Kits as structured interventions to support HIV prevention and risk reduction.	<ul style="list-style-type: none"> • Turkana County Cash Transfer Task Force • Flex Money Transfer Limited • SRs – (World Vision Kenya and AIC Health Ministry) • Kenya Red Cross Society (KRCS) • Community & AGYW in Turkana County • National & County Government (MOH, Interior, Education, Social Services, Youth, Children Services)
2	Increase awareness on HIV prevention and behaviour change among AGYW in Turkana County	
3	Increase access to HIV prevention services among AGYW in Turkana County.	
4	Increase linkage of AYP living with HIV to treatment, care and support services through structured peer support approaches to improve the county achievement of the 90-90-90 targets.	
5	Increase awareness and improve response to SGBV cases at community level and improve livelihood for AGYW as a measure for HIV prevention in Turkana county	
6	Contribute to behaviour change and uptake of HIV prevention services among young women in Turkana County.	
7	Contribute to the reduction in STIs and HIV infections among AGYW receiving cash transfer.	
8	Contribute to reduction of HIV risk amongst AGYW within the selected sub-counties in Turkana County through conditional cash transfers and other tailored HIV interventions	

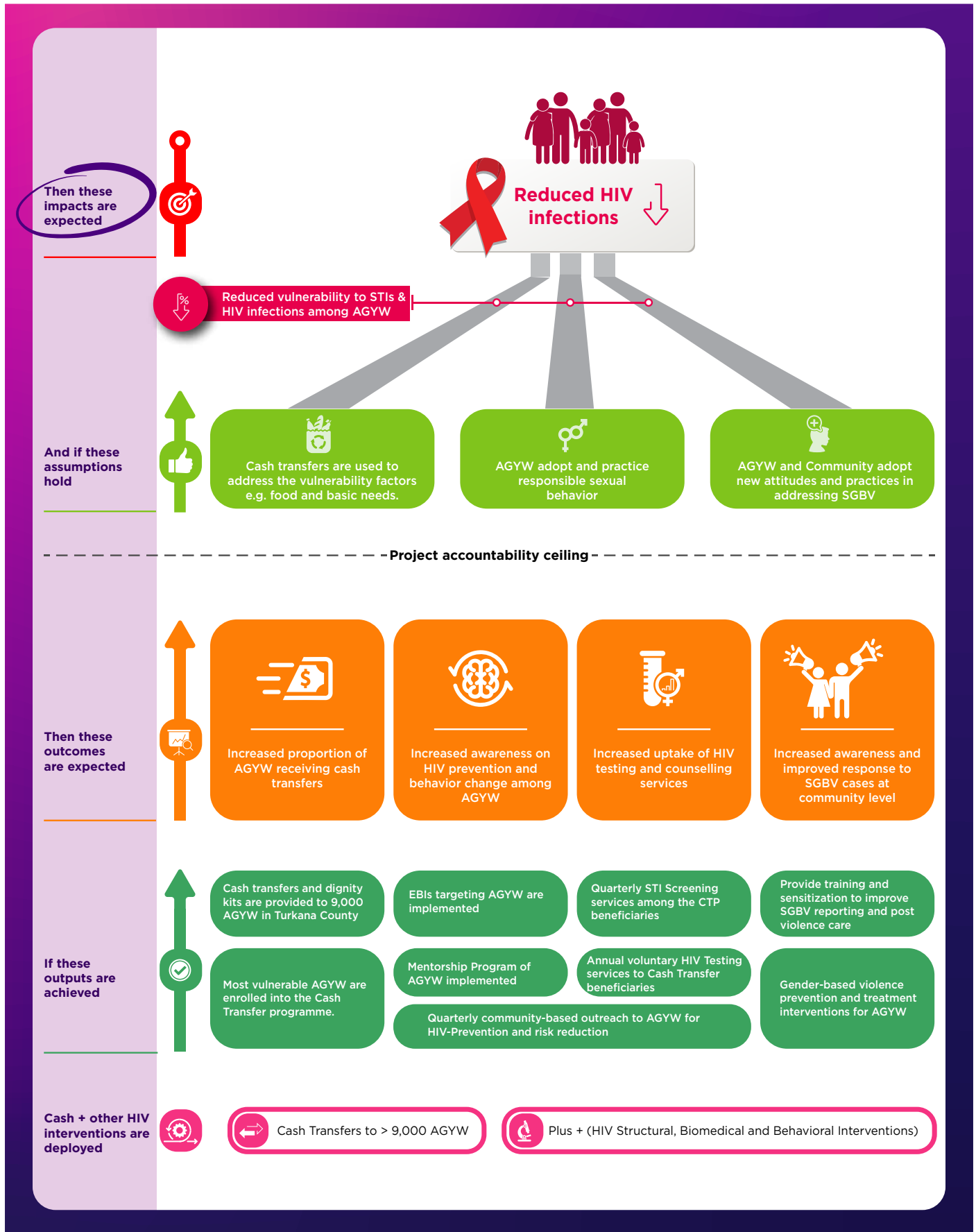
The Cash Plus project logic is premised on the Global Fund Measurement Framework for AGYW Programs. The theory of change (ToC) underlying the project is that *if AGYW receive biomedical, behavioral and structural HIV prevention interventions, then that will lead to positive outcomes that will lead to reductions in new HIV infection among this group, all programmatic, financial and political assumptions holding true.*⁸

A ToC was retrospectively developed during the evaluation. The primary aim of retrospectively developing a ToC was to guide the evaluation data collection and analysis. Figure 2.1 below, presents the retrospectively developed ToC. The output and outcome statements were defined during development of the ToC to present a clarified results framework for the evaluation. Outcome statements were derived from the objectives included in the ToR and were revised slightly to focus on key changes (highest-level results that the project expected to achieve). The output statements were derived from elements of the KRCS performance framework. In some cases, the outputs represent a consolidation of activity streams or deliverables described in the performance framework.

⁷ The project area zoning followed consultations with Turkana County Health Management Team (CHMT). HIV prevalence in Turkana County (4.0%) is lower than the national prevalence at 5.9% (Kenya HIV Estimates 2015). The county contributed 1.4% and 0.6% to the total new HIV infections in Kenya among children and adults respectively.

⁸ See The Global Fund Measurement Framework for AGYW Programs (September, 2018).

Figure 2.1: Retrospective Theory of Change for the Cash Plus Project



As the ToC shows, project modalities included outreach, cash transfers, voluntary annual HIV testing, STI screening, deployment of evidence-based interventions (EBIs), awareness raising and community mobilization.

2.3 Project Implementation

Even though this evaluation focuses on the Cash Plus project implemented between 2018 and 2020, the pre-pilot project between 2016 and 2017 is indispensable for proper understanding of how the Cash Plus project has evolved over time. We will refer to the period 2016-2017 as Phase I, and the period 2018-2020 as Phase II. This is an evaluation of Phase II.

There were several significant stages to the implementation of the Cash Plus project. These are described below and illustrated in Figure 2.3.

1. Phase I of the project began implementation in August 2016 as exclusively cash transfers for AGYW between the ages of 15 and 24 years. The project was originally anticipated to have nine payment cycles but this was not achieved due to delayed commencement. During phase I, the project engaged with the Turkana County leadership, the Turkana County Health Management Team (CHMT), the local chiefs, elders and the community to introduce the project and secure buy-in.

- The Technical Working Group (TWG), also known as the Turkana County Cash Transfer Task Force, was premised on a multi-sectoral approach. The TWG was established to provide oversight, monitor and guide implementation of the cash transfer programme.
- The two SRs (AICHM and WVK) worked closely with KRCS and other key stakeholders to introduce the project to the community, undertake household mapping, selection and validation of beneficiaries.
- In phase I, CompuLynx Limited was in charge of managing the beneficiary database and biometrics registration while Phoneart Solutions was responsible for the cash transfer payment to the AGYW.
- The first cash transfer payment to approximately 6,000 AGYW was made in April 2017. Cash transfers to AGYW continued, albeit intermittently, until December 2017.

2. Phase II of the project commenced in 2018. Following the close out of Phase I, the Global Fund's Office of the Inspector General (OIG)

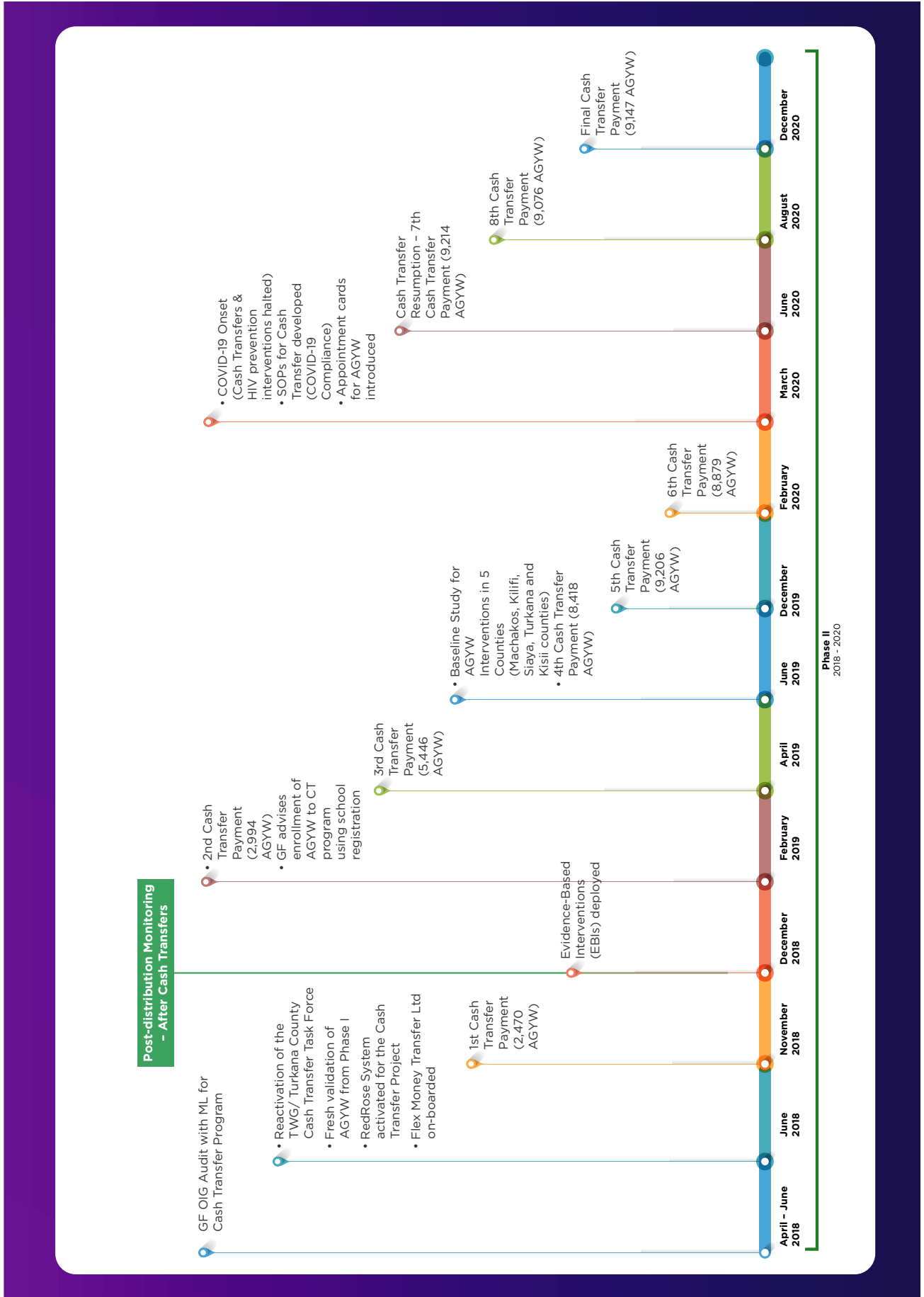
reviewed the project and identified certain areas to improve.

- An extension to the project was granted and a new concept to guide the cash plus project was developed. The redesigned project established a more structured conditional cash transfer program. A clear emphasis on combination prevention programming was embedded in the new concept.
- There was a fresh validation of the AGYW cash transfer recipients who had been carried over from phase I.
- The TWG was activated to continue with its oversight and guidance role for the project.
- A new cash transfer agent was on-boarded, namely Flex Money Transfer Limited.
- The Red Rose system was activated for the registration and management of the database of the cash transfer recipients.
- The first cash payment to the AGYW was in November 2018. Although only 2,470 AGYW were paid, this number steadily increased as more recipients were enrolled into the programme. With the Global Fund advising the use of school registration data to enrol in-school AGYW into the programme, enrolment was significantly enhanced.

Onset of the COVID-19 pandemic

- 3. From March 2020, in the wake of the COVID-19 pandemic, the project temporarily halted all activities including the cash transfers and HIV prevention interventions. To control the pandemic, GoK had provided a public health advisory against large gatherings and close contact and later limited inter-county movement.
 - In collaboration with SRs, the TWG and other partners, KRCS began exploring the option of adapting project activities.
 - Several instruments were developed to facilitate continuation of project activities within COVID-19 restrictions.
- 4. From June 2020, the project resumed cash transfers and other HIV prevention programmes including deployment of EBIs in accordance with the SOPs and conditions of the approval provided by the County Commissioner, Turkana County.
- 5. The project made the final cash disbursement to AGYW in December 2020.

Figure 2.3: Retrospective Theory of Change for the Cash Plus Project





The very first time I received this money I was joining secondary school. I then used the money to pay for my school fees.

FGD Participant – Lokichoggio, Turkana West Sub County

3 EVALUATION PURPOSE, OBJECTIVES & SCOPE



3.1 Purpose

The overall purpose of this evaluation was to assess the performance of the Cash Plus project against key parameters including the project's relevance, effectiveness, implementation effectiveness, efficiency, impact, sustainability, and stakeholder participation and accountability.

The evaluation results were expected to guide and inform future programming of cash plus projects in Kenya. The main users of the evaluation report include the Global Fund, KRCS (the PR of the HIV grant), SRs implementing AGYW interventions in Turkana County and Kilifi County, Turkana County Cash Transfer Task Force, Ministry of Health (MOH) at the national and county level, and other key stakeholders implementing AGYW interventions.

3.2 Objectives

The broad objective of the evaluation was to *establish the contribution of the Cash Plus Project in the reduction of STIs and HIV infections among AGYW*, documenting the most significant change, promising practises and lessons learnt for future project implementation.

Specific objectives for this evaluation included, to:

- Describe the integrated cash transfer models developed and implemented among AGYW in Turkana County in the promotion of HIV risk reduction and scaling up access to HIV prevention, care and treatment;

- Assess the strengths and weaknesses of the integrated cash transfer to comprehensive provision of HIV intervention among AGYW in Turkana county; and,
- Document the most significant changes, best practises and lessons learnt from the implementation of Cash Plus Project, including learning points for exit to a more sustainable support to the beneficiaries.

3.3 Evaluation Questions

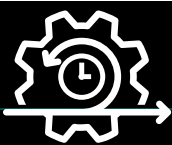
Detailed evaluation questions for the evaluation are contained in the TOR attached as *Annex I*. The questions covered criteria of relevance, effectiveness, implementation effectiveness, efficiency, impact, sustainability, and stakeholder participation and accountability.⁹ These questions were further elaborated in the evaluation matrix attached as *Annex II*. The evaluation questions are used as headers under the evaluation criteria in Section 5.

3.4 Scope

The scope of the evaluation was the Cash Plus Project implemented in Turkana Central, Turkana West and Turkana South sub-counties of Turkana County, from 2018 onwards. The evaluation scope also included a comparison of results with a similar AGYW intervention implemented in Kilifi North, Kilifi South and Malindi sub-counties of Kilifi County, but without cash transfers to beneficiaries.

⁹ The TOR in Annex I and the Inception Report for this evaluation provide details on the evaluation questions and the agreed approach to the evaluation.

4 METHODOLOGY



4.1 Evaluation Approach

The evaluation adopted a theory-based approach and used mixed methods, structured around the theory of change presented in *Section 2.2*. It is not an experimental evaluation. The theory-based approach applies particularly to questions of effectiveness and impact, but the theory of change informs the approach to all the evaluation questions. The evaluation was based on the Cash Plus Project's theory of change, reconstructed by the evaluation team. Data were used to trace the contribution of the Cash Plus project along the project's causal chain. More operational questions were answered using evidence from data sources.

4.2 Tools and Techniques

Using evaluation questions as the starting point, the evaluation team developed an evaluation matrix that guided development of tools for quantitative and qualitative data collection. The matrix formed the 'spine' of the evaluation; it framed the enquiry and systemized our approach to data collection and analysis.¹⁰

4.2.1 Quantitative tools and techniques

The quantitative data collection tools comprised semi-structured questionnaires administered to project beneficiaries in Turkana and Kilifi Counties. Both questionnaires were similar except for a cash transfer section that was only in the questionnaire administered in Turkana County. The questionnaires sought data on inter alia, respondent demographics, education, food security, HIV testing and counselling, reproductive health, SGBV and drug use, among others. Mobile based data collection software, Kobo Collect, was used to collect survey data. The mobile-based data collection platform enabled real time data quality checks, skip-pattern integration, and instant availability of data after collection and upload. The tools are presented in a separate volume.

4.2.2 Qualitative tools and techniques

Topic guides were used for key informant interviews (KIIs) with purposively selected interviewees

including KRCS and SR officers, national and county government officers, cash transfer agents, among others. Guides were also developed for focus group discussions (FGDs) with beneficiaries and parents of beneficiaries. The topic guides gathered data on the performance of the project on the evaluation criteria outlined in the TOR.

4.3 Sampling Strategy and Sample Size

4.3.1 Survey Sample

Multi-stage cluster random sampling was employed for sampling. The first stage was the County clusters (Kilifi and Turkana); the second stage was the sub-county clusters (Kilifi North, Kilifi South and Malindi; and Turkana North, Turkana South and Turkana West); the third stage was age (10-14, 15-19, and 20-24). At the lowest cluster level, the adolescent girls and young women were selected randomly for interview.

4.3.2 Key Informant Interviews, Focus Group Discussions

Key informants were purposively selected based on their participation in or knowledge of the project. In-person, telephone or virtual interviews were utilised to collect data from sampled key informants depending on their availability for the interview. Annex III presents the list of key informants interviewed for the evaluation. FGD participants were selected from project beneficiaries that did not participate in the survey. FGDs were held separately for AGYW in the three different age cohorts (10-14, 15-19 and 20-24) and parents of the AGYW. A minimum of eight participants were selected for each of the FGDs.

Table 4.1 illustrates the number of KIIs, FGDs conducted.

Table 4.1: Number of KIIs and FGDs conducted

County	KIIs Planned	KIIs Achieved	FGDs Planned	FGDs
Turkana	18	15	12	12
Kilifi	16	12	12	9
Total	34	27	24	21

¹⁰ See Annex II for the evaluation matrix.

4.4 Data Collection

Prior to commencement of data collection in the two counties, the evaluation team was facilitated by the PR to conduct entry meetings with the respective CHMTs. The CHMT meeting in Turkana County was held virtually on the 14th May 2021 while the meeting in Kilifi County took place on 17th May 2021. Survey teams commenced fieldwork for the final evaluation on 17th May 2021 and this continued through 25th May 2021. The data collection tools were pre-tested and amendments made to the draft tools. Data collection was conducted concurrently in Turkana and Kilifi County. The KIs and FGDs were conducted during the same period with some KIs continuing until the 26th May 2021.

4.5 Data Analysis

Data from the final evaluation survey was cleaned and analysed using the Statistical Package for the Social Sciences (SPSS) version 25. The analysis focused on descriptive statistics (frequencies and cross tabulations) and calculation of specific indicators of the log frame. Qualitative data was organized into common themes using Microsoft Excel. From these themes, trends in the data were noted by identifying common conclusions and divergent views on specific questions. Comparative analysis was used to compare findings in Turkana County with those of Kilifi County or of earlier evaluations and studies of the respective counties.

4.6 Ethics

Ethical approval for the study was granted by the Institutional Ethics and Research Committee (IERC) of Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) and registered as IERC/JOOTRH/417/21.

The research team adhered to the approved research protocol and the requirements stated in the ethical approval. Research Assistants (RAs) received instruction on ethical data collection and informed consent during data collection training. Prior to individual interviews and FGDs, informed consent was obtained from all individuals aged 18

or more, while caregiver or parental consent and assent were obtained for all minors aged 10-17. The survey interviews lasted approximately 45 minutes per AGYW. Majority of the RAs were female and where male RAs were deployed, they interviewed the age cohort 20-24 years. All interviews were conducted in private locations where no other persons could hear what was being discussed in order to protect the privacy and confidentiality of respondent data. RAs used electronic tablets to input data, and questionnaires were administered in Swahili and Ng'aturkana language.

