



EXTERNAL EVALUATION FOR CHASE AFRICA

Final Report

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Progress Inc. has prepared this report for CHASE Africa as a part of the external evaluation of their projects.

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Qualitative data collection methods were utilized to obtain the findings, involving both primary and secondary data sources. The primary data collection for this evaluation was conducted in October 2023.

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EXECUTIVE SUMMARY

Introduction: CHASE Africa, grew out of the The Rift Valley Tree Trust (RVTT), which focused on tree-planting around the Mau Forest in Kenya. The organisation shifted its strategy in 2012 to address the critical issue of women's poverty, exacerbated by limited access to reproductive and maternal healthcare. This led to the rebranding of RVTT as CHASE Africa (Community Health and Sustainable Environment), with a renewed mission to improve access to healthcare services, particularly family planning. CHASE Africa's (CA) objectives include empowering women and girls in rural communities, addressing the unmet demand for modern contraceptives, enhancing maternal and child health outcomes. In recent years it has had an additional focus on adolescents and youth SRHRs in East Africa.

Objective: An external evaluation was deemed necessary due to CHASE Africa's growth, leadership changes, new strategic plans, and the introduction of Impact Level indicators in its Monitoring and Evaluation systems. The evaluation aimed to review CHASE Africa's impact, role, and approach, provide lessons and feedback for future strategy, assess the suitability of performance questions and indicators, and evaluate the organisation's work through local partners.

Method: The evaluation utilized a comprehensive data collection strategy that combined both in-person field visits and virtual interactions. Virtually, Key Informant Interviews (KII) were conducted with all 12 project partners, 3 funders, and 2 representatives from CHASE Africa. The evaluation team conducted field visits to five project partners selected by CHASE Africa. In Kenya, these partners included Big Life, Dandelion Africa, The Maa Trust, and Mount Kenya Trust, while in Uganda, the team visited Rwenzori Centre for Research and Advocacy (RCRA). On-site, service providers and direct project beneficiaries were engaged in In-Depth

interviews and Focus Group Discussions (FGD), resulting in a total of 29 FGDs, including women, men, mixed, and adolescent groups, and 27 interviews involving community health volunteers, health representatives at the county level, school authorities, nurses, and more. This approach ensured a well-rounded data collection process, capturing diverse stakeholder insights critical for evaluating the programme's impact and effectiveness within the realm of Sexual and Reproductive Health and Rights (SRHR).

Key Findings: CA has provided support to community-rooted organisations, leveraging their deep community ties, contextual knowledge, and existing infrastructures. Several partners primarily focus on conservation, aligning with CA's integration principle of linking human and environmental health. CA prioritizes strengthening the capacities of its local partners, regardless of size. Through the support of CA, all the CA's partners run community health programme, which emphasise reproductive, maternal, neonatal, and adolescent health. These partners share a common approach that involves community outreach via door-to-door initiatives facilitated by community health volunteers. Additionally, they bring services closer to homes through outreach efforts and the deployment of backpack nurses. Their approach emphasizes sensitivity to sexual and reproductive health matters and integrates components such as gender and social norms.

A positive aspect of CA's approach is its collaboration with the Ministry of Health (MoH), strengthening existing infrastructure without creating parallel systems. Capacity-building trainings for nurses and health volunteers has enhanced the health system. CA addresses commodity shortages by procuring emergency supplies, to ensure a continuous supply.

CA's behavioural change initiatives aim to shift mindsets and attitudes, directly engaging women while working to garner support from male spouses and families through dialogue and sensitization. This also aims to enhance people's health-seeking behaviour.

CA tackles the challenge of increasing health service uptake, especially in remote areas with accessibility issues, by providing services through CHVs, outreach clinics, and backpack nurses. Another significant issue addressed by CA is adolescent and youth sexual and reproductive health, targeting problems like FGM, teenage pregnancies, early marriage, and school dropouts through sensitization efforts.

The impact of CA's work is evident in notable changes in knowledge, attitude and practices, as detailed in the report highlighting transformations observed in these three elements across all five visited partners in the field.

- Big Life's project has significantly increased awareness on family planning, ASRH, and the risks of early marriages, FGM, and pregnancies. It has fostered positive attitude changes, reducing missed immunization appointments and school dropout rates. Children now educate parents, transforming community dynamics.
- Dandelion Africa's integrated support has enhanced community knowledge on SRH, family planning, and GBV, dispelling misconceptions. Men now actively support family planning, and economic support for CHVs strengthens leadership skills, turning them into role models.
- Mount Kenya Trust's initiatives have boosted women's knowledge on family planning, empowering CHVs as champions. The project has dispelled misconceptions, leading to a positive shift in perception. Behaviour change includes a transition to long-term

family planning methods, improving school attendance and confidence.

- RCRA's initiatives have brought positive changes in knowledge, attitude, and behaviour. An adolescent Centre engages youth, diverting focus from risky behaviours. Increased health awareness, especially on early pregnancy, is notable, transforming men's attitudes towards family planning.
- The Maa Trust has achieved shifts in community attitude and behaviour, with men accepting family planning for better education and economic conditions. Mentorship programmes reduce school dropouts and early pregnancies, leading to more institutional deliveries. A youth friendly centre has been built.

Key lessons on the strategies employed include the positive impact of using the term "spacing" for family planning, emphasizing male involvement, strategic timing for community dialogues, leveraging religious and opinion leaders, engaging traditional birth attendants, tailoring outreach to demographics, collaborating with the Ministry of Health, employing young peer educators, utilizing CHVs/VHTs for restricted mobility cases, and the effectiveness of combining community dialogues with outreach services for attitude transformation and improved access. Role models, both men and women champions, are crucial in demystifying myths and advocating for family planning choices within communities.

Beyond the evident impact of CA's work in the community, there is a significant impact through the way CA supports its partners. Three key approaches set CA's partnership apart. Firstly, CA stands out by exclusively collaborating with partners deeply embedded in the local communities they serve, ensuring an intimate understanding of the local context

and building trust. Secondly, CA's approach involves strengthening the capacity of local partners, irrespective of their size. Thirdly, CHASE Africa's partnership model is characterized by a collaborative approach.

Partners deeply appreciate their collaboration with CA for several reasons. Firstly, the financial support provided by CA is deemed crucial for executing projects. Secondly, partners appreciate CA's commitment to safeguarding communities, emphasizing ethical approaches. Thirdly, exchange visits are highly valued for learning and adopting strategies from other partners. Annual conferences provide opportunities for sharing ideas and staying updated. Partners also reported that they had benefited from training and capacity-building sessions, particularly in M&E, fundraising, and advocacy (at CA conferences). Lastly, knowledge sharing through materials, templates, and a collaborative Partner Network strengthens individual organisations and has fostered solidarity among partners.

Challenges:

- √ Partners experienced widespread shortages of contraceptives like Depo Provera, medical commodities and even condoms (in case of Mount Kenya) impacting services. To address these challenges, we recommend CA directly engages in advocacy with the Ministry of Health, at both county and central levels, and explores partnerships with private health clinics for sustained commodity availability.
- √ Communities in CA-operated areas face challenges in promoting family planning due to patriarchal structures limiting women's decision-making. Partner initiatives to engage men in discussions are praised but persisting issues like domestic violence and stigma require sustained efforts. To overcome deeply ingrained beliefs, ongoing social and behavioural change communication is essential.

- √ Partners, including Dandelion, Maa Trust, CHAT, RCRA and CHV, face resistance to family planning from religious and elderly groups due to cultural norms. CA should tailor messages for religious leaders, emphasizing family benefits and initiating respectful dialogues and workshops to build support.
- √ Challenges in teaching adolescents about ASRH, legal constraints, and limited sex education need to be addressed through alternative strategies like community workshops, life skills training, and advocacy for policy changes.
- √ Operational challenges such as dispersed communities and gender-sensitive service provisions exist, which could be tackled through tailored training, necessary equipment provision, and advocacy for flexible timings and solutions for CHVs managing dual roles.

As discussed, the partners are facing critical external challenges, including shortages of contraceptives, patriarchal barriers to family planning, resistance from religious and elderly groups, obstacles in teaching adolescents about ASRH, and operational challenges in dispersed communities. CA's support is indispensable in addressing these issues, encompassing commodity procurement, attitude and behaviour change, gaining buy-in from influential groups, and reaching underserved communities with limited health access.

Sustainability: The sustainability of CA's work can be broken into three dimensions:

- √ **Organisational sustainability:** Many partners, rely on CA's financial support for their health projects. Heavy dependence on a single funding source, poses a risk. Organisations like CHAT, Mount Kenya Trust, Dandelion, and Maa Trust have secured additional

donor funding. CA has facilitated linkages to other donors and supported in grant writing which has aided partners like Mount Kenya Trust in achieving some financial sustainability. Diversification of funding is crucial.

- **Sustainability of service provision:**

The sustainability of service provision is underpinned by CA's foundational strategy of partnering with the MoH to align initiatives with the government's healthcare system. Partners collaborate closely with government structures, emphasizing reinforcement of existing healthcare infrastructure. They exhibit commitment to sustainability by engaging with government health structures and empowering local resources, fostering ownership and integration into the broader healthcare system. Capacity-building for community health workers and local community structures is prioritized for long-term benefit, ensuring continuous engagement. While shortages of essential medical commodities impact service provisioning, a potential solution involves a tripartite relationship between the MoH, CA, and partners/private entities to address supply challenges.

- **Sustainability of impact:** Partners have focused on community attitudes and behaviours through education and awareness campaigns, anticipating that ingrained knowledge would endure, contributing to sustained positive changes. However, concerns arise about the sustainability of service acquisition, particularly as services transition from free to paid. While some partners are optimistic that people will recognize the economic benefits and pay, scepticism remains. Proactive efforts by certain partners, like the Maa Trust and KAF, include integrating livelihood components,

empowering women economically, and addressing potential funding gaps.

Integration: The evaluation underscores CA's strong advocacy for integrating health and environmental issues, with partners recognizing and appreciating CA's support in this regard. Partners have adopted various integration strategies, including cross-messaging on health and environmental issues during community interactions, establishing tree nurseries and vegetable farms, and integrating livelihood initiatives with health and environmental efforts. Examples include Big Life's focus on youth mentorship linking health, environment, and wildlife protection, and Maa Trust's engagement in livelihood projects like beadwork to enhance economic stability. Dandelion Africa stands out for empowering CHVs through livelihood training and environmental activities. RCRA supports environmental initiatives such as energy-efficient stoves and kitchen gardens, illustrating the benefits of an integrated approach. Some partners extend integration beyond health and environment to broader community well-being, addressing issues like menstrual hygiene, coexistence with wildlife, and water, sanitation, and hygiene (WASH). Additionally, some partners emphasized the interrelated nature of changing population dynamics, environmental resources, and community health.

Recommendations

Recommendations on CA approaches:

- Strengthen Social and Behavioural Change Communication (SBCC) strategies to reach specific community segments, acknowledging that knowledge alone may not drive attitudinal shifts.
- Facilitate partner ties with the Ministry of Health (MoH) for policy-level advocacy, focusing on tripartite agreements to ensure consistent commodity supply.

- Continue supporting partners in advocacy for policy changes in areas with legal restrictions on adolescent sex education, employing alternative strategies such as community workshops and life skills training.
- Consider adopting successful practices from South Asian countries by organizing women into savings groups, ensuring financial resilience for health services beyond the project duration.
- Ensure CHVs have appropriate knowledge and skills through comprehensive training programs, accompanied by necessary equipment for uninterrupted work during adverse conditions.

Recommendations on baseline, performance questions, and reporting:

- Review and refine performance questions to capture the pathway of change, strategies employed, and unintended outcomes, providing a more nuanced understanding of the project's impact.
- Implement AIR within the partner conference to foster collaborative reflection, identification of unforeseen outcomes, and shared learning among partners.
- Develop a reporting template that balances flexibility with a basic minimum standard, addressing partner

concerns about overwhelming data requirements.

- Conduct regular communication and training sessions to ensure partners fully understand reporting requirements and the significance of robust data for informed decision-making.

Recommendations on how CA can support their partners:

- Continue guiding partners to diversify funding sources, emphasizing the importance of multiple donor partnerships and exploring innovative fundraising methods for long-term sustainability.
- Invest in improving data management and analysis capabilities to bolster the effectiveness of healthcare initiatives.
- Prioritize ongoing capacity building for partner organizations, covering skill development, project management, and organizational sustainability.
- Develop a clear long-term exit strategy, facilitating the transition to self-sustainability for partner organizations as partnerships evolve and mature.
- Enhance collaboration with government bodies, particularly ministries of health and environment, to ensure alignment with national priorities and access government resources and support.

LIST OF ABBREVIATIONS AND ACRONYMS

ANC - Antenatal Care
ASRH - Adolescent Sexual and Reproductive Health
BCC - Behaviour Change Communication
CBO - Community-Based Organisation
CHASE Africa - Community Health and Sustainable Environment Africa
CHAT - Communities Health Africa Trust
CHV (organization/partner)- Community Health Volunteers
CHW – Community Health Worker (otherwise known as CHV, CHP or VHT depending on setting)
CHVs- Community Health Volunteers (otherwise known as CHW, CHP or VHT depending on setting)
CHPs – Community Health Promoters (new name for CHWs introduced in Kenya in 2023)
CORPS - Community-Owned Resource Persons
CRC - Child Rights Club
FGD - Focus Group Discussion
FGM - Female Genital Mutilation
GBV - Gender-Based Violence
HIV - Human Immunodeficiency Virus
KAF - Kalyet Afya Foundation
KII - Key Informant Interview
M&E - Monitoring and Evaluation
NGO - Non-Governmental Organisation
PHE - Population, Health, and Environment
RCRA - Rwenzori Centre for Research and Advocacy
RICE-West Nile - Rural Initiative for Community Empowerment West Nile
RVTT - The Rift Valley Tree Trust
SORALO - South Rift Association of Landowners
SRHR - Sexual and Reproductive Health and Rights
STIs - Sexually Transmitted Infections
USD - United States Dollar
VHT - Village Health Team (used in Uganda as term for Community Health Worker)
WASH - Water, Sanitation, and Hygiene

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CHAPTER 1: INTRODUCTION

CHASE Africa, formerly known as The Rift Valley Tree Trust (RVTT), embarked on a journey of transformation that saw it pivot its strategy in 2012. Founded in 2000, the organisation initially focused on tree-planting initiatives around the Mau Forest in Kenya. However, as its projects unfolded, it became evident that a more profound societal issue needed attention—the plight of women in the region trapped in poverty, exacerbated by limited access to reproductive and maternal healthcare.

During its early years, RVTT observed the dire circumstances faced by women in the Mau Forest region. Lack of knowledge about reproductive and wider health and limited access to healthcare services were identified as major obstacles. The absence of modern contraception options left women without the means to plan their families, contributing to cycles of poverty.

CA's founders understood that breaking the poverty cycle required addressing the underlying healthcare challenges. To empower women and enable them to reach their full potential, maternal, reproductive, and child health services needed improvement. There was an unmet need for family planning, which was crucial for family well-being and economic stability.

Recognizing the needs, CA pivoted its strategy by rebranding itself as CA. In 2012, RVTT officially changed its name to CA to better align with its new mission. The new name, "Community Health and Sustainable Environment," reflected the organisation's commitment to holistic community development.

CA redirected its efforts towards supporting primary healthcare and family planning programmes in remote, rural areas. The organisation partnered with Communities Health Africa Trust (CHAT) to kickstart this initiative. Over the past decade, CA has experienced substantial growth. It currently collaborates with twelve partners, with ten in Kenya and two in Uganda, having worked with 14 partners altogether. Several partners have established community health programmes, alongside their existing activities, with CHASE Africa's support.

1.2 CHASE AFRICA'S OBJECTIVES

CA's central objectives revolve around empowering women and girls in rural communities while simultaneously improving access to essential health services, particularly in the realm of sexual and reproductive health and rights (SRHR). One of their primary aims is to tackle the pressing issue of unmet demand for modern contraceptives, which often leads to unplanned pregnancies, unsafe abortions, and HIV infections. Additionally, the organisation strives to enhance maternal and child health outcomes, with a strong focus on marginalized and underserved communities. CA acknowledges the unique challenges faced by adolescents and youth in East Africa, particularly concerning high rates of teenage pregnancies, HIV risks, gender-based violence, and early marriage, and has increased efforts to address these issues.

Moreover, the organisation is committed to promoting sustainable development, operating in rural areas and ensuring that vital services reach even the most remote communities, aligning its efforts with the Sustainable Development Goals (SDGs). Furthermore, some of CA's partners implement integrated programmes that encompass environmental initiatives, such as natural resource management, food security, and building resilience to climate change, alongside their healthcare programmes, contributing to comprehensive community development.

CA employs a multifaceted approach to its work, primarily focusing on supporting locally based organisations in East Africa. These organisations include small community-based organisations (CBOs), development non-governmental organisations (NGOs), and charitable trusts. The key approaches of CA's work are as follows:

- CA not only provides funding but also offers crucial capacity building support to its local partners. This support helps enhance the effectiveness and sustainability of community health and family planning programmes.
- CA has fostered a strong network across its partner organisations. This network serves as a valuable platform for sharing best practices and experiences. The organisation actively facilitates knowledge exchange through mechanisms like exchange visits, webinars on partner-requested topics, and an annual CHASE Africa Partner Network Conference.
- CA collaborates with several local partners that are conservation organisations. This partnership evolved from the organisation's work on tree-planting projects with Mount Kenya Trust. CA has supported these conservation organisations in initiating and managing community health programmes, including sexual and reproductive health and family planning. This approach leverages the existing trust and relationships these conservation organisations have with local communities to facilitate awareness, mobilization, and service delivery in partnership with local Ministries of Health.

