

IMPACT EVALUATION OF THREE PROJECTS IN POKOT, KENYA

**Pokot Development Programme (PDP)
Pokot Integrated Programme (PIP)
Training of HIV/AIDS Community Counsellors**

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Abbreviations

ARV – Anti Retro Viral treatment
ELCK – Evangelical Lutheran church of Kenya
FGM – Female Genital Mutilation
NLM - Norwegian Lutheran Mission
NWD – North West Diocese of ELCK
PDP – Pokot Development Project
PIP – Pokot Integrated Project
SIK - Centre for intercultural communication
TBA - Traditional birth attendants
VCT – Voluntary Counselling and Treatment

1. Executive summary

The PDP/PIP post project evaluation was commissioned by the NLM in collaboration with the North West Diocese (NWD) of the Evangelical Lutheran Church of Kenya (ELCK) which was the implementer. The project was implemented in the larger Pokot West district currently further sub-divided into West, Central and North Pokot District. The church had implemented the PDP project between 1991 and 2002 when the project ended and later continued in the new PIP project implemented between 2003 and 2007. The PDP project was designed as a development project with four components: agriculture, health, education and women concern to support Kenyan government to facilitate long term poverty reduction strategies. PIP continued these four components with a new objective to integrate these social activities in the church administrative and congregational set up.

Pokot where the PDP and the PIP was implemented is located on the North West side of the Rift valley province and known as one of the most remote, marginalised and undeveloped areas in Kenya since colonial errors. The different phases of PDP have reached out to different areas in Pokot. PIP has continued to go to the most remote and marginalised areas in Pokot increasing the number of communities reached in the North and West Pokot. The planned activities in PDP have been achieved in a good way and there are many sustainable effects of the activities.

The crop and animal production during PDP has been improved leading to significant improvement of crop yields and animal health. People have learnt about fruit trees, using camels and working with improved bee hives. These activities have in normal years given the target population more and food and better food, given them a better economic foundation and made them able to preserve the environment.

The development activities in agriculture, livestock farming and sanitation in the PIP program have mainly been fulfilled as planned. The results have in some aspects not reached the goal for the specific activity for a number of reasons including the above mentioned remoteness, that most target populations are illiterate, are predominantly pastoralists, there are several cultural barriers to pass before starting the activities in addition to the prolonged draught that has characterised the area during the PIP project time. When we in addition take into consideration that the project plans have been shortened by one year, delayed funds, it is perhaps a little too much to expect that all activities could continue on a high level. It is, however, evident that basic changes have been achieved in these villages that can be attributed to the project interventions. The population continues doing what they have learned and others follow them. Several of them said that this village will never be the same as before. So there is sustainable development on a local level.

The education part in the projects took about half the budget for both PDP and PIP. The education activities in PIP were fulfilled as planned except that some classrooms which should have been built the last year did not receive funding until after termination of the project a year earlier. The educational activities, mainly construction of classrooms, seem to be the most successful and the most sustainable part of the development activities in the project area. We now see a lot of children coming to school and parents wanting secondary schools in those areas where the programme started up several years ago. School committees are searching for more support from Government as well as NGOs to expand their school building including classrooms and a laboratory. In the remote areas where PIP has started activities over the last few years, the communities are slowly appreciating the necessity to

educate their children and their role in contributing towards education for the girls. This is happening in spite of almost 100% adult illiteracy.

Health activities both curative and preventive have been going on in the two different programme periods with the personnel engaged at the church dispensaries in lead. Using helicopters for mobile clinic work during the PDP has been very expensive and was taken out of PIP. Another organisation financed the helicopter during PIP, but mobile clinics stopped by the end of the period and the helicopter transport from Helimission is not available any longer. People are, however, following up the prenatal controls and vaccination services for women and children by coming from far away to the established health centres. This is due to positive results of preventive measures for various diseases. As a result of these particular interventions, the community noted a decrease in child mortality rate and maternal mortality rate as well as improved general health at individual and household level.

Training of traditional birth attendants (TBAs) has been part of the two projects. This is one of the sectors where some local resistance was observed. Many of them hesitated to receive training from the “white” people including missionaries and unknown trainers who did not come from the community. Although this challenge at the initial stages of the project, the TBAs received training and several of those we met stated that they sent pregnant mothers to clinics for prenatal care. They did not seem to encourage mothers to go to health clinics for delivery except when anticipating difficulties during delivery.

Some of the traditional birth attendants admitted to not having seen to uncircumcised women. Others were reported to have refused to help uncircumcised pregnant women to deliver.