4.7 Limitations

This evaluation has some limitations. These include:

- Behaviour related variables were self-reported and therefore responses may suffer from biases, including recall and social desirability bias or underreporting of sensitive experiences such as sexual violence. However, we do not expect underreporting to vary significantly between baseline and endline, and therefore this should not affect the internal validity of the study.
- The comparison between results in Turkana County and Kilifi County assumed uniform implementation of the program in both study sites, except for the cash transfer component. A caveat to interpreting the results is that the comparison does not control for certain key variables including implementation capacity of SRs, methodologies, socio-economic and cultural environments. The evaluation is not experimental.
- Due to insufficient data disaggregation in the 5-county baseline and a mismatch in age categorization, there are limitations on the comparison between baseline and endline findings for Kilifi County. Some of the findings in the baseline were generalized making it difficult to tease out precise baseline values for Kilifi County.

5 FINDINGS



5.1 Response Rate and Demographics

5.1.1 Response Rate

The survey targeted AGYW in specific sub-counties in the counties of Turkana and Kilifi. The actual samples achieved per county for the individual interviews are presented in Table 5.1 below.

Table 5.1: Achieved survey sample per county

County	Sub-county	Targeted Sample	Achieved Sample	Achieved Sample (%)
Turkana	Turkana Central	129	124	96.1
	Turkana West	165	189	114.5
	Turkana South	112	133	118.8
Sub-total		406	446	109.9
Kilifi	Kilifi North	100	100	100.0
	Kilifi South	107	107	100.0
	Malindi	180	180	100.0
Sub-total		387	387	100.0
Total		793	833	105.0

5.1.2 Socio-demographic Characteristics

All survey respondents were female for this evaluation. Most of the households were male-headed (67.3% in Kilifi County and 65.6% in Turkana County). The average proportion of AGYW with disability was 2.11% with 1.3% for Kilifi County and 2.91% for Turkana County.

The marital status of women is key in determining health seeking behavior and decision-making. According to the survey, majority (87.7%) of the AGYW were either single or minors. The proportion of respondents who reported that they were married was 8.0% in Kilifi County and 12.7% in Turkana County. School attendance among the AGYW was similar in both counties with the school going proportion being 72.1% in Kilifi County and 73% in Turkana County. Other socio-demographic characteristics of the survey respondents are presented in the table below.

Table 5.2: Distribution of the socio-demographic characteristics

Variable	Category	Kilifi	Turkana	Average
Age	10-14	36.6%	38.8%	37.7%
	15-19	38.6%	35.3%	36.9%
	20-24	24.6%	24.7%	24.7%
	25+	0.2%	1.2%	0.7%
	N	387	446	793

Variable	Category	Kilifi	Turkana	Average
Marital Status	Single	72.0%	73.9%	72.95
	Married	8.0%	12.7%	10.35
	Cohabiting	1.0%	0.7%	0.85
	Separated/Divorced	1.0%	1.2%	1.10
	N/A (Minor)	18.0%	11.5%	14.75
	Widowed	0.0%	0.0%	0.0
	N	387	446	793
Disability	Yes	1.3%	2.91%	2.11%
	No	98.7%	97.09%	97.9%
	N	387	446	793
Type of disability	Hearing Impairment	33.3%	7.7%	20.5%
	Mental Impairment	0.0%	7.7%	3.9%
	Physical Impairment	50.0%	61.5%	55.8%
	Visual Impairment	16.7%	23.1%	19.9%
	N	6	13	19
Household Head	Father	60.7%	55.30%	58.00%
	Husband	6.6%	10.30%	8.45%
	Mother	22.7%	24.00%	23.35%
	Other	5.0%	4.60%	4.80%
	Self	1.5%	2.20%	1.85%
	Sibling	2.2%	1.70%	1.95%
	Uncle/ Aunt	1.3%	1.90%	1.60%
	N	387	446	793
School going status	No	27.9%	27.0%	27.5%
	Yes	72.1%	73.0%	72.5%
	N	387	446	793
Level of school	Primary Level	76.9%	83.7%	80.30%
	Secondary Level	16.4%	14.3%	15.35%
	Tertiary Level	3.4%	0.7%	2.05%
	Vocational Level	3.0%	0.0%	1.50%
	Other	0.3%	1.3%	0.80%
	N	279	325	604

Source: AGYW Survey Data, May 2021.

5.2 Project Relevance

5.2.1 To what extent was the project relevant to the needs of beneficiaries and county and national government priorities?

There was a general consensus that the project appropriately attended to the specific needs of the target groups and stakeholders and is consistent with national/county policies as well as the strategies of the main donor and the implementing agencies.

Did the community realize the need for the project?

The community's perception of the project has evolved over time. Initially there was resistance to the project with claims that the cash transfers would lead to negative outcomes among the out of school AGYW. The project team successfully engaged with the community and explained the need for the project and highlighted that it was a HIV prevention intervention with the blessings of the CHMT. Community acceptance of the project was gradual.

This program helped my children remain in school and to get the other private items girls need. We have also been able to buy food and the information on HIV has helped them a lot.

FGD Participant – Kaputir, Turkana South sub county.

Various community perspectives on the need for the project were identified. Majority of perspectives however focused on the problems that had been addressed by the cash transfers received by AGYW. A greater proportion of parents in FGDs mentioned that the project was a timely response to significant challenges in the community including poverty, food insecurity, an increasing school dropout rate, poor parenting and neglect of children. It was shared that there was need to help, especially the adolescent girls, to deal with these challenges. In their view, the project had so far responded to these priorities. The need for the project was further explained by parents who felt that with the ending of the project, they were worried about how beneficiaries would continue addressing basic needs and school fees. To a large extent, the community easily identified the project's economic empowerment aspects but grappled with linking the transfers to HIV prevention among AGYW.

Discussions with parents of the project beneficiaries in Turkana County also highlighted that the project was crucial in providing information on HIV prevention to their daughters. The parents referred to the 'mafundisho' or 'teachings' that were provided by the project to AGYW and themselves as being critical in building their capacity to address issues related to sex and HIV prevention. It was noted that the community commonly referred to the evidence based interventions (EBIs) deployed by the project as 'mafundisho' and these were highly rated as useful in educating both the AGYW and parents.

Despite there being common appreciation on why AGYW were targeted by the project, some community members and local administrators felt that by exclusively targeting girls, the boys were side-stepped and excluded. It was shared that there were no initiatives of the project's nature targeting boys and that the 'boy-child' was increasingly being left out. An interviewee observed that including boys in some project interventions would help to address certain sexual behaviour and gender-based violence (GBV) challenges.

Although the views on the need for the Cash Plus project were overwhelmingly positive, there were a few perspectives that pointed to a limited understanding of the project. The project was known by various names including "pesa ya wasichana" and "pesa ya machopa". These two references to the project communicate community perceptions of the project. 'Pesa ya wasichana' refers to the project as offering financial help to AGYW. This reference however, leaves out key elements of the 'plus' which included HIV prevention interventions to AGYW. 'Pesa ya machopa' conveyed an interesting perspective.

You also have to help these boys as well. I feel like the project forgot boys. If you raise the level of girls and leave boys, who will interact with the empowered girl?

Key informant – Turkana Central sub county.

A section of the community recognized that with the cash transfers, the AGYW were empowered and could not be lured into irresponsible sexual behaviour by those with money. This nonetheless, implies that the community acknowledged the role of cash transfers in fostering the ability of AGYW to make responsible decisions.



Also chief guided us on how to use that money wisely in a meeting that it should help in buying school materials, fees and support other siblings suffering at home.

FGD Participant - Lokichar, Turkana South Sub County

How relevant were the interventions to county/national government priorities?

There was a general agreement among the stakeholders about the high relevance and strategic fit of the project. Document review confirmed this positive view. It was generally accepted that the Cash Plus project represented a vital response to a very specific crisis.

At project inception in 2017, young people (15-24 years) contributed 40% of adult new HIV infections.¹¹ The Kenya AIDS Strategic Framework (KASF), 2014/15-2018/19 identified adolescents and young people (AYP) as a priority population for the HIV response. The second KASF 2020/21-2024/25 reports that AYP contribute to 42% of the new adult HIV infections (41,728) in the country and hence remain a priority population.¹² Notably, AGYW aged 15-24 years contribute to a third (30%) of the 41,728 new adult HIV infections in Kenya.¹³

The project was a comprehensive response to factors that contributed to HIV incidence among AGYW (as illustrated in the text box on the right).¹⁴ The project was appropriately designed in alignment with KASF II which adopts a multi-sectoral approach to address the HIV and STI, risk and vulnerability of AGYW with special focus on at-risk AGYW in priority counties.

Interviews confirmed that the selection of the project sites (Turkana Central, Turkana South and Turkana West) was based on their comparatively high HIV prevalence rates. The Turkana CHMT, KRCS and other key stakeholders deliberated on the sites implying that the project targeting was well informed and intentioned. Notably, while other cash transfer programs existed in Turkana County, none directly addressed AGYW vulnerability to HIV. *The project therefore addressed a specific gap with no duplication.* The project in this sense is seen as a key initiative to bring the AGYW vulnerability issue to county government agenda.

By targeting AGYW in schools, the project aligned with key priorities in the education sector. Children aged 6-13 years in Turkana County are less likely to access primary education, with only 50% enrolled (53.2% for boys, 46.6% for girls), compared to the national average of 92.5% (94.6% for boys and 90.5%

Factors such as intergenerational sex, teenage pregnancies, sexual and other forms of gender-based violence (GBV), discontinuation of school specially during transition from primary to secondary school, prevailing gender norms, poor access to comprehensive sexuality education, limited access to HIV, STI, SRHR services and low socio-economic status have largely been attributed to the high HIV incidence among AGYW compared to boys and young men of the same age group.

KASF II 2020/21-2024/25.

for girls). As at 2018, overall school attendance for children in the county stood at 39%, far below the national school attendance of 70.9%. With many children dropping out of school due to cost, the cash transfers targeted reducing such incidences.¹⁵

The project was also aligned with the strategic frameworks of the main stakeholders: KRCS Cooperation Agreement Strategy (2020), World Vision Kenya and AIC Health Ministry strategies as organizations targeting AYP, and the Global Fund Strategy 2017–2022. Overall, the project has responded to the real needs of an extensive and varied list of stakeholders and institutions at the county and national level. This includes the Social Services Department, the Health Department and the Children's Department.

5.3 Project Effectiveness

5.3.1 To what extent has the project achieved its objectives?

Below we present the evaluation findings relevant to the project's effectiveness – did the project achieve what it set out to do? We structure the findings according to the project objectives. Our analysis draws on the project's re-constructed theory of change (see Figure 2.1 above), understanding that progress on outputs is a necessary (but not always sufficient) means through which the outcomes are realized.

Whilst presenting the findings from our analysis of each of the objectives, we also reflect on the relevant sub-questions: To what extent was the project expected results achieved (output and outcomes)? How effective were the tools used in implementing the programme? What changes can be attributed to the project (positive, negative, expected and unexpected)?

¹¹ Kenya MOH/NACC (2018) Kenya AIDS Response Progress Report.

¹² MOH/NACC (2020) Kenya AIDS Strategic Framework (KASF II) (2020/21-2024/25)

¹³ NACC (2020) Kenya HIV Estimates 2020

¹⁴ MOH/NACC (2020) Kenya AIDS Strategic Framework (KASF II) (2020/21-2024/25)

¹⁵ Turkana County Integrated Development Plan (CIDP)II (2018-2022).

[Reach 9,000 AGYW aged 10 - 24 years with Cash Transfers and Dignity Kits as structured interventions to support HIV prevention and risk reduction – Specific Objective 1.](#)

Specific objective 1 aimed to reach 9,000 AGYW with cash transfers and dignity kits in three sub-counties. Each AGYW was to receive KES 2,000 per month, with the amount being payable every two months. AGYW were expected to receive KES 4,000 at each distribution cycle and a dignity kit after every two cash pay-outs (every four months). The dignity kit comprised: 1 bathing towel, 3 bar soaps, 3 bathing soaps, 1 hand towel, 1 comb, 1 toothbrush, 1 toothpaste, 1 pair of slippers, 1 tab of vaseline jelly, 2 panties and 8 sanitary towels.

Despite a few challenges at the beginning, the project was successful in reaching the target of 9,000 AGYW with cash transfers and dignity kits. At the highest, the project reached 9,214 AGYW (102.4%) in one payment cycle (June 2020).

Document review and interviews provided evidence of a gradual climb towards the target of 9,000 AGYW, from an initial reach of 2,470 AGYW in November, 2018. Several project implementation changes were made to facilitate successful delivery of this objective.

These changes are discussed in detail at Section 5.3 Effectiveness of Implementation.

The database of the cash transfer (CT) beneficiaries indicated that 9,915 AGYW were enrolled into the programme. The enrolment consisted of 2,517 AGYW in Turkana South (25.38%), 4,310 AGYW in Turkana West (43.46%) and 3,088 AGYW in Turkana Central (31.14%). Turkana West had the largest number of CT beneficiaries (4,310) while Turkana South had the least number of CT beneficiaries (2,517). We note that AGYW enrolment into the CT database was protracted with all AGYW required to satisfy vulnerability criteria and provide authentic identification documentation before registration via the Red Rose System. By the second half of 2018, the project had selected 8,977 AGYW (99.7%) who had successfully been screened using the vulnerability criteria. Out of this number, 5,144 (57%) were registered biometrically using the Red Rose System. The first pay-out under Phase 2 of the project comprised 2,470 AGYW, who received a 2 months' cash allocation (November and December 2018) and a dignity kit.¹⁶ This represented a 27% achievement of the 9,000 AGYW target. The table below illustrates the number of AGYW reached with cash transfers and dignity kits between November 2018 (when the first pay-out was made) and December 2020.

Table 5.3: Number of AGYW reached with cash transfers and dignity kits

Payment Cycle	Period	# of AGYW Paid	% of Target achieved	Amount in KES received per AGYW
1	November, 2018	2,470	27.4	4,000.00
2	February, 2019	2,994	33.2	4,000.00
3	April, 2019	5,446	60.5	4,000.00
4	June, 2019	8,418	93.5	4,000.00
5	August, 2019	9,100	101.1	4,000.00
6	December, 2019	9,206	102.3	8,000.00
7	February, 2020	8,879	98.7	4,000.00
8	June, 2020	9,214	102.4	8,000.00
9	August, 2020	9,076	100.8	4,000.00
10	December, 2020	9,147	101.6	8,000.00

Source: PR Reports & Flex Money Transfer, Project Close-Out Report (Nov 2018-Dec 2020)

¹⁶ KEN-H-KCRS Progress Report Jan – June, 2018.

Overall, the project disbursed a total of KES. 394,326,000.00 and 38,589 dignity kits in 10 distribution cycles over the period November 2018 and December 2020.¹⁷

Payment frequency and consistency of cash transfers and dignity kits distribution was relatively stable, except for three isolated episodes of changes in payment schedules.

Timeliness and consistency of payments have been shown to be key to creating programme impacts and thus it is important to assess how often payments are received. During regular disbursements, we would expect to see a payment take place every two months (KES 4,000). Majority of the cash transfers were on schedule.

There were only three occasions when AGYW were paid KES 8,000. In the second half of 2019, the AGYW received a 4 month pay-out in December to cover for the months of September, October, November and December. The payment schedule was adjusted to avoid distracting AGYW who were sitting national examinations. We note that while this change may have been appropriate for the in-school AGYW, the out of school AGYW appear to have been inconvenienced. In FGDs of AGYW aged 20-24, participants proposed having separate payment dates for in-school and out of school AGYW. In June 2020, AGYW received a 4 month pay-out. This was due to the advent of COVID-19 in Kenya in March 2020 which disrupted project activities. Cash transfers to AGYW resumed in June 2020, necessitating a payment for March, April, May and June. Dignity kits were distributed quarterly in tandem with the cash transfers. The evaluation established that 38,589 dignity kits had been distributed to AGYW over the project period.

Cash transfers were mainly used to purchase food, pay school fees and buy clothing, although some AGYW reported expenditure on healthcare, small business and savings.

The survey asked about the main uses to which beneficiaries put their transfer payments. As shown in the table below, payments were mainly used for food (72% of the AGYW), school fees (72%), and clothing (33%) and health care (15%). Other important items include small business (7.8%) and shelter (3.9%). Percentage reporting putting any transfer money towards savings is low, at 2.2%. These findings are

consistent with post-distribution monitoring (PDM) findings over the project period that found food and school fees to be the main uses of the cash transfer.

Table 5.4: Main uses of cash transfer payments

Main uses of cash transfer payment	Frequency	%
Food	294	72.1%
Meat/ Fish/ Poultry	1	0.2%
Buying food prepared outside the Household	10	2.5%
Cell Phone/ Airtime	3	0.7%
Livestock	12	2.9%
Agricultural Inputs	5	1.2%
School Fees	294	72.1%
Health Care	63	15.4%
Shelter/ Accommodation/ Rent	16	3.9%
Clothing/ Shoes	136	33.3%
Investment/ Small business	32	7.8%
Savings/ Village Savings	9	2.2%

Source: AGYW survey data (May, 2021)

AGYW and their parents confirmed the survey findings. In almost all the FGDs, food and school fees were predominantly captured as the main expenditures. The use of cash transfers in this manner was consistent with the project intentions as it indirectly addresses some of the key factors that increase the AGYW's vulnerability to HIV. The cash transfers contributed to keeping girls in school and taking care of food and other requirements, with possible effect on reduction in transactional sex (as discussed later in this section).

Since I started getting the money I never missed going to school. We also put the money together with my sister and we used to buy food at home.

FGD Participant – Kalemngorok, Turkana South sub county.

This project has educated our children especially by paying fees. I also appreciate the small things for girl's needs (dignity kits) and the teachings that the girls given.

FGD Participant (Parents, FGCK Church, Kanam), Turkana Central sub county.

¹⁷ Flex Money Transfer, Project Close-Out Report (Nov 2018-Dec 2020).

The cash transfers have helped school attendance and retention of girls in school. This county has poor rates of enrolment and retention and so the impact of this program is welcome. We have numbers of girls in school because of the project.

Key Informant – Lodwar, Turkana County.

The money helped to support me and my child to buy food and clothes. When you are alone you have to take care of all needs. I also joined a merry-go-round with other women.

FGD Participant - Nakalale, Turkana West sub-county.

Increase awareness on HIV prevention and behavior change among AGYW in Turkana County – Specific Objective 2.

This objective aimed to increase awareness on HIV prevention and to influence behaviour change among AGYW through behavioural, structural, and biomedical interventions. The main tool used to increase awareness on HIV prevention was the evidence-based interventions (EBIs) targeting different age-cohorts of AGYW and their parents. Several EBIs were rolled out including My Health My

Choice (MYHC), Healthy Choices for a Better Future (HCBF), SHUGA Series and, Family Matter targeting parents.

Discussions with SR interviewees established that EBI facilitators were promptly trained and by December 2018, the EBIs for all age categories had been rolled out. The EBIs were mainly executed during the school holidays. By mid-2018, 434 AGYW aged 15-24 years had been reached with SHUGA. By the end of 2018 more AGYW had been reached with EBIs. SHUGA had reached 1,726 AGYW (ages 18 -24), Healthy Choice for a Better Future had reached 1,283 (ages 10-12), My Health My Choice had reached 2,579 (ages 13-16) while Family Matter had reached 739 parents of the AGYW. Review of project documents indicates that the project was successful in reaching a significant number of AGYW with EBIs through the SRs. The final year had the best achievement (75% of the target) while the initial year had a 14.3% achievement. The lower achievement in year one is attributed to a shorter EBI implementation period, as activities begun in the second half of the year. The table below shows the number of CT beneficiaries reached with EBIs over the project period.

Table 5.5: Number of AGYW reached with EBIs (Turkana County)

Year	2018		2019		2020	
	Total Target	Total Achv (%)	Total Target	Total Achv (%)	Total Target	Total Achv (%)
# of AGYW reached with HIV prevention programs as per defined package of services (Beneficiaries completed EBIs)	36,000	5,132 (14.3)	36,000	18,385 (51.1)	30,808	23,101 (75.0)

Source: SR Monitoring Reports (2018-2020)

Project data for Kilifi County indicated that 3,383 AYP in 2020 and 1,199 AYP in 2021 were reached with EBIs by the respective SRs in Kilifi North, Kilifi South and Malindi sub-counties. EBIs were conducted in the months of September to December 2020, and the month of April 2021. There was data paucity on the EBI target numbers and numbers achieved for the project in Kilifi County. This may be attributed to project delays as shared during interviews with the SRs and MOH officials at the county level.

The survey sought to establish AGYW identification of and participation in the EBIs. The AGYW were asked to identify the EBIs that they had participated in during the project period. Compared with the CTP baseline (2018), the endline results show that the project had contributed to increased participation in HCBF (70%), SHUGA (11.5%) and FMP (0.7%). The table below shows the compared baseline and endline results.