CA's mission is underpinned by three core focus areas or objectives, each aimed at promoting holistic well-being, sustainable development, and social progress. These objectives encompass a wide spectrum of initiatives that target health, reproductive rights, family planning, and the integration of these vital aspects into broader community programming.

Objective 1: Improved access to health, address SRHR, and meet family planning needs

Under this objective, CA and its partners are dedicated to delivering community health programmes that primarily focus on reproductive, maternal, neonatal, child, and adolescent health. This includes addressing the challenges of last-mile delivery in remote rural regions, enhancing SRHR, and tackling the unmet need for family planning services. CA actively seeks innovative partner organisations to join hands in testing complementary approaches that promote social and behavioural change and improve access to services.

Objective 2: Embedding health, SRHR, and family planning into broader programming

Within CA's projects, there is a concerted effort to integrate health, SRHR, and family planning into wider environmental and conservation programmes and other work in rural areas. This approach is based on the organisation's successful experiences in collaborating across sectors. CA is committed to showcasing its achievements and sharing its expertise by developing toolkits, guidelines, and training resources. Additionally, in the future it aims to seek to establish partnerships with organisations who are working in rural areas (have existing infrastructure, have developed relationships with local communities and understand the local social and cultural context) whose primary focus lies in diverse sectors such as water management, agriculture, microfinance, education, and enterprise development to see whether opportunities to integrate health activities.

Objective 3: Showcase impact and advocate for SRHR

CA places great importance on building a robust evidence base for its approach. This is achieved through diligent monitoring, evaluation, and learning systems that track programme effectiveness. In its quest to quantify impact, CA seeks collaboration with academic partners to scrutinize its initiatives, contributing to a body of research that will support its mission. The organisation also believes in the

power of sharing knowledge and will continue to disseminate its work through publications, conferences, and events.

1.3 RATIONALE FOR EVALUATION

In this context, CA's decision to conduct an external evaluation was driven by several key factors. The organisation had experienced significant growth and had transitioned from an unincorporated trust to a Charitable Incorporated Organisation accompanied by a change in leadership. Consequently, a review was deemed necessary. At the time, CA had developed a new strategic plan, and there was a requirement to evaluate its alignment with the organisation's future direction. CA had recently reviewed its Monitoring and Evaluation (M&E) systems, introducing Impact Level indicators. This evaluation aimed to assess the effectiveness of this updated M&E system. Feedback received indicated a need for a more comprehensive evaluation of CA's work. The overarching goal of an external review was to extract valuable lessons that could inform future plans and enhance the organisation's impact and learning going forward.

1.4 OBJECTIVES OF THE EVALUATION

Broadly, the evaluation intends to review CA's impact, role, and approach to date; provide lessons and feedback for incorporation into CA's future approach and strategy; and assess the suitability of performance questions and indicators for future monitoring and more impact-focused evaluation.

As mentioned in the ToR, specifically, the objectives of the evaluation are:

- √ To review the impact of CA to date, in terms of its overall approach of:
 - raising awareness and understanding of SRHR through a range of information and awareness raising activities;
 - addressing the unmet need for family planning (taking a rights-based approach) by improving access to health services;
 - bringing wider reproductive, maternal, child and adolescent health benefits to the communities being reached;
 - integrating community health programmes with other activities;
 - undertaking some environmental activities at community level, that can be integrated with health activities.
- √ To review the way that CA works through local partners and the support that it has offered to those local implementing partners.
- √ To review the way local partner organisations have integrated the community health activities with their other programmes, and the effectiveness of this integration.

Target Audiences: The primary audiences for the evaluation are CA itself, its implementing partners, and resource providers. Additionally, the findings aim to benefit other key stakeholders and networks focusing on sexual and reproductive health and rights in the region.

CHAPTER 2: EVALUATION METHODOLOGY

2.1 EVALUATION APPROACH

The evaluation adopted a two-pronged approach, which encompassed both summative and formative elements. The primary focus was on the formative aspect, aimed at delving deep into understanding the lessons learned and the effectiveness of the process, approach, and strategies employed throughout the design and management of the programmes supported by CA for its partners. This approach

allowed for valuable insights to be gained regarding successful practices, areas for improvement, and opportunities for refinement. The approach facilitated a comprehensive understanding of what worked well and what could have been executed differently, leading to informed decision-making and adjustments in future projects.

Furthermore, the evaluation included a summative component, with the goal of measuring the programme's impact in the field of SRHR. It examined the programme's effectiveness in enhancing community knowledge, altering attitudes, and influencing behavioural changes. Additionally, the evaluation assessed the programme's impact on other healthcare parameters and analysed how its environmental initiatives contributed to fostering community unity and cohesion. This summative assessment aimed to provide a comprehensive evaluation of the programme's accomplishments and its effectiveness in achieving its intended objectives.

2.2 EVALUATION PROCESS

The evaluation process was divided into three phases: the Foundation Phase, Discovery Phase, and Reporting Phase.

In the Foundation Phase, several activities were undertaken to establish the groundwork for the evaluation. A thorough desk review of relevant documents, including project reports, annual reports, the M&E framework, and related literature, was conducted, and essential information and data informing the study's approach and findings were analysed and extracted. Survey instruments for focus group discussions (FGDs) and key informant interviews (KIIs) were designed in consultation with CA, with a draft of guidance notes prepared. The proposed methodology, tools, and timeline were outlined in an inception report submitted to the CA team for their review and approval. An internal briefing session was conducted within the team of researchers to familiarize them with the KII guidelines, data collection techniques, and ethical protocols.

During the Discovery Phase, KIIs and FGDs with relevant stakeholders were organized and conducted, adhering to the prepared guidance notes. In-depth interviews with direct project beneficiaries, highlighting their personal experiences, were collected and documented. All interviews during the evaluation were recorded.

In the Reporting Phase, the data collected underwent analysis, including transcription of interview notes and manual analysis using key themes. This analysis generated meaningful insights and findings. A draft report summarizing the study's findings, methodologies, and analysis, along with key recommendations based on the results, was prepared.

The draft report was shared with the CHASE Africa team for their review and feedback. The final report was updated and amended based on the feedback received.

2.3 DATA COLLECTION METHOD

Data collection - In-person field visits: To gather primary data in the field, the evaluation team conducted visits to five locations where CHASE Africa partners work, four in Kenya (including Kajiado around Mbirikani, Mogotio in Nakuru, Nanyuki, and the Maasai Mara around Talek), and one in the Kasese district of Uganda. In Kenya, these partners included Big Life, Dandelion, The Maa Trust, and Mount Kenya Trust, while in Uganda, the team visited RCRA. The following data collection methods were employed to engage with primary stakeholders in these areas:

- **In-Depth Interviews (IDI):** Face-to-face interviews were held with direct project beneficiaries, including community health workers and school authorities (if partners worked at the school level). These interviews yielded insights into their perspectives, experiences, and

feedback regarding the project's impact, specifically on SRHR access to family planning, health services, and its contribution to environmental harmony.

- **Focus Group Discussions (FGDs):** FGDs involved project beneficiaries, including women's groups, mixed groups, community forest user groups, and/or school children, to explore the impact of CA-supported projects and their influence in the selected areas. These discussions assessed knowledge, attitude, and practice changes, as well as the relevance of integrating the environment with SRHR.

Data collection using virtual means: In addition to field visits, virtual interviews were conducted with stakeholders who were not present at the field locations but had significant roles or perspectives related to the project. This included:

- **Open-ended interviews with Partner organisations:** A total of 12 local partners (10 in Kenya and 2 in Uganda) were interviewed online. These interviews were conducted by the same evaluator to maintain a consistent flow and ensure uniformity in communication and comprehension. A set of open-ended questions was prepared for these interviews, which were instrumental in gaining insights into the delivery mechanism, management approach, and partnership and collaboration with CA. Additionally, the evaluation sought to capture the perspectives of the partners to understand both positive and negative outcomes, challenges, gaps, and sustainability aspects. All partners involved in the evaluation were queried about criteria such as effectiveness, relevance, sustainability, and learning, in addition to their relationship with CA.
- **Open-ended interviews with Funders:** Online interviews were also conducted with donors. These interviews yielded valuable insights into their viewpoints regarding CA's support, their assessment of the organisation's strengths and areas for improvement, and their satisfaction with the accountability mechanisms related to reporting.

The table below illustrates the sample size for each of the evaluation participants:

Table 1: Sample size

Participants	Data collection method	Sample size
Representative from CHASE Africa	Key Informant Interview	3
Representatives from partner organisation	Key Informant Interview	12
Funders	Key Informant Interview	3
	Total KII	18
Dandelion		
Women group	FGD	3
Mixed group	FGD	2
Adolescent group (mixed)	FGD	1
Health representative - county level	Interview	1 (m)
CHV- local health facility	Interview	1 (m)
School teacher	Interview	1 (f)
Female direct beneficiary	Interview	1 (f)
The Maa Trust		
Women group	FGD	2
Men group	FGD	1
Mixed group	FGD	1
Adolescent and youth group (mixed)	FGD	1
Health representative - county level	Interview	1 (f)

Clinician – local health facility	Interview	1 (m)
CHV- local health facility	Interview	1 (f)
School teacher	Interview	1 (f)
Female direct beneficiary	Interview	1 (f)
Mount Kenya Trust		
Young /teen mothers’ group	FGD	2
Women group	FGD	1
Men group	FGD	1
Mixed group	FGD	2
Children below 18 group	FGD	1
Nurse	Interview	2 (f)
CHV	Interview	3 (1m, 2f)
Teacher	Interview	1 (f)
Big Life		
Students	FGD	2
Women group	FGD	2
Mixed group	FGD	1
Male community leaders	FGD	1
Nurse	Interview	1
CHV	Interview	1
Child Rights Club Coordinator	Interview	2 (1m, 1 f)
Direct beneficiary	Interview	3
RCRA		
Adolescent boys	FGD	1
Adolescent girls	FGD	1 (2 merged)
Men group	FGD	1 (2 merged)
Women group	FGD	2
Health representative county level	Interview	1
Direct beneficiary	Interview	2 (1m, 1f)
School authority	Interview	1
VHT member	Interview	1

2.4 EVALUATION CRITERIA

Table 2: Evaluation criteria

Assessment criteria	Areas of inquiry
Overview	Overview of community-based health programmes
	Overview of SRH/ ASRH programmes
Integration of SRH with other health programmes:	Extent of successful integration of SRH programmes with other health initiatives.
	Value of integration of SRH with health they have recognized.
Strategies and approaches in SRH/ ASRH projects:	Employed strategies and approaches in the SRHR and ASRHR Projects, including school SRHR sessions, backpack nurses, outreach work, CHW, and the role of Youth Peer Mentors and teachers.
	Successes and challenges in implementing these strategies.
Positive outcomes and transformations:	Specific positive outcomes and transformations in health promotion, SRH and family planning services.
	Direct and indirect impact on the community's health and well-being – in terms of knowledge, attitude and practices
Persistent challenges and gaps	Persistent challenges in successful implementation in CHASE Africa’s programmes

	Strategies employed to address these issues.
	Unmet gaps in health, specifically SRHR component
Collaboration with the Ministry of Health:	Impact of collaborating with the Ministry of Health by all partners' initiatives.
	Outcomes of this collaboration.
Integration of health and SRH component in other programmes (including environment):	Extent of integration of health programmes with livelihoods, Natural Resource Management (NRM), and conservation activities.
	Strategies and approaches employed for this integration.
	Value in integration
Sustainability measures:	Measures taken to ensure the sustainability of achieved results.
	Securing alternative funding sources and nurturing local capacities.
	Relationship and working with Ministry of Health
Coexistence with natural surroundings:	The extent to which communities coexist peacefully with their natural surroundings.
Impact of CHASE Africa's support:	Valued support from CHASE Africa (capacity building/ knowledge sharing/ funding, etc.)
	Highlight the benefits and value derived by local partner organisations from their participation in the CHASE Africa partner network.

2.5 RESEARCH ETHICS

The process of obtaining written consent involved the evaluation team thoroughly elucidating the study's particulars, including its objectives, methods, potential risks, confidentiality safeguards, and the participant's right to withdraw at any time without incurring any adverse consequences. Subsequently, the consent form was presented and signed by the participants who willingly agreed to participate. Participants were given ample time to ask questions and seek clarification before providing their verbal agreement to participate, signifying their voluntary willingness to be part of the research.

The code of ethics, which included the ethics of care, confidentiality, and the principles of no harm to participants, was strictly adhered to. The research team respected cultural and religious diversities, local traditions, religious beliefs and practices, sex and gender roles, disabilities, age, and ethnicities.

Personal information, interviews, and opinions of the participants were kept confidential to ensure the protection of the participants. Participants were provided with information about the purpose and process of the study, as well as the interview duration, so they could decide whether they wished to participate. Researchers also informed the participants that they could choose not to answer questions or quit the interviews/surveys if they wished to.

Progress Inc. retained participant personal data only for as long as necessary to fulfil the purposes outlined in this policy, unless a longer retention period was required. Data will be deleted as soon as the project is completed.

2.6 LIMITATIONS

The limitations can be categorized into two aspects.

The first pertains to field-level constraints. Initially, there was a limitation concerning the evaluation's time frame, providing only a snapshot of findings for partners deeply engaged in communities.

The second challenge emerged due to a slight shift in participant types. Following the first field visit to Big Life, it was deemed important to include additional respondents for a comprehensive view of

partners' work supported by CA. Although a specific set of participants was agreed upon initially, Progress Inc. decided to include male participants and faith-based leaders, necessitating extra coordination and timing efforts. A valuable lesson learned is the significance of consulting with the partner organization beforehand to select participants prior to field visits.

- In Uganda, certain FGDs (one with male members and one with adolescent girls) had to be merged because it was difficult to arrange FGDs at different times, as the entire village was preoccupied with welcoming their cultural leader of this District (Kingdom) who had been incarcerated for seven years since his arrest by the Government.
- Regarding Big Life and the Maa Trust, there were some translation issues from the local language to Swahili and back to the local language, which consumed unanticipated time.

SECTION 3: EVALUATION FINDINGS

3.1 CHASE AFRICA'S IMPACT

CA provides support to local partner organisations. A distinctive feature of its approach is the support extended to organisations deeply rooted in the community. Additionally, a notable aspect is that the majority of the organisations supported by CA operate in the realms of environmental conservation and community development. The detailed approach to these partnerships is discussed in this section. The brief introduction to each partner is provided in the Annex I.

3.1.1 WHAT ARE THE COMMON APPROACHES FOR CA?

An extensive examination of documents and the collection of primary data reveal a common approach adopted by the partners of CA across a wide range of their activities. The primary focus of CA's partner organisations in the projects supported by CA is community health programmes, with a specific emphasis on sexual and reproductive, maternal, neonatal, child, and adolescent health.

All partners actively engage with communities through multiple channels, including community dialogues, visits by Community Health Workers (CHW), and the involvement of backpack nurses. Outreach clinics are a recurring practice, offering a comprehensive range of health services, such as family planning methods, immunization, and disease screening, including HIV and cervical cancer. These opportunities are used for community awareness, education, and mobilization on SRHR. Partners play a pivotal role in initiating discussions on gender and social norms, challenging prevailing beliefs and practices to enable informed choices concerning health behaviours. CA's approach highlights the active involvement of men and boys in these discussions, recognizing their contribution to achieving greater gender equity. Strategies employed include organizing men's dialogues and utilizing male champions within the community.

Moreover, all CA partners collaborate closely with the local Ministry of Health (MoH), leveraging existing infrastructure, including clinics and personnel, particularly in remote rural areas. This approach ensures the sustainability of their work and prevents the creation of parallel health systems. The focus is on enhancing local capacities and skills, empowering the community to continue when CA's support is no longer available. This is achieved through collaboration with existing health facilities, capacity-building of local health volunteers, and nurse training, all supported by the MoH¹.

¹ Among the partners, CHAT is the only organisation with its community-owned resource persons, while the rest are affiliated with the MoH CHVs supported by CA.

CA has facilitated conservation organisations in launching and managing community health projects, utilizing their existing community relationships and infrastructure to deliver health and SRHR information and services in collaboration with the MoH. For the partners involved in conservation and environmental initiatives, there are efforts to integrate health components with environmental initiatives. Some CA's partners possess expertise in integrating community health programmes with environmentally focused projects, such as natural resource management, alternative livelihoods training, school woodlots, and kitchen gardens.

Funders' perspective of CA

From the funders' perspective, CA is highly regarded for the valuable contributions it provides to the communities it serves. The organisation's commitment to sharing knowledge and capacity building within these communities is seen as a cornerstone of its impact. Funders appreciate that CA places a strong emphasis on sustainability, not only offering support but also equipping communities with the skills and systems needed to maintain initiatives independently. This long-term focus is particularly commendable. Moreover, the organisation's cultural sensitivity is acknowledged and valued, as CA respects local customs and traditions, working collaboratively with communities rather than imposing solutions. The ability to tailor interventions based on a deep understanding of community needs is seen as a key strength, ensuring that support is both relevant and effective.

Another notable aspect is CA's cost-effective approach, as it maximizes the impact of contributions. The organisation's capacity to deliver services at a minimal cost is greatly appreciated by donors. Furthermore, CA fosters a culture of knowledge and experience sharing, with the annual conference and networking sessions being highly regarded for their role in promoting collaboration and the exchange of best practices.