FGM – Female Genital Mutilation or female circumcision as a rite of passage from childhood to womanhood has been practiced all over Pokot. The church as well as the different PDP and PIP programmes have been working on awareness raising on the effects of FGM and providing counselling to those affected. The practice is still rampant, but some significant decrease has been recorded so far. Especially by looking at the increasing attendance of girls in school it shows that both the number of FGM as well as early marriages continue to decrease. The most significant decrease in the practice of female circumcision is observed in areas that have had schools for a long time and where the church is well established compared to marginalised sections of the larger Pokot district where communities are yet to embrace girl child education and Christianity. The result of the two projects has been positive and gradual and the church is still seen by the community as a unique platform in influencing and stopping this practice.

Men have not been reached enough by the project intervention. Most of them live in remote areas and demand to marry circumcised girls. A number of uncircumcised women were reported bullied by the circumcised ones to the extent that they demand to be circumcised during their first child birth for them to be respected as a woman in the future.

Women development has perhaps been a weaker part when it comes to easily observable changes. PIP has had both women and men representation in agricultural and livestock training while sanitation was largely a women’s activity and traditional birth assistants were only women. There has been separate training in some villages for women on income generating activities like embroidery, poultry, vegetables, goats in both PDP and PIP and camel keeping in last PDP to make women less dependent and able to contribute to family income. The women have gained significant knowledge on handcrafting, hygiene and sanitation and are also capable in contributing towards animal husbandry and agricultural

activities in the area. Although the capacity building of the women groups on income generating activities taught them some business ideas to pursue, the training does not go into strategies to sell their products. This has limited their capacity to generate more income by making a profit. This shows that the teaching received by the women was insufficient. The budget percentage for this activity was also rather small.

There have been some few (3) adult literacy classes in PIP. One of them stopped after a short time when the hired teacher left. This could have helped the women to have reading, writing and simple arithmetic skills which could have been used in church work as well as in business development. As was observed in the PDP evaluation, women adult literacy received little prioritisation in the program and was not seen as very important in the beginning by the women themselves. Now many of them wished for classes to continue. There is a general need for the church to create more space for women in her leadership and capacity building efforts. The women got more space in PIP than in PDP indicating progressive successes in women development.

The original PIP project idea to integrate and transfer activities to the diocese or to the district level in the church was good, but it does not seem to have been realistic. The first reason is the fact that the church has been working in the most remote areas where there are no strong active congregations. Secondly, the church structure, now recently changed from 5 districts to 32 parishes, is not an implementing structure. Thirdly, the economical base of the church is weak and there is not even enough money to pay the pastors, although their salary is very low. In addition the difficulties towards the end of the project and the fact that it ended one year early, made it even more difficult to prepare for a proper transmission plan and exit strategies of the project activities from the community. Even with one more year of project funding, it is unlikely that the project activities with exception of the schools would have continued after the funding stopped.

Summing up on the sustainability of PDP/PIP, the education activities are continuing led by local committees, the agricultural, sanitation and health activities have made a fundamental change in the area and people continue using what they have learnt and it is on that basic level part of sustainable development. The church has not been able to continue these activities and there is no separate department created neither in the church administration nor in the local church structure. The church is, however, eager to continue developing activities in the region and especially concerned about the remote areas where the church through PDP and PIP has been the major development actor over years. It is therefore possible to say that the church has integrate social concern in their visions, but not yet in their structures

The total intervention by the PDP/PIP is by the different government offices said to be vital for the development in the area. The activities are said to be well planed to assist poverty reduction and enhancing sustainable development through teaching and training and assisting in building up schools and local initiatives

The HIV and AIDS programme did not manage to reach the goal of training pastors and counsellors at a parish level so they could continue the teaching. Due to lack of funds; it stopped before getting that far. The programme managed to organize training for pastors and representatives for the different parishes. In that way the project has been the first ice breaker for more open talking about HIV and AIDS. Taking into consideration the input of resources, the lack of training materials and the cultural unwillingness to even hear about it, we think that the result is commendable. The initial hope for more sustainable teaching on HIV and

AIDS to continue in the region without the programme is not realistic. These therefore call for a more intensive and strategic entry points for a longer period of time for more sustainable impact especially in some of the most remote areas.

2. Introduction

The impact evaluation was commissioned by the NLM-Norway. It is part of NLM's policy to perform external evaluations of projects around two years after the projects have phased out. The terms of reference was designed in cooperation with NLM's country representative in Kenya and the former project leader of PDP/PIP. The evaluation was carried out by a team of two consultants; Ms. Everlyne Nairesiae from TAABCO Research and Development Consultants based in Nairobi and Kåre Kristensen from Centre for Intercultural Communication in Stavanger, Norway.