Table 5.6: Proportion reporting participation in EBIs (Turkana County)

Evidence-based intervention	Baseline (2018)	Endline (2021)	Diff.
Healthy Choices for a Better Future (HCBF)	20.0	90.0	70.0
My Health My Choice (MHMC)	12.3	9.9	(2.1)
Families Matter Program (FMP)	5.1	4.4	0.7
SHUGA	4.8	16.3	11.5
Making Life's Responsible Choices	3.9	-	-
Respect - K	3.4	-	-
Sister to Sister - K	1.7	0.5	(1.2)

Source: Survey Data, May 2021

In combination with the EBIs, the life skills program implemented in Turkana County provided both the adolescents and their parents and caregivers with a comprehensive set of life skills to enhance communication and dialogue with their children on HIV and sexuality. A program review found that the life skills had a multiplier effect as the beneficiaries shared and discussed the lessons with their peers, thus sharing learning with members of the community. The program created awareness on sexual gender based violence (SGBV) and created a linkage to post exposure prophylaxis (PEP) and adolescent's sexual

reproductive health (ASRH) education implemented through group sessions.¹⁸

For Kilifi County, the AGYW were able to identify the EBIs that they had participated in as shown in the table below. Majority of the AGYW indicated that they had attended MHMC (43.2%) and HCBF (35.5%) sessions. Notably, 32.4% of the respondents indicated that they had not attended any of the EBI sessions. The baseline data for participation in EBI sessions was aggregated for five counties and hence could not be compared with the endline for Kilifi County.

Table 5.7: Participation in EBIs / behavior change programs (Kilifi County)

Evidence-based intervention	Freq of response	(%)
Healthy Choices for a Better Future	160	35.5%
My Health My Choice	195	43.2%
SHUGA Series	31	6.9%
Families Matters	10	2.2%
Sister to Sister	8	1.8%
Positive Health Dignity Prevention	16	3.5%
None	146	32.4%

Source: Survey Data, May 2021

Discussions with AGYW during the fieldwork established generally positive reviews of the EBIs. The AGYW across the three age cohorts (10-14, 15-19 and 20-24) identified several benefits associated with the EBIs. The evaluation found evidence of EBIs influence on AGYW's HIV prevention knowledge and behaviour.

We went through Shuga, it was very interesting...for me I saw I can reduce my chances of getting HIV by having one partner and being faithful. The problem is these days you don't know who to trust

- FGD Participant – Lokichoggio, Turkana West sub county.

¹⁸ KRCS Review of the Cash Transfer Project in Turkana County (2020).

Lessons gave me confidence to face the boy direct. I always do face the boy eye contact till they fear me nowadays. I have realized boys also are weak, they fear eye contact.

FGD Participant - Lodwar, Turkana Central sub county.

I know it is hard to know if someone has HIV by just looking at them. Anyone can have it, even people who look big. FGD Participant

- Lodwar, Turkana Central sub county.

Some of us are now able to take caution and avoid behaviors that attract HIV infection and other disease that one can get from sex. FGD Participant

- Kapese Lokichar, Turkana South sub-county.

Overall, the EBIs appear to have been effective in relaying HIV prevention information to the AGYW and to provide avenues where the AGYW could share challenges and receive responses. Analysis of survey data provided insights into changes in some key behaviour variables. These included self-reported behaviour on condom use, transactional sex and age disparate sex. The results show a slight improvement on condom use with 85.5% of AGYW who had sex reporting that they always used a condom, compared to 84.75% at baseline.

Table 5.8: Condom use with last sexual partner (Turkana County)

Use of condom with last sexual partner	Baseline (2018)	Endline (2021)	Diff.
Always	84.75	85.50	0.75
Never	1.4	1.0	(0.4)
Sometimes	9.0	8.5	(0.5)

Source: Survey Data, May 2021

For Kilifi County, a significant 49.1% of the respondents reported never using a condom with their last sexual partner, while 24.1% reported consistent use of condoms. The results for those who indicated 'Always' using a condom were slightly below those of the aggregated baseline value for the five counties. There was a notable reduction at endline in the proportion of AGYW who indicated never or sometimes using a condom. This proportion decreased from 70.1% at baseline to 49.1% at endline.

Table 5.9: Condom use with last sexual partner (Kilifi County)

Use of condom with last sexual partner	Baseline (2019)	Endline (2021)
Always	29.1 ¹⁹	24.1
Sometimes	70.1	26.7
Never		49.1

Source: Survey Data, May 2021

Transactional sex has been identified as one of the factors that increases AGYW vulnerability to HIV. When asked if they had received money, gifts or favours in exchange for sex in the last 12 months, only 7.8% answered in the affirmative as compared to 35.71 at baseline. This result indicates a significant drop in proportion of AGYW participating in transactional sex and may be associated with the cash transfers ability to cover some of the AGYW needs.

Table 5.10: Transactional sex in last 12 months (Turkana County)

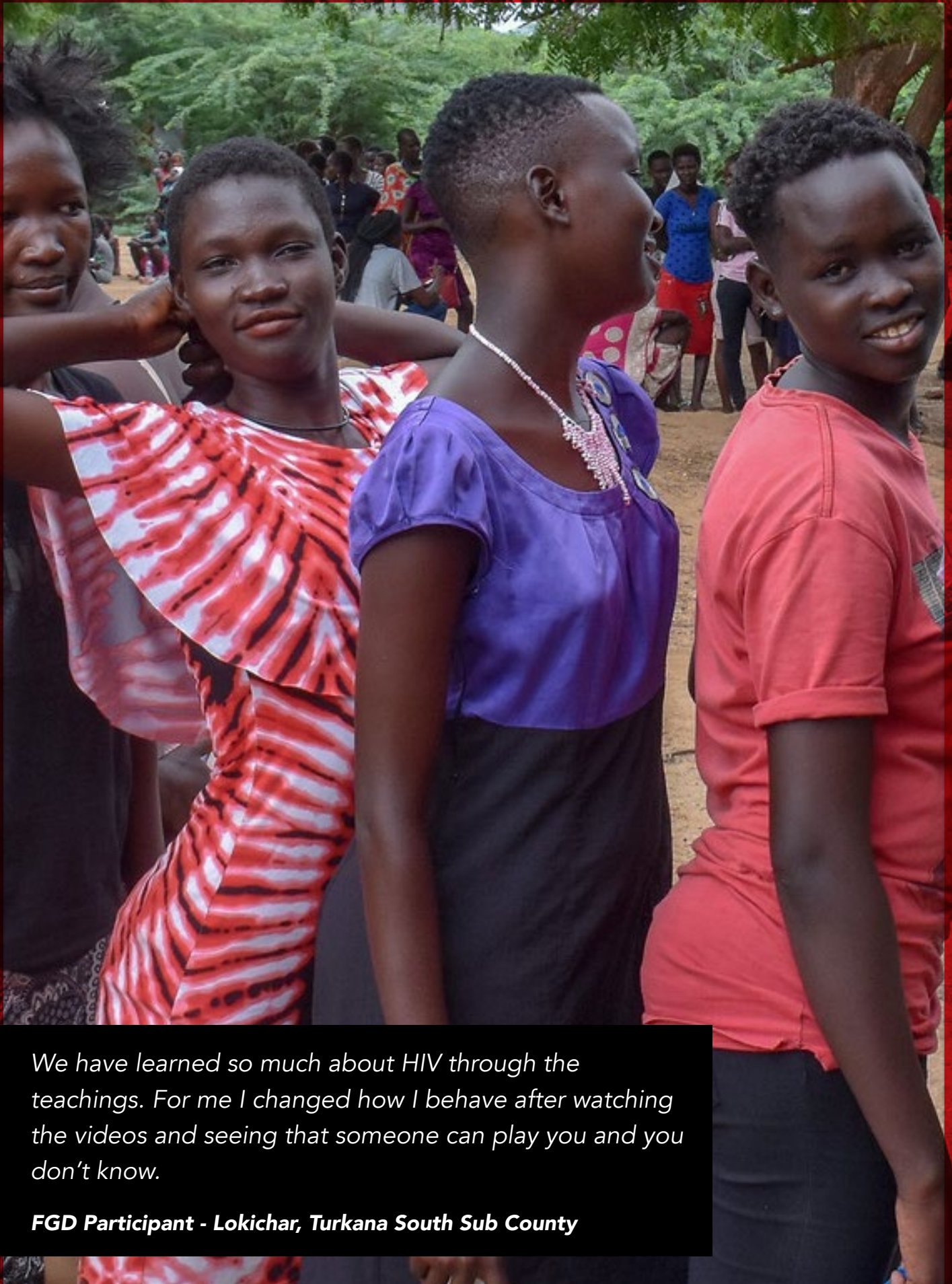
	Baseline (2018)	Endline (2021)	Diff.
Received money, gifts or favours in exchange for sex in the last 12 months (Yes)	35.71	7.8	27.91

Source: Survey Data, May 2021

For Kilifi County, 10.8% of survey respondents reported having been involved in transactional sex over the last 12 months. There was no baseline value to compare with the end line survey. However, this data goes to show that AGYW in the project locations remain vulnerable and exposed to transactional sex.

Age-disparate sex may present unequal power dynamics within relationships hence preventing safer sex. Survey results for Turkana County indicated a significant increase in the proportion of AGYW who reported having a sexual partner of the same age. At baseline, only 3.83% of the respondents indicated having a sexual partner of same age, compared to 47.20% at endline. The analysis also noted a decrease in AGYW with sexual partners who were older with 51.2% of AGYW reporting older sexual partners compared to 89.73% at baseline.

¹⁹ Aggregated baseline value for Kilifi, Turkana, Kisii, Machakos and Siaya County.



We have learned so much about HIV through the teachings. For me I changed how I behave after watching the videos and seeing that someone can play you and you don't know.

FGD Participant - Lokichar, Turkana South Sub County

Table 5.11: Age of Sexual Partner (Turkana County)

Age of sexual partner	Baseline (2018)	Endline (2021)	Diff.
Same age	3.83	47.20	43.4
Younger	8.93	1.6	(7.33)
Older	89.73	51.2	(38.53)

Source: Survey Data, May 2021

For Kilifi County, the baseline survey indicated that 69% of AGYW had an older sexual partner, compared to an increase to 78.4% at the endline. Similarly at the baseline, 25.3% of AGYW reported having a sexual partner with the same age, compared to 20.7% at endline. This implies that despite the project interventions in Kilifi County, more girls still had older sexual partners compared to Turkana County where the cash plus project was implemented.

Table 5.12: Age of Sexual Partner (Kilifi County)

Age of sexual partner	Baseline	Endline	Diff
Same Age	25.3	20.7	(4.6)
Younger	5.8	0.9	(4.9)
Older	69	78.4	9.4

Source: Survey Data, May 2021

Table 5.13: Number of AGYW who receive HIV Testing Services (Turkana County)

Year	2018		2019		2020	
	Total	Total	Total	Total	Total	Total
Indicator	Target	Achv (%)	Target	Achv (%)	Target	Achv (%)
# of AGYW who receive HIV testing services	18,000	2,330 (12.9)	22,000	13,130 (59.7)	36,100	11,064 (30.6)

Source: QPMM, WVK, AICHM (2018-2020)

A few issues affected the rate of HTS uptake over the project period. In as much as HTS was highlighted as a condition for CT, HTS remains ethically voluntary and therefore it may not have been feasible to enforce this condition. Additionally, there were challenges in obtaining parental consent for HTS in some cases. In 2019, the project was informed of reduced availability of test kits for general population as the country moved from community blanket testing to adopting the partner notification services (PNS) approach which was shown to yield more results.²⁰ These factors may have affected the rate at which HTS could be provided to AGYW.

²⁰ Minutes for the Turkana County Cash Transfer TWG Meeting held on 27th August, 2019 at Solmar Hotel Lodwar, Turkana County.

The project faced challenges in implementing certain planned interventions due to delays in preparatory activities. This limited opportunities for greater outcomes.

The evaluation established that delays in finalizing the curriculum for one EBI, Positive Health Dignity and Prevention (PHDP) limited implementation. The national level revision of the PHDP curriculum was prolonged and the planned launch on 1st of December 2019 did not materialize. Additionally, the school-based Comprehensive Sexuality Education (CSE) was not implemented as planned due to delays in obtaining approval from the Ministry of Education. It appears the project lost an opportunity to deploy CSE to a larger population of in-school AGYW and other young people.

[Increase access to HIV prevention services among AGYW in Turkana County - Specific Objective 3.](#)

The project aimed to increase access to HIV prevention services among AGYW by using the existing mix of clinical and community platforms to increase HTS and referrals of AGYW and their partners for testing. Cash transfer recipients were required to undergo annual HIV testing as well as quarterly STI screening. The project managed to provide HTS to AGYW with document review indicating an achievement against cumulative target of 12.9% in 2018, 59.7% in 2019 and 30.6% in 2020. The evaluation established that HTS was voluntary at registration although this was highlighted as a condition for cash transfer on an annual basis.

Document review and interviews with project implementation staff indicated that the positivity rates were significantly low. In 2018, HTS yielded 10 positive results, in 2019 there were 11 positive results while in 2020 there were 14 positive results. It was indicated that all the 35 AGYW who had positive results were linked to treatment, care and support.

In Kilifi County, project data indicated that a total of 1,011 AGYW were tested in June 2020 and 1,119 in April 2021. There was data paucity on the target number for HTS and actual numbers tested for Kilifi County over the implementation period to support further analyses.

In Turkana County, the endline survey asked the AGYW if they had tested for HIV. The results show that in the below 15 years age category, only 33% of AGYW in the endline reported that they had been tested compared to 69.57% at baseline. This may indicate the project tested fewer girls in the below 15 years age group. The survey also showed no significant difference between baseline and endline results in the 15-24 years age group, with similar proportions of AGYW reporting being tested for HIV. This is mainly attributed to the fact that the endline and baseline were conducted on AGYW who had been enrolled in the program and were therefore likely to have undergone HIV testing before enrolment to cash transfer.

Table 5.14: Testing of HIV by age (Turkana County)

Have you ever tested for HIV? (Yes)			
Age	Baseline (2018)	Endline (2021)	Diff.
Below 15 years	16 (69.57%)	98 (33.0%)	(36.57)
15-24	1,962 (69.6%)	231 (69.2%)	(0.4)
Over 24	818 (78.88%)	5 (1.0%)	(77.88)
Total	2,796 (72.08%)	334 (34.4%)	(37.68)

Source: Survey Data, May 2021

In Kilifi County, 48% of AGYW reported having tested for HIV, compared to 51.2% at baseline. Majority of those who underwent testing were age group 15 to 24. There was no disaggregated data per age group for the baseline survey.

Table 5.15: Testing of HIV by age (Kilifi County)

Have you ever tested for HIV? (Yes)			
Age	Baseline (2019)	Endline (2021)	Diff.
Below 15 years		34(16%)	
15-24	51.2% ²¹	181 (83%)	
Over 24		2(1%)	
Total	51.2%	217(48%)	(3.2)

Source: Survey Data, May 2021

The evaluation compared responses on reasons for not testing for HIV among the respondents. Although the endline indicated a decline in the proportion of AGYW who reported no knowledge of the HIV test, it was still a significant proportion at 47.2%. Apart from inability to give consent, knowledge on HIV test remained a major reason for those who did not get tested, although the proportion of AGYW reporting this reason for not taking HTS decreased at endline.

²¹ Aggregated baseline for Kilifi, Machakos, Turkana, Siaya and Machakos County.

Table 5.16: Reasons for having not tested for HIV (Turkana County)

Why have you never been tested for HIV	End line (2021)		Baseline (2018)	
	Frequency	Percent	Frequency	Percent
I have no knowledge about HIV Test	34	47.2	742	68.51
I don't know where to get tested	3	4.2	54	4.9
I can't afford it	1	1.4	26	2.4
Transport to testing site is expensive	1	1.4	46	4.25
Testing facility is too far	3	4.2	23	2.12
I fear people might know my status	2	2.8	64	5.9
I don't need to test/ low risk	6	8.3	26	2.4
I am afraid of getting testing	6	8.3	90	8.3
I am too busy to go	2	2.8	7	0.65
Too young/ unable to give consent	14	19.4	5	0.46
Total	72	100.0	1083	100

Source: Survey Data, May 2021

Kilifi County survey results indicated that 30.9% of the respondents perceived themselves as low risk, while 19.1% reported no knowledge of the HIV test. A further 16.1% reported being afraid of getting tested. There was no comparable baseline data for Kilifi County.

Table 5.17: Reasons for having not tested for HIV (Kilifi County)

Why have you never been tested for HIV	Endline (2021)	
	Frequency	Percent
I have no knowledge about HIV Test	42	19.1
I don't know where to get tested	32	14.5
I can't afford it	7	3.2
Transport to testing site is expensive	8	3.6
Testing facility is too far	11	5
I fear people might know my status	16	7.3
I don't need to test/ low risk	68	30.9
I am afraid of getting testing	36	16.4
I am too busy to go	8	3.6
Too young/ unable to give consent	11	5
Total	239	108.6

Source: Survey Data, May 2021

[Increase linkage of AYP living with HIV to treatment, care and support services through structured peer support approaches to improve the county achievement of the 90-90-90 targets - Specific Objective 4.](#)

This objective aimed at ensuring that all known positives and newly diagnosed AGYW were effectively linked to HIV care and treatment services at a facility of choice. As previously discussed, the project linked all the newly diagnosed AGYW to treatment and care thus supporting the 2nd 90.

Document review established that the project was effective in linking AYP living with HIV to treatment and care. After a slow start in 2018 where about half of the target was achieved, the project exceeded target in 2019 (114.4%) and achieved 32.5% of target in 2020. The 2020 achievement may have been affected by the disruption to project activities occasioned by the COVID-19 outbreak in March 2020.

Table 5.18: Number of AYPLHIV who receive care and support (Turkana County)

Year	2018		2019		2020	
	Total	Achv (%)	Total	Achv (%)	Total	Achv (%)
# of AYP living with HIV who receive care and support services	2,016	1,055 (52.3)	2,016	2,307 (114.4)	9,370	3,048 (32.5)

Source: QPMM, WVK, AICHM (2018-2020)

As mentioned previously, the PHDP was not implemented and this may have limited the achievement of planned results. PHDP is a rights-based approach that ensures all newly diagnosed AGYW are linked and access treatment and care services. It is a model which links HIV treatment, prevention, and support and care issues within a human rights framework.²² The evaluation notes that the delayed training of facilitators and community adolescent treatment supporters (CATS) to the second half of 2020 may have impacted the project's capacity to provide AYPLHIV with structured treatment literacy and adherence counselling support.

For Kilifi County, document review established that as of April 2021 approximately 1,199 AYPLHIV were being supported by CATS in the three sub-counties. All of them had been screened and treated for STIs and TB. There was data paucity to support further analysis of the outcome achievements in Kilifi County.

[Increase awareness and improve response to SGBV cases at community level and improve livelihood for AGYW as a measure for HIV prevention - Specific Objective 5.](#)

There were significant delays in implementation of activities under this objective, limiting the achievement of some planned results.

The evaluation established that interventions focusing on Human Rights and Gender (HRG) were delayed and only began actual implementation in the second half of 2019. The COVID-19 related disruption of project activities may also have limited the momentum of activities under this objective in 2020. A planned intervention under this objective that does not appear to have been completed is SASA!²³ Delays in preparatory activities including training limited its implementation with TOT workshops being conducted in May 2021.

There were several activities and achievements under this objective. Several advocacy meetings were held with the community, political and religious leaders and AGYW to sensitize them on SGBV related issues. The 'Know your Rights' campaign was also launched in late 2019 to support dissemination of information on understanding and claiming rights that are violated.

²² Global Fund Concept Note (2019) HIV Prevention and Care Interventions for the AGYW aged 10-24 years in Turkana, Machakos, Kilifi, Kisii and Siaya Counties of Kenya.

²³ This is a community mobilization approach that has been tested. It involves highly participatory engagement of communities in dialogues around power and harmful gender norms related to HIV and violence against women.

In Kilifi County, the project managed to conduct a number of activities over the implementation period including 'Know Your Rights' Campaign, legal aid services as well as SGBV outreaches and referrals. The activities targeted both AGYW and general public. A number of human rights violation cases were reported and handled by the paralegals in the project.

The evaluation sought to establish whether project beneficiaries had experienced any form of SGBV over the last 3 months. The findings indicated a slight increase in respondents who reported experiencing public humiliation 6% at baseline to 11% endline, physically forced to have sexual intercourse 5.8%

at baseline to 7% at endline. However, it was noted that those who reported threatened to take away livelihoods decreased from 4.96% at baseline to 2% at endline. This may indicate the effect of economic empowerment of AGYW by the cash transfers in Turkana.

Results from Kilifi County indicated a decrease in reported SGBV experience by respondents. Those reporting public humiliation reduced from 29.6% to 7.2% at endline, physically forced to have sexual intercourse 6.7% to 5.9%, while those reporting being threatened with withdrawal of economic livelihood remained the same, 2.2% at baseline and 2.0% at endline.