Importantly, CA is mindful of not creating dependency within the communities it serves, actively encouraging self-sufficiency and self-reliance. This approach aligns with funders' values and is considered a fundamental aspect of the organisation's impact.

3.1.2 WHAT PROBLEM IS CA SOLVING?

CA is dedicated to addressing a common issue, primarily revolving around inadequate access to health services in the remote regions where their partners operate. CA's main focus has been addressing issues related to SRHR, although they have not overlooked providing other health services, including vaccinations, immunizations, cancer screening, and curative health services to the communities they serve.

During the evaluation visits to the five partner organisations, it became evident that the problem CA is working to resolve is prevalent across the areas where the partners are working. For instance, the communities that all partners work in have a low adoption of modern family planning, resulting in unintended pregnancies and challenges in caring for the children born. Furthermore, there is a notable sense of stigma associated with utilizing family planning services. Women often lack knowledge about family planning methods and their advantages, while the attitudes of male members, the elderly, and other community members are often resistant to the use of family planning.

Another common problem affecting young boys and girls is early marriage, which brings associated risks of early pregnancies. This directly correlates with high rates of school dropouts among girls in many of the communities supported by CA. Another prevalent issue in these communities is the high

incidence of Female Genital Mutilation (FGM) among girls. FGM is pervasive due to deeply ingrained cultural norms.

The support offered by CA has proven to be highly relevant and practical in these regions, effectively addressing these issues. The CA approach has made significant progress in mitigating these problems or is well on the path to resolving them.

Mobile outreach programmes have played a pivotal role in overcoming the barriers to healthcare access, ensuring that vital medical services reach even the most remote communities. The impact of the backpack nurse has also been profound. When the nurse visits the village and provides services such as family planning, immunization, and antenatal care (ANC), they extend their reach to those who are unable to afford travel expenses. They connect with individuals who are the farthest from healthcare access. To corroborate, women in FGDs from communities supported by Mount Kenya reported, ***"Previously, we lacked local doctors in our village, and we had to travel long distances to access medical care. The journey from our place to Gatheri was quite far. However, now, we have received substantial assistance because healthcare services can be accessed right within our villages."*** The medical camps organized by the Maa Trust have brought healthcare services closer to the community, providing quick access to medication. The provision of free medicines during these camps has been instrumental in improving access to healthcare. RCRA noted that through the use of backpack nurses and mobile outreach clinics, RCRA bridged the gap in accessing family planning services. This was particularly important in areas with poor road terrain and where distance posed a significant challenge. According to the District Health Office, ***"In Kasese, RCRA is the only partner using the Back Pack Nurse strategy. If only all partners would adapt that strategy, much more would be achieved in last mile service delivery. The strategy is unique because when a woman comes to the facility, she does not feel the benefit of privacy, but the BPN strategy assures the client of confidentiality since the health facility is open to the public and a client can run into anyone known to them."***

In addition to this, the existing healthcare system has been strengthened through CA's efforts. They have invested in enhancing the capacity and skills of community health volunteers and nurses, with a specific focus on SRH and other essential healthcare services. This bolstered workforce plays a crucial role in delivering comprehensive care to the community.

Furthermore, CA's commitment extends to strengthening the capabilities of local health facilities by providing essential medical supplies and commodities. These supplies, often in short supply within these communities, ensure that the healthcare infrastructure can effectively meet the needs of the population. For example, RCRA's engagement with community influencers, including councillors and health representatives, was instrumental in effecting change. Through dialogues with these influencers, backed by findings from community scorecards, RCRA compelled duty bearers to provide healthcare services and make resolutions to improve service delivery. This proactive approach even led to the allocation of budgets by districts to address healthcare needs, demonstrating the tangible impact of their advocacy efforts.

Efforts to transform the attitudes and perceptions of community members, including male members, the elderly, and religious leaders, have been undertaken through community dialogues and, to some extent, household visits. These engagements aim to break down barriers and misconceptions, fostering a more supportive environment for healthcare initiatives.

Identifying and addressing immunization defaults is another critical aspect of CA's work. They actively support the identification of individuals who have missed their immunizations through door-to-door services, ensuring that a broader section of the population benefits from these life-saving vaccinations.

For example, the outreach efforts of the Maa Trust have significantly reduced the number of vaccination defaulters. Community members reported that in the past, default rates were high, but with the outreach clinics, more people are reached, resulting in fewer defaults. Similar impact was highlighted in the interviews with stakeholders from Kasese district; RCRA's work was commended on their ability to trace immunization defaulters through mobile outreach day clinics. This proactive approach significantly contributed to closing gaps in immunization coverage.

Family planning adoption rates have witnessed a notable increase, primarily attributed to the use of backpack nurses and referrals made through CHVs. This approach has made family planning services more accessible and appealing to the community.

Furthermore, CA's collaboration with some partner organisations extends to schools, where joint efforts are made to empower students and raise awareness about the negative consequences of early marriage, teenage pregnancies, and FGM. By engaging with educational institutions, CA contributes to the overall well-being and future prospects of young individuals.

3.2 IMPACT OF THE WORK

Upon evaluating the impact of the work conducted by each partner visited by the evaluation team, common areas of impact experienced by community members become apparent. Despite slight variations in the strategies employed by each partner, the impact is perceived in terms of increased knowledge, transformation of attitudes, and alterations in behaviour. The impact of all five organisations visited by the evaluation team will be presented in the section below:

Big Life

Increase in knowledge:

- Women have gained a profound understanding of the significance of family planning. In FGDs, women expressed their views, stating, ***"They say that family planning has given women the opportunity to engage in economic activities. In the past, the frequent childbirth left little room for women to work, but now, due to family planning, women can participate in economic activities, and they feel empowered by this change."***

The impacts include a heightened awareness of ASRH among girls, particularly in relation to messaging about FGM, the adverse outcomes of early marriage, and the risks associated with early pregnancies. These impacts were clearly observed during the FGDs with adolescent girls. Furthermore, the school clubs and youth mentors have played a significant role in educating these adolescent girls about ASRH. The young mentors have been effective in conveying information on topics like "early marriages," "circumcision with girls that may cause death," and "early pregnancies that may make us drop out of school," as well as "drug abuse," emphasized adolescents in FGDs. Moreover, there is increased awareness among students about early marriages, and they have been empowered to take action.

Change in attitude:

- One significant impact of the project has been the increased willingness of women to openly discuss family planning without hesitation. Additionally, communication regarding family planning has become more open, with both men and women participating actively. During an interview with one of the CHVs, she mentioned that ***"people now feel at ease discussing family planning, and there is a notable surge in interest and participation."***
- A positive impact of the project is the successful collaboration with religious leaders, resulting in a lack of opposition to family planning. During an interview with a CHV, she pointed out

that even if pastors do not explicitly voice their support, they silently endorse causes or practices like family planning. During one of the FGDs, participants mentioned that people no longer criticize those who space their births compared to before. Even pastors are offering advice, encouraging individuals not to have children every year and emphasizing the importance of balancing child-rearing with other life activities.

- In the past, men were resistant to engaging in discussions about reproductive health, which made it challenging for women to obtain approval for family planning. However, a significant impact has been the gradual evolution of men's perspectives over time, driven by ongoing educational efforts.

Change in behaviour:

- Due to the outreach efforts, there has been a reduction in the number of individuals who default on immunization appointments. During focus group discussions with women's groups, they expressed their satisfaction with the immunization services they now receive as a result of these outreach programmes. They no longer miss their children's immunization schedules. There has also been a notable rise in the number of institutional deliveries, as reported by the nurse at the health facility.
- The impact of the project run by Big Life has been notably positive among school-level students. According to school authorities, the dropout rate has significantly decreased as a result of the project's initiatives. Early marriage was the primary reason for students dropping out, and Big Life has been actively discouraging such practices. In two instances, project personnel intervened to prevent early marriages and even took legal action when necessary.
- When students become aware of early marriage plans, they promptly report it to their patron, who then collaborates with Big Life to take appropriate measures to prevent it. In a focus group discussion with youth and adolescents, one girl shared her experience, saying, ***"When you go home and find your father, mother, and an older man discussing your marriage, you must think critically and use the knowledge from the Child Rights Committee (CRC). We simply make an excuse to fetch water, and then we run to inform the chief."*** This demonstrates the proactive role of students in preventing early marriages within their community.
- Another noteworthy impact of the project is the reversal of roles within the community, with children taking on the role of educators and teaching their parents about the adverse outcomes of FGM and early marriage. This transformation has occurred as a result of their participation in the weekly sessions with the youth mentors.

Dandelion

Increase in knowledge

- The community has benefited significantly from the integrated support provided. In addition to SRH and family planning, community members have gained knowledge about GBV, the causes of HIV and early pregnancy, and how to support other community members through duty bearers. Moreover, the prevention measures against HIV and STIs have been widely understood, as evident in FGDs conducted.

Change in attitude

- Community-based discussions and women's FGDs unanimously confirm a profound transformation in the perception of family planning. The project has effectively dispelled

misconceptions around family planning, particularly concerns about side effects and reduced libido. The sensitization efforts led by CHVs through door-to-door engagements have substantially reduced these misconceptions, particularly among women.

- Dandelion's project has significantly boosted the confidence of women in the community when it comes to discussing family planning openly. In FGDs, women expressed how they used to be reserved in such conversations during community meetings but have since become more engaged in discussions about family planning.
- The attitudes and conduct of male community members have experienced a positive transformation. There are now instances where men actively assist women in accessing family planning services. This shift in male perspectives was further substantiated during the focus group discussions with female participants. The earlier misconception that family planning would lead to women ceasing to have children has evolved, and male members now exhibit greater support. CHVs also confirmed this shift, noting that *"Some men even accompany their spouses to healthcare facilities for family planning services."*

Change in behaviour

- Dandelion's impact on the health component is evident, particularly in the identification of immunization defaulters and referral of patients to healthcare facilities. Prior to the involvement of backpack nurses, there were inconsistencies in community outreach, sometimes leaving gaps of 4-6 months. With the assistance of backpack nurses, there has been a noticeable increase in the consistency of outreach activities, ensuring that individuals receive timely care.
- The project's impact extends to unintended positive outcomes by decreasing cases of GBV. FGDs with women revealed that prior to the project, male spouses' lack of awareness about family planning led to serious consequences, including forcefully removing the contraceptive implants and physical harassment of women. However, through sensitization efforts and enhanced understanding, GBV cases have declined. Dialogues and male engagement have been pivotal in achieving this.
- The project's economic livelihood support for CHVs has led to a positive unintended change, reducing cases of drug and substance abuse among adults, especially males. These economic opportunities have transformed households, enabling them to sustain their living and afford their children's school fees. Even the partner in the interview highlighted that one of the most remarkable outcomes of Dandelion's initiatives is the strengthening of leadership and advocacy skills among CHVs. Dandelion's unique approach of empowering CHVs in livelihood and advocacy, with the expectation that they would serve as community role models, has yielded exemplary results.

Mount Kenya Trust

Increase in knowledge

- The knowledge and confidence of women, both young and old, have substantially increased, particularly concerning family planning and its side effects. Many attribute the introduction of family planning to CHVs and consider themselves champions of the cause. Teen mothers, in particular, have found empowerment through the awareness disseminated by Mount Kenya.
- Focus group discussions with young mothers reveal the significant role played by CHVs in educating women about family planning. Women report that CHVs persuaded them to use

family planning methods, leading to a sense of empowerment and improved ability to care for their children and households. One of the young mothers in FGD shared, "***I've acquired the knowledge to protect myself from unplanned pregnancies and understand the use of family planning. Furthermore, it has enriched our understanding of the importance of pursuing our education. Additionally, we've gained the ability to guide those in need when they face challenges because we've been well-informed by the CHVs.***"

Change in attitude

- The project has played a vital role in addressing misconceptions about family planning, such as the belief that it makes individuals infertile. The project has also dispelled misconceptions regarding family planning causing infertility. Previously, some believed that condoms were only associated with prostitution. However, the project has clarified that condoms are a vital component of family planning, serving to prevent diseases and unwanted pregnancies. In this instance, one of the CHVs noted, "***Back when I distributed condoms, some individuals would mistakenly associate them solely with sex work. However, there has been a significant shift in understanding. People now recognize that condoms play a vital role in sexual health, offering protection against both diseases and unplanned pregnancies.***"

Change in behaviour

- An important outcome of the project in the past was the shift from short-term to long-term family planning methods. This transition was corroborated by health representatives, highlighting the positive influence of Mount Kenya Trust's initiatives.
- The impact of this sensitization at the school level was noteworthy, leading to reduced school dropouts, increased attendance rates, and greater confidence among students in asserting their rights. It empowered students to make informed decisions and distinguish between right and wrong. The project's support for adolescent girls and boys has been instrumental in a context where young girls are vulnerable to exploitation by *boda boda*² riders. The project has played a crucial role in preventing teenage pregnancies in such circumstances.
- Mount Kenya Trust's project has shown a holistic impact by not only addressing family planning but also providing essential education and support to pregnant and lactating women. This includes guidance on self-care, ANC, and nutrition, contributing to improved overall health outcomes.

RCRA

Increase in knowledge

- RCRA's Adolescent Centre was widely commended for its role in disseminating essential information on ASRH and child rights. The adolescent centre demonstrated effectiveness in engaging young boys and girls in productive activities, steering their focus away from risky behaviours. Recreational and educational opportunities, including activities like pool tables, computer training, tailoring, and sanitary pad production, further enriched the experiences of adolescents.

² Motorbike

- RCRA's project has contributed to increased community awareness of health issues such as cervical cancers and fibroids in the uterus. The community health workers and out-day clinics have facilitated these discussions, raising awareness.

Change in attitude

- Adolescents reported a notable increase in the openness and vocalness of the community regarding discussions about early pregnancy, family planning, and contraceptive use for young individuals. This transformation in community attitudes was attributed to RCRA's awareness-raising efforts.
- A noticeable shift has occurred in men's attitudes toward family planning, with fathers and mothers becoming well-informed about the benefits of family planning and feeling comfortable seeking these services. Men acknowledge that they accompany their partners for family planning services, citing advantages such as children attending school, improved family health, financial stability, and personal freedom. Women in the discussion also shared their perspectives. They noted that prior to the RCRA project, some men had misconceptions about family planning, believing it was detrimental to childbearing. However, after accessing information through outreach programmes, these men underwent a transformation in their views and started encouraging their wives to embrace family planning.
- The project has garnered the trust and support of religious leaders, as revealed in discussions with adult men and women within the community. They pointed out that in the Seventh Day Adventist Church, certain elders have taken on the role of promoting family planning. These church leaders consistently advise their congregation to responsibly plan their families and only have children they can adequately provide for.

Change in behaviour

- Women who participated in FGDs reported increased household income and an improved quality of life in their homes generally, owing to FP. Because of child spacing and having fewer children, women are able to engage in productive work and support their husbands with household expenditures. As a result, families are able to take their children to school, raise healthy children, women are healthy, and the men have reduced financial stress of taking care of their families, as shared by a woman participating in a focus group discussion with women, that ***“Family Planning has worked for us despite the side effects. Most women are now spacing well their children. Child spacing has helped us to be able to do other economic activities to get money. Therefore, FP has helped most mothers to do productive work but also managing to take their children to school.”***
- Adolescents participating in the FGDs pointed to a remarkable decrease in teenage pregnancies as one of the most significant impacts of RCRA's project. This success was attributed to the informative messaging provided by the RCRA centre, covering the consequences of early sexual activity, bodily changes, STIs, and HIV. Access to STI and HIV testing services at the RCRA centre was widely commended, with many adolescents reporting the availability of condoms to reduce the risk of unsafe sexual practices. A teacher affirmed the positive transformation in adolescents' lives, citing the effective sensitization and education provided by RCRA, which addressed issues like early marriage, school dropout, and personal hygiene.
- The uptake of family planning has contributed to a decrease in gender-based violence within homes. During a group discussion, a woman shared her experience, saying, ***“Thanks to RCRA's outreach system, they reached out to me and provided detailed information***

to both my husband and me. As a result, we no longer experience GBV or the issues that used to trouble our family. I now have more time to engage in productive activities. Therefore, family planning has had a profoundly positive impact on me and other women in my community."

The Maa Trust

Change in attitude

- One notable impact highlighted during the women's focus group discussion is the increasing acceptance of FP by most men. This shift in attitude is attributed to their recognition that having spaced families is manageable, enabling them to provide better education for their children. Additionally, the challenging economic conditions have contributed to this acceptance.
- The programme has encouraged spouses to come to mutual agreements on family planning, reducing conflicts. Previously, some women had to keep family planning secret from their husbands. The perception that having many children is a symbol of wealth has also started to change as emphasized during the FGDs.
- The project has managed to secure limited support from churches, which, while modest, can still be considered a positive outcome, even though there is room for further progress. During the FGDs, participants observed that churches occasionally address the topic of family planning. However, it was noted that these discussions within churches typically stop short of encouraging congregants to actively pursue family planning services. Instead, pastors tend to advise their congregants to engage in discussions with their spouses regarding family planning as a means to prevent conflicts within their households.

Change in behaviour

- Narok County has seen a decrease in school dropouts and early pregnancies, with girls gaining confidence to express themselves and share their challenges. There has also been a notable increase in the number of uncircumcised girls. The communities owe it to the Maa Trust's mentorship programmes that have trained peer mentors to educate the community.
- There has also been increase in the cases of institutional delivery. In women's FGDs, the majority stressed the historical practice of home births, which often led to complications arising from issues like incomplete umbilical cord expulsion and a lack of proper medical equipment, especially for traditional birth attendants. This has underscored the significance of opting for institutional delivery. However, they also acknowledged that the current situation has improved significantly, which they owe it to the availability of hospital-based delivery services as well.