This is a post projects impact evaluation report which includes the evaluation of 10005 Pokot Development Programme (PDP), Pokot Integrated Programme (PIP) and the 10473 HIV/AIDS community counsellors project. PDP/PIP ended in 2007 and HIV/AIDS in 2006. The amount spent on the PIP programme from 2004-2007 was KES 89,227,135 / NOK 7,814,358. The amount spent on the HIV/AIDS project was a total of KES 3,106,727 / NOK 271,299. These projects were implemented by the ELCK North West Diocese.

Pokot Development Programme was initiated in 1990 by NLM with a participatory rural development approach emphasizing the social concerns of the community. This project was in operation until 2002. From 2004, the project was called Pokot Integrated Programme and was administered by the ELCK North West Diocese (NWD). The main objective was to reach out to remote villages in the district and thereby complement the government efforts in mobilizing the people for household and community development. The last project period started in 2004 and ended in 2007. The main target groups for this period were Pokot communities and households in rural, inaccessible areas of West Pokot and Baringo. The overall goals for this period were as follows:

- To facilitate long-term poverty reduction by mobilizing households and communities for sustainable development based on local resources.
 - To improve food security (environmental management; agricultural competence building; community based animal health service; camel production; bee-keeping; support of small-scale community initiatives).
 - To improve people's health standards (curative work; laboratory services; mother and child clinic; family planning; immunization; mobile clinics; school health teaching; awareness campaigns on disease prevention, HIV/AIDS and FGM).
 - To improve the living conditions for women both socially and economically (gender sensitization; functional adult literacy), thereby sustaining the development of individual households and the community as a whole.
 - To strengthen primary and secondary education with an aim of providing good learning opportunities for both girls and boys, eventually increasing the level of professional education among the Pokot people (construction; seminars, financial support).
- To build a church organization that fully integrates the social concern into the administrative and congregational setup, thereby enabling the church to meet its full vision of serving the people both spiritually and socially.

By this, the project organization would be phased out and assimilated into the church organization, enabling the church to carry on with social development activities. The goals have mostly been the same throughout the total life-span of the project, except for the last goal regarding the integration of the social concern into the church organization. This was included in the last project period.

HIV/AIDS community counsellors

This project was administered by the ELCK in Kenya North West Diocese (ELCK). The main purpose of the project was to build the capacity of the church members, and the society at large, in the control and prevention of the spreading of HIV/AIDS. It aimed at integrating HIV/AIDS into the administrative and congregational set up, and thereby enabling the church to meet its full vision of serving and mobilizing people both spiritually and socially.

The project started in 2004 with a focus on training of church leaders (training of trainers) to get a good understanding of HIV/AIDS and how the five church districts can organize and develop an ownership to the project. In 2005, the church continued training communities targeting awareness and prevention of HIV/AIDS. In the final year, 2006, other activities were introduced to work more closely with preventive measures (psychological support), human rights and legal support, socio-economic support, and advise and support to clinical care (medical or nursing) to those affected by HIV/AIDS.

The main target group was communities and households in West Pokot, in which the church was established. Within the communities and households there was special focus on the infected and affected of HIV/AIDS, orphans, widows/widowers, street children, truck drivers, sex commercial workers and Matatu touts.

3. Purpose and specific objectives for the final evaluation

The main purpose of the evaluation is to assess the long-term impacts (the relations between project goals and development goals) and sustainability (economically, politically, institutionally, technologically, socio-culturally, environmentally) of the projects. In general, this will provide knowledge for NLM and our strategic partners in Kenya that will be useful in the planning and performance of future and current projects both in Kenya and elsewhere. It will give an idea of whether the methods used and the thematic focuses have proved to be successful and discover whether there have been unforeseen consequences, both positive and negative. In particular, specific recommendations are requested to the implementation of a new project in Pokot starting 2010 with a focus on education and health (mainly within female genital mutilation and HIV/AIDS).

4. Methods Employed

A number of evaluation methods were used by the consultants to accomplish this task. The consultants carried out document studies including review of project plans and reports, evaluation reports and project proposal documents from the previous years. This was mainly done before data collection from the direct beneficiaries and project management team.

The team used semi-structured interviews with the project staff, members of the project steering committees, church leaders and head teachers. We had interviews with one-on-one contact farmers and different households through focus group discussions with different committees and groups in the areas of intervention. In addition, the consultants also had

informal discussion with officials from the district education office, district hospital, district agricultural officers, and the district Gender and Social affairs where their views about the work of ELCK and their mode of collaboration was underscored. In addition, the team had a lot of informal meetings with possibilities to clarify and broaden the overall understanding of what we have seen and heard.