Table 5.19: Sexual and Gender Based Violence Experience

Has the following happened to you with any man?	Turkana			Kilifi		
	Baseline	Endline	Diff	Baseline	Endline	Diff
Insulted or made you feel bad about yourself (%)		23		29.6	14.5	(15.1)
He said something to humiliate you in front of others? (%)	6	11	7	29.6	7.2	(13.5)
Pushed you, shook you, slapped/punched/beaten you, hit you with something, tried to choke you or throw something at you that could hurt you? (%)		14		20.7	7.5	(13.2)
Threatened to hurt or harm you or someone you care about? (%)		10		9.6	7.9	(1.7)
Physically forced you to have sexual intercourse with him when you did not want to? (%)	5.8	7	2.8	6.7	5.9	(0.8)
Physically forced you to perform any other sexual acts you did not want to? (%)		3		5.2	8	3.3
Forced you with threats or in any other way to perform sexual acts you did not want to? (%)		3		4.4	3.1	(1.3)
Threatened to take away your economic livelihood? (%)	4.96	2		2.2	2.0	(0.2)
N				194	387	

Source: Survey Data, May 2021 & Baseline 2018/9

The survey also established that 45% of the AGYW in Turkana County sought help after experiencing GBV, compared to 16% in Kilifi County. There was no baseline value for Turkana County for comparison. However, a high number of respondents in Turkana County appear to be aware that they can seek justice when they experience SGBV in their community. This is associated with project interventions.

Table 5.20: Reporting of SGBV cases

	Kilifi		Turkana	
	Base-line	End-line	Base-line	End-line
Did you seek help after experiencing the different things we discussed?				
Yes (%)	21.0	16.0	-	45
N	128	66		183

Source: Survey Data, May 2021 & Baseline 2018/9

When asked whom they reported to in case they experienced SGBV, 63.5% of the respondents in Kilifi County and 45.2% in Turkana County reported to family. Reporting within the SGBV referral pathway was low in both project sites, with 10.8% reporting Kilifi County in Kilifi County and 7.6% in Turkana County reporting to medical personnel respectively. Only 6.8% in Kilifi County and 8.3% in Turkana County indicated that they reported to the police.

Table 5.21: Source of help for SGBV cases

Variable	Kilifi	Turkana
	Endline	Endline
From where did you seek help (%)		
Chief or village elder	14.9	20.3
Doctor/ Medical personnel	10.8	7.6
Friend	1.4	2
GBV Safe Spaces	0.0	0.1
Husband/partner	1.4	3.5
My family	63.5	45.2
Neighbor	0.0	6.9
NGO/ CBO	1.4	0.0
Police	6.8	8.3
Religious Leaders	0.0	6.2
School Teacher	0.0	0.0
N	74	288

Source: Survey Data, May 2021 & Baseline 2018/9

5.4 Effectiveness of Implementation

5.4.1 How effective were the project's implementation strategies at achieving the corresponding outcomes?

The Cash Plus project benefited from generally successful implementation strategies and timely changes, which inculcated learning from phase I.

[How effective were the implementation arrangements that the project had with its partners?](#)

The project established some strong and effective partnerships that were integral to project success.

Even though it was acknowledged that KRCS was PR of the HIV Grant, WVK and AICHM interviewees both highlighted that partnering with KRCS felt like a joint initiative. KRCS was praised as a collaborative and supportive partner, bringing a consultative approach with technical insight into issues of HIV prevention and AYP interventions. Both implementing partners appreciated the flexibility that the PR offered, recognising that, in one instance, the flexibility led to a successful design and development of SOPs for resumption of cash transfers in June 2020 after the COVID-19 related disruption of project activities. *The choice of partnering with AICHM and WVK was key to successfully delivering the work streams for Specific Objectives 1 and 2.* While AICHM was considered an established health service provider in Turkana County with experience in AYP friendly services, WVK was appreciated as an experienced partner, with in-county presence, wide reach, and with understanding of the development context in Turkana County. With the foregoing advantages, and dedicated project staff, both SRs were able to efficiently deploy the planned project activities in the county.

The Turkana County Cash Transfer Task Force was a crucial facilitator of project implementation through providing a multi-stakeholder forum for project oversight and guidance.

Document review and interviews established that the Turkana County Cash Transfer Task Force²⁴ was a functional multi-stakeholder forum with broad representation of stakeholders in education, health, children services, youth, gender, person living with disability, labour

²⁴ From August 29th 2019, it was resolved that the CTP TWG and the County AYP TWG merge to create a Task Force. Subsequent meetings were therefore considered Task Force meetings.



It has given me confidence to face these men and refuse them. We know that we can say no and nothing will happen. Before I couldn't even look at them in the face.

FGD Participant - Kakuma, Turkana West Sub County.

and administration. The Task Force also had representation from both the county and national government as well as KRCS, AICHM and WVK. *The broad representation of the Task Force fostered ownership of the project by the stakeholders and eased implementation as well as project communication.* A review of the TWG meeting minutes provides evidence of discussions covering key issues including strategies to ensure the most vulnerable AGYW were enrolled, verification documents, an exit strategy, progress on HTS and STI screening, and cash transfer monitoring, among others. Some of the key decisions arrived at by the Task Force and implemented by the project include rescheduling of cash pay-outs to align with school holidays or half-term breaks²⁵, capping the maximum pay-out amount receivable during a transfer cycle at KES 8,000 per AGYW and communication of cash transfer distribution dates through local area chiefs, elders, EBI venues and churches as opposed to over radio, to manage security concerns. Some drawbacks to the optimal functioning of the Task Force appeared to be turnover of civil servant representatives at Ministry of Interior and irregular attendance of meetings by some stakeholders. *Overall, the Task Force has been assessed as effective in monitoring the programme, providing oversight and providing technical guidance to the implementation of the project.*

It was an exceptional system for this program. It captured the details of the girls, their parents, where they come from, their allocation and disbursements, balances, schools. It also captured the if we reached a girl with monitoring and STI screening. The only thing it did not capture was the EBI sessions attendance.

Key informant – Turkana County.

The project was successful in its partnership with Flex Money Transfer for the distribution of Cash Transfers to the AGYW.

Analysis of the cash transfer payment schedules over the period 2018 - 2019 indicates several increases in AGYW enrolment with corresponding requirement for increased capacity to disburse cash.

Similarly in a few occasions, double payments to AGYW were required. Despite the uncertainties and the increased value distribution, the money transfer agent was able to effectively facilitate the cash transfers. This points to adequate financial capacity to provide the funds for the cash transfers before reimbursement by the PR. Apart from the financial capacity of the money transfer partner, interviews established that several factors influenced success. These include advance planning, appreciation of partner roles and support from all partners involved in the implementation process. Planning activities led by the PR occurred at least twice before the pay-out exercise ensured that all teams were properly briefed and consulted in preparation of the work plan. The evaluation notes that the use of a Preparedness and Roles & Responsibility Checklist was vital in the preparation by each party in the cash transfer process.

It is difficult to envision this project without the Cash Transfer Task Force. The joint planning and decision making in the meetings helped implementation and brought all of us together to implement and to take responsibility for this project.

Key informant – Turkana County.

Conversely, challenges with some partnerships under implementation of Cash Transfer in Phase I resulted in problematic implementation and non-achievement of project objectives.

The project experienced challenges in activity implementation with a cash transfer partner and a database management partner. Interviews provided evidence that the database management partner had difficulties in deploying a fully functional system. There were significant challenges in record keeping and system query, a situation that was exacerbated by inefficient communication by the beneficiary database partner. These challenges informed the replacement of both the cash transfer partner and the information management partner in phase II. *The evaluation has assessed that the experiences in phase I were critical learning points for the project, equipping the project management with a clear and practical appreciation of the calibre of systems required to effectively implement that cash transfer program.* In phase II, Flex Money Transfer and the Red Rose system replaced the terminated partnerships, with rigorous vetting applied in the selection of the cash transfer partner.

²⁵ Minute 8/02/09 of TWG Meeting held on 27th February, 2019 at KEFRI, Lodwar, Turkana County.

The project's collaboration with national and county government stakeholders promoted community buy-in as well as facilitated implementation in the project sites.

The project design clearly recognized that a multi-stakeholder approach was essential to delivering on the goals of the project. This design was implemented with positive effect. The project involved stakeholders at both county and national level in a collaboration that reinforced support for the project at community level. The project's implementation through valued stakeholders and partners in education, health, interior and children services was key to inspiring confidence in the project among community members. The project leveraged on government stakeholders in the selection, validation and verification of AGYW in and out of school, in provision of HTS and STI screening and in provision of security during the cash disbursements. Deploying project activities without goodwill from the government stakeholders would not achieve much success.

[How could the project design or implementation be improved to achieve greater results?](#)

The design and operation of a rigorous impact or longitudinal study was required to generate stronger evidence of changes or outcomes that can be attributed to the cash plus project.

The evaluation identified several processes and outputs of the monitoring and evaluation (M&E) arrangements for the Cash Plus project. These include a baseline survey, monitoring of project by both SRs and PR, post-distribution monitoring (PDM) by the PR, an impact assessment and several project reviews instituted by the PR. These helped to adjust and course correct the project. While the foregoing are all useful and informative products of M&E, there appears to have been a gap, particularly in addressing the impact level results. Interviews with stakeholders all pointed to project impact relying on anecdotal proof but with limited experimental evidence to answer the attribution question. *With hindsight, the evaluation team appreciates that the evolution of the project including the uncertainties of transition to phase 2, did not provide a stable environment for the design of an impact evaluation.* To enable empirical measurement of the impact of the cash plus project, an impact assessment embedded in the project design is required. This

design would track a cohort of beneficiaries from enrolment through midline and endline with control participants. For ethical considerations, the control would be AGYW on a waiting list to be included into the project though in a delayed fashion.

Replacement of enrolled AGYW who fail to appear for HIV prevention interventions and cash transfers with AGYW on a waiting list.

Since project inception, there was high demand for the cash transfers occasioned by high poverty levels, with majority of the girls within the most vulnerable category. This interest was confirmed by local administrators who suggested that there were many more vulnerable AGYW in the project sites. With evidence that there were AGYW who either relocated, got married, were removed due to fraudulent enrolment or were otherwise unavailable to participate in project activities, this presented opportunities to enrol other eligible AGYW. Unfortunately there doesn't appear to have been a provision or clear protocol of filling such vacancies. This perhaps, would be a change to consider during project design or review.

Establish mutually convenient payment dates for in-school and out-of-school AGYW.

As previously discussed, one of the changes to payment schedules during the project was aimed at ensuring that in-school AGYW were not distracted from studies in the process of accessing their cash transfers. Payment dates were therefore aligned to school holidays or half-term breaks. Discussions with AGYW in the 20-24 years age group and who were mostly out-of-school highlighted that they felt this change did not quite consider them. Some AGYW participants in FGDs suggested that those in school needed to have their own payment dates. *It is advisable to establish schedules that do not appear to lean towards a particular group of beneficiaries as this may communicate priority for certain beneficiaries and ultimately shift project perception among beneficiaries.*

Review project to include preparation of exit strategies or sustainability mechanisms at design stage.

Issues of the exit strategy for the project are discussed in detail under the sustainability criterion. We mention here briefly that while the Cash Transfer Task Force discussed sustainability arrangements

for the project, these discussions took place during the sunset of the project with limited time and opportunity to appropriately implement. *To sustain the project outcomes, an exit plan developed at design or project inception would have been more fitting.* Such plans would need to be reviewed alongside project implementation and updated with implementation learning to make them practical and effective.

Periodic assessment of the vulnerability of AGYW over the project period to ensure updated information on vulnerability status

Vulnerability criteria defined by the project was applied to select AGYW for enrolment. The project therefore had baseline vulnerability status for all the AGYW receiving cash transfers. Since the project beneficiaries regularly interacted with the project, the vulnerability assessment needed to be updated to better inform the project of any changes in AGYW status. This would be useful in gathering evidence to back-up project impact as well as to ensure that only AGYW eligible for the cash transfers were retained in the project.

Persistent views by community on inclusion of ineligible AGYW into the project necessitate the need for other means of validation of AGYW to supplement community validation.

The baseline and an impact assessment report of the project consistently established that there were still significant concerns that some AGYW receiving cash transfers did not meet the selection criteria that had been publicized.²⁶ During fieldwork for this evaluation, similar sentiments were shared by community members. Interviewees also indicated that complaints about ineligible beneficiaries were common. Interestingly, it was noted that although there was community validation of selected beneficiaries, members of the community fearing a backlash from influential community members, chose not to speak up. *It would appear that unless properly conducted, community validation may serve to rubberstamp eligibility of some undeserving AGYW.* There is thus need for other creative and effective methods of AGYW validation or strengthening of community validation.

Coining of an appropriate project name to communicate the intentions of the project and the link between the cash disbursements and HIV prevention

The project faced challenges in getting the community to appreciate the real intentions of the project and to understand the linkage between the cash, dignity kits, HIV interventions and vulnerability of AGYW to HIV. This remained a challenge in the second half of 2019 with the Cash Transfer Task Force recommending the development of frequently asked questions (FAQs) handouts to the beneficiaries and the community to communicate the project purpose.²⁷ *Project names have a powerful effect on project success. A distinctive name sends important signals about what the project is intended to accomplish, and sets the tone for the protect beneficiaries.* The absence of a catchy or memorable name for the project appears to have been a lost opportunity to communicate the actual project intentions.

[Was there any need to adjust the project response to the changes in the project environment? If yes, what adjustments were made and were they timely?](#)

The project responded effectively to changes and a growing understanding of the implementation context. Adjustments to the project largely aimed at optimizing results, with evidence of success in key areas.

The evaluation assessed that the project borrowed and implemented significant learning from phase 1. Evidence shows that changes were made to the project informed by a KRCS internal project review and Global Fund Office of the Inspector General (OIG) findings on the CTP in May 2018. Some of the key issues noted in phase 1 included, non-transparent registration of beneficiaries, failure of biometric identification for some AGYW, intermittent cash and dignity kit distribution, inadequate implementation of combination prevention programming, and low achievement in deployment of EBIs and HTS. Based on the foregoing, the project was redesigned to address identified gaps. A revised concept note was developed to guide the implementation of phase 2 of the project.

²⁶ Research Report by International Centre for Humanitarian Affairs (ICHA) June, 2020.

²⁷ Minutes for the Turkana County Cash Transfer TWG Meeting held on 27th August, 2019 at Solmar Hotel Lodwar, Turkana County.

Interviews and document review highlighted several key adjustments that were timely and of significant influence to the results trajectory of the project. These include:

- Review of CT conditions and reverification of all AGYW carried forward from Phase 1. This change strengthened targeting and enrolment of the most vulnerable, removed the inactive and over-age AGYW and helped weed out suspected fraudulent enrolments.
- Development of consent forms by the County CTP TWG to facilitate AGYW reverification into the program. This ensured alignment with child and data protection regulation.
- Identification of girls in schools for enrolment into the project. This helped to target vulnerable girls in school and to address the target of 9000 AGYW. This change largely contributed to increased enrolment of AGYW into the project.
- On-boarding of a robust beneficiary management platform (Red Rose System). This was an upgrade over the previous system. Upgrade features include a summary dashboard customizable per beneficiary, various biometric identification options, comprehensive reporting, and audit trails on all edits.
- Procurement of a cash transfer partner (Flex Money Transfer). There is evidence of effective project implementation on the cash distribution front.
- Strict use of national ID and birth certificates as registration documentation for AGYW. Though this change slowed enrolment, it strengthened the integrity of the process.
- Development of IPC guidelines and SOPs for the distribution of cash post-COVID-19. This facilitated resumption of cash distribution in June 2020 after a 4-month hiatus.
- Introduction of appointment cards for the AGYW to facilitate a COVID-19 compliant distribution process. A significant change that solved multiple distribution-day challenges.

How effective was the payment modality (Red Rose System)? Did this differ for in-school and out of school AGYW?

The Red Rose System facilitated effective and efficient cash distribution and reliable management of beneficiary and project data.

Project interviewees were unanimous that the Red Rose system is a significant upgrade to the data management system used in Phase 1. The system was considered a core management tool for the cash plus project given its central position in registration, verification, payment of AGYW, and reporting on project activities and cash plus transactions.

In terms of payment, the system was utilized for enrolment and biometric registration of the AGYW, verifying identity of AGYW prior to payment and retrieving and storing records of the paid AGYW. A review of the data and reports generated by the Red Rose system provided evidence of a robust and multi-purpose apparatus with the capacity to keep track of significant number and type of variables that were relevant to the project. It was established that there were different access levels for different users, depending on use and information requirements. The system was accessed by the PR, SRs, and the payment agent and sub-agents.

Overall, the system was described as effective and efficient with both the user interface and user experience being ranked highly by all the users that were interviewed. The Red Rose system provided an accurate biometric identification system that was very useful in verifying AGYW identity, especially in cases where identity was disputed.

Despite the remarkable performance of the Red Rose system, one limitation was identified. Although the system could support offline mode, there were a few cases where duplicate payments were processed. This was noted in early 2019 and arrangements put in place to ensure online use and further vetting of cash transfer sub-agents involved in the incidents.

We have used this system on offline and online mode in areas like Kerio where there is no phone network and even problems with GPS. I have worked with quite a number of systems and I can assure you that Red Rose is a very effective system. We were never worried about the system during pay-days...we worked on other aspects to make the distribution successful.

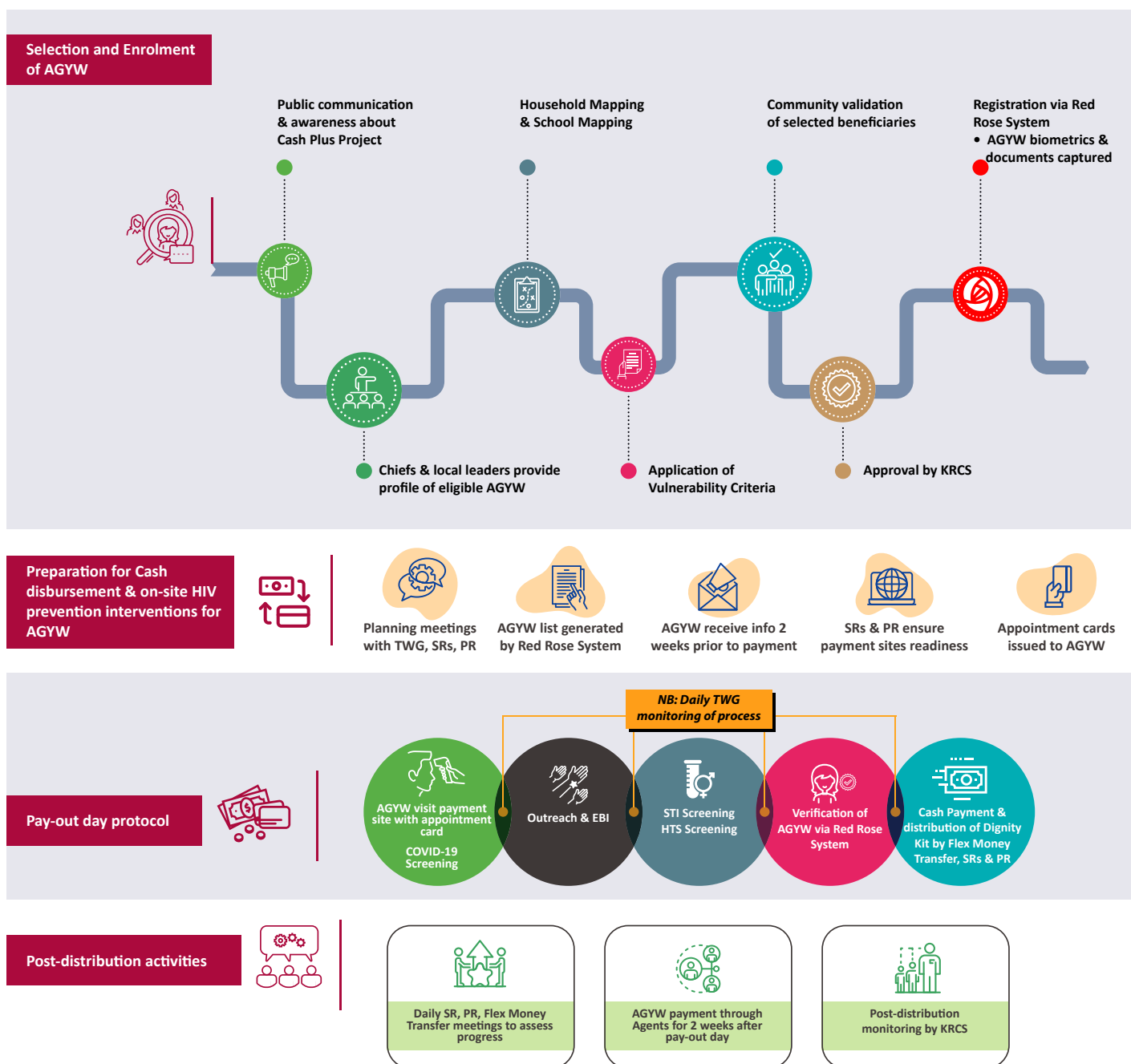
Key informant – Turkana County.