Impact on the communities from other partners

It is noteworthy that certain organisations, which have been longstanding collaborators with CA, have progressed beyond enhancing knowledge and understanding about family planning. These organisations have instigated favourable attitude changes among girls and women, as well as notable transformations in attitudes of male members and religious faith leaders. This has resulted in evidence of behavioural changes, particularly in the uptake of family planning, alongside increased accessibility to other health services. Moreover, their outreach has expanded to encompass youth and adolescents, with positive impacts such as a reduction in school dropouts, fewer cases of pregnancy, and a decline in instances of FGM.

In contrast, newer partners like SORALO, Save the Elephants, and Wildlife Works are still relatively new entrants to the provision of health services, particularly in the realm of SRHR. Originating from an environmental conservation background, these organisations underwent or are undergoing a pilot project in this domain. While the impact is not as pronounced as observed for the longer-standing partners, interviews with representatives of these organisations indicate positive impacts as well. With these new partners the impact is more pronounced when it comes to improving access to health services. For example, for partners like Save the Elephant, SORALO, and Wildlife Works, the outreach clinics, CHVs and backpack nurses emerged as a highly impactful component of the project. These clinics brought healthcare services closer to the community, eliminating the need for community members to travel to distant health facilities. Cases of institutional deliveries and access to antenatal care have increased.

The following section delves into the impact observed among other partners of CHASE Africa.

- ***Increased utilization of family planning services:*** One of the most notable impacts of CHASE Africa's partners' projects is the increased utilization of family planning services in the community. Families are now actively planning their family size. This holds true for all the partners interviewed. Different partners attribute different strategies that led to this change. For example, KAF attributes the changes to the introduction of male CHVs who have played a crucial role in reaching out to men within the community. KAF realized that effective family planning requires the involvement and understanding of both males and females. By including male CHVs in their strategies, they have successfully promoted behavioural change, emphasizing the importance of joint decision-making in family planning.
- ***Changing perception of community members:*** Misconceptions and concerns related to family planning, such as fears of side effects or the notion that it might lead to infertility in women, were addressed and dispelled through many of the projects' efforts. For Big Life, the community dialogues have played a crucial role in reshaping the perception of family planning within the community. For new partners like SORALO, they believe that although progress has been made in raising awareness about family planning and SRHR, SORALO recognizes that changing deeply ingrained societal norms and perceptions requires time and persistent effort. For RICE-West Nile, a notable shift has occurred among religious leaders who previously held negative perceptions of family planning. Many of them have now become allies of the project, acknowledging the importance of planning families to provide better care for all children and meet the needs of families.
- ***Changing perceptions and engagement of men:*** One of the most notable successes has been the significant shift in men's perception and involvement in FP matters for partners like CHAT, KAF, RICE- West Nile, and even for new partners like Save the Elephants. Community members, including husbands, have shifted their views and are now more open to the idea of family planning. Different strategies and approaches are attributed for this change in perception. For example, for CHAT, the success can be attributed to the integration of population and health components and the effective use of cross-messaging to persuade male community members.
- ***Empowering women in family planning:*** Another tangible impact can be seen in the increased confidence the women exhibit when discussing FP and, in their ability, to independently access family planning services for partners like CHAT, and CHV. Women are now more empowered to make informed decisions regarding their reproductive health, and this empowerment has translated into significant behavioural changes, particularly in the increased utilization of family planning services. This shift in dynamics has resulted in tangible

outcomes, such as increased birth spacing and a reduced fertility rate. Increased confidence in women is also pronounced in the case of Save the Elephants, where women have become more confident and open in discussing family planning. In some cases, women are now making mutual decisions with their spouses regarding family planning.

- ***Reducing adolescent and youth pregnancies:*** Adolescent and youth pregnancies, which previously led to high school dropout rates, have seen a substantial reduction thanks to partners' dedicated efforts. This was notable in the case of partners like KAF and Big Life. Different strategies have worked for different partners. For KAF, peer educators, who are themselves young and relatable, have played a pivotal role in this achievement. For Big Life, both Child Rights Clubs in schools, and dialogues to wider community on Adolescent SRH have proved effective.

3.2.1 Effective strategies

- Positive results are intended to be yielded by the decision to use the term "spacing" instead of "family planning." The idea of having children at spaced intervals, communicated by "spacing," is considered more acceptable and less daunting to both men and women compared to the notion of completely stopping having children.
- It has been recognized that, when it comes to family planning, the involvement of male members is pivotal. Sensitization efforts solely aimed at women are often futile without the engagement of male decision-makers. More open discussions and utilization of family planning services are facilitated by the presence and support of male members.
- The timing of community dialogues conducted just one or two days before outreach events is considered crucial by some partners. This approach ensures that participants have fresh information and learning in their minds, making them more likely to utilize the services. Information is an essential precursor to increased service uptake.
- The combination of community dialogues and outreach services has been particularly effective because it transforms attitudes and perceptions through dialogues and ensures that necessary healthcare services are readily available following this shift in mindset. This integrated approach aligns with the holistic view of community health, emphasizing that successful health initiatives often require both a change in knowledge and attitudes and improved access to essential services.
- The effectiveness of involving religious leaders and opinion leaders, such as elders and community chiefs, has been observed. Their influence is considered highly effective, encouraging community members to participate and engage in project activities.
- In the context of promoting institutional delivery, the involvement of traditional birth attendants in dialogues has been proven to be a successful strategy. Their influence helps encourage community members to choose institutional delivery.
- The importance of tailoring outreach efforts to specific demographic factors, including age, gender, and education level, has been recognized by the partners. The deployment of young mentors or nurses is considered crucial for engaging young people, while female professionals and volunteers are deemed essential for reaching female populations. Additionally, individuals with higher education levels are considered more effective in conveying information and persuading individuals. These lessons highlight the significance of aligning outreach strategies with the characteristics of the target audience.
- The value of close collaboration with the Ministry of Health has been learned. This partnership has been deemed instrumental in supporting and facilitating healthcare initiatives, underscoring the importance of aligning efforts with government healthcare objectives.

- The unique needs and perspectives of young individuals, particularly girls and boys, are acknowledged by partners. To effectively reach out to this demographic, the imperative is to employ peer educators. These educators, being closer in age to their target audience, are considered relatable and credible sources of information.
- CHVs/ VHTs have proven to be an effective strategy. In communities where facilities are far away, and it is a challenge for women to reach, these volunteers play a crucial role in providing essential health services. This demonstrates the value of adaptable and community-based healthcare delivery systems.
- Role models, both men and women champions, are considered effective because they share their personal experiences and advocate for family planning choices within their communities. Their influence is likely to demystify myths and encourage informed decisions, making them essential drivers of positive change.

3.3 CHASE AFRICA'S ROLE

CA's commitment to fostering a culture of partnership and continuous learning is a cornerstone of its approach to sustainable development. By actively building strong relationships with its local partners, CA creates an environment where partners feel empowered to assess and enhance their organisational effectiveness.

The uniqueness of CA's partnership model is evident on three fronts:

- Firstly, it distinguishes itself by exclusively collaborating with partners deeply ingrained in the **local communities they serve**. This distinct feature ensures that these partners possess an intimate understanding of the local context, engendering trust within the communities. This trust is essential for the relevance and effectiveness of the support provided, setting CHASE Africa apart from partners that operate independently of the community.
- Secondly, CHASE Africa's approach includes strengthening the **capacity of their local partners**, irrespective of their size. Notably, not all partners are large organisations; some are relatively small. CHASE Africa's selection of these smaller partners is predicated on their strong local presence and community service record. CHASE Africa goes the extra mile to enhance the capabilities of these smaller organisations, underscoring the value they place on their partners.
- Thirdly, the nature of CHASE Africa's partnership model is defined by **its collaborative approach**. In contrast to many donor relationships, CHASE Africa's partners describe their collaboration as unique and different. These partners perceive CHASE Africa as an integral part of their team and more akin to a family than a traditional donor, emphasizing the strong bond and collaborative spirit that distinguishes CHASE Africa's partnership model from others.

Partners of CA unanimously express their deep appreciation for their collaboration. For instance, CHV highlight how their partnership with CHASE Africa is characterized by mutual respect, gratitude, and fruitful engagement. They credit CHASE Africa for significantly elevating their brand recognition within the community, emphasizing the positive impact of this partnership. Similarly, KAF acknowledges CHASE Africa's support, highlighting its responsiveness to their specific needs rather than solely following CHASE Africa's agenda. This approach underscores the mutual respect and cooperation that underpins their partnership.

Another essential facet of CA's partnership model is its adaptability and supportive nature. RICE West Nile describes CHASE Africa as not just a funding partner but an "attentive and adaptable

collaborator”. They engage in joint proposal writing, a strategy that leverages the strengths of each organisation. The Maa Trust views CA as hands-on partners who offer guidance and support at every step. They highly appreciate the flexibility CA provides and its active listening to their feedback, enabling a constructive and evolving partnership.

The partners also highly value CA’s open and transparent communication, particularly the long-standing partners who express *“a level of comfort that goes beyond typical funder relationships”*. Mount Kenya Trust, for example, notes this unique quality in their interaction with CA. The partners appreciate the immediate response times from CA, a feature that distinguishes this partnership. RCRA similarly commends CA’s commitment to maintaining clear and open channels of communication.

The Maa Trust presents it like *“CA is the hands-on partners who provide guidance and support at every step.”* They highly value the flexibility that CHASE Africa offers and appreciate the fact that CHASE Africa actively listens to the Maa Trust, considering what is working and what is not.

Looking to the future, all the partners visited and interviewed express a strong desire to continue their partnership with CHASE Africa in the years to come. They highlight the invaluable nature of the partnership network, which fosters cross-pollination among partners and leverages synergies, contributing significantly to their collective goals. The partnership network has proven to be a key factor in their ongoing success.

3.3.1 WHAT PARTNERS VALUE IN CA

Partners deeply appreciate several key aspects of their collaboration with CA:

- **Funding Support:** The cornerstone of their partnership is the financial support provided by CA. This funding has played a crucial role in enabling these organisations to execute their projects and initiatives. Several partners, including CHV, KAF, and SORALO, solely depend on CHASE Africa's support for their health projects. For example, CHV relies solely on CA for implementing health projects, highlighting the essential role of this funding. RICE West Nile also noted how CA’s proactive disbursement of funds ahead of project implementation guarantees that RICE-WN has timely access to the essential resources.
- **Safeguarding:** Partners value CA’s commitment to safeguarding the communities they work with. This prioritization is essential for their learning and operational integrity. The emphasis on situational assessment before project initiation is highly regarded. Partners like CHAT, Dandelion, and KAF credit CA for this ethical approach, which includes obtaining consent and respecting individual rights and privacy.
- **Exchange Visits:** Partners highly appreciate the exchange visits facilitated by CA. These visits have proven invaluable for many organisations like Mount Kenya Trust, KAF, RICE West Nile, SORALO, Save the Elephants, Wildlife Works, and CHV. They offer opportunities to learn from and adopt strategies and approaches employed by other partners. For instance, CHV is now looking to implement the peer mentorship model in their interactions with youth and teenagers, a concept they learned during one of these visits. Similarly, Save the Elephants has gained insights into successful integration of conservation with health services through visits to partner organisations like Mt. Kenya Trust and Big Life. Similarly for Wildlife Works' exchange visits to organisations like Big Life and Maa Trust, expertly facilitated by CA offered invaluable first-hand exposure and learning experiences. There is a discernible pattern in the way exchange visits are received, with newly-formed partners expressing a particularly strong appreciation.

- **CHASE Africa Partner Network Annual Conferences:** Partners highly value the annual conferences organized by CA as opportunities to share ideas and stay updated on contemporary practices. Dandelion and Big Life for example, appreciates the ability to choose topics of interest and engage in meaningful discussions during these conferences. The conferences are thoughtfully structured to align with the interests and preferences of the participants, contributing significantly to their positive reception. The design of the conference is informed by the responses received, ensuring the content's relevance. This approach contributed significantly to the positive reception of the 2023 Partner Conference, as it closely addressed the specific needs and interests of the participants.
- **Training and capacity building:** Partners also find value in the training provided by CA. Organisations like CHV appreciate technical training for nurses and CHVs. Others, like Dandelion, the Maa Trust, Mount Kenya Trust, and Big Life, have benefited from capacity-building trainings in areas such as project management, M&E, and financial management, enhancing their operational effectiveness. RCRA commented that support from CA has significantly contribute to building fundraising skills and staff training, ultimately leading to successful fund acquisition. CA's support is a notable contributor to this success. It is evident that partners place great value on the capacity building they receive in areas pertaining to M&E, fundraising and advocacy. In the area of M&E, partners particularly appreciate the clarity in reporting approaches, the emphasis on accurate data collection, and the hands-on experience offered during the training sessions. Regarding safeguarding, partners highly value the focus on personal responsibility, practical application of safeguarding policies, and the importance of risk assessment in their work. When it comes to fundraising, partners find great benefit in the practical tools and guidance provided, equipping them for more effective fundraising efforts in the future. Lastly, in the realm of advocacy, partners highly value the recognition that advocacy is integral to their work, as well as the practical tools and role plays that facilitate their learning process.
- **Knowledge sharing:** Partners appreciate the wealth of materials and templates provided by CA, which facilitate the exchange of knowledge and enhance project capabilities. Furthermore, CA's role in organisational capacity assessment is highly commended, as it paves the way for ongoing capacity development, emphasizing growth and sustainability. Being an active participant in a cross-learning WhatsApp group has also proved to be an essential element of their partnership with CA.

To conclude, CA's collaborative Partner Network, comprising all 13 local partners in Kenya and Uganda, serves as a hub for knowledge sharing and collaboration. Through various initiatives such as partner exchange visits, annual conferences, and webinars, CHASE Africa facilitates the exchange of insights, best practices, and practical solutions among partners. This peer-to-peer support system not only strengthens individual organisations but also fosters a sense of solidarity and shared purpose.

Remarks on baseline and performance question

Reflecting on the revised M&E plan of the CA, three key indicators have been introduced:

- Indicator 1: Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care.
- Indicator 2: Proportion of the population with basic knowledge about Sexual and Reproductive Health and Rights (SRHR).
- Indicator 3: Proportion of communities taking proactive steps to protect the use of ecosystems, manage natural resources, halt land degradation, and halt biodiversity loss.

From an evaluator's perspective, the first indicator delves into the extent to which women can make informed decisions. This metric provides insights into women's influence in household decision-making, identifies barriers hindering their choices, and pinpoints key influencers at the household and community levels. It is an ideal indicator to understand positive project outcomes, identify challenges, mitigate barriers, and develop strategies to engage and gain the confidence of influencers.

The second indicator is straightforward, serving as a fundamental core of the program. Without knowledge, changing attitudes or practices becomes challenging. This indicator is considered as a base that paves the way for achieving other indicators. The third indicator focuses on community practices, integrating health with the environment. It assesses the priority given to environmental issues within communities, showcasing the interconnectedness with health components.

Overall, the baseline encapsulates all necessary elements and expected outcomes of the project. The disaggregation of baseline data based on gender and age is commendable, aiding in identifying patterns among different groups. The brevity of the baseline is noteworthy, ensuring it is not overly time-consuming.

In partner interviews, there is general satisfaction with the baseline questions, providing an ideal amount of information. The baseline is well-suited for tracking the project's progress and assessing changes in decision-making, knowledge, and actions related to environmental conservation.

Moreover, there is a performance question that delves further than what is covered in the baseline. While the CA puts forth five performance questions exploring various aspects, such as whether women and girls are realizing their SRHR and accessing family planning, whether the community is living in harmony, if integrated programming is promoted by CA, and how CA supports partner organizations in increasing their skills and capacity, there remains a gap in capturing the pathway of change. This gap includes understanding what led to the change, the strategies employed, and any unintended positive or negative outcomes that were not initially identified by the CA.

To enhance the research component, the integration of an Annual Impact Review (AIR) is suggested. This could be embedded within the partner conference, allowing partners to reflect on project outcomes, discuss successes and challenges, and participate in a collaborative exercise to identify unforeseen positive and negative outcomes. This participatory approach could build on community-level discussions preceding the AIR, fostering engagement and shared learning among partners.

Feedback on reporting from partners

The partners were queried about CA's reporting template and the adoption of a revised M&E system in 2022. The majority of partners have had no issues with the new data collection requirements and reporting templates. They acknowledged that adapting to the different templates presented a transitional challenge, but they expressed satisfaction with the new bi-annual reporting system. For instance, Mount Kenya Trust commended CHASE Africa's commitment to biannual reports, bringing consistency to their reporting process. RCRA also appreciated the new reporting template, highlighting the benefits of reporting biannually (rather than quarterly for narrative and data M&E data summaries), allowing them to concentrate on project implementation rather than spending excessive time on reporting. Financial reporting has remained quarterly. This data-driven approach ensures that project decisions are grounded in concrete data and evidence.