There appears to be no difference in payment modality for the in-school and out of school AGYW. As discussed previously, from early 2019 the payment schedules for all AGYW were altered to align with school holidays and half-term breaks. This worked well except in June 2019 when AGYW in secondary school were missed due to the mismatch of half-term break dates for primary and secondary school.²⁸

A key objective of this evaluation was to describe the integrated cash transfer model that was implemented by the project. Below we present an illustration of the cash transfer model and a discussion of relevant aspects that were gathered from the beneficiary survey.

It was an exceptional system for this program. It captured the details of the girls, their parents, where they come from, their allocation and disbursements, balances, schools. It also captured the if we reached a girl with monitoring and STI screening. The only thing it did not capture was the EBI sessions attendance. Key informant – Turkana County.

Figure 5.1: Cash Plus enrolment and distribution model



²⁸ Minutes for the Turkana County Cash Transfer TWG Meeting held on 27th August, 2019 at Solmar Hotel Lodwar, Turkana County.

The end line survey collected data on several variables to gauge the performance of the cash transfer modality. These variables are discussed below.

Payment collection costs

The evaluation sought to assess the travel costs incurred by CT beneficiaries, as prohibitive travel distances or significant transport costs can serve as barriers to collecting the transfer or undermine the cash effectiveness. The survey asked respondents how much they spent on a roundtrip when going to collect their cash transfers. Respondents in Kalokol, Kakongu and Kalobeyei reported spending no money to the payment point. The highest average transport cost was KES 375 incurred by respondents in Nakalale. Overall, costs were low for most of the sample. *This implies that the mapping and targeting of the payment sites for the project were largely appropriate.*

Table 5.22: Travel cost of collecting most recent payment

Sub county	Ward	Average Transport Costs (KES)
Turkana Central	Kalokol	0
	Kanamkemer	128
	Kerio	50
	Township	158
Turkana South	Kakongu	0
	Katilu	132
	Lokichar	145
	Kaputir	236
	Lobokat	25
Turkana West	Kakuma	123
	Lokichoggio	29
	Nakalale	375
	Nanam	11
	Songot	30
	Kalobeyei	0
	Lopur	183

Source: Survey Data, May 2021

Satisfaction with treatment

The survey respondents were asked about their satisfaction with the treatment by the project staff at the payment point. A significant majority of the respondents (82%) reported feeling happy with the treatment by project staff at the payment point. The survey results also show that most AGYW (95%) preferred to maintain the payment method if the program was to continue.

Table 5.23: Satisfaction with Cash Plus transfer payments

Question	Percent
In general, were you happy with the way you were treated by the Cash Transfer programme representatives at the payment point?	82.0
If the cash transfer was to continue, would you prefer to receive your payments by the same method	95.0

Source: AGYW survey data (May, 2021)

Leakage of Cash Transfer Payments

An outstanding characteristic of the cash distribution operations is almost no leakage of the cash transfer, especially to project. None of the respondents reported ever having to pay any money to the project staff at payment point or that someone at the payment point ever asked them for money (or gift) before or after receiving the money. Leakage to the wider community is low as well. Only 0.1 % reported having to pay any money to someone in the community, for example a chief or an elder, when collecting the payment.

Table 5.24: Leakage of the Cash Plus transfer payments

Question	Percent
Ever had to pay any money (cash/in-kind) to project staff when collecting payment	0.0
Ever had to pay any money to anybody in community (e.g. elder/chief) when collecting payment	0.1
Anyone at payment point ever asked for money (gift), before or after transfer payment	0.0

Source: AGYW survey data (May, 2021)



I still feel the project needed to include boys. There are child-headed families especially by boys. Isn't such a boy vulnerable? The community is still asking. They are also dropping out to ride boda bodas and use drugs. These could be the boys these girls will get.

Key informant – Turkana County.

5.5 Efficiency

5.5.1 How efficient was the project implementation?

Were all activities undertaken on time as planned?

The project experienced a number of delays in implementation, most of them at the beginning of phase II, which resulted in a slow disbursement rate

There were several delays that may have limited the achievement of expected results. These have been highlighted in previous sections of this report. One area that experienced significant delays or protracted action was the registration of AGYW into the program. This was mainly due to lack of identification documents (national identification cards and birth certificates) for the AGYW. Some activities were also delayed including SASA! and the CSE which did not take place due to challenges in obtaining clearances from MOE.²⁹

Project activities under the HRG component were also delayed due to a hold-up in the finalization of a manual for uniform use across the other counties implementing AYP interventions.

Implementation of project activities was also delayed by the COVID-19 related disruption in March 2020. Almost all project activities were halted and gradual resumption appears to have commenced in June 2020. The project made adjustments to schedule and in the case of EBIs, sessions were increased to ensure more youth were targeted and trained.

Were all activities done within the budget? If there were any significant variances (whether early or late, over or under expenditure), what caused them?

Interviewees have indicated that the project was largely implemented within the expected budget except for some early variances caused by delays in implementation of the cash distribution module. The evaluation identified a few cases of significant variations which are presented in the table below.

Table 5.25: Major variances in the project implementation

Period	Variance (USD) Absorption Rate (%)	Reason
Jan-June 2018	\$991,447 17.8%	<ul style="list-style-type: none"> <input type="checkbox"/> The low absorption was due to delayed implementation of the cash transfer programme. <input type="checkbox"/> Delays were also noted in procuring a new cash transfer agent. The tendering process to identify a new agent who met the set criteria proved challenging and a retender protracted the procurement process. <input type="checkbox"/> The PR engaged the donor for an extension of the pilot project as a result of the challenges.
July - December 2018	\$1,898,560 18.6%	<ul style="list-style-type: none"> <input type="checkbox"/> Variance related to slow implementation of the cash plus project, specifically caused by lack of identification documents for AGYW which significantly hampered their enrolment and cash payment to the AGYW. <input type="checkbox"/> In response, the PR engaged the GF for an extension of this pilot program beyond 2019 as a result of the challenges. <input type="checkbox"/> The revision of the CTP concept note was approved later in the year and implementation started in November-18
Jan-June 2020	-\$443,988 Not Budgeted	<ul style="list-style-type: none"> <input type="checkbox"/> Variance of USD 443,988 relates to cash transfer and provision of dignity kits for AGYW. The activity spilled over to 2020 after initial set up delays.

Source: KRCS PUDRs (2018-2021)

²⁹ Kenya National Association of Positive Teachers (KENAPOTE) who are apparently mandated to offer the curriculum were willing to undertake the trainings but permission to roll out the curriculum took long to get approved by the KICD.

For efficiency, among the major changes undergone by the project, the evaluation identified the following positive signals: (i) despite the delayed start-up, the project successfully exceeded the target of 9,000 by the fifth disbursements; (ii) outsourcing played a key role in implementation and generated important lessons learned; and (iii) payment collection costs were low for most AGYW implying that the mapping and targeting of the payment sites for the project were largely appropriate.

[How did the efficiency affect the effectiveness of the project?](#)

From the preceding sections, the evaluation identifies implementation delays as the only major efficiency issues that appear to have negatively affected the effectiveness of the project. Most of the delays were caused by factors outside the project's control, although there is evidence that the project made arrangements to accelerate implementation. We note that in the initial four distribution cycles, the project may have lost the opportunity to make 16,672 distributions to AGYW totaling to KES 66,688,000.00. This is mainly because the target of 9,000 AGYW was only reached in the fifth distribution cycle.

5.6 Stakeholder Participation and Accountability

This section provides triangulated evidence of stakeholder participation and engagement.

5.6.1 To what extent have stakeholders participated in the project?

[To what extent did the project effectively engage key stakeholders?](#)

The project successfully engaged and established relationships within and between multi-government stakeholders, the SRs, PR and the community in Turkana County.

There is evidence that the project consistently and actively involved stakeholders in key stages of its implementation. *The inclusive engagement of SRs, local partners and AGYW from the planning and implementation of the project ensured that the project was more aligned with local stakeholder participation.*

As previously discussed, the Turkana County Cash Transfer Task Force exemplified multi-stakeholder engagement as well as involvement in planning and implementation of key stakeholders. Further evidence

of key stakeholder involvement engagement was seen in various episodes including:

- CHMT's involvement in selection of project sub-counties;
- Community validation of selected cash transfer beneficiaries;
- Local leadership input into the initial profile of AGYW for the cash transfer and household mapping;
- Participation of TWG, beneficiaries, local leadership in PDMs;
- Education stakeholders' involvement in school mapping;
- Regular reporting to the county government on project activities

On the metric of stakeholder engagement, the project scores highly. As evidence of a cordial relationship with stakeholders, this evaluation was able to kick-off with a well-attended county and national government partners meeting on a public holiday. Further assurances of support for the project were shared demonstrating commitment and continued cordial relations between the project and its partners.

[How much did the beneficiaries understand the project?](#)

There was varied understanding of the project with most beneficiaries showing a clear grasp of the targeting criteria and cash transfer component. Some AGYW could link the cash transfer to targeted health outcomes.

Previous project reports and studies highlighted an inability by some community members to link the cash plus project to the issue of reducing vulnerability to HIV among AGYW. This is a concern that the project appeared to address up until its sunset year. The Cash Plus project beneficiaries were asked why they thought they were selected to be in the project and whether they thought the eligibility criteria were clear. The AGYW had a mostly positive view of clarity of the project's selection criteria. As seen in the table below, 96% agree or strongly agree that the eligibility criteria are clear. *This indicates that the communication on eligibility by the project was effective.*

Table 5.26: Perceptions of AGYW on clarity of eligibility criteria

	The eligibility criteria for the Cash Transfer Project are clear			
	Age categories of AGYW			
	10-14	15-19	20-24	Total
Strongly agree	99 (39%)	98 (39%)	57 (22%)	254 (63%)
Agree	64 (47%)	52 (39%)	19 (14%)	135 (33%)
Neither agree nor disagree	5 (38%)	7 (54%)	1 (8%)	13 (3%)
Disagree	1 (50%)	1 (50%)	0 (0%)	2 (0.5%)
Strongly disagree	1 (100%)	0 (0%)	0 (0%)	1(0.5%)

Source: AGYW survey data (May, 2021)

The cash plus project targeted AGYW aged 10-24 years, both in and out of school and whose vulnerability to HIV was assessed to be high. From the survey results, although the beneficiaries reported that the eligibility criteria were clear, most AGYW focused on the economic and gender aspects of why they may have been selected to receive the transfers. Majority (80%) reported that they were selected because of being AGYW, while 32% reported selection by virtue of poor economic status, 16% due to lack of food and being in school (6.1%).

Table 5.27: Reasons for selection into the project among AGYW

Reason why you were selected	Frequency	%
I am an adolescent girl	284	54.4%
I am a young woman	136	26.1%
I am taking care of many children	8	1.5%
I am poor	167	32.0%
I am unable to work	9	1.7%
I am a person living with disability	2	0.4%
I don't have enough to eat	85	16.3%
Don't know	20	3.8%
Orphan	8	1.5%
I am in school	32	6.1%

N=403

Source: AGYW survey data (May, 2021)

Cash transfers were conditional and beneficiaries were required to take particular actions in order to continue receiving it. The four conditions included annual HIV testing and quarterly STI screening of beneficiaries, full attendance of the relevant EBIs, attendance of the outreaches and school attendance for the girls 10-15 years, mostly in primary schools.³⁰ The table below shows the most common conditions beneficiaries reported that they had to follow. These included taking a HIV test (64.3%), STI screening (60.4%), attendance of primary school (30.2%) attendance of secondary school (18.0%).

³⁰ Project Status Report (August, 2018) Cash Plus Programming for AGYW in Turkana County.

Table 5.28: Conditions to be fulfilled for cash transfer beneficiaries

What conditions were you required to fulfil?	Frequency	%
Attendance in Primary School	114	30.2%
Attendance in Secondary School	68	18.0%
Purchase of School Supplies	34	9.0%
Quarterly STI Screening	228	60.3%
Annual HIV Test	243	64.3%

Source: AGYW survey data (May, 2021)

From the FGDs, the 10–14 year olds understood the project as meant to help keep them in school and enable them continue with their education. For the 15–19 year olds, the project was more about providing HIV prevention information and services, while for the 20-24 years cohort, they viewed the project as a livelihood intervention but with HIV prevention aspects.

How much were beneficiaries involved in the project decision making?

There were several instances throughout the project term that exhibit involvement of AGYW in decision making. These include consenting before biometric registration, HIV testing and before participation in the PDMs. Parents of adolescents below age of 18 years were involved in decision making before the girls were incorporated into the project. Prominently for the renewed design in 2018, the project held review meetings with among others, caregivers, beneficiaries and the community. The redesigned project was presented and discussed before feedback from the participants was utilized to improve on the concept note.

The community leaders were the main and first point of community entry during the project implementation. Interviews with local leaders indicated that the community was supportive of the

project and expressed that they had been involved through several preparation and validation meetings. Overall, there were no major issues identified with regard to beneficiary involvement in decision making.

What strategies were used for beneficiary communication and complaints mechanism?

The communication mechanisms used for beneficiaries were varied and targeted AGYW in and out of school as well as those who could only conveniently receive information through their caregivers. Information from the project was mainly disseminated through chiefs and local elders, the SR representatives, churches and schools. For communication to beneficiaries on pay-out days, the list of beneficiaries was prepared and displayed at the local Chief's office and information on the available list sent to the AGYW through the village elders. With the introduction of appointment cards in June 2020, SRs closely worked with chiefs and elders to ensure each beneficiary received their appointment card to access project services on the specified date and time.

The TWG constituted a Complaints and Feedback Sub Committee that was supported by the SRs to develop a complaints and feedback framework for the program.³¹ However, it was noted that the KRCS toll free number that was publicized had received few calls by end of 2018. Information was rarely disseminated through phone to beneficiaries, but frequently done through community leaders. A WhatsApp group for local administrators was also used to ease information sharing with the local administration.

Survey results indicate a modest awareness among beneficiaries of how they could make suggestions or complaints. Sixty one percent of the respondents were aware of the complaints mechanism while only 46% had made any suggestions or complaint. Out of those that had made any suggestions or complaints, 85% reported that they had received feedback. From the FGDs, chiefs, SRs and the PR representatives some were mentioned as of the person that the AGYW shared suggestions or complaints with.

³¹ Project Status Report (August, 2018) Cash Plus Programming for AGYW in Turkana County.

Table 5.29: Knowledge of and response from complaints mechanism

Question	Yes Percent
Do you know how to make suggestions or complaints to the project in case you have any?	61.0
Did you ever make any suggestion or complaint?	46.0
Did you receive any feedback for your complaint or suggestion?	85.00

Source: AGYW survey data (May, 2021)

To what extent were the interventions integrated into the government national programs, policies and orientation?

As discussed previously under the relevance criterion, the project was aligned to several national and county government priorities. We note that the cash plus project was the first of its kind in the county with no previous intervention of this nature to compare with. However, interviewees shared that the project responded to several key areas of national concern.

In the education sector, the interventions aimed at ensuring girls retention and enrollment levels in school, which were in tandem with the national government's education policy. The project aligned with the KASF I (2014/15-2018/19) and the recently initiated KASF II (2020/21-2024/25) meant to reduce new HIV infections by 75%, reduce AIDS related mortality by 25%, reduce HIV related stigma by 50% and increase domestic financing of the HIV response to 50%. KASF is also a strategy to contribute towards achievement of Vision 2030 through universal access to comprehensive HIV prevention, treatment and care. We also note that the project specifically integrated the new PNS for HTS by introducing eligibility screening before conducting HTS to the AGYW. The SGBV training modalities of the project contributed to the County Government Policy on SGBV of 2017.

5.7 Impact

Below we present the evaluation findings relevant to the project's impact. Whilst presenting the findings from our analysis of the expected impact, we also reflect on the unexpected impacts of the project, both positive and negative.

5.7.1 To what extent has the project impacted the lives of the targeted project beneficiaries?

Several expected and unexpected changes were associated with the project. The project had an effect on some of the factors that increase the vulnerability of AGYW to HIV.

What is the extent to which Cash Plus Project contributed to the intended results among the AGYW?

In examining the impact of the cash plus project, the evaluation identified various pathways through which change may have been influenced by the project interventions. The contributions of the project to intended results including reducing HIV risk to AGYW are discussed relying on triangulated evidence.

Cash transfers helped meet basic needs for the most vulnerable AGYW and influenced behavior change, an impact that is widely supported by the community.

Several FGD participants especially in the 20-24 years age group were candid that the cash transfers had impacted their behaviour in the area of transactional sex. The other age groups and parents also reported observing reductions in transactional sex or prostitution although they referred to observing these changes among 'other' AGYW in the community. By contributing towards food, school fees and other basic needs, the project reduced AGYW need to seek male partners for material benefits, thus reducing HIV risk by deterring transactional sex. The survey results report a significant reduction in AGYW who reported receiving money, gifts or favours in exchange for sex in last 12 months, from 35.7% at baseline to 7.8% at endline.

During the time we were getting the money, the sponsors could not confuse us because we could take care of our needs and we had money. The kits also gave us soap and pads so boyfriends were not needed.

FGD Participant – Turkana West Sub County.

AGYW and parents reported that the cash transfers addressed food insecurity and access to other basic needs like clothing. These would sometimes be provided by 'sponsors' or a boyfriend who would ask for sex in return. This is evidence that the cash was effective in empowering AGYW to avoid transactional sex and thus reducing HIV risk.

In discussions with key informants, the evaluation team enquired about the situation without the project. Most interviewees painted a less optimistic picture. It was widely observed that without the financial support from the project, the threat of sponsors was stronger as the AGYW had less power to resist sexual overtures that promised to take care of food and other basic needs.

It has given me confidence to face these men and refuse them. We know that we can say no and nothing will happen. Before I couldn't even look at them in the face.

FGD Participant - Kakuma, Turkana West Sub County.

We have learned so much about HIV through the teachings. For me I changed how I behave after watching the videos and seeing that someone can play you and you don't know.

FGD Participant - Lokichar, Turkana South Sub County

As discussed previously, a slight improvement in condom use was noted at endline which is associated with the EBIs. There was also a reported increase in AGYW who had sexual partners of their age, an indication of reduction in age-disparate sex. Parents in FGDs were appreciative of the EBIs or 'teachings' which they associated with change of behaviour among the AGYW.

Cash transfers contributed to school enrolment and attendance with good effect on school retention and dropout rates among AGYW

The survey established that school fees (by 72% of AGYW) was one of the main uses of the cash transfers. This is confirmed by the views of parents and the girls in FGDs who cited school fees and uniform as being main expenditures. By keeping girls in school, the cash transfers helped to delay their sexual debut, focus and shield girls from negative activities as well as possibilities of early marriage. A review of the CT database shows that out of the enrolled 9,916 AGYW, 6,456 AGYW (65%) were school going. With school fees identified as a major expenditure item, it implies that cash transfers contributed towards impact in the education of the AGYW. FGDs captured a unique contribution of cash transfers where several girls reported that the cash had helped them through the transition from primary to secondary school. This identifies the contribution of the project to reducing the school drop-out rate and enabling transition to high school.

The EBIs had a good impact in empowering AGYW with HIV prevention knowledge and capacity to confidently reject unwanted sex partners and to practice sexual restraint.

AGYW in the FGDs shared positive reviews of the EBIs that they had participated in. It appeared the EBIs provided a forum for discussions on issues that were taboo at home or which parents were not available to discuss. AGYW reported that the teachings in EBIs had exposed them to more knowledge on HIV prevention thus increasing their awareness of HIV. Most participants in the AGYW FGDs openly expressed themselves and shared that their perception on HIV as 'something for others' had changed. These risk perceptions are critical in determining sexual behaviour. The EBIs appear to have influenced increased awareness on the risk of HIV among AGYW. The FGDs also provided evidence of more confident AGYW who reported that they could now make better decisions, express themselves and handle male partners more confidently and refuse sexual advances.

I had dropped out of school because of fees but the money from the project enabled me to go back to school.

FGD Participant - Katilu, Turkana South Sub County.

Also chief guided us on how to use that money wisely in a meeting that it should help in buying school materials, fees and support other siblings suffering at home.

FGD Participant - Lokichar, Turkana South Sub County

We used to go to school on time because we could buy school items early using the money.

FGD Participant - Lodwar, Turkana Central Sub County

The very first time I received this money I was joining secondary school. I then used the money to pay for my school fees.

FGD Participant - Lokichoggio, Turkana West Sub County

The project was successful in influencing adoption of HIV prevention modalities such as condom use and HIV testing among the AGYW.

The AGYW enrolled in the program were required to undergo a HIV test annually and quarterly STI screening. Over the project period, AGYW had access to HTS with 2,330 AGYW getting tested in 2018, 13,130 AGYW in 2019 and 11,064 AGYW in 2020. Alongside HTS, risk reduction counselling was offered to the AGYW and this has been mentioned



"I have learned that condoms help prevent both unexpected pregnancy and HIV and other sexually transmitted diseases".

FGD Participant - Lokichogio, Turkana County

by AGYW as having influenced their behaviour. It is possible that knowing that the project would undertake regular HTS and STI screening, the AGYW were more cautious about their sexual behaviour. There were positive reviews of the importance of HTS and how this influenced behaviour, indicating project impact.

The project contributed to the economic empowerment of the AGYW, with evidence of shared benefits with the community

Discussions with the AGYW predominantly highlighted the purchasing power that the cash transfers conferred, as one of the key changes they experienced. Majority of the girls shared that being in the project offered them a sense of financial security and empowered them to make some financial decisions. There was evidence from FGDs that some of the girls had ventured into small business and table banking or 'merry-go-round' to try and invest a portion of the proceeds from the cash transfers. Some of the businesses included small fish stalls, kiosks bead making, soap making and salons. The profitability of these businesses was however not established.

[What is the extent to which Cash Plus Project contributed to unintended results among the AGYW and community?](#)

There are positive and negative outcomes associated with the project. The low number of negative unexpected outcomes is an indication that the outcomes as set out in the project theory of change were well defined.

The intended results discussed above all represent expected positive outcomes influenced by the project. The evaluation identified some positive and negative results that the project contributed to. We discuss these below.

The project indirectly contributed to acquisition of birth certificates and national IDs by a significant number of AGYW

In its second phase, the project was more rigorous and thorough in demanding and scrutinizing identification documents for the AGYW. Although this delayed enrolment, it also compelled AGYW to obtain official identification documentation. As a result, almost all girls below 18 obtained birth certificates while other AGYW acquired national ID

cards. The in-school girls will need birth certificates for national exams registration and later ID acquisition. These documents will remain a legacy of the project for many.

Strengthened working relations between national and county government officers, and implementing partners

The multi-stakeholder approach promoted by the project positively impacted working relations between multiple stakeholders. The TWG brought together members from several sectors and departments to implement the project. This strengthened existing relations while building new ones among the members. Members of the TWG reported that it was easy to consult other members, even for other work related issues, due to the working experience on this project.

Contribution to the COVID-19 response through sensitization on prevention

The resumption of project activities in June 2020 after the COVID-19 related disruption in March 2020, compelled the project to develop SOPs for cash distribution and IPC guidelines. During distributions, the project enforced the new regulations and provided sensitization sessions to the beneficiaries. AGYW were screened and required to adhere to the COVID-19 prevention protocols before receiving services.

Improved community perception of the importance of keeping girls in school

Although the project was mainly a HIV prevention intervention, it greatly influenced the perception on importance of keeping girls in school. The evaluation noted that the parents and AGYW considered the increased enrolment and support of in-school girls by the project to be a sign of approval. Keeping girls in school for them ensured continued benefits from the project.

Influence on culture and inclusion of HIV test before formalization of traditional marriages

There is an encouraging development. This is the community use of the knowledge on EBIs to manage the aspect of cultural marriages to underage girls, by requiring adults intending to marry younger girls to undergo HIV testing and counselling sessions with prospective spouses.

The project has ignited community focus on adolescent girls and young women and promoted a better understanding of their challenges.

In a community that has culturally and traditionally focused on the boys, the project's focus on AGYW was a relatively novel venture. Prioritization of the girl appeared ignited debate in the community with the question - "why girls?" widely being discussed. The project has influenced discussions and awareness on the unique challenges faced by AGYW which were hitherto not noticed or deliberated by the community. The focus on AGYW has however led to some queries on why boys were not included in the project.

I still feel the project needed to include boys. There are child-headed families especially by boys. Isn't such a boy vulnerable? The community is still asking. They are also dropping out to ride boda bodas and use drugs. These could be the boys these girls will get.

Key informant – Turkana County

Promotion of a savings culture among the AGYW

An important outcome of the project is the promotion of a savings culture among the AGYW. Portions of the cash transfers were dedicated to village savings and loaning associations into what is commonly called 'mavuno'. This has helped the girls and young women to get into a saving culture to promote self-worth and self-dependency

The negative results associated with the project include:

Reported indebtedness which undermines the effectiveness of cash transfers

Interviewees reported that there was a silent practice of advance borrowing by some out-of-school AGYW, in anticipation of cash transfers. In some cases, AGYW borrowed exceedingly and received cash transfers only to pay debts. This appeared to limit the effectiveness of the cash transfers.

Reports of misuse of funds usually to purchase alcohol

Although not widespread, there were reports of AGYW who misused the cash transfers by purchasing alcohol for themselves and their peers. This appeared to misrepresent the intentions of the project to the community who felt that targeting of the most vulnerable was not well done.

Possible dependency on funds from the cash plus project

The project was clearly successful in providing regular income to the AGYW for a period of three years for some. This appears to have created some dependency on the project. Analysis of FGDs with the AGYW and parents noted there are recipients who will require some time or other dependable income source before moving on.

5.8 Sustainability

5.8.1 To what extent are the achieved results likely to be sustainable?

Below, we present findings on the sustainability of observed achievements.

[What measures were put in place to ensure project sustainability?](#)

The project developed sustainability strategies except that these were developed towards the end of the project thus limiting opportunities for their usability and appropriate follow-up.

The project had consistently informed the community and beneficiaries about the term of the project and its close-out date. Despite having this information, it appears that the beneficiaries were not quite prepared for this reality. Participants in majority of the FGDs enquired whether the project would return, indicating that they still required the assistance offered by the project.

There is evidence that the Turkana County Cash Transfer Task Force had deliberations on a transition plan or exit strategy for the project. This was however in the second half of 2020. The deliberations focused on among others, identifying and linking very needy AGYW beneficiaries to other cash transfers in the county, sensitization of AGYW on the use of cash, sensitization on financial literacy, support to AGYW to start IGAs, linkage to other economic and livelihood initiatives and sensitization on project closure. Various opportunities for linkage of AGYW were identified by the Task Force including linkage of persons with disability to disability cards and linkage of interested AGYW to the Kenya Youth Employment Opportunities Project (KYEOP). The evaluation did not establish evidence of AGYW who had been successfully linked to the identified opportunities. *It appears the timing of the exit strategy was inappropriate. The sustainability mechanisms*

needed to be developed at design stage and revised annually or as implementation information becomes available. This would have provided more time to implement the exit strategy.

The availability of funding beyond donor support to continue project implementation is a major determinant of the sustainability of cash plus projects. The evaluation did not find evidence of funding beyond project end. This dims the possibility of continued implementation. Overall, the scenarios for the flow of project benefits to continue beyond closing are currently uncertain although there are windows of opportunity.

[To what extent did socio-cultural factors affect uptake of project interventions? What measures were taken to address the same?](#)

There was initial resistance to the project from pockets of the community at inception. The main reasons provided were that the community feared the cash transfers would be misused by the AGYW and lead to negative outcomes. The project was able to engage, explain and secure support of the community for the interventions. After phase I in 2018, it appears that the community had already seen the benefits of the project and the overwhelming numbers of AGYW interested in the project confirm this. From then onwards, the project has enjoyed considerable support and is widely appreciated by the project.

Interviews established that although the project had been successful in securing community support, the cultural conservatism of a section of the community may have impeded their participation in the project. Commonly known as 'Raiya', they were usually not enrolled in school and were more likely to be parties in child marriages. Although some would be found in the urban areas, majority reside in the rural areas and may face challenges in acquiring identification documentation.

It was still taboo in some households to discuss sex-related issues with HIV prevention information falling within this category. This 'conspiracy of silence'

impeded the effective dissemination of information on HIV prevention. The project successfully addressed this by targeting the parents of the girls during the cash pay-out days and by deploying the Family Matter EBI that target this group.

[To what extent are the program benefits expected to be sustained after its completion?](#)

The scenarios for the flow of project benefits to continue beyond closing are currently uncertain although there are windows of opportunity.

The improved capacities of the community specifically knowledge obtained from the EBIs and other project interventions including the life skills training, is expected to remain with the recipients. These are important benefits of the project that can continue to be practised and shared with other members of the community. The sustainability of this type of benefit is therefore more predictable.

With the movement from community blanket testing to the adoption of the PNS-based HTS, it appears that HTS may not be as easily accessed by the AGYW. This is especially so for those that are deemed to be low risk.

Interviews with some key stakeholders involved in the project implementation indicated a willingness to continue supporting some of the AGYW through integration into other cash transfer programs. This may need to be followed up by the local partners with more information and submission of required details.

Even so, the socio-economic environment doesn't appear very conducive to sustain some of the project gains. The COVID-19 pandemic has continued to pile economic pressure leading to shrinking opportunities for income generation. This implies that even the small businesses or savings made by some of the AGYW may not last long. This situation is likely to increase the vulnerability of the AGYW especially by encouraging transactional sex in order for one to take care of basic needs



During the time we were getting the money, the sponsors could not confuse us because we could take care of our needs and we had money. The kits also gave us soap and pads so boyfriends were not needed.

FGD Participant – Turkana West Sub County.

6 CONCLUSION, LESSONS LEARNT AND RECOMMENDATIONS



6.1 Conclusion

Relevance. There is a general consensus that the project appropriately attended to the specific needs of the target groups and stakeholders and is consistent with national/county policies as well as the strategies of the main donor and the implementing agencies. The design of the project was aligned with the priorities of AGYW and the Turkana County health and education departments as well as strategic frameworks of other key stakeholders including the Global Fund, the PR, SRs and the national Kenya AIDS Strategic Framework (KASF) I and II. The design quality in terms of targeting, strategies and logical framework was sound with a few shortcomings. Despite there being common appreciation on why AGYW were targeted by the project, some community members and local administrators felt that by exclusively targeting girls, the boys were side-stepped and excluded. Although community views on the need for the Cash Plus project were largely positive, there were a few perspectives that pointed to a limited understanding of the project.

Project Effectiveness. The cash plus project was successful in exceeding the target of reaching 9,000 AGYW with cash transfers and dignity kits. At the highest, 9,214 AGYW (102.4%) were reached in the payment cycle of June 2020. Payment frequency and consistency of cash transfers and dignity kits distribution was relatively stable since project inception except for three isolated episodes of changes in payment schedules. Cash transfers were mainly used to purchase food, pay school fees and buy clothing, although some AGYW reported expenditure on healthcare, small business and savings.

There was evidence of change in some key behaviour variables. These included self-reported behaviour on condom use, transactional sex and age disparate sex. In Turkana County results show a slight improvement on condom use with 85.5% of AGYW who had sex reporting that they always used a condom as compared to 84.75% at baseline. For Kilifi County, results for those who indicated 'always' using a condom were below those of the aggregated baseline value for the five counties

from 29.1% at baseline to 24.1% at endline. There was a significant drop in the proportion of AGYW participating in transactional sex from 35.7% at baseline to 7.8% at endline in Turkana County. This was associated with the cash transfers that covered some of the AGYW needs. Although 10.8% of the respondents in Kilifi County reported involvement in transactional sex over the last 12 months, there was no baseline value to compare with the end line survey. Nonetheless, these findings show that AGYW in the project locations remain vulnerable to transactional sex.

On age-disparate sex, Turkana County results indicated a significant increase in the proportion of AGYW who reported having a sexual partner of the same age (from 3.83% at baseline to 47.20% at endline) and a decrease in AGYW with sexual partners who were older (from 89.7% at baseline to 51.2% at endline). For Kilifi County, the evaluation established an increase in AGYW reporting age-disparate sex from 69% at baseline to 78.4% at endline. This implies that despite the interventions, AGYW in Kilifi County had older sexual partners compared to Turkana County where the cash plus project was implemented.

The project faced challenges in implementing some interventions due to delays in preparations. This limited opportunities for greater outcomes. Affected activities included an EBI, Positive Health Dignity and Prevention (PHDP), HRG interventions and the school-based Comprehensive Sexuality Education (CSE) which was not implemented as planned.

The cash plus project managed to provide HTS to AGYW with an achievement against cumulative target of 12.9% in 2018, 59.7% in 2019 and 30.6% in 2020. Positivity rates were significantly low. In 2018, HTS yielded 10 positive results, in 2019 there were 11 positive results while in 2020 there were 14 positive results. All the 35 AGYW who had positive results were linked to treatment and care.

There was a slight increase in respondents who reported experiencing public humiliation (from 6% at baseline to 11% at endline) and physically forced

to have sexual intercourse (5.8% at baseline to 7% at endline). Notably those who reported experiencing economic violence reduced from 4.96% to 2% at endline. This could indicate the effect of economic empowerment of AGYW by the cash plus project in Turkana County. For Kilifi County there was a decrease AGYW reporting SGBV experience. Those reporting public humiliation decreased from 29.6% to 7.2% at endline, physically forced to have sexual intercourse 6.7% to 5.9%, while those reporting being threatened with withdrawal of economic livelihood almost remained the same (2.2% at baseline and 2.0% at endline). The evaluation also established that 45% of the AGYW in Turkana County sought help after experiencing GBV, compared to 16% in Kilifi County.

Notably, the achievement of project objectives was affected by the disruption to implementation occasioned by the COVID-19 outbreak in March 2020.

Effectiveness of Implementation. The Cash Plus project benefited from generally successful implementation strategies and timely changes, which inculcated learning from phase I. The project established some strong and effective partnerships that were integral to project success. The SRs have praised the PR as a collaborative and supportive partner, bringing a consultative approach with technical insight into issues of HIV prevention and AYP interventions. The choice of partnering with AICHM and WVK was key to successfully delivering the work streams for Specific Objectives 1 and 2. The Turkana County Cash Transfer Task Force was a crucial facilitator of project implementation through providing a multi-stakeholder forum for project oversight and guidance. The broad representation of the Task Force fostered ownership of the project by the stakeholders and eased implementation as well as project communication. Overall, the Task Force has been assessed as effective in monitoring the programme, providing oversight and providing technical guidance to the implementation of the project. The project has been successful in its partnership with Flex Money Transfer for the distribution of cash transfers to the AGYW.

The project's collaboration with national and county government stakeholders has promoted community buy-in as well as facilitated implementation in the project sites.

The Red Rose System facilitated effective and efficient cash distribution and reliable management of beneficiary and project data. Stakeholders were unanimous that the Red Rose system was a significant upgrade to the data management system used in Phase 1. The system was considered a core management tool for the cash plus project given its central position in registration, verification, payment of AGYW, and reporting on project activities and cash plus transactions.

Efficiency. Among the major changes undergone by the project, the evaluation identified the following positive signals: (i) despite the delayed start-up, the project successfully exceeded the target of 9,000 by the fifth disbursements; (ii) outsourcing played a key role in implementation and generated important lessons learned; and (iii) payment collection costs were low for most AGYW implying that the mapping and targeting of the payment sites for the project were largely appropriate.

An outstanding characteristic of the cash distribution operations was almost no leakage of the cash transfer, especially to project staff. Only 0.1 % reported having to pay any money to someone in the community, for example a chief or an elder, when collecting the payment.

The project was largely implemented within the expected budget except for some early variances caused by delays in implementation of the cash distribution module. Implementation delays were the only major efficiency issues that appear to have negatively affected the effectiveness of the project. Most of the delays were caused by factors outside the project's control, although there is evidence that the project made arrangements to accelerate implementation.

Stakeholder participation and accountability. The project successfully engaged and established relationships within and between multi-government stakeholders, the SRs, PR and the community in Turkana County. The project has consistently and actively involved stakeholders in key stages of its implementation. The inclusive engagement of SRs, local partners and AGYW from the planning and implementation of the project ensured that the project was more aligned with local stakeholder participation.

There was varied understanding of the project by beneficiaries, with a clear grasp of the targeting criteria and cash transfer component. Some AGYW could link the cash transfer to targeted health outcomes. The AGYW had a mostly positive view of clarity of the project's selection criteria. Majority (96%), agreed that the eligibility criteria were clear. This indicates that the communication on eligibility by the project was effective.

There were instances throughout the project term that exhibit involvement of AGYW in decision making. Prominently, in 2018, the project held review meetings with among others, caregivers, beneficiaries and the community. Overall, there were no major issues identified with regard to beneficiary involvement in decision making.

Impact. Several changes were associated with the project, especially on some of the factors that increase the vulnerability of AGYW to HIV. Cash transfers helped meet basic needs for the most vulnerable AGYW and influenced behavior change, an impact that is widely supported by the community. By contributing towards food, school fees and other basic needs, the project reduced AGYW need to seek male partners for material benefits, thus reducing HIV risk by deterring transactional sex. The survey results report a significant reduction in AGYW who reported receiving money, gifts or favours in exchange for sex in last 12 months, from 35.7% at baseline to 7.8% at endline.

Cash transfers addressed food insecurity and access to other basic needs like clothing. These would sometimes be provided by 'sponsors' or a boyfriend who would ask for sex in return. This is evidence that the cash was effective in empowering AGYW to avoid transactional sex and thus reducing HIV risk.

Cash transfers contributed to school enrolment and attendance with good effect on school retention and dropout rates among AGYW. School fees was one of the main uses of the cash transfers. By keeping girls in school, the cash transfers helped to delay their sexual debut, focus and shield girls from negative activities as well as possibilities of early marriage. Of the enrolled 9, 916 AGYW, 6,456 AGYW (65%) were school going. With school fees identified as a major expenditure item, it implies

that cash transfers contributed towards impact in the education of the AGYW. The EBIs have also had a good impact in empowering AGYW with HIV prevention knowledge and capacity to confidently reject unwanted sex partners and practice sexual restraint. The project was successful in influencing adoption of HIV prevention modalities such as condom use and HIV testing among the AGYW. The project has contributed to the economic empowerment of the AGYW, with evidence of shared benefits with the community

Sustainability. Overall, the scenarios for the flow of project benefits to continue beyond closing are uncertain although there are windows of opportunity. The improved capacities of the community specifically knowledge obtained from the EBIs and other project interventions including the life skills training, is expected to remain with the recipients. These are key benefits of the project that continue to be practised and shared with other members of the community. The sustainability of this type of benefit is therefore more predictable.

Notably, the Cash plus project developed sustainability strategies except that these were developed towards the end of the project thus limiting opportunities for their usability and appropriate follow-up. The timing of the exit strategy was inappropriate and did not provide adequate time to implement the exit strategy.

The availability of funding beyond donor support to continue project implementation is a major determinant of the sustainability of cash transfer projects. There was no evidence of funding beyond project end. This dims the possibility of continued implementation.

Finally, the socio-economic environment doesn't appear very conducive to sustain some of the project gains. The COVID-19 pandemic has continued to pile economic pressure leading to shrinking opportunities for income generation. This implies that the small businesses or savings by some AGYW may not last long. This situation is likely to increase the vulnerability of the AGYW especially by encouraging transactional sex to take care of basic needs.



We have used this system on offline and online mode in areas like Kerio where there is no phone network and even problems with GPS. I have worked with quite a number of systems and I can assure you that Red Rose is a very effective system. We were never worried about the system during pay-days....we worked on other aspects to make the distribution successful.

Key informant– Turkana County.

6.2 Lessons Learnt

Some of the lessons learnt that can be deduced from the Cash Plus project implementation are outlined below.

- Partnerships have been integral to both the achievements and challenges of this project. Where partnerships have worked, partners have understood the objectives of the project, and have had corresponding aims. It has been important to have clear understanding before initiation of activities.
- The PR has been commended as a flexible partner, bringing expert knowledge and guidance to the work of partners. This guiding approach has offered flexibility and adaptivity to activities. It has allowed partners to work to milestones, and helped in joint ownership and implementation of the project. This approach has proved important to addressing challenges during implementation.
- The length of cash plus projects needs to be thought out clearly to ensure that durations are pragmatic enough to facilitate delivery of targeted results.
- Project names have a powerful effect on project perceptions and success. A distinctive name sends important signals about what the project is intended to accomplish, and sets the tone for the project beneficiaries.
- Targeting of cash transfer beneficiaries requires more time and larger targets in order to identify the most vulnerable. Implementers should expect increased interest in such projects, attracting large numbers which may reduce drastically after eliminating unmerited interests or cases.
- Trusted and public processes like community validation of beneficiaries can be ineffective. This is even more probable in communities where opinion leaders are strong and free speech is limited. Even with community validation, cases of unmerited beneficiaries were reported.
- Sustainability strategies or exit plans for a project need to be developed early enough to facilitate their timely implementation. This increases their potential for success.