However, certain partners have raised concerns about encountering minor issues in the reporting process. For example, SORALO and RCRA highlighted a specific challenge related to reporting against defined metrics. This challenge involved reporting based on disaggregated data regarding contraceptive usage across different age groups and providing detailed information on the number of

individuals reached in community dialogues. While they acknowledge the importance of robust data, they sometimes find the extensive data requirements to be overly demanding in relation to the funding provided. Striking a balance between data requirements and resource constraints becomes a nuanced task. One contributing factor was the absence of a specific reporting template for partners. It is crucial to afford partners flexibility in reporting, but simultaneously, there should be a basic minimum standard for reporting key indicators. Offering excessive flexibility without a template may create the perception that partners are expected to furnish all details, resulting in potential overwhelm when comments or queries are received. This contradicts the original intent of the CA, which aims to avoid overburdening partners with reporting work and encourages the presentation of only essential information.

Funders, on the other hand, held a positive view of the reporting practices employed by CA to report to them. They express a high level of satisfaction with the reports provided by the organisation, finding them to be of high quality and effective in conveying the impact of their work. Some funders even note that they do not require a specific reporting template, as they trust and appreciate the flexibility in the reporting style of CA. Moreover, the organisation's commitment to supplementing the reporting template with additional reports is well-regarded, as it provides valuable insights into the outcomes of their initiatives. Funders have a strong level of trust in the accuracy and reliability of the reports shared by CA, and they have confidence in the transparency of the financial statements, believing that these statements accurately reflect how the funds are utilized. Overall, funders view CA's reporting as a commendable and transparent aspect of the organization's operations.

3.4 CHALLENGES

Despite the variations in community health initiatives and their operational working areas/regions, several persistent challenges shape the landscape of family planning and reproductive health efforts in areas where CA's partners operate. The challenges faced by these diverse community health initiatives reveal common threads and offer critical lessons, providing valuable guidance for stakeholders involved in these initiatives. Major challenges for CA-supported projects are:

1. Shortage of commodities (drugs)

- Shortages of commodities, particularly Depo Provera, were widespread among partners such as Big Life, Dandelion, and CHAT. Although implants are available, women often hesitate due to concerns about partner discovery. Communities served by Dandelion, even faced shortages of condoms. Save the Elephant experienced deprivation of medical supplies for backpack nurses, impacting the provision of crucial services. Mount Kenya Trust faced shortages of family planning commodities and equipment, affecting efficiency during outreach activities. All partners comment that stock outs are not only limited to family planning commodities, but other drugs as well, including HIV testing kits, anti-retroviral drugs, malaria drugs, etc. Many partners have commented that stock outs have become worse in recent years. CA's approach of trying to ensure supply of commodities during shortage and emergencies help maintain uninterrupted service delivery.

Recommendation: In addressing these system-level challenges, it is crucial for CA to consider direct advocacy and lobby with the Ministry of Health at the county or central level. Establishing relationships with the Ministry of Health and partnering with private health clinics could be productive in ensuring an unbroken supply of commodities.

2. The challenges pertaining to socio-cultural dynamics of the communities they serve

The cultural setup in communities where CA operates presents challenges related to maximizing family planning uptake. Women's decision-making and empowerment on family planning matters are hindered by patriarchal setups. Engaging men in discussions and dialogues, as initiated by partners, is

commendable and should be continued. Challenges such as high levels of domestic violence and social stigma persist. Women fear potential shunning by their communities or husbands, leading to significant barriers rooted in deeply ingrained beliefs about fertility and masculinity.

Strategies to address these challenges include ongoing attitudinal changes through social and behavioural change communication. While CA's approach is ongoing and sound, there is a need for intensified efforts, including building trust with influential community figures.

Resistance from religious and elderly groups is observed among partners like Dandelion, the Maa Trust, CHAT, RCRA and CHV. These resistance from religious and political leaders are driven by existing cultural and social norms against family planning. CHASE Africa is actively working to gain buy-in from these groups, recognizing the need for tailored approaches based on the groups' receptivity to dialogue and communication.

Recommendations: CA should strategically engage religious leaders and faith-based leaders by tailoring messages that align with their core values, emphasizing the promotion of healthy families and communities. The focus should be on highlighting the educational and economic benefits of family planning, illustrating how it contributes to children's educational opportunities and enhances economic stability within families. To establish trust, CA should initiate open dialogues, workshops, and collaborative efforts to address any concerns these leaders may have. While recognizing that the degree of orthodoxy may vary among different partners, it is imperative to commence these initiatives consistently, given that some partners have already started such efforts. The approach should be respectful, collaborative, and geared toward building understanding and support for family planning initiatives within these communities.

3. Reaching Adolescents

All partners and most prominently RCRA, Dandelion, and Mount Kenya Trust face challenges in teaching adolescents about ASRH. Lack of comprehensive family planning integration into the school curriculum poses hurdles. Legal requirements for parental consent further complicate efforts to provide family planning services to adolescents. In these regions where adolescent sex education is restricted, CA has started to employ alternative strategies. These include community workshops on general health, life skills training, empowerment programmes for girls, parental engagement initiatives, promotion of peer education (already initiated with some partners), advocating for legal information platforms, counselling services, and advocating for policy changes. These strategies focus on indirect approaches, such as general health education and life skills training, while respecting legal constraints.

Recommendation: Collaboration with local communities and leaders is vital for the success and acceptance of these initiatives, and efforts to promote peer education with existing partners should be intensified.

4. Operational challenges

Partners from both Kenya and Uganda involve sparsely dispersed communities, stipend issues, topography, and bad weather affecting the work of community health volunteers. Some challenges include difficulties in covering dispersed populations. Issues related to timing during school sensitization, limited male participation during outreach visits, and challenges faced by CHVs managing dual roles affect the motivation of deliverers but do not necessarily affect project impact. Moreover, operational-level challenges include issues related to service provisions not being gender accommodating, particularly in cases like Dandelion, where women expressed discomfort with male healthcare providers.

Recommendation: Allocating content to CHVs and backpack nurses to offer gender-sensitive and adolescent-centric services is a recommendation for CA's training programmes. Considering the impact of topography and bad weather on CHV activities, supplying necessary equipment like raincoats and gum boots can ensure uninterrupted work during adverse conditions. CA collaborating with partners to advocate for flexible timings during school sensitization and finding solutions for CHVs managing dual roles can enhance motivation and effectiveness. CHASE Africa should prioritize gender-sensitive service provisions, especially in areas like Dandelion, by allocating relevant content to CHVs and backpack nurses through comprehensive training programmes.

Given the external challenges faced by the project, it becomes evident that CA's support is crucial. The challenges encompass widespread shortages of contraceptives and medical commodities, patriarchal structures limiting family planning, resistance from religious and elderly groups, obstacles in teaching adolescents about ASRH, and operational challenges in dispersed communities.

In addressing these challenges, CA's support is instrumental. Whether it is procuring commodities during emergency crises, changing attitudes and behaviors, gaining buy-in from influential groups, or reaching out to communities with limited access to health services, CA's initiatives are highly relevant.

3.5 SUSTAINABILITY

The sustainability of CA's work can be categorized into three distinct dimensions: organisational sustainability, service delivery sustainability, and impact sustainability.

Organisational sustainability: A common trend among CA's partners was their emphasis on promoting health and providing health services, often commencing their projects with financial support from CA. Partners such as Mount Kenya Trust, Big Life, The Maa Trust, SORALO and Wildlife Works initiated health projects with backing from CHASE Africa funding.

Among these partners, there was some dependence on CHASE Africa funding. Partners including CHAT, Mount Kenya Trust, Dandelion, Big Life and the Maa Trust have managed to secure additional donor funding for their health programmes. In contrast, organisations like CHV and KAF currently rely on CHASE Africa for all their outreach work. RCRA, and SORALO have multiple other funders for their wider programmes, but are dependent on CHASE Africa, for their community health programmes. Heavy dependence on external funding may leave organisations susceptible to the unpredictable ebb and flow of financial support. The reduction or withdrawal of these funding streams may pose a substantial risk, especially for organisations lacking diversity in funding sources, such as those primarily dependent on single donors, like CA.

Positive instances also existed, where CA facilitated linkages to other donors, enabling partners like Mount Kenya Trust and Dandelion to continue their health initiatives. Diversification of funding emerged as a crucial strategy for financial sustainability. CA has initiated support for partners through fundraising training, grant writing and linking them with other donors. This support resulted in partners, such as Mount Kenya Trust, securing funding independently. Additionally, Wildlife Works, supported by CHASE Africa for a pilot project, recognized the importance of integrating health into their conservation work. They continued funding the project for an additional six months from their own resources, providing a positive example of sustainability through internal commitment.

In specific instances, the continuity of initiatives hinges on the support and commitment of county-level Ministries of Health. If these governmental structures fail to assume project responsibilities or provide adequate backing, it could jeopardize the sustained progress of these endeavours, especially for organisations deeply intertwined with government collaboration. Collaborating with the government does pose risks, as the ever-evolving priorities of governments could cast a shadow over

ongoing efforts. This is evident in communities where Big Life works, where the government's focus on long-term solutions rather than immediate preferences has led to challenges in sustaining initiatives like Depo-Provera. However, not collaborating with the government will also pose a direct threat to sustainability. One potential way forward suggested is for CA to collaborate with the MoH, engaging in a tripartite relationship with MoH, partners, or other private institutions to ensure continuity of work.

Regarding the sustainability of CA's internal funding, discussions with CA's funders reveal their intention to persist in providing financial support. Additionally, there is optimism among funders that CA has the potential to secure additional funding for its ongoing initiatives.

To start with, there is an alignment with the values and priorities of the funders and CA's vision and mission. The primary reason for donor support is the alignment of their own values and vision with those of CA. The organisation's mission and objectives resonate with the donors' commitment to promoting SRHR and addressing related issues. CA's unique approach, which integrates SRHR with environmental and population concerns, is a distinguishing factor. Funders recognize the interconnectedness of these issues and appreciate the organisation's holistic approach.

Moreover, funders have a positive view of the evolution of CA. They commend the organisation's transition from its early days as a small-scale operation, to a more professional and structured entity. This shift in the organisation's setup is seen as a positive development. The organisation's growth, both in terms of attracting more funders and launching new projects, is recognized as a sign of its expanding reach and impact. The donors also acknowledge that CA has improved its branding and messaging, becoming more focused and effective in conveying its mission and vision to a wider audience. CA collaborative partnership model and approach, which fosters knowledge sharing and collective action, are highly appealing. The funders appreciate the sense of community and shared purpose within the organisation.

Sustainability of service provision: In the context of the sustainability of service provision, the partnership with the MoH stands as a foundational strategy for CA, playing a crucial role in fostering sustainability and ensuring the alignment of the organisations' initiatives with the government's healthcare system. All partners closely collaborated with government structures, such as the local facilities, VHT, and community-based health workers, sharing the common goal of embedding their projects into the community's long-term well-being. No alternative/parallel systems are established; instead, the emphasis is on reinforcing the existing healthcare infrastructure.

Additionally, the partners supported by CA showcase a strong commitment to sustainability by collaboratively engaging with government health structures and incorporating various components into their initiatives. They prioritized the empowerment of local resources, including CHVs, school teachers/patrons, and community structures. Through these collaborative efforts, a sense of ownership is instilled, ensuring the integration of the organisations' initiatives into the broader healthcare system, with a focus on strengthening existing infrastructure.

Another crucial aspect of sustainability related to how CA has contributed to the capacity-building of community health workers and local health resources. Each partner organisation prioritized training and capacity-building for CHVs and local community members, fostering empowerment and knowledge transfer for long-term sustainability. The essence of sustainability lies in the continuous engagement and capacity of local communities. Without active participation and support from community members, achieving long-term sustainability remains elusive. Fortunately, the evaluation

visits to five partner organisations revealed no threats in this aspect, as all partners were actively engaging with their communities.

A potential avenue for enhancing the existing system could involve CA establishing a direct and close collaboration with the MoH at central government level to address the supply shortage of essential medical commodities. Currently, there are numerous instances of shortages impacting service provisioning, and CA is actively working to procure emergency supplies for communities. This challenge could be possibly mitigated through a tripartite relationship between the MoH, CA, and partner entities/private entities, ensuring uninterrupted service provision and a steady supply.

Questions arise about whether community health volunteers will continue their work without the stipends provided by CA. The recent Universal Healthcare Bill in Kenya has stated a commitment to support Community Health Promoters (previously known as CHWs), but too early to tell how widely this will be rolled out in practice. The sustainability aspect prompts considerations beyond financial incentives, such as recognizing volunteers with titles appreciated in the community or supporting them with livelihood initiatives or special subsidies, as seen in the case of Dandelion.

Sustainability of impact: Concerning the sustainability of impact, community attitudes and behaviours were targeted through education, dialogue, and awareness campaigns. Most partners visited by the evaluation team believed that knowledge ingrained in the minds of the people would endure, ensuring the sustainability of desired attitudinal changes. This, in turn, would contribute to sustainability as individuals with ingrained knowledge and positive attitudes toward family planning would disseminate this knowledge among their peers. Learning from this aspect indicated that organizing people into groups and disseminating knowledge would have a growing impact that spreads from person to person, formally or informally.

The sustainability of service acquisition raises questions, particularly when services transition from being free to requiring payment. While partners like CHAT, KAF and Mount Kenya Trust argued that people, understanding the economic benefits of family planning, would be willing in future to pay, the evaluation team remained sceptical about whether people would invest their money when the service provision is no longer free. Projects supported by CA have reached individuals with low health-seeking behaviour, and it remains to be seen if they will revert to their previous behaviour once they learn that services are no longer provided for free.

On a positive note, some partners are proactively addressing financial capacities by integrating livelihood components into their work. For instance, the Maa Trust, through the funding of different donors, provides access to livelihood projects, enhancing women's purchasing power and contributing to the sustainability of service acquisition. Similarly, KAF has initiated livelihood support programmes, such as training women in income-generating skills and distributing fruit seedlings. These programmes enable community members to afford essential healthcare services, addressing potential funding gaps in the future.

Furthermore, partners are taking an integrated approach to sustainability by incorporating various components such as environmental conservation, gender advocacy, and family planning. This holistic approach has not only strengthened their impact but also served as an example for the community, contributing to overall sustainability. Some organisations emphasized the importance of family planning in the context of environmental sustainability, highlighting it as a means to control resource utilization and create a more sustainable ecological balance.

3.6 INTEGRATION OF OTHER THEMES INTO HEALTH COMPONENT

The evaluation highlights that CA is a strong advocate for the integration of health and environmental issues, wholeheartedly endorsing the concept of integration to its partners. All the partners in the evaluation ascertained that there was encouragement for integration from CA, and many have integrated the elements of health and environment into their work overtime, appreciating CA's continued support in this regard. All the organisations recognized the interconnectedness of health, environment, and other aspects of community well-being, understanding that addressing one aspect could have ripple effects on others and vice versa. This recognition formed the foundation for their integration efforts.

The evaluation identified a spectrum adopted by each partner. Focusing more on the partners visited by the evaluation team, it was evident that all five had integrated health with the environment to some degree. One common measure was **cross-messaging**. Almost all partners engaged in cross-messaging, incorporating messages related to health, environment, and other thematic areas into their interactions with communities. This cross-messaging helped communities understand the interdependencies between these various aspects of their well-being. For example, for Big Life, the youth and adolescent groups in discussions highlighted the cross-messaging that took place during their weekend sessions with youth mentors. These mentors not only educated them about health but also emphasized the importance of environmental conservation and wildlife protection. This holistic approach helped the young girls and boys gain a comprehensive understanding of the interconnectedness of health and environmental concerns. Other partners ensured cross-messaging during the home visits by the CHVs and also during community dialogues and discussions.

Some partners also contributed to the **establishment of tree nurseries and vegetable gardens** in schools. For instance, RCRA has supported the establishment of vegetable gardens in schools, aiming to ensure children's access to healthy and nutritious food. This initiative goes beyond addressing nutritional needs; it also emphasizes the integration of health and education. In contrast, Mount Kenya Trust and Dandelion Africa have played a role in establishing tree nurseries. These nurseries extend benefits not only to the schools but also to the broader community. They offer trees at an affordable cost, contributing to reforestation efforts and supporting the overall environmental health of the region.

Some partners have gone a step further by **integrating livelihood initiatives** with health and environment efforts. The rationale behind this integration is the belief that without livelihood support, community members may face challenges accessing health services, and integrating livelihood contributes to long-term sustainability. The Maa Trust is a notable example, as it engages women in beadwork as a means of livelihood and income support. During focus group discussions, the community expressed appreciation for the positive impact of this engagement, emphasizing how it has enhanced their financial stability, allowing them to secure their livelihoods and generate income. This financial empowerment, in turn, plays a crucial role in improving overall health outcomes by facilitating access to quality food and essential services.

Dandelion stands out as a model for empowering service deliverers, specifically CHVs. Dandelion supports CHVs in advancing their livelihoods through training, transforming them into leaders and advocates for gender-related issues. This comprehensive approach not only fortifies the CHVs but also amplifies their capacity to instigate change within the community. Recognizing the interconnectedness of health, livelihood, and environmental sustainability, Dandelion assists CHVs in

activities such as establishing tree nurseries, participating in reforestation efforts, and training in water conservation and mushroom cultivation.

RCRA has proactively supported various environmental initiatives in the communities they serve. These efforts include providing energy-efficient cooking stoves, promoting safe drinking water practices, establishing kitchen gardens, and raising awareness about climate change and soil conservation. By incorporating these environmental components into their programmes, RCRA not only improves community health but also supports livelihoods, aiding individuals in escaping poverty. Insights from community discussions highlight the efficacy of this integrated approach, particularly in relation to kitchen gardens. Individuals have experienced substantial benefits, such as cost savings, convenient access to food, reduced market trips, and improved financial stability. Women, in particular, find these gardens time-saving and observe contributions to reduced malnutrition and enhanced food security. The integration of kitchen gardens with family planning initiatives yields numerous benefits, providing a sustainable source of nutritious food that supports maternal and reproductive health. Furthermore, the introduction of energy-saving cooking stoves has positively impacted the community's respiratory health by reducing smoke emissions and lowering the incidence of respiratory diseases, particularly for pregnant women and children.