- Implementing combination prevention programs is a complex undertaking that needs to be addressed through systemic programming working with and targeting multi-stakeholders.
- Culture can be influenced by consistent and persistent use of new approaches not previously used in a context. The use of EBIs together with cash transfer helped the adolescent girls and young women to push through traditional and cultural child marriage plans to incorporate HIV testing to their advantage. This has compelled possible suitors to be tested and helped delay marriage.

6.3 Promising Practices

The promising practices that can be deduced from the Cash Plus project are outlined below.

- Appointment cards for AGYW were effective implementation and process management tools. AGYW received these appointment cards in advance of the cash transfers and were informed of the date and time when they were expected to visit the cash distribution centres for cash and other biomedical services. The cards eliminated crowding which was a persistent problem in previous cash distribution exercises. These cards helped to order distributions and remain invaluable in these COVID-19 times. Appointment cards remain a promising practice that can be used in other cash plus projects based on the preliminary positive results.
- The multi-stakeholder approach promoted by the project positively impacted implementation and working relations between multiple stakeholders. The project design clearly recognized that a multi-stakeholder approach was essential to delivering on the project goals. This design was implemented with positive effect. The project involved stakeholders at both county and national level in a collaboration that reinforced support for the project at community level. The project's implementation through valued stakeholders and partners in education, health, interior and children services was key to inspiring confidence in the project among community members.
- The integrated approach to service delivery for the AGYW promoted access to multiple services

through an efficient mechanism. The project successfully provided AGYW with a number of unique services across the 90-90-90 cascade, behavioural change programs, SGBV and cash transfers. These interventions aimed to address the vulnerability of AGYW to HIV and appear to be more efficient than single sector or single-focus projects. By offering a variety of interventions to the AGYW, the project was able to address multiple drivers of the HIV epidemic in a unique and efficient manner.

- Project entry meetings represent a best practice for projects incorporating multiple stakeholders. Project entry meetings with stakeholders demonstrated the willingness of project implementers to have all stakeholders well informed about the project activities and eased project acceptance and stakeholder support uptake in different project sites.

6.4 Recommendations

Recommendations for areas to consider in the project design, implementation and evaluation.

- Given the positive outcomes demonstrated by the project and the negative socio-economic effects of the COVID-19, there is need to source for funding to continue the project. This will ensure that the gains achieved are secured and momentum to impact is not lost.
- Develop replacement criteria for AGYW who exit the programme due to various reasons or are untraceable. This ensures that free slots for project beneficiaries are filled with beneficiaries on a waiting list.
- The design and operation of a rigorous impact or longitudinal study is recommended to generate stronger evidence of changes or outcomes that can be attributed to the cash plus project.
- Introduce periodic assessment of the vulnerability of AGYW over the project period to ensure updated information on vulnerability status.
- Develop and promote use of project names that communicate to the community and beneficiaries the intentions of the project. This helps to shape perception and interactions with the project.
- Strengthen the tracking and enforcement of cash transfer conditions to promote adherence by the AGYW. There was a gap in the monitoring of the observance of the conditions.
- Need to follow up on the sustainability or exit plans that were discussed as the project came to a close. There are opportunities for linking the AGYW to other programs which require the Turkana County Cash Transfer Task Force to follow up.
- Strengthen the beneficiary complaints or feedback mechanism by establishing the most appropriate means that beneficiaries prefer and provide feedback about its use. This ensures beneficiaries remain aware of its existence.
- Need to develop enforceable conditions for cash transfers. Enforcing annual HIV tests for beneficiaries may need to be reviewed for ethical compliance purposes. There is also need to align with the PNS testing and test only the high risk after screening.
- Survey beneficiaries at the beginning of project and develop a profile of other interests and skills. This profile is necessary to appropriately link beneficiaries to clear sustainability plans.
- Inclusion of legal aid services and training of paralegals in Turkana County programming could boost the SGBV victims understand their legal and human rights.

7 ANNEXES



ANNEX I: Terms of Reference

ANNEX II: Evaluation Matrix

Evaluation Criteria	Key Question / sub-questions	Key Indicators/ Analysis Areas	County of Focus	Persons to be interviewed	Data Collection Methods/ Data Source
Relevance	Key Question 1.1. Did the community realize the need for the project?	<ul style="list-style-type: none"> Alignment of the project design elements to community needs Community's perception on the project intervention areas (CTP, HTS, EBI, dignity kits etc.) Examine the project logical model vis-à-vis community needs 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> Community (AGYW, parents) CTP Task Force CHMT/CACC/CASCOs KRCS CPP staff SRs representative 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff and partners FGDs with community (AGYW, parents) Project document review (Baseline and mid-term reports, monitoring reports)
	1.2. Did the beneficiaries identify any benefits from the interventions? From their perspective, how has the intervention helped them?	<ul style="list-style-type: none"> Establish whether beneficiaries identify any benefits linked to the project Analyze extent and manner to which the interventions benefited the beneficiaries Identify MSC for follow up 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> Community (AGYW, parents) KRCS CPP staff Turkana KRCS project staff SRs representative CHMT/CACCS/CASCOs 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff and partners FGDs with project beneficiaries Project document review Survey with AGYW
	1.3. How relevant were the interventions to county/national government priorities?	<ul style="list-style-type: none"> Review the alignment of the project design elements to national and county government plans/policies The appropriateness of the project to national/county government priority areas 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> National/ County government representatives CTP Taskforce KRCS project staff SRs representative 	<ul style="list-style-type: none"> Project document review (Project proposal, baseline report) Document review of relevant county/national government policies and plans (Turkana and Kilifi counties CIDP) Semi-structured in-depth interviews with relevant national and county government officials
Effectiveness	1.1. How effective were the tools used in implementing the programme?	<ul style="list-style-type: none"> Establish the effectiveness of the tools used for implementation Interrogate whether there were challenges in the use of project tools 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> KRCS project staff AGYW CTP Taskforce SRs representatives 	<ul style="list-style-type: none"> Project document review (Monitoring and mid-term reports) FGDs with AGYW Semi-structured in-depth interviews with project staff, CTP Taskforce, SRs
	1.2. To what extent was the project expected results achieved (output and outcomes)?	<ul style="list-style-type: none"> Comparison of expected project result versus actual results Review baseline report and expectations from stakeholders Establish views of community and partners on project achievements 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> KRCS CPP staff AGYW CTP Taskforce CHMT SRs representatives 	<ul style="list-style-type: none"> Project document review (Baseline, monitoring and mid-term reports) FGDs with AGYW Semi-structured in-depth interviews with project staff, CTP Taskforce, CHMT, SRs

Evaluation Criteria	Key Question / sub-questions	Key Indicators/ Analysis Areas	County of Focus	Persons to be interviewed	Data Collection Methods/ Data Source
	1.3. What changes can be attributed to the project (positive, negative, expected and unexpected)?	<ul style="list-style-type: none"> Examine expected, unexpected, positive and negative changes associated with the project Review actions taken to mitigate negative or unexpected changes Documented positive or negative changes associated with the project 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> KRCS CPP staff Community (AGYW, local administrators, parents) CTP Taskforce CHMT SRs representatives CASCOS/ CACCs 	<ul style="list-style-type: none"> Project document review (monitoring reports, mid-term report) Semi-structured in-depth interviews with project staff, CTP Taskforce, CHMT, SRs
	1.4. Is there any need to adjust the project response to the changes in the project environment? If yes, what adjustments were made and were they timely?	<ul style="list-style-type: none"> Investigate changes to the environment and its effects on project implementation Review project adaptation mechanisms 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> KRCS CPP staff CTP Taskforce SRs representatives 	<ul style="list-style-type: none"> Project document review (monitoring reports, mid-term report) Semi-structured in-depth interviews with project staff, SRs, CTP Taskforce
	1.5. How effective was the payment modality (Redrose system) and whether these differed for in-school vs out of school AGYW?	<ul style="list-style-type: none"> Analyze the effectiveness of the Redrose payment system for in-school and out of school AGYW Perception of AGYWs on the effectiveness of the payment system 	<ul style="list-style-type: none"> Turkana 	<ul style="list-style-type: none"> AGYW KRCS CPP staff CTP Taskforce Vendors SRs representatives 	<ul style="list-style-type: none"> Project document review (monitoring reports, mid-term report) Semi-structured in-depth interviews with project staff, SRs, CTP Taskforce FGDs with AGYW
Efficiency	3.1 Were all activities undertaken on time as planned?	<ul style="list-style-type: none"> Examine planned activities vis-à-vis actual implementation. Review reasons for delays, terminated activities Establish corrective measures for delayed activities 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> KRCS CPP staff CTP Taskforce SRs representatives AGYW 	<ul style="list-style-type: none"> Project document review (monitoring reports, mid-term report) Semi-structured in-depth interviews with project staff, SRs, CTP Taskforce FGDs with AGYW
	3.2 Were all activities done within the budget? If there were any significant variances (whether early or late, over or under expenditure), what caused them?	<ul style="list-style-type: none"> Analysis of significant variances in the budget (over and under-expenditure) and causes of variances Review corrective measures to the significant budget variances 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> KRCS CPP staff/ management SRs representatives CTP Taskforce 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff, SRs, CTP Taskforce Project document review
	3.3 How did the efficiency affect the effectiveness of the project?	<ul style="list-style-type: none"> Review modalities in implementation of project activities 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> KRCS Project Staff CTP Taskforce SRs representatives 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff, SRs, CTP Taskforce Project document review

Evaluation Criteria	Key Question / sub-questions	Key Indicators/ Analysis Areas	County of Focus	Persons to be interviewed	Data Collection Methods/ Data Source
Impact	4.1. What is the extent to which Cash Plus project contributed to the intended results among the AGYW?	<ul style="list-style-type: none"> Establish whether the project achieved its intended results and if not why Views of AGYW on the impact of the project 	<ul style="list-style-type: none"> Turkana 	<ul style="list-style-type: none"> AGYW KRCS Project Staff CTP Taskforce SRs representatives 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff, SRs, CTP Taskforce Project document review FGDs with AGYW
	4.2. What is the contribution of the intervention elements (STI screening, HTS, EBI, Financial literacy, e.t.c) in the reduction of STIs and HIV infections among the AGYW?	<ul style="list-style-type: none"> Analysis of STIs/HIV reduction rates among AGYW in project locations Comparative analysis of STI/HIV reduction rates in project locations (Turkana and Kilifi County) and contributing factors Awareness and change in behavior among AGYW in regards to STIs/HIV 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> AGYW KRCS Project Staff CHMT/CACCS/CASCOs CTP Taskforce SRs representatives 	<ul style="list-style-type: none"> Document review (Baseline and mid-term reports, health records, KAIS) Semi-structured in-depth interviews with project staff, CHMT/CASCOs/CACCS, SRs, CTP Taskforce FGDs with AGYW
	4.3 What is the extent to which Cash Plus Project contributed to the unintended results among the AGYW?	<ul style="list-style-type: none"> Examine if the project led to unintended results and effects in the community and project (if any) Corrective measures on the unintended results 	<ul style="list-style-type: none"> Turkana 	<ul style="list-style-type: none"> AGYW Parents KRCS Project Staff CTP Taskforce CHMT SRs representatives 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff, SRs, CHMT, CTP Taskforce Project document review (Mid-term and monitoring reports) FGDs with AGYW
	4.4. What do the beneficiaries feel is the effect of the project on their lives in the short term and the long run?	<ul style="list-style-type: none"> Establish the perception of the AGYW on short- and long-term effects of the project in their lives Examine changes in behavior among AGYW 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> AGYW KRCS project staff SRs representatives 	<ul style="list-style-type: none"> FGDs with AGYW Semi-structured in-depth interviews with project staff, SRs, CTP Taskforce Project document review (Mid-term and monitoring reports)
	4.5. Are there any positive or negative changes in the community which can be attributed to the Cash Plus Project?	<ul style="list-style-type: none"> Examine positive or negative changes in community as a result of project interventions Implication of the positive or negative results on the project (or future projects) 	<ul style="list-style-type: none"> Turkana 	<ul style="list-style-type: none"> Community members (parents &AGYW) KRCS Project Staff CTP Taskforce CHMT SRs representatives 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff, SRs, CHMT, CTP Taskforce Project document review (Mid-term and monitoring reports) FGDs with AGYW/parents
	4.6. Are there any lessons learnt and good practices that can be deducted from the cash plus project?	<ul style="list-style-type: none"> Establish lessons learnt and good practices in the project 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> KRCS CPP staff SRs representatives CHMT/ CACCS/ CASCOs CTP Taskforce 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff, SRs, CHMT, CTP Taskforce Project document review (Mid-term and monitoring reports)

Evaluation Criteria	Key Question / sub-questions	Key Indicators/ Analysis Areas	County of Focus	Persons to be interviewed	Data Collection Methods/ Data Source
	4.4. What do the beneficiaries feel is the effect of the project on their lives in the short term and the long run?	<ul style="list-style-type: none"> Establish the perception of the AGYW on short- and long-term effects of the project in their lives Examine changes in behavior among AGYW 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> AGYW KRCS project staff SRs representatives 	<ul style="list-style-type: none"> FGDs with AGYW Semi-structured in-depth interviews with project staff, SRs, CTP Taskforce Project document review (<i>Mid-term and monitoring reports</i>)
	4.5. Are there any positive or negative changes in the community which can be attributed to the Cash Plus Project?	<ul style="list-style-type: none"> Examine positive or negative changes in community as a result of project interventions Implication of the positive or negative results on the project (<i>or future projects</i>) 	<ul style="list-style-type: none"> Turkana 	<ul style="list-style-type: none"> Community members (<i>parents & AGYW</i>) KRCS Project Staff CTP Taskforce CHMT SRs representatives 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff, SRs, CHMT, CTP Taskforce Project document review (<i>Mid-term and monitoring reports</i>) FGDs with AGYW/parents
	4.6. Are there any lessons learnt and good practices that can be deducted from the cash plus project?	<ul style="list-style-type: none"> Establish lessons learnt and good practices in the project 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> KRCS CPP staff SRs representatives CHMT/ CACCS/ CASCOs CTP Taskforce 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff, SRs, CHMT, CTP Taskforce Project document review (<i>Mid-term and monitoring reports</i>)
Sustainability	5.1. What measures were put in place to ensure sustainability?	<ul style="list-style-type: none"> Review project exit strategy Establish SRs plans post-project implementation 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> KRCS CPP staff SRs representatives CTP Taskforce 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff, SRs, CHMT, CTP Taskforce Project document review (<i>Mid-term and monitoring reports</i>)
	5.2. What measures have been put in place to ensure institutional sustainability?	<ul style="list-style-type: none"> Establish partners/SRs plans post-project implementation Examine steps taken by project to build capacity of partners Perception of partners on sustainability of project 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> KRCS CPP staff SRs representatives CTP Taskforce CHMT 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff, SRs, CHMT, CTP Taskforce Project document review (<i>Mid-term and monitoring reports</i>)



Evaluation Criteria	Key Question / sub-questions	Key Indicators/ Analysis Areas	County of Focus	Persons to be interviewed	Data Collection Methods/ Data Source
	5.3 To what extent were socio-cultural factors affected uptake of project interventions? And what measures were taken to address the same?	<ul style="list-style-type: none"> Examine effects of socio-cultural factors on project implementation Review measures taken to mitigate socio-cultural hindrances to project evaluation 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> Community KRCS Project Staff SRs representative CTP Taskforce CHMT 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff, SRs, CHMT, CTP Taskforce Project document review (<i>Mid-term and monitoring reports</i>) FGDs with community
	5.4 To what extent have the benefits of the programme expected to be sustained after completion of the programme?	<ul style="list-style-type: none"> Review mechanisms undertaken to sustain benefits of the project Establish commitments by partners and community to sustain benefits 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> Community KRCS Project Staff CTP Taskforce CHMT SRs representatives 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff, SRs, CHMT, CTP Taskforce Project document review (<i>Mid-term and monitoring reports</i>) FGDs with community
	5.5 What are the recommendations for similar projects in future?	<ul style="list-style-type: none"> Analysis of recommendations from community, partners, SRs and staff for similar projects in future 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> Community KRCS Project Staff CTP Taskforce CHMT SRs representatives 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff, SRs, CHMT, CTP Taskforce Project document review (<i>Mid-term and monitoring reports</i>) FGDs with community
Stakeholders participation	6.1. How much did the beneficiaries understand the project?	<ul style="list-style-type: none"> Examine level of understanding of the project (<i>and its components</i>) among beneficiaries 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> Community CTP Task Force KRCS project staff SRs representative 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff and partners FGDs with community (AGYW, parents)
	6.2 How much were the beneficiaries involved in the project decision making?	<ul style="list-style-type: none"> Level of participation of beneficiaries in decision making? Review project mechanisms of involving beneficiaries in the project 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> Program beneficiaries (AGYW, parents) CTP Task Force KRCS project staff SRs representative 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff and partners FGDs with project beneficiaries (AGYW, parents)

Evaluation Criteria	Key Question / sub-questions	Key Indicators/ Analysis Areas	County of Focus	Persons to be interviewed	Data Collection Methods/ Data Source
	6.3. What strategies were used for beneficiary communication and complaints mechanism?	<ul style="list-style-type: none"> Review of mechanisms for communication and complaints Beneficiary awareness and perception the communication and complaints mechanisms 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> AGYW CTP Task Force KRCS CPP staff SRs representative 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff and partners FGDs with AGYW Project document review
	6.4. What were the respective responsibilities and contributions of donor partners, implementing partners and other local partners?	<ul style="list-style-type: none"> Review of partnership agreements with county government and SRs 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> KRCS project staff SRs representatives CTP Taskforce 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff and partners Project document review
	6.5. To what extent were the interventions integrated into the Kenya government National programs, policies and orientation?	<ul style="list-style-type: none"> Evidence of project influencing change in government policy Analyze the extent to which project interventions are integrated into government policies 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> KRCS project staff SRs representatives County/ CTP Taskforce CHMT/CACCS/ CASCOs 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff, government officials and SRs Project document review (Progress reports, government reports and policies)
	6.6. To what extent was capacity building of the local partners done and what were their positive and negative effects?	<ul style="list-style-type: none"> Review of training records Examine partners perception on capacity building provided (the positive and negative effects) 	<ul style="list-style-type: none"> Turkana Kilifi 	<ul style="list-style-type: none"> SRs CTP Taskforce KRCS project staff CHMT/CACCS/ CASCOs 	<ul style="list-style-type: none"> Semi-structured in-depth interviews with project staff and partners Project document review (Training and monitoring reports)



This program helped my children remain in school and to get the other private items girls need. We have also been able to buy food and the information on HIV has helped them a lot.

FGD Participant – Kaputir, Turkana South sub county.

ANNEX III: List of Persons Consulted

Stakeholder	Designation	Name of Interviewee
National & County Government	Chairman, Turkana County Cash Transfer Task Force & Regional HIV Coordinator - NACC	Bernard Mwaura
	County Director of Education, Turkana County	Peter Magiri
	Sub County Social Development Officer, Turkana County	Shadrack Orinda Okumu
	Education Officer, Turkana County	Janerose Tioko
	Assistant County Commissioner, Kalokol	Githinji Stephen
	Assistant County Commissioner, Lokichoggio. Turkana West	Kennedy Omollo
	Chief, Township Location. Turkana Central	Margaret Lomosingo
	Ward Administrator, Nakalale, Turkana West	Fredrick Lokoriyara
	Sr. Chief, Kakuma Location. Turkana West	Cosmas Nakaya
	Assistant County Commissioner, Turkana Central	Karisa Jibe
	NASCOP, Malindi	Fauz Ibrahim
	CASCO, Malindi	Godfrey Njoroge Mureu
	Chief, Kibarani Location, Kilifi North	Henry Kingi
	SRH-Coordinator CHMT, Kilifi North	Ken Miriti
	Youth Officer, Kilifi	Maryline Faida
Chief, Goshi Location, Malindi	Naftali Biryia	
Sub-Recipients	Programme Coordinator, World Vision Kenya	Annette Koech
	Programme Coordinator, Malaria, HIV & TB, WVK	Lilian Chebon
	Project Coordinator, AICHM	Daniel Eripon
	Project Coordinator, BLAST, Malindi	Stella Kagendo
	Project Finance officer, BLAST Malindi; Kilifi	Steven Nicholas Otieno
	M&E officer, Connect to Retain; Kilifi	Amos Akoya
	Project Officer, WOFAK; Kilifi	Sophie Safari
	M&E Officer, WOFAK; Kilifi	Derrick Tsuma
	Regional Coordinator, WOFAK; Kilifi	Levi Mambo
Money Transfer Agent	Director, Flex Money Transfer	Andrew Kulankash
	Money Transfer Agent, KWFT	Peter Lorogoi
	Flex Sub agent, Turkana West	Susan Wanjiru Njeri
KRCS Evaluation	DSG/Head of Special Programmes	Emily Muga
	GF M&E Manager	Gordon Aomo
	KRCS M&E Manager	Samuel Nzeti
	Regional Program Coordinator, North Rift region	Ishmael Irungu
	Regional Program Coordinator, Coast	Mwanaisha Hamisi
	Data Management Officer	Nashon Oketch
	Regional M&E Officer, North Rift	Hagai Wanyungu
	Regional M&E Officer, Coast	Patrick Gitahi
AYP Officer	Rukia Abubakar	

ANNEX IV: List of Documents Consulted

Author and date	Document title	Type of document
Development Solutions (2018)	End Term Evaluation for Drought Cash Transfer Program	Final Evaluation report
Flex (2020.)	Close Out report on Cash Transfers to Adolescent Girls and Young Women (AGYW) aged Between 10 and 24 Years in Turkana Central, Turkana West and Turkana South Sub Counties	Close-Out Report
ICHA (2020)	CTP Impact Assessment	Research report
KRCS (2018)	Cash Plus Programming for AGYW in Turkana County	Monitoring Report
KRCS (2018)	Global Fund HIV/AIDS Cash Transfer Program Review Turkana County	Review Report
KRCS (2018)	Cash Transfer Program Baseline Report	Baseline report
KRCS (2019)	Monitoring and Evaluation Framework Kenya Red Cross Adolescent Girls and Young Women Program	Project document
KRCS (2019)	Baseline Survey Protocol	Baseline report
KRCS (2019)	Baseline Survey Report for Machakos, Kilifi, Siaya, Turkana and Kisii Counties: Knowledge, attitudes and practices contributing to New HIV Infections among Adolescent Girls and Young Women 10-24 years old.	Baseline report
KRCS (2019)	The Cash Transfer Program for Adolescent Girls and Young Women (AGYW) aged Between 10 and 24 Years in Turkana County	Monitoring report
KRCS (2019)	Post Distribution Monitoring Report	Monitoring report
KRCS (2019)	HIV prevention and Care Interventions for Adolescent Girls and Young Women (AGYW) aged 10-24 years in Turkana, Machakos, Kilifi, Kisii and Siaya Counties of Kenya	Project Document
KRCS (2020)	Rapid Assessment on Gender Based Violence Among AGYW amidst COVID-19 in Kenya	Assessment report
KRCS (Apr, 2019)	The Cash Transfer Program for Adolescent Girls and Young Women (AGYW) aged Between 10 and 24 Years in Turkana County	Monitoring report
KRCS (n.d)	KRCS review of Cash transfer in Turkana County	Monitoring report
KRCS (2018)	Quarterly Progress Report Q1 2018	Monitoring report
KRCS (2018)	Quarterly Progress Report Q2 2018	Monitoring report
KRCS (2019)	Quarterly Progress Report Q1 2019	Monitoring report
KRCS (2019)	Quarterly Progress Report Q2 2019	Monitoring report
KRCS (2018)	Quarterly Progress Report Q1 2020	Monitoring report
KRCS (2020)	Quarterly Progress Report Q2 2019	Monitoring report
KRCS (2019)	Turkana County Cash transfer TWG meeting minutes held on 27 th August 2019	Meeting Minutes

ANNEX V: Kilifi County - Evaluation Brief

FINDINGS

Project Relevance

To what extent is the project relevant to the needs of beneficiaries and government priorities?

Did the community realize the need for the project?

Interviews with the community and key stakeholders including beneficiaries, parents and local administrators affirmed the need for the project.

Discussions with parents established that majority of them supported implementation of the project in the community to address an ongoing concern affecting young people, and more so girls. The parents noted the vulnerability and exposure of girls and young women in the community to early pregnancy, HIV and STIs attributed to engagement in survival sex and early sexual debut among the girls. Parents who had gone through Families Matter sessions acknowledged that they had acquired communication skills necessary to engage young people in discussions about sexuality and SRH that previously they did not know how to approach the sensitive subject. This shows the knowledge gap on matters of sexuality among AYP in the community, as majority of parents, who are the first contact of the AYP, acknowledged difficulties in undertaking sex education with their children.

"My child is learning a lot about life and HIV, something that we as parents we were not able to do"

– Parents FGD, Kilifi North

"By empowering them with knowledge on STIs and HIV/AIDS it has enabled the girls and young women to take good control of their lives"

– Parents FGD, Malindi

"This is a program intended to help us achieve knowledge on HIV prevention as well improve our status of healthy behaviors"

– FGD, AGYW, Malindi

Discussions with AGYW established their participation in project activities and identified that they were the target beneficiaries of the project. In some of the FGDs conducted during the evaluation, the AGYW when asked about their communities, they identified some of key issues facing young people including early pregnancy, SGBV, school dropout among others. The AGYWs were able some of the benefits of the project including education and awareness on HIV, SRH and GBV.

Interviews with the local administrators highlighted the significance of the project to the community in addressing similar challenges mentioned above by the parents that is facing young people in the community. The local administrators confirmed their involvement in identifying and recruiting AGYW who participated in the project.

The community members, especially parents, raised concern about the exclusion of boys and young men in the project. They suggested that the project should consider including more boys in future projects.

How relevant were the interventions to county/national government priorities?

Kilifi County CIDP (2018-2022) highlighted the gains made in the management of HIV as well as the existing challenges in the county. Despite the county having an overall HIV prevalence rate of 4.5%, the sub-counties of Malindi, Kilifi North and Kilifi South had an average prevalence rate of 10%.³²

Majority of the new infections were among AGYW. The CIDP further takes note of the unmet needs in family planning with a majority (67%) of women of reproductive age not able to access FP services in the county. A review of Kilifi County HIV and AIDS Strategic Plan (KASP 2016-2020) further takes concern of the increasing number of AGYW infected

Kilifi County is characterized by high dropout levels, low retention and transition rates in schools. Girls are especially affected. Underage sex, early childhood marriages and sexual tourism among children of both genders continues to hamper education progression in the county. The above factors combined with low literacy levels, high spread poverty, high prevalence of GBV and related retrogressive cultural practices, challenges associated with access to provision of health services, including those associated with HIV/AIDS.

KASP 2015-2020

³² Kilifi County CIDP (2018-2022)

by HIV in the county and led to the formation of the Adolescents HIV Response Technical Working Group (ATWG) in 2015, to advise the county executive on the response mechanisms targeting AYP.

Kilifi County had the highest number of reported SGBV cases in 2015.³³ The concern on the increasing new infections for HIV among AGYW and the unmet needs in family planning was resonated during key informant interviews with the select health sector personnel in Kilifi County. They acknowledged that the project was aligned to the priority areas of the Kilifi County and national government towards reducing new HIV infection rates, improving access treatment and care as well as SRH services among AYP in the county. It was noted that KRCS had been involved in the development of Kilifi county AYP strategy which also informed the inception phase of the project in the county.

Project Effectiveness

To what extent has the project achieved its objectives?

This section focuses on outcomes and outputs of the project due to the delays occasioned in project implementation.

Anecdotal evidence from parents FGDs in Kilifi County suggest that the project has led to some shift towards responsible behavior among the project participants. Parents reported noticing some of the girls being more responsible at home after attending the different EBI sessions. Parents who had attended training sessions for the Family Matters resource were quick to point out that they had acquired new skills in engaging adolescents and young people on matters regarding sexuality and reproductive health that previously they did not know how to approach the subject.

Discussions with AGYW during FGDs established a general consensus among them that they were now better informed on HIV and were avoiding risky sexual behaviors. Some of them reported being looked up to as role models by other girls in their communities. A review of endline survey data for Kilifi indicate that 89.9% (n=107) of AGYW reported having only one sexual in the last 12 months compared to 78% (n=48) at baseline, while 10.1% (n=12) reported having more than one sexual partner compared to 22.7% (n=15). Though regular use of condom was reported by 24% of AGYW, this can be attributed to the fact that majority of girls who have had sex reported having one sexual partner. This could indicate a change in attitude towards having more than one sexual partner and understanding the risks involved.

The AGYW also reported being better informed on HIV/AIDS because of attending EBI sessions offered through the SRs. A review of the endline data shows that there was a general improvement in knowledge and awareness on HIV/AIDS among the AGYW compared to the baseline data.

According to interviews conducted with the health sector stakeholders and the SRs, the project activities on outreaches and HTS services had contributed to improving the number of AGYW tested in the three sub-counties within a short period. The SRs and health sector personnel agreed that the strategy of peer based adherence support through Community Adolescents Treatment Supporters (CATS) had showed great potential of improving the number of AYPLHIV retained on ART and suppression. A review of project data showed that as at April 2021, a total of **1,199** AYPLHIV were being supported by CATS in the three sub-counties of Kilifi.

Interviews with one of the locals administrators reported that he noted an improvement in school attendance among AGYW since the project began. However, the evaluation team could not verify if this is attributed to the project or other education programmes within the project areas. Concern was raised for boys and young men in the community who seem to be dropping out of school and engaging in the use of use drugs (apparently increase in the use of 'muguka' among school going children).

³³ Kilifi County HIV and AIDS Strategic Plan (KASP 2015-2020)

No negative results associated with the project were mentioned.

However, some of the AGYW observed that they had been viewed as being 'proud' by their peers, more so their male counterparts, when they declined their advances. This could indicate that the AGYW were applying knowledge and skills from EBI sessions in effectively communicating and refusing sexual advances from their male counterparts.

Effectiveness of Implementation

How effective were the project's implementation strategies at achieving the corresponding outcomes?

Although there was a general agreement among partners that the project strategies were effective in achieving outcomes, it was observed that the project faced challenges at inception and planning, which led to delays in the implementation and achievement of targeted outcomes.

In Kilifi County, the project had similar arrangements in the implementation of project activities through selected SRs. The SRs selected for the different sub-counties; Kilifi North - WOFAK, Kilifi South - Connect to Retain and Malindi- BLAST. The project also collaborated with Kilifi County government through the Ministry of Health and the respective health departments in the sub-county level. The project developed a working relationship with the Kilifi county CHMT that has been instrumental in the project from the inception, planning and implementation phases. Through the facilitation of the CHMT the SRs were able to identify facilities for linkage, treatment, care and support for the AGYW. They also facilitated selection and training of EBI facilitators and peer educators whom some were based at the facilities working as CHVs or CHWs within the sub-counties. The SRs have also worked closely with other departments within the sub-counties including the judiciary, the security sector, education and the children department that have been instrumental in addressing SGBV and advancing Human Rights outcomes of the project.

The SRs reported holding regular review meetings with the CHMT at the sub-county level for planning of upcoming project activities as well as review project progress. During these meetings, they had joint review of project data that has enabled alignment of related project data to the county and national level health sector data requirements.

Despite the evidence of high-level involvement of the different stakeholders in the project, a concern was raised on the selection process of the SRs conducted by the PR. It was suggested that the PR should have consulted further with relevant stakeholders at the county level in order to select a suitable and competent locally based AYP organization to undertake the project. There was a perception that some of the SRs selected did not have a good understanding of the context in Kilifi as some did not have a presence in the county prior to the AGYW project. According to some of the key informants, this contributed to the challenges faced by some of the SRs with entry into the community that also led to delays in the roll out of the project activities.

Some of the SRs also raised concern on the handling of questionable costs by the PR suggesting for better mechanism of handling the matter as opposed to withholding planned activity funds by the SR. In their view, this action led to further challenges in implementation including delays in conducting activities and discontent among the partnership due to delayed payments. The SRs acknowledged receiving capacity-building support from the PR on financial management and reporting that helped in dealing with the issue. Effective and timely communication between the PR and project partners on matters pertaining to project implementation and coordination was an area that was also identified that require improvement in the partnership.

How could the project design or implementation be improved to achieve greater results?

As discussed in *section above*, the project in Kilifi made a deliberate decision to include boys in the project (at a ratio of 70:30, girls to boys) though the project targeted AGYW. UNFPA advocates for the engagement of boys and young men in promoting gender equality and addressing issues on sexual reproductive health

in programming. Research has shown that by engaging men and boys it promotes the earlier achievement of health and development outcomes.

There were some suggestions that the EBIs need to have content that is more context based and relatable to target audience. For instance, it was suggested that the content for Shuga series (for the 19 to 24 year olds) seemed more relevant and relatable to AGYW in urban areas than those from rural areas.

Was there any need to adjust the project response to the changes in the project environment? If yes, what adjustments were made and were they timely?

Interviews with the PR and other project partners established that there was a need to adjust the project implementation due to various reasons. Due to Covid-19 pandemic, the project had to temporarily hold implementation of its activities as the project developed strategies on managing the project in the pandemic. Following the subsequent development and publishing of government protocols and guidelines the project resumed its operations with adherence to these guidelines. The PR invested in training, facilitation and regular monitoring of the SRs in adhering to the guidelines. This meant that the project had to rethink its implementation arrangements. For instance, the EBI training sessions had to limit number of participants per training session. This would lead to an increase in the budgetary allocation and extended time in undertaking these activities, as more sessions were required to achieve the target numbers for EBI trainings.

The project and its partners also undertook accelerated implementation of project activities to try to recover the lost time. Asked whether this led to a compromise in quality delivery of project activities, the SRs and PR felt not to a great extent as quality control measures were put in place.

Stakeholder Participation and Accountability

To what extent have stakeholders participated in the project?

The project was implemented through a multi-stakeholder approach that involved the PR, SRs, the National and the County Government of Kilifi.

There was evidence that the project had a high level engagement with the different stakeholders. Interviews with the different stakeholders confirmed that they had been consulted and involved at different stages of planning and implementation of the project.

The community (through the parents) and target beneficiaries confirmed participation in targeted project activities. The local administrators and community leaders confirmed their involvement in planning and identification of project beneficiaries.

The health sector Technical Working Group (TWG) at the county tasked with overseeing the implementation of the national and county HIV/AIDS policy and programmes played an important role in giving technical advice to the project.

How much did the beneficiaries understand the project?

Majority of the beneficiaries had a good understanding of the project and associated the project to the activities they have been involved in.

Interviews and surveys show that a majority of the beneficiaries had a good understanding of the project. When asked what their understanding of the project was during FGDs, majority of the AGYW were able to link the project to activities centered on prevention and response to HIV/AIDS. Others were able to specific project objectives or activities that they have heard with responses such as '*project as one intended to enable them make informed choices and influence positive behavior change in relation to HIV, early pregnancies and assist one in case of rape*'. In conclusion, the general understanding among the project beneficiaries is that the project is meant to improve the beneficiary's knowledge about HIV/AIDS prevention and living a healthy lifestyle through behavior change.

Discussions held with the parents of AGYWs, upheld the understanding among the community as a project with intentions to educate their daughters about HIV and how they can protect themselves.

What strategies were used for beneficiary communication and complaints mechanism?

Most beneficiaries were aware of how to raise a concern or report a complaint with the project.

In this section, strategies used for beneficiary communication and complaints mechanism is measured using two main approaches. First, the understanding that the beneficiaries had of an existing feedback and complaints mechanism and secondly, the ease with which the beneficiaries can access or communicate with the project implementers and present any grievances and receive feedback for the raised concerns.

A review of survey data indicated that 43% of AGYW knew that they could recommend or raise a concern about the project modalities, meaning a significant (57%) number of project beneficiaries were unaware of how to make suggestions or complaints in the project. Only 38% of the respondents in the survey say they had used one form of the complaints mechanism. Of those who have utilized the complaints and feedback mechanism, 77% reported receiving a response with which most were satisfied. When asked about the most preferred way they would give their suggestions or complaints, the respondents preferred talking to a staff (71%), make a telephone call (11%) or use a peer (10%).

To what extent were the interventions integrated into the Kenya Government National programs, policies and orientation?

There was no evidence to suggest that the project had influenced any policy review for the national or county government. However, during discussion with a member of Kilifi county CHMT he indicated that KRCS had contributed to the development of the current Kilifi County AYP SRH strategy that is currently in implementation. The policy document had been instrumental in guiding the inception and planning phases for the AGYW project. Therefore, the implementation of the AGYW project contributed to the achievement of both national and county government policy and programmes aimed at reducing HIV infection among AYPs as well as improving outcomes on SRH and SGBV.

To what extent was capacity building of the local partners done and what were their positive and negative effects?

Discussions with SRs and other project partners established that the PR, KRCS, facilitated capacity building opportunities for the different levels of stakeholders. Interview with the SRs reported a number of trainings meant to build their capacity in implementing and tracking of project achievements, including training of Result Based Monitoring and Evaluation (RBME), financial management and reporting. Trainings were also conducted on the project data collection tools, which helped the SRs familiarize with the project tools. Interviews with the PR also reported that some of the SR staff were supported with on-job training especially on financial management and reporting, monitoring and evaluation. Trainings were also conducted for EBI facilitators.

Sustainability

What measures were put in place to ensure project sustainability?

The project did not have a well-documented sustainability or exit plan

However, discussions with the different stakeholders including the SRs and county government established that the PR had made deliberate efforts during the implementation period to ensure the organizations were able to continue with their operations beyond the project period.

The SRs reported receiving office equipment that was used to support the activities of the project. The equipment that included desktops and printing machines will be donated to the SRs as gifts on closure

of the project to facilitate continuity of work. Further interviews established that the PR had facilitated capacity-building opportunities for the SRs in different ways. This included on-job-training for SR staff on emerging areas of need like grant management and reporting conducted by the PR project staff.

The SRs also had the opportunity to undergo short courses and other trainings based on need and approval by the PR. The PR recognized the importance of capacity development support based on realistic and immediate application. Project partners more readily incorporate new ways of working when they see the relevance of these processes to their own goals.

'A lot of capacity building was done for the finance department and reporting. There is improved record keeping and accounting of financial expenditures'

– SR, Kilifi County

To what extent were socio-cultural factors affected uptake of project interventions? What measures were taken to address the same?

The AGYW-focused HIV interventions were largely accepted by the community.

This can be attributed to the entry and inception process of the project that involved local administrators, community leaders, parents, the county government and other key stakeholders in the community. The involvement of the community leaders in mobilization of project beneficiaries strengthened the trust and buy-in of the project in the community. The involvement of parents and caregivers of the AYP as direct beneficiaries of the project further gave understanding and acceptance of the project into the community. During FGDs, none of parents raised an objection to the project.

However, in the course of collecting data for this evaluation in Kilifi North sub-county, there was an incident where some of the children who had participated in the project refused to be interviewed claiming their parents had not given consent and forbade them from associating with the project. Upon further inquiry to establish reasons for the refusal, the children explained that there was a perception among community members that KRCS is involved in some form of black magic due its blood drive activities in the community. This could have a negative implication on the image of KRCS that could in turn affect future projects associated with the organization. There is therefore a need for KRCS to initiate community awareness and education on its blood drive activities to manage misconceptions in the community that may affect the programme.

To what extent have the benefits of the programme expected to be or sustained after completion of the programme?

Discussions with health sector representatives from the county government recognized the important role the project was undertaking in complementing services offered through public health facilities. Interviews with SRs and health sector personnel were of the opinion that there are aspects of the project that may be sustained while others may not be sustained on exit of the project. The knowledge and awareness on HIV and SRH imparted on beneficiaries through the EBIs is expected to continue to guide AYP in making informed decisions and avoiding risky sexual behaviors. The county health representatives were of the opinion that the EBI facilitators and peer educators, who are linked to public facilities, trained through the project are expected to continue sharing knowledge with AYPs through community outreaches. Concern was only raised on how their allowances and money for hiring halls for training would be raised. Support to AYPLHIV with ART initiation, adherence counselling, network support through peer educators, CATS and HCWs is expected to continue.

ANNEX VI: Ethical Approval



COUNTY GOVERNMENT OF KISUMU
DEPARTMENT OF HEALTH

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When replying please quote

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REFERRAL HOSPITAL

P.O. BOX 849

KISUMU

IERC/JOOTRH/417/21

Ref:

6th May, 2021

Date.....

To: Henry Wanyama

Dear Henry,

RE: STUDY TITLE:-

EVALUATION OF CASH PLUS PROJECT CONTRIBUTION IN REDUCING VULNERABILITY AMONGST ADOLESCENT GIRLS AND YOUNG WOMEN TO HIV IN TURKANA COUNTY

This is to inform you that **JOOTRH IERC** has reviewed and approved your above research proposal. Your application approval number is **IERC/JOOTRH/417/21**. The approval period is **6th May, 2021 - 6th May, 2022**.

This approval is subject to compliance with the following requirements;

- i. Only approved documents including (informed consents, study instruments, MTA) will be used.
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by **JOOTRH - IERC**.
- iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to **JOOTRH - IERC** within 72 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to **JOOTRH - IERC** within 72 hours
- v. Clearance for export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of an executive summary report within 90 days upon completion of the study to **JOOTRH - IERC**.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://oris.nacosti.go.ke> and also obtain other clearances needed.

In case the study site is JOOTRH, kindly report to Chief Executive Officer before commencement of data collection.

Yours sincerely,



SECRETARY, IERC



Thank You



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