Some partners have extended their integration efforts **beyond health and environment to encompass broader community well-being**. An example is Big Life's commitment to menstrual hygiene, where the project promotes the use of reusable sanitary pads over one-time use pads. This choice aligns with sustainability goals, showcasing how health solutions can be integrated with eco-conscious practices. Additionally, Big Life adopts a unique approach to compensate community members when lions kill domestic cattle, promoting coexistence with wildlife rather than resorting to harmful measures. This approach addresses immediate issues of livestock loss while contributing to broader wildlife conservation objectives. Similarly, the Maa Trust integrates WASH components into its programme. Awareness initiatives by the Maa Trust have led to the construction of toilets, reducing open defecation and significantly improving overall sanitation. Community participation in Maa Trust's educational efforts further illustrates integration, with discussions covering topics such as building toilets, discouraging deforestation, establishing waste disposal systems, and promoting hygiene practices and clean water harvesting.

For partners solely interviewed, the prevalent perspective is an acknowledgment of the intrinsic connections between fast growing populations, limited environmental resources, and community health. These partners advocate for the interrelated nature of these elements, emphasizing how rapid population growth can cause problems with land ownership and size of plots, lead to unsustainable exploitation of environmental resources, and put pressure on health infrastructure subsequently impacting community health.

The common integration approach involves cross-messaging on ecological awareness at both community and school levels, exemplified by CHV spearheading tree planting in schools. RICE-West Nile, particularly in fishing communities, disseminates information about government regulations to mitigate environmental harm. Their project recognizes the necessity of diversifying livelihoods, introducing alternatives like vegetable farming to prevent over-reliance on fishing and enable community members to afford health services through additional income.

Some partners go beyond these common approaches. CHAT integrates gender equality by equipping CORPs with skills to address and combat gender-based violence effectively. KAF takes significant steps to integrate the livelihood component by supporting women in soapmaking.

Newly formed partners like Save the Elephants, SORALO, and Wildlife Works, while not having explicit integration approaches, acknowledge the importance of integration and adopt cross-messaging in their work. Save the Elephants plans to collaborate with government and non-government stakeholders through County and Sub-County Gender Technical Working Groups. SORALO discusses potential synergies by aligning the efforts of rangers and CHVs to better serve the community, recognizing how these distinct roles can complement each other.

Good practices on integration

Each partner has implemented commendable practices, showcasing innovative approaches that contribute to the holistic well-being of communities, these include:

- Incorporating cross-messaging into their programmes, linking health with broader community and environmental concerns.
- Actively supporting educational initiatives, promoting health, environmental conservation, and wildlife protection within schools
- Engaging in various environmental sustainability projects, such as tree nurseries, reforestation, and water conservation, recognizing the interconnectedness of health, livelihood, and the environment.
- Advocacy efforts to highlight the interconnections between population dynamics, environmental resources, and community health.
- Actively empowering community health workers to address gender-based violence effectively, emphasizing the importance of gender equality in overall well-being. Similarly, active advocacy against harmful practices like FGM reflects a commitment to child rights and protection.
- Integration of livelihood development with health initiatives introduces income-generating activities, promoting financial independence, and enhancing access to health services.
- Integration of kitchen gardens with family planning initiatives has yielded benefits, including improved nutrition, reduced trips to the market, and enhanced food security.

SECTION 4: CONCLUSION

In summary, CA's initiatives have had a profound impact, not only in effecting positive changes at the community level but also in providing substantial support to its network of partners. The organisation's unique approach involves strategic collaboration with partners deeply embedded in the communities they serve, an emphasis on integration principles, and a commitment to enhancing the capacity of partners, regardless of their size. CA's commitment to continuous learning and collaboration is evident in its distinctive partnership model, characterized by deep community integration, capacity strengthening for partners of all sizes, and a collaborative spirit that sets it apart from traditional donor relationships. Partners universally appreciate this unique collaboration, citing mutual respect, fruitful engagement, and heightened brand recognition within communities.

Partnership highlights include CA's crucial financial support, proactive safeguarding measures, invaluable exchange visits fostering cross-learning, thoughtfully structured annual conferences, and comprehensive training sessions enhancing partners' operational effectiveness. Knowledge sharing

through materials, templates, and an active collaborative Partner Network further solidifies the sense of solidarity among partners. Looking forward, partners express a strong desire to sustain this impactful collaboration, recognizing the pivotal role it plays in achieving collective goals.

Across all the partner organisations, a common thread of increased knowledge, transformed attitudes, and behavioural changes is evident. These impacts encompass a broad spectrum, including heightened awareness of family planning's economic benefits, empowered discussions within communities, and a notable shift in men's perspectives towards active involvement in family planning matters. The communities have experienced a positive transformation, leading to improved health outcomes, reduced school dropouts, and proactive measures against issues like early marriages and gender-based violence. The projects have not only dispelled misconceptions but also empowered women to make informed decisions, resulting in behavioural shifts such as increased birth spacing and decreased fertility rates. Additionally, there is a shared success in reducing adolescent and youth pregnancies, allowing young individuals to pursue education and life goals. Overall, the collective impact reflects a comprehensive and holistic approach to community development, emphasizing not only the imparting of knowledge but also fostering positive changes in attitudes and behaviours for sustainable and inclusive progress.

Despite these successes, the organisation faces persistent challenges, including shortages of contraceptives, resistance to family planning rooted in patriarchal structures, and the ongoing need for sustained communication efforts to drive social and behavioural change.

The evaluation of CA's initiatives reveals a multifaceted landscape where sustainability is a core consideration across organisational, service provision, and impact dimensions. Key findings underscore the organisation's commitment to collaborating with community-rooted partners, strategically integrating health and environmental issues, and prioritizing the capacity-building of local entities. These strategic choices have resulted in positive transformations at the community level, reflecting not only in improved health outcomes but also in the cultivation of empowered communities.

The sustainability of partners' health effort hinges on key factors such as diversifying funding sources. Many partners have initiated health projects with CA's financial support. While some partners exhibit resilience by diversifying funding streams, such as CHAT, Mount Kenya Trust, Dandelion, and the Maa Trust; while some partners emphasize a reliance on a single funding source from CA. The need for diversification is clear, considering the risk associated with heavy dependence on external funding. CA plays a crucial role in fostering financial sustainability by facilitating connections to other donors, providing fundraising training and support with grant writing.

CA's collaborative approach with the MoH has proven instrumental in reinforcing existing healthcare infrastructure. This partnership model, devoid of parallel systems, ensures long-term sustainability by leveraging governmental resources and strengthening existing health systems. Moreover, proactive efforts by certain partners, such as the Maa Trust and KAF, to integrate livelihood components into their programmes contribute to sustainability.

A notable strength of CA lies in its strong advocacy for the integration of health and environmental issues, a principle that has been embraced by its partners. This integration has manifested in tangible ways, including cross-messaging on health and environmental topics, the establishment of tree nurseries and vegetable farms, and the integration of livelihood initiatives with health and environmental efforts. Partners have gone beyond the traditional boundaries, addressing broader aspects of community well-being such as menstrual hygiene, coexistence with wildlife, and WASH.

Additionally, partners recognize and appreciate the interconnected nature of changing population dynamics, environmental resources, and community health.

While the evaluation highlights the positive impact of CA's work, it also serves as a call to action to address ongoing challenges and adapt strategies for sustained success. The collaborative and community-centred model employed by CA provides valuable insights and lessons for other organisations navigating the intricacies of health and environmental landscapes. The commitment to ongoing improvement and adaptation positions CA as a dynamic force in the realm of community health and environmental sustainability.

SECTION 5: RECOMMENDATIONS TO CHASE AFRICA

5.1 RECOMMENDATIONS ON CA APPROACH

5.1.1 RECOMMENDATIONS TO CA ON ITS APPROACHES

From an evaluation standpoint, it is commendable that CA has effectively implemented approaches that foster sustainable community health work.

- To further enhance the impact, CA can consider intensifying its Social and Behavioural Change Communication (SBCC) strategies. While CA has already initiated SBCC aspects, reinforcing and targeting specific segments of the community is crucial. Knowledge alone may not translate into action without the desired attitudinal shifts.
- Strategically engage religious leaders by tailoring messages to align with their core values. Emphasize the educational and economic benefits of family planning, fostering open dialogues, workshops, and collaborative efforts to build understanding and support within these communities.
- Addressing the challenge of commodity shortages could be approached by helping partners establish close ties with the MoH and leveraging an influential position to advocate for policy-level changes. Tripartite agreements involving the partner, MoH, and private service centres can ensure a consistent supply of commodities.
- In communities facing obstacles in ASRH services due to government mandates, CA should continue supporting partners in advocacy and lobby for policy changes with the government. Given legal restrictions on adolescent sex education in Kenya, CA can employ alternative strategies like community workshops, life skills training, empowerment programmes, parental engagement initiatives, peer education promotion, legal information platforms, and counselling services.
- Furthermore, providing specific support to women in livelihoods is crucial. This support is essential for ensuring ongoing access to health services beyond the project's duration. In South Asian developing countries, there are successful practices where women are organized into savings groups. These groups follow the practice of regularly saving a minimum amount of money. The accumulated fund serves as a revolving fund, allowing women in need to access loans at a minimal interest rate. Additionally, the fund functions as an emergency fund to assist group members during health crises. This approach could be adopted by CA to guarantee that women can afford health services and do not have to forego medical care due to financial constraints.
- Ensure CHVs and backpack nurses have appropriate knowledge and skills through comprehensive training programmes. Supply necessary equipment like raincoats and gum boots to CHVs for uninterrupted work during adverse conditions.

RECOMMENDATIONS TO CA ON BASELINE, PERFORMANCE QUESTIONS AND REPORTING

- **Refinement of performance questions:** Review and refine the performance questions to include aspects that capture the pathway of change, strategies employed, and any unintended outcomes. This will provide a more comprehensive understanding of the project's impact beyond the initially identified indicators.
- **Integration of annual impact review (AIR):** Implement the suggestion to integrate an AIR within the partner conference. This participatory exercise will allow partners to collaboratively reflect on project outcomes, identify unforeseen positive and negative outcomes, and share insights. It can be a valuable addition to the research component, fostering engagement and shared learning among partners.
- **Enhanced reporting template:** Develop a reporting template that strikes a balance between flexibility and a basic minimum standard for reporting key indicators. This will address concerns raised by partners regarding the extensive data requirements. The template should be clear, concise, and focused on essential information to avoid overwhelming partners.
- **Communication and training:** Conduct regular communication and training sessions to ensure partners fully understand the reporting requirements and the importance of robust data. Emphasize the value of data-driven decision-making and how accurate reporting contributes to the overall success of the project.

5.2 RECOMMENDATIONS ON HOW CA CAN SUPPORT THEIR PARTNERS

The evaluation thoughtfully incorporated the perspectives of CHASE Africa's partners, actively seeking their insights and recommendations on how CHASE Africa could better support them and enhance their collaborative efforts. Through this inclusive approach, a set of valuable recommendations emerged, reflecting the collective wisdom and vision of these partner organisations. These recommendations will play a pivotal role in guiding CHASE Africa towards more effective and impactful initiatives in the future, strengthening the bonds of collaboration and mutual support.

- **Support in diversifying funding sources:** One key recommendation for CA is to continue helping partners diversify their funding sources, as it has been doing (mentioned under section 3.3.1). While some organisations have been successful in securing funding for various projects, relying on a single or limited sources of funding can pose risks. To mitigate these risks and enhance long-term sustainability, CA should support the partners to actively seek additional funding channels. This can involve teaching them about forming partnerships with multiple donors, grant agencies, foundations, and exploring innovative fundraising methods, such as crowdfunding campaigns and corporate partnerships.
- **Enhance data management and analysis:** To bolster the effectiveness of their healthcare initiatives, CA should invest in improving data management and analysis capabilities. This includes implementing robust data collection systems, adopting cutting-edge data visualization tools, and providing training to staff on data interpretation.
- **Capacity building:** CA should continue to prioritize capacity building for its partner organisations. This can encompass various aspects, including skill development, project management, and organisational sustainability. By offering training, workshops, and knowledge-sharing opportunities, CA can empower its partners to be more self-reliant and

efficient. This capacity-building approach will not only benefit CA's immediate partners but also have a ripple effect in the broader conservation and healthcare community. Organize capacity-building workshops for partner organizations to enhance their understanding of health and environmental integration. Include training sessions, resources, and tools to facilitate seamless integration into existing programmes.

- **Long-term exit strategy:** As partnerships evolve and mature, it's essential for CA to develop a clear long-term exit strategy with its partner organisations. This involves identifying a transition plan for when CA's direct involvement may decrease or shift to a more supportive role. By facilitating the transition to self-sustainability for partner organisations, CA can ensure the continued success of the initiatives it has supported.
- **Strengthen collaboration with government bodies:** Enhancing collaboration with relevant government bodies, such as ministries of health and environment, is crucial for long-term success. CA should work to build strong relationships and partnerships with these entities. This not only ensures alignment of their initiatives with national priorities but also provides access to government resources and support. Furthermore, it can lead to the development of policies and regulations that support their conservation and healthcare efforts.

ANNEX 1: INTRODUCING THE PARTNERS

Introducing partners who were visited during evaluation.

- **Big Life:** A conservation organisation that has been operating in the Amboseli ecosystem for over 20 years. The organisation has been supported by CA since 2018 to start-up and integrate a health programme into their work. Big Life uses CHVs for door-to-door outreach, offer family planning and healthcare services through backpack nurses, and focus on male engagement and community dialogues. They have leveraged the involvement of faith leaders to foster discussions on sexual and reproductive health within congregations. Notably, Big Life also introduced ASHR education in schools through youth peer members and child rights club representatives. Spiritual leaders were also enlisted to facilitate discussions.
- **Dandelion Africa:** Dandelion operates in four different counties, with CA providing support to one of those counties, namely Baringo, and three sub-counties within Baringo. CA has supported Dandelion since 2014 and both organisations have grown in parallel. Dandelion empowers CHVs and backpack nurses to deliver a wide range of services, including family planning and environmental education. Their primary focus is on delivering preventive and promotive health messages, along with integrated messaging on climate change, environment, gender-based violence, and child protection. Their youth clubs and school engagement initiatives make them distinct. They started by exclusively supporting girls but later expanded their efforts to include boys. This initiative is complemented by peer mentors who operate both within and outside of school settings, making them relatable to young people. Dandelion also places a strong emphasis on improving women's livelihoods. They support women in activities related to smart agriculture, demonstrating their commitment to integrating livelihood and health aspects into their programmes. They have also built two health clinics (in Mogotio and Kajiado.)
- **Mount Kenya Trust:** Set-up to protect the Mount Kenya ecosystem through protection of the forest and reforestation, as well as environmental education. MKT has been partnering with CA Africa since 2014, when CHASE Africa supported it to start-up a health programme. They employ CHVs for door-to-door outreach, conduct monthly community outreach programmes, and engage in adolescent health education to empower the younger generation. Mount Kenya Trust conducts health talks for men through gatherings like Barazas. They actively engage with parents and the broader community through dialogue sessions. Recognizing the importance of ASRH education, Mount Kenya Trust initiated a programme specifically tailored for adolescents and youth in 2021, with support from CHASE Africa.
- **Rwenzori Centre for Research and Advocacy (RCRA):** The support from CHASE Africa, initiated in 2019 in Kasese district, Uganda, has enabled RCRA to extend its reach and impact in various districts. Committed to improving healthcare access, RCRA conducts outreach clinics, deploys community workers for door-to-door visits, and engages youth and women through schools and community dialogues. They're also active in environmental conservation, where they have launched initiatives like the 1000 gardens, and "one million tree hub" in collaboration with women's groups, focusing on improved food security, income generation and reforestation efforts. RCRA actively engages with women, schools, and churches in the communities they serve. They run radio programmes to disseminate information widely and operate an adolescent centre for young girls and boys aged 10 to 19. This centre offers a holistic approach to healthcare, providing sexual and reproductive health services, access to nurses and midwives, recreational activities, and livelihood training.

- **The Maa Trust:** The Maa Trust operates an integrated community development programme to communities around the Maasai Mara Nature Reserve that covers livelihoods, education, WASH and health. It has started its healthcare activities in 2018 with support from CHASE Africa. The Maa Trust deploys CHVs, backpack nurses, and peer mentors. They actively engage with schools, youth, and the community through health education. They actively conduct health talks for men and engage in youth sensitization programmes and also focuses on adolescents and youth, offering sensitization programmes to health workers. These programmes include training on how to approach youths to facilitate the use of SRH services.

The partners that were not visited.

- **Community Health Africa Trust (CHAT):** The first partner of CA, CHAT primarily concentrates on family planning and essential curative health services. They're known for extending services to the most vulnerable and marginalized members of society and engaging extensively with the community, including under-18 individuals and persons with disabilities. CHAT employs Community Resource Persons (CORPs) in its strategy, which is a unique approach compared to the other partner organisations. While they engage community members, this is distinct from the typical use of government owned CHVs utilized by most organisations. Their comprehensive healthcare approach extends to maternal and child health, HIV/AIDS testing, tuberculosis care, and more.
 - **Community Health Volunteers (CHV):** CHV partnered with CA in 2016. A small CBO based in Kakamega linked to a health clinic, the Virumbe Nursing Home, CHV collaborates closely with government employed CHVs. CHV focuses on expanding family planning services, with an emphasis on first-time users. Their strategic mobile outreach services are crucial for remote areas. The mobile outreach approach is designed to provide comprehensive and integrated healthcare, including referrals when required. In addition to these mobile services, CHV offers door-to-door services and deploys backpack nurses to cater to individuals who face difficulties accessing healthcare facilities. They also actively engage in school-based programmes to educate students about family planning and reproductive health.
 - **Kalyet Afya Foundation (KAF):** KAF is a small CBO, originally just running a clinic near Molo in Nakuru County. CHASE Africa started supporting them in 2019 and enabled them to start an outreach programme. With a focus on cancer screening, antenatal care, modern family planning, and various health services, KAF strives to improve the overall health and well-being of marginalized rural communities. KAF employ a collaborative approach to engage with the community. They work closely with local administrative leaders, CHVs, Peer Educators and backpack nurses to expand the outreach and ensure a wide-reaching impact. They employ peer educators to reach out to young people and provide access to information.
- Rural Initiatives for Community Empowerment (RICE)-West Nile:** RICE-WN, operates in the West Nile District in Uganda conducting a range of community development programmes. Its partnership with CHASE Africa took root as a pilot project in 2018, designed to test the concept of mobile day clinics in a single community. Currently, RICE-WN operates two distinct projects with support from CA. One is tailored for refugee communities and the other for fishing communities. Addressing the unique needs of refugee and fishing communities, RICE-West Nile combines livelihood improvement with health outreach. In fishing communities, RICE-WN supports improve management of fisheries, vegetable farming, while refugee communities engage in backyard gardening, climate smart agriculture, VSLAs and forest restoration. RICE West Nile employs community health workers for door-to-door family planning services, encourages discussions involving both men and women, and operates

mobile day clinics in collaboration with local health facilities. Strategic partnerships with community health workers ensure a consistent supply of healthcare resources, and backpack nurses provide essential services in remote areas. RICE-West Nile engages community leaders, role models, and peer mentors to promote family planning and empower young people. The initiative addresses patriarchal dynamics through targeted dialogues and discussions to dispel misconceptions and empower women to make informed decisions. They employ role model men and women to champion family planning and engage various community stakeholders.

- **Save the Elephants:** Save the Elephants is a conservation organisation that focuses on protecting elephants and the ecosystems where they live. CA partnered with their Elephant and Bees Research Centre at Sagalla in Taita Taveta County. CA supported them to start a pilot project, in 2021, to integrate a health programme into their work. The project has focused on information dissemination, family planning services, and healthcare access, using CHVs and backpack nurses. They have integrated the health programme with their conservation access mostly through cross-messaging. They also actively engage with schools and male partners. They focus on men's involvement in decision-making and provide financial support for transportation and service fees when needed. Recognizing the high prevalence of teenage pregnancy in these communities, Save the Elephants has provided adolescent sexual and reproductive health information to students.
- **South Rift Association of Land Owners (SORALO):** Diversifying from its conservation initiatives, SORALO initiated a pilot project in 2021 to address reproductive health issues, with support from CA and partnering with the Ministry of Health. They employ CHVs and outreach nurses and actively engage in community dialogues. CHVs conducted door-to-door home visits. Mobile outreach efforts, facilitated by backpack nurses, medical camps, and support for government-run dispensaries, aimed to bridge the accessibility gap. The challenge of entering schools remained unaddressed due to government restrictions on external agencies.
- **Wildlife Works:** Their pilot project, initiated in 2021, focuses on community health and family planning. They use CHVs for door-to-door outreach, outreach nurses for monthly clinics, and community dialogues for awareness.

ANNEX 2: CONSENT FORM

Greetings,

I am _____, and I represent Progress Inc., a research organisation based in Kenya. We have been commissioned by CHASE Africa to conduct an evaluation of programmes and projects supported by CHASE Africa.

We are reaching out to you to request your valuable insights regarding your experience with the programme's support. Your input will help us understand what you have learned and how the support has impacted your life and the community, particularly in addressing health and SRH-related needs. Your feedback, both positive and negative, is instrumental to our study.

To collect the necessary information, I will be conducting an interview with you. The interview is expected to take approximately 45 minutes to 1 hour.

Participation in this study is entirely voluntary. You have the option to decline participation or change your mind at any stage, and there will be no repercussions. Your decision, whether to participate or not, will not affect any services you currently receive.

Please be assured that all the information you provide will be handled with the utmost confidentiality. Your name will not be disclosed in our reporting, and your identity will remain entirely anonymous. Access to this information will be limited to select researchers and will not be shared with external parties or used for any purpose beyond research.

Although your participation in this study may not directly benefit you, it holds significant value for others. The insights you share may shape the design and adaptation of similar programmes in the future. Any challenges you have encountered will be addressed, and the benefits you have gained may be extended to others. There are no risks associated with participating in this study.

If you have any questions or concerns at any point, please do not hesitate to ask. You can seek clarification even after joining the study. For further inquiries or issues, you may also contact Pooja Koirala, the Director of Progress Inc., at poojak@progressincompany.com.

Do you have any questions at this moment? Yes No

Are you willing to participate in this study? Yes No

ANNEX 3: CONSENT FORM FOR CHILDREN BELOW 1

Greetings,

I am _____ and I represent Progress Inc., a research organisation based in Kenya. We have been commissioned by CHASE Africa to conduct an evaluation of programmes and projects supported by CHASE Africa.

We are reaching out to you, [Child's Name], to request your permission to talk to us about your child's experience with the programme's support. Your child's input will help us understand what they have learned and how the support has impacted their life and the community, particularly in addressing the health concerns, and adolescent sexual and reproductive health (ASRH)-related needs. Their feedback, both positive and negative, is instrumental to our study.

To collect the necessary information, I will be conducting an interview with your child. The interview is expected to take approximately 45 minutes to 1 hour.

Participation in this study is entirely voluntary. You and your child have the option to decline participation or change your mind at any stage, and there will be no repercussions. The decision, whether to participate or not, will not affect any services your child currently receives.

Please be assured that all the information provided will be handled with the utmost confidentiality. Your child's name will not be disclosed in our reporting, and their identity will remain entirely anonymous. Access to this information will be limited to select researchers and will not be shared with external parties or used for any purpose beyond research.

There are no risks associated with your child's participation in this study.

We want to emphasize that **we will take assent from [Child's Name] as well**. Only if he/she is comfortable to give assent will we proceed with the interview.

If you have any questions or concerns at any point, please do not hesitate to ask. You can seek clarification even after joining the study. For further inquiries or issues, you may also contact Pooja Koirala, the Director of Progress Inc., at poojak@progressincompany.com.

Do you have any questions at this moment?

- Yes
- No

Are you willing to allow your child to participate in this study?

- Yes
- No

ANNEX 4: DATA COLLECTION INSTRUMENT/ GUIDELINES

Preamble:

- √ Maintain a polite and respectful tone throughout the interview.
- √ If the conversation veers off track, gently guide it back to the relevant topics.
- √ Be an attentive listener, allowing the interviewee to express their thoughts fully.
- √ If the interview doesn't conclude within the scheduled time, prioritize questions related to CHASE Africa's support.
- √ If there's still a significant amount of content remaining, consider rescheduling for a later date to ensure a thorough discussion.

Introduction: Hello, my name is Pooja Koirala, and I'm the Founder/Director of Progress Inc., a research and evaluation company. I want to express my sincere gratitude to you for agreeing to participate in this interview. We have been contracted by CHASE Africa to conduct a comprehensive evaluation of all their initiatives in Kenya and Uganda.

In the course of our research, we have discovered that you are one of CHASE Africa's valued partners. We are genuinely excited to learn more about the impactful work you are involved in within these domains.

Our aim today is to delve deep into the outcomes and challenges encountered during the implementation of these programmes. We have prepared a set of questions that will guide our discussion towards a thorough understanding of the work undertaken. Towards the end of our conversation, we will also touch upon CHASE Africa's support—how it has benefitted your organisation and what aspects you find most valuable.

The interview is scheduled for an hour, and it is imperative that we make the most of our time to ensure a comprehensive assessment. To achieve this, I kindly request that we remain focused on the specific topics outlined. Your insights are incredibly valuable, as they will play a pivotal role in shaping the evaluation process. Once again, thank you for your willingness to participate, and I truly appreciate your cooperation.

COMMON QUESTIONS FOR ALL PARTNERS

Background and CHASE Africa Support

1. Can you provide insights into your history with CHASE Africa? When did they initiate their support to your organisation? How has CHASE Africa's support and focus evolved over time?

Overview of Broader Health Programmes

2. Could you briefly outline the various health projects and activities your organisation has undertaken, both with and without support from CHASE Africa?
3. Drawing from your experience and years of learning, what do you consider the key achievements of your health projects?

SRHR-Focused Programmes

4. Transitioning to CHASE Africa-funded projects, could you elaborate on the specific interventions aimed at promoting SRHR and ASRHR that have been supported by CA?

5. Within the realm of SRHR-related interventions, what stand out as the major accomplishments in these programmes?

Impact of SRHR Initiatives

6. Focusing specifically on SRHR and ASHR, how have CHASE Africa-funded projects influenced the broader community? Who do you believe has benefited the most from these initiatives?
7. Can you describe the strategies and approaches that have proven successful? In particular, what methods have been effective in raising awareness about SRHR, changing the perception of people towards SRHR, and increasing the utilization of FP services?
8. To what extent have you observed an increase in awareness and understanding (of SRHR and FP) since you started implementing activities with support from CA? Who are the different groups that have benefitted the most?
9. How have the communities' perception of SRH-related issues changed, especially regarding FP? Are there variations in these perceptions based on geography of these communities, gender, ethnicity, social position?
10. How have knowledge and attitudes regarding sexual and reproductive health shifted among men and women in the community, and are there variations in these shifts based on age, gender and demographic factors?
11. How confident are women in openly discussing contraceptives and FP methods with health providers and their partners? Have you seen this change during the time you have been running activities (If increase confidence), how much do you attribute it to the project's support?
12. Has there been a change in decision-making and agency among girls and women after receiving awareness and knowledge? If so, can you provide specific examples or aspects of their decision-making and agency that have changed as a result of this awareness and knowledge?
13. How have the utilization of FP services improved in response to these initiatives?

Challenges and Gaps

14. What challenges do community members face when trying to access SRH services, such as FP, counselling, or others? Are there specific challenges for young people, adolescents, and individuals with disabilities?
15. How extensive has your outreach been within the community? Have there been indirect beneficiaries as well?
16. What are the key influencing factors that determine your reach, and what challenges have you encountered in expanding this reach?
17. When disseminating SRHR and FP awareness, how is your organisation perceived within the community? Have there been instances of backlash against your efforts or the personnel involved?
18. Have you observed any negative consequences resulting from these programmes, whether related to overall community health or SRHR initiatives?
19. Are there unmet needs and gaps in the field of SRHR that require further attention?

Sustainability

20. How do you envision sustainability in your programmes and activities? What steps have you taken to ensure their continuity of the activities and effort even after CHASE's support is lifted or your activities reduce or cease?

21. What specific efforts within the project contribute to sustainability? For instance, how are you building local capacities, and do you anticipate ongoing learning?
22. Regarding financial sustainability, are there potential avenues for sustaining these activities beyond the project's duration?
23. Can you describe your collaboration with the Ministry of Health and how this partnership has proven beneficial?
24. What is the scope of your advocacy efforts in promoting health, particularly in the realm of SRHR? Have your advocacy initiatives led to any notable instances of policy-level changes?

Integration with Other Programmes

25. Could you outline the other thematic areas your organisation works in, such as environment, livelihoods, gender, or education?
26. Within these programmes, have you any received support from CHASE Africa for these (non-health) activities?
27. Have you integrated health components into any of these thematic areas? If so, what lessons have you learned from this integration, and what tangible benefits have emerged from this integrated approach? How do you see a value in this integration?
28. If you haven't integrated health components, have you considered doing so? What are your perspectives on the benefits or challenges of integration?

Relationship with CHASE Africa

1. What difference has CHASE Africa's support made to your organisation and the programmes that you run?
2. How have you adapted the initial CHASE Africa model (CHWs, information and awareness raising, and mobile outreaches) to suit your specific local circumstances and effectively reach the communities you are working with?
3. To what extent has an integrated programming approach been promoted by CHASE Africa and adopted by other actors through CHASE Africa's influencing work?
4. What kind of support from CHASE Africa (such as visits by CHASE Africa staff, emails, funding, networking, webinars, CA conferences, capacity building support), as well as CA funded exchange visits to other CA partners, have you found most valuable? Has this changed over time? Could you explain why some of these may be more or less helpful to you?
5. What are the benefits and value that you as a local partner organisation derive from being part of the CHASE Africa partner network?
6. Reflecting on your collaboration with CHASE Africa, have there been any challenges or obstacles you've encountered, and what have you learned from them?
7. Additionally, are there specific areas where you believe CHASE Africa's support or interventions could be enhanced in the future?
8. What recommendations or feedback can you provide regarding potential improvements or changes in how CHASE Africa provides support to you going forward? Be as specific as possible.
9. How would you like to see your relationship with CHASE Africa evolve over the coming years?

QUESTION FOR BIG LIFE FOUNDATION

Questions specific to Big Life

10. Can you explain the reasons behind transitioning from broader community health programmes to incorporating additional activities that focus on adolescent SRH in 2021?
11. What adjustments or changes have you made in your approach to effectively reach and engage with youth and adolescents regarding SRH?
12. When delivering SRH and ASRH services, how do you ensure the privacy and confidentiality of the individuals involved?
13. Could you elaborate on the roles and differences between using school patrons (adults) and Youth Peer Mentors (YPMs) in reaching out to youth and adolescents in schools?
14. Since 2021, you have shifted from larger mobile outreaches to using backpack nurses. How has the implementation of backpack nurses been particularly impactful? What are your thoughts on longer term sustainability with relation to the community health programme? Both in terms of impact and ongoing service provision?
15. By integrating health into the livelihood theme, where women's groups are engaged in kitchen gardening and discussions about SRH, what specific benefits or unique outcomes have you observed compared to your previous approaches?

QUESTION FOR THE MAA TRUST

Questions specific to The Maa Trust

- Despite your engagement in various other themes such as enterprise development, child rights, and education, what prompted your organisation to address health issues, specifically focusing on SRHR?
- What specific benefits have you observed resulting from mobile medical camps? Who are the primary beneficiaries? Is there an equitable representation of men and women in these camps?
- Cancer screening has also been offered. What insights have you gained from this initiative? Are community members receptive to cancer screening, and what lessons have been learned?
- You have actively engaged with men through forums. How have men in the community perceived discussions around SRH? Have you observed any shifts in household dynamics, such as women's empowerment, increased support from husbands, or greater utilization of FP services, as a result of male engagement?
- How do young individuals and communities perceive the involvement of child clubs and Youth Peer Mentors in advancing sexual and reproductive health within your region?
- Could you provide insights into the impact of the Talek Youth Friendly Centre (YFC) in terms of providing specialized services, counselling, and contraception services to young people? How has it benefited the community?
- Numerous efforts have been invested in enhancing the capacities of providers at the Youth Center. From your perspective, what have been the most valuable outcomes of these capacity-building endeavors?
- How effective have the referral services to safe spaces been in ensuring that young individuals have access to necessary SRHR services and support?
- Looking ahead, how do you envision sustaining support for the Talek Youth Center, particularly concerning financial sustainability?
- What has been your experience participating in the exchange visits hosted by different partners?

QUESTION FOR MOUNT KENYA

Specific Questions for MKT

- How has the utilization of family planning services evolved over time within the communities you serve?
- Addressing the issue of stockouts of family planning supplies, what strategies do you plan to implement to mitigate this challenge going forward, and once the support from CHASE Africa and MKT itself reduces?
- How successful have you been in conveying the benefits of contraceptives to communities to the extent that individuals are willing to purchase them with their own funds?
- Given your organisation's primary focus on conservation, could you elaborate on the importance you attribute to the health component/programmes within your broader initiatives?

New ASRH Project (initially piloted and scale up)

- What standout achievements have been realized through the new ASRH project?
- In the process of disseminating ASRH messages, how receptive have school authorities and parents been to the messaging?
- The project has utilized both peer mentors and guidance teachers to engage with students. Can you outline which of these approaches has been more successful and explain why?
- When reaching out to students, what specific challenges have you encountered, and do these challenges vary across different age groups and genders?
- ? One of the reports mentions transactional sex for obtaining sanitary pads. How prevalent is this practice within the communities where you work, and how does it compare to other regions in Kenya?
- What has been your experience participating in the exchange visits hosted by different partners?

QUESTION FOR DANDELION

Specific questions to Dandelion Africa

1. What noteworthy positive impacts have you observed as a result of the mobile backpack nurses' services?
2. Could you describe the positive outcomes that have stemmed from the support provided by youth peer providers? Additionally, how do the local communities perceive the role of youth peer providers and the issue of ASRH within the community?
3. We understand that you have collaborated with Pastoralists. How do you adapt to their continuously moving nature?
4. Could you elaborate on the value and impact of integrating the health component with economic livelihood and gender programmes?
5. How has the integration of health initiatives with environmental efforts been effective for Dandelion Africa?
6. In terms of economic empowerment, could you share specific examples of initiatives targeting Community Health Volunteers (CHVs) and how these initiatives have contributed to sustainability and community development?

7. Dandelion Africa has implemented Smart Agriculture programmes for women's groups. How do you connect these agricultural initiatives with health, and what transformations have these programmes brought to the economic well-being of women and the broader community, especially in terms of nutrition and resilience against climate change?
8. When implementing programmes in various locations, what strategies do you employ to ensure a lasting impact within each community, and how do you promote sustainability?
9. You have hosted several other CHASE Africa partners for exchange visits in the last few years – this has been beneficial for those organisations – how has Dandelion found the experience, and have you also learnt from hosting the exchange visits?

QUESTION FOR RCRA

Questions specific to RCRA

1. The integration of environmental initiatives with the health component is evident in your work. Could you elaborate on the interconnections you observe between these two components?
2. In 2021, the project shifted focus to more actively trying to reach adolescents and youth. What drove the decision to specifically target this demographic?
3. Could you share insights into how initiatives such as the Adolescent Centre and school health clubs have contributed to improving SRH knowledge among adolescents?
4. What has been your experience working within schools? What strategies have proven effective in persuading adults, teachers, and parents of the importance of ASRHR education?
5. Have you encountered any challenges or backlash when working with youth and adolescents?
6. What has been your experience participating in the exchange visits hosted by different partners?

QUESTIONS FOR WOMEN'S GROUPS (FGD)

Set up:

- Inform relevant leaders/authorities of the FGDs
- Check with local partner to review the questions asked
- Ensure you have a private and closed off space when holding FGDs
- Have facilitators/enumerators and notetakers of the same sex as participants

During:

- Explain purpose of FGD, how data will be anonymised/used
- Establish some ground rules (e.g. let each other finish speaking)
- Do not ask participants direct questions on FP (e.g. 'do you use FP')
- Ask participants general questions, such as 'why would someone in your community feel unsafe accessing SRH service?'
- Be mindful of the mix of participants. There are instances where participants may be uncomfortable sharing information. For example, younger women may feel uncomfortable sharing their opinions when there are older women present in the FGD.

- See to it that everyone has a chance to discuss and talk. Manage instances where one or some individuals dominate the conversation • Notetaking should focus both on verbal expressions as well as non-verbal behavior.

After:

- Allow for participants to ask questions
- Write down full notes on FGD right after it took place
- Ensure follow up to participant and give contact details in case they want to share information

General Issues Related to Sexual and Reproductive Health

1. What are your primary concerns with regard to your sexual and reproductive health? (e.g., HIV, family planning, cancer, menstruation)
2. How do women generally perceive family planning and contraception?
3. What are the possible reasons why someone in the community would feel unsafe to access family planning services?
4. How comfortable are women discussing family planning and contraception with healthcare providers their families and the wider community?
5. To what extent can women make decisions regarding sexual and reproductive health within their families, and how much influence do their partners have?

Access to Family Planning Services

6. How accessible are family planning services for women, and who provides these services?
7. What is the quality of family planning services, considering factors like counseling, supplies, qualified staff, and privacy?
8. Are there any areas where improvements are needed in accessing family planning services?

Awareness and Perception

9. Who do you believe should have information and awareness of sexual and reproductive health, and why? (Male or female?)
10. How is the perception of family planning, particularly, perceived in the community by male members, elderly individuals, and faith-based leaders? Have these perceptions changed over time, and what contributed to the change?

Adolescent and Youth Education

11. Do you think it's important to educate adolescents and youth about sexual and reproductive health? What are the benefits or potential negative consequences?
12. How receptive is the community when it comes to teaching adolescents and youth about sexual and reproductive health?

Community Impact

13. Are you aware of the activities carried out by (partner's name____) in promoting sexual and reproductive health?
14. If yes, can you share the positive achievements observed in the community attributed to these programmes and services? (e.g., increased confidence in discussions, improved male support, positive community attitudes)
15. How have the programmes and services, such as awareness campaigns, outreach programmes, youth peer mentors, or the presence of backpack nurses, made a difference in addressing

sexual and reproductive health issues? What do you consider the most effective and least effective aspects, and why?

16. In a broader context, how do you perceive the connections between family planning and sexual and reproductive health in bringing about changes at the household, community, and environmental levels?
17. Do the communities in your area coexist harmoniously with their natural surroundings?

QUESTIONS FOR MIXED GROUPS (FGD)

1. Can you share your understanding of what sexual and reproductive health means?
2. What are the most prominent issues related to sexual and reproductive health, and how do these concerns differ among community members?
3. What is the general perception surrounding family planning among community members? How comfortable are individuals (female and male) in talking about family planning and contraception with a) health providers and b) family?
4. How comfortable are women in making decisions on sexual and reproductive health within their families? To what extent do partners influence these decisions? (Investigate variations in comfort and decision-making dynamics, considering gender roles.)
5. How much access do women and girls have to family planning services? Who provides FP services in this community?
6. What is the quality of family planning and other SRH services in the community? Do these services meet the needs of all community members equally?
7. Who do you think information and awareness about sexual and reproductive health is most important for—males or females—and why?
8. How is the topic of sexual and reproductive health, specifically family planning, perceived in the community by male and female members, as well as elderly and faith-based leaders? Has this perception changed over time, and if so, what do you attribute to this change? (
9. Do you believe it is important to teach adolescents and youth about sexual and reproductive health? If yes, what benefits do you see, and if no, what are the potential negative consequences?
10. How open is the community when adolescents and youth are taught about sexual and reproductive health?
11. Are you aware of the activities carried out in the community to promote sexual and reproductive health supported by ____ (Name of partner)? Have you or anyone you know directly benefited from these initiatives?
12. If yes, what positive achievements have been noticed in the community among different groups (men, women, youth) attributed to these initiatives?
13. Have the programmes and services implemented by ____ (Partner's name) supporting sexual and reproductive health, such as awareness campaigns, outreach programmes, youth peer mentors, or the presence of a backpack nurse, made a noticeable difference in addressing these issues? What do you deem to be the most effective and least effective, and why?
14. On a broader scale, how do you think links from family planning and sexual and reproductive health contribute to changes at the household, community, and environmental levels?
15. Do the communities living here coexist peacefully with their natural surroundings?

QUESTIONS FOR YOUTH AND ADOLESCENT GROUP (FGD)

1. What are the most significant challenges you, as youth and adolescents, face in your community, whether related to Adolescent Sexual and Reproductive Health (ASRH) or child rights?
2. How do you usually learn about ASRH and child rights? Are there specific programmes, sources, or individuals who provide you with information on these topics?
3. Do you feel that the challenges you face, especially related to ASRH and child rights, are being addressed by any existing programmes or initiatives? If so, can you share your thoughts on the importance of learning about ASRH?
4. How do you think your community perceives ASRH and child rights issues? Are these topics openly discussed and addressed?
5. Are you familiar with the project conducted by ___(Partner's name) focused on Adolescent Sexual and Reproductive Health (ASRH)? Have you personally benefited from this project, or do you know someone who has benefited from it? If yes, could you share the achievements of the project in terms of ASRH services provided, such as counseling, contraceptive supplies, and awareness campaigns?
6. As a result of this project, have you noticed any positive transformations within the community, such as increased confidence in discussing ASRH topics and greater openness in schools and households to engage in these discussions?
7. How receptive is the school environment when it comes to addressing ASRH topics? To what extent does the school curriculum or teachers provide education on ASRH?
8. Who do you believe is the most appropriate group or individuals to teach ASRH curriculum and child rights to youth and adolescents? Should it be child clubs, youth peers, or school teachers, parents, other entities?
9. Are there any ASRH services available in your community? If so, do you feel comfortable accessing these services? What aspects of these services are most important to you (e.g., secrecy, privacy, accessibility)?
10. Do you know of any friends or peers who have accessed ASRH services in your community? What was their experience like, and how did it impact them?
11. From your perspective, what would be the best way to reach youth and adolescents like yourself and build their confidence to openly discuss ASRH and related issues?
12. Are you personally involved in any environmental conservation-related activities, either at school or within your community? If you are participating in environmental conservation activities, could you share your experiences and what motivates you to be a part of such initiatives?

QUESTION FOR HEALTH REPRESENTATIVE - COUNTY LEVEL

Introduction: Greetings, I'm Pooja Koirala from Progress Inc., and I am grateful for your time today. We are here to discuss the Ministry of Health's role in Sexual and Reproductive Health services at the county level and your collaboration with CHASE Africa. We will delve into specific activities, availability of family planning resources, successful initiatives, and sustainability measures. Your insights are crucial in shaping our understanding. Thank you for joining us.

1. Could you explain the Ministry of Health's (county level) role in facilitating access to SRH services? Can you provide examples of specific activities that the local government has undertaken in this regard?

1. How does the Ministry of Health's (health department) ensure the availability of items and commodities needed for family planning? To what extent have you encountered shortages of these items?
2. How familiar are you with CHASE Africa's involvement in Kenya and Uganda, particularly concerning their support for comprehensive health services, with a specific focus on SRHR and ASRH?
3. How does your department coordinate and collaborate with CHASE Africa's partner _____ to address SRHR issues in the community? Could you describe the nature of this collaboration and its objectives? Can you provide examples of successful initiatives or projects in this regard?
4. Could you share the observed changes in the work carried out by _____ (partner organisation name) in the field of SRH? Please discuss both positive and negative outcomes.
5. From your perspective, which strategies or approaches implemented by CHASE Africa-supported programmes have had the most significant impact on addressing SRHR challenges at the community and field levels?
6. If CHASE Africa were to discontinue funding to X partner in the future, who do you think should assume the responsibility for these services?
7. In situations where the supply of services is lacking, and the MOH does not ensure service provisions, what actions do you think the community should take at the local level? Who should lead these efforts?
8. Could you please elaborate on the sustainability measures for SRHR efforts? What recommendations or strategies do you believe would be the most effective?

IN-DEPTH INTERVIEW QUESTIONS (DIRECT PROJECT BENEFICIARIES)

1. Can you please tell me your name, age, and where you currently live? Also, what is your primary source of income?
2. How did you initially become involved in the project, and could you share the types of support you have received from it?
3. Have you come across any new, different, or unique insights or knowledge through your involvement in the project that you hadn't encountered before?
4. In what ways has this support positively impacted your life?
5. To provide context, could you describe what life was like in your community before the project began? Specifically, what were some of the health challenges faced, and was it difficult to access healthcare and family planning services?
6. Reflecting on the changes that have occurred, can you share how life has become different for you and others in your community since receiving support from the project? Have there been notable changes in knowledge, awareness, practices, or attitudes?
7. Considering the traditional attitudes surrounding SRHR in your community, could you explain how these attitudes have affected you personally? How do you perceive these traditional beliefs in relation to SRHR?
8. Beyond the project's direct benefits, were there any additional challenges that you or other beneficiaries encountered during the project's implementation?
9. Thinking about your entire experience with the project, what would you say is the most important thing you have learned, either personally or as part of the project staff?
10. Would you be inclined to recommend the project's services, such as family planning services, or other health services, to other women or men in your community based on your experiences?

QUESTIONS FOR SCHOOL AUTHORITIES

1. Can you please introduce yourself and your role within the school?
2. What specific ASRH-related issues are prevalent in this community? (Probe: teenage pregnancy, female genital mutilation, menstrual hygiene etc.)
3. How would you describe the level of awareness and knowledge among students regarding, including issues related to sexual health, rights, and relationships?
4. Are there any existing initiatives or programmes within your school that address ASRHR education or related topics?
5. Can you describe any specific support or resources provided by external projects like (Partners' name) that have directly benefited the school in terms of SRHR education or related activities?
6. Have there been any notable improvements in the quality or effectiveness of SRHR education within the school as a result of project support? If so, could you provide examples of these improvements? Delve: How has the engagement of trained Youth Peer Mentors and teachers from external projects influenced the school's approach to SRHR education?
7. In the context of ASRHR education, do you perceive any challenges or areas where improvements are needed within your school's curriculum or activities?
8. How receptive have students and parents been to the introduction or enhancement of ASRHR education within the school?
9. Do you have any feedback or observations regarding the impact of ASRHR education on students' attitudes, behaviors, or overall well-being?
10. Are there any plans or considerations to further integrate ASRHR education into the school curriculum or extracurricular activities?
11. Is the school currently involved in any environmental conservation or sustainability initiatives, such as tree planting or waste reduction programmes?
12. How has the school benefited from participating in these environmental initiatives, and have there been any positive outcomes or lessons learned from these activities?

QUESTIONS TO HEALTH VOLUNTEER OR CHA OR CLINICIAN IN A LOCAL HEALTH FACILITY

1. Can you describe your role as a Health Volunteer/CHA/clinician in promoting health, particularly in the context of SRHR, within the community?
2. What specific actions or initiatives do you undertake to raise awareness about health and SRHR among community members? Could you provide examples of the activities you have been involved in?
3. Are there any specific strategies or approaches you have found to be particularly impactful in promoting health and SRHR awareness or improving health outcomes within the community? Could you share some success stories or notable achievements in this regard?
4. What are the key challenges you face in your role when it comes to SRHR education and health promotion? Are there any persistent obstacles that hinder your efforts?
5. How receptive and welcoming are the beneficiaries and communities to your role and the SRHR initiatives you support? Have you encountered any resistance or misconceptions that you needed to address?

6. What notable changes or improvements have you observed in the community's understanding and practice of SRHR since the inception of CHASE Africa's programmes?
7. Do you coordinate and collaborate with other organisations or stakeholders to enhance the impact of your SRHR and health promotion efforts? If so, could you describe these collaborations and their outcomes?
8. In your view, how has the general landscape of SRHR and health education evolved since the implementation of CHASE Africa's programmes in your area? Have there been any significant shifts or trends?

QUESTIONS FOR YOUTH PEER MENTOR

1. What positive changes have you seen in our community regarding sexual and reproductive health services since the programme initiated by the (Partner)?
2. How well have you been able to help educate young people in our community about sexual and reproductive health?
3. Which parts of our programme do you think work really well, and where do you think we can do better? For example, how do you feel about teaching in schools, mentoring young people, or talking to the community about health?
4. How do the young people in our community feel about you helping them with sexual and reproductive health?
5. Are there any challenges or problems you've faced as a Youth Peer Mentor, and how are you dealing with them?
6. Have you noticed any unexpected issues with ASRHR and family planning? Do people in our community understand it, or do they have questions or worries about it?

QUESTIONS FOR CHASE AFRICA

Background

1. Over the past decade, how has CHASE Africa evolved, and what changes have occurred in the programmes it supports? How has the support provided to partners adapted during this period?

Support

2. What types of support does CHASE Africa offer to its partners, including financial, capacity-building, and guidance?
3. What criteria or considerations guide CHASE Africa in selecting its partners?
4. Could you describe the capacity-building and knowledge-sharing support that CHASE Africa provides to ensure partners adhere to the organisation's common approach?
5. How does CHASE Africa empower its partners to integrate health components, particularly SRH, into their existing thematic programmes?
6. From your perspective, what is the most valuable form of support that CHASE Africa provides to its partners?

Programme Outcomes

7. Could you describe the various approaches and adaptations made by local implementing partners to tailor the "CHASE Africa model" to their specific local circumstances? How have these adaptations helped them effectively engage with and serve their communities?

8. To what extent does CHASE Africa consider the model successful, and which specific strategies and approaches have proven particularly effective?
9. What observable changes have occurred within the communities where partners operate in terms of increased knowledge, attitude shifts, and the adoption of positive behaviors?
10. Have there been any adverse consequences or challenges associated with the programmes?
11. How does CHASE Africa support its partners when they encounter negative backlash or community threats?

Integration

12. From CHASE Africa's perspective, how successful have partners been in integrating the health component into their other programmes? Could you provide examples of such integration efforts?
13. To what extent does CHASE Africa prioritize the integration of the environmental component with the health component, and what significance does CHASE Africa attribute to this integration?

Sustainability

14. How does CHASE Africa perceive the relationships between its partners and the Ministry of Health and other government authorities, and how do these relationships contribute to programme effectiveness and sustainability?
15. How has CHASE Africa assessed the partners' plans for continuing healthcare and SRH support even after CHASE Africa's funding concludes?
16. What sustainability challenges does CHASE Africa anticipate?
17. Are there partners who have secured additional funding from other donors to sustain their health/SRH initiatives?
18. Has CHASE Africa facilitated linkages between partners and other organisations or donors to enable independent funding and programme expansion?
19. Looking ahead, what gaps and unmet needs have CHASE Africa identified, both in terms of SRH and partners' capacity-building and funding acquisition?
20. How does CHASE Africa plan to enhance its support to local partners in the future, and can you provide specific recommendations or insights in this regard?

QUESTIONS FOR DONORS

1. Why have you chosen to support CHASE Africa, and what do you value about the way that they work and the projects they support?
2. What do you see as the organisation's strengths and weaknesses, and how do you think they compare with other similar sized organisations that you support?
3. Have you seen CHASE Africa evolve in the time that you have been supporting them? What changes do you think are positive? Are there any that you are concerned about?
4. How do you rate their management team, and governance?
5. What aspects of CHASE Africa's work and the way it operates do you think are most effective? Please provide examples if possible.
6. How do you assess the support provided by CHASE Africa to their local partners in terms of facilitating effective and sustainable impact?
7. Are there any changes or developments you would like to see in the way CHASE Africa utilizes your funding or manages its projects?
8. Are you satisfied with the quality of the reporting that CHASE Africa provides to you? Are there any changes you would recommend or areas for improvement?