It is important to note that questionnaires were difficult to use because of high level illiteracy and the projects have had so many activities and the people we have met have had so many different interaction with different project components that questionnaires would not be the best way to elicit such information. Moreover, the baseline studies from the start up phase of PIP were not available for reference. Data collected was analysed and presented qualitatively in the following sections of this report.

5. Findings and analysis/discussion

We have organised the findings and analysis/discussions following a thematic set up. Since there are so many different activities in PDP/PIP we have put findings and discussion together in one chapter.

5.1 Agricultural activities

The PDP and PIP project focused on a number of agricultural activities including terracing, improved crop, tree planting, fruit trees, animals and animal health, bee keeping etc. The following were the findings adduced from the evaluation of these interventions at the communities visited and target group level:

Most Significant Impact findings

The crop and animal production has been improved leading to significant improvement of crop yields and animal health.

Many farmers in the highland areas of Pokot including Sekerr and Sakei had their farms terraced while some had trees planted on them reducing soil erosion which in turn increased crop production, access to timber products and firewood at the household level. When you now drive through these areas it seems that many of the people there are continuing this practice and in normal years they are getting good crops because they can keep the humidity uphill and avoid the soil to be washed down. PDP also ran several tree nurseries. They were handed over to the Government and not followed up

Fruit trees like mango, bananas, citrus, guava and avocado have been introduced during PDP, while the PIP areas are too dry for fruit trees to grow. It was a pity now to see some of the fruit trees in Sekerr drying up.

The projects have introduced new goat breeds (bucks) and PDP had some camels introduced in the community in the low land areas (Kotuny and Katuda). The project beneficiaries have a positive attitude towards keeping new improved breeds of goats that give more milk and camels, and many of them are eager to initiate bee keeping using the improved or new bee hives. This included knowledge on bee keeping and the use of modern bee hives received in PDP.

The problem with bee keeping is in general that there is no market for selling honey in the most remote areas. The one exception is where the women are collaborating with a Swiss in Kapenguria who buys all for packing and selling out of the area.

In the projects most beneficiaries who benefited from the veterinary training are informed on animal health and management. Access to veterinary services at household level has improved. Women are now also able to treat their animals when sick, unlike before.

The problem for PIP villages with the project ending one year before planned was that the trained people did not get a certificate and therefore have difficulties buying medicines for their animals even if it should be possible according to local legislation that allows farmers to buy for their private use. The consequence of long distances to Kapenguria is that they can not always treat their sick animals.

The project beneficiaries have great ownership of the project activities as shared in testimonials made by the contact farmers and committee members.

A number of farmers not initially in the project reported to have emulated and practiced the activities like terracing, tree planting and other, realizing improved farm produce.

Limitations

Some of the community member in early PDP complained about the use of contact farmers who had the opportunity to benefit from fencing material, tree seedlings and exposure visits creating a gap between them and the rest of the community members. That was also the reason for the PDP to stop giving barbed wire to contact farmers which the first PDP had done. Others in PDP and PIP said they would have preferred a common training field instead of working at somebody else's field.

Some areas including Kotung, Konyau and Katuda beneficiaries did not need to be trained on terracing since the area is not favourable for crop farming and largely characterized by low lands.

There were limited opportunities for the contact farmers to pass on information to the rest of the community through organised forums or interaction session after the project came to an end in 2007. Contact farmers were able to do most of the project activities in their own farms and quite a lot of others have followed their example.

The last years of PIP the staff was limited and the follow up visits to former areas were not implemented as planned. This could have helped the target group to an even better development.

Activities like kitchen gardens for cultivating vegetables are also difficult in PIP areas because of regular extreme draught. Some quoted it could have been very useful if it had been combined with knowledge of digging wells. That had been tried in some lowland areas, but would need more input like cement or stone walls in the wells

Many of the direct beneficiaries have knowledge and skills on water harvesting and crop storage for draught preparation. Crop yields in the farms with terraces have increased farmers capacity to increase food storage in preparation for drought periods. Though for 2009 this initiative was largely affected by severe drought that makes most of them dependent on assistance from outside. In addition this is a very poor area and in general people want to sell what they can to buy what they need and send their kids to school.

Impact realized in the livestock upgrading and livestock health is difficult to evaluate this year. People are happy with what they have learned and they have seen over the years that they have been able to rescue sick animals. However, over the last year they have lost a lot of animals, in Baringo they have lost most of the cattle, because of draught.

5.2 Sanitation activities

A number of achievements were realised from the project intervention while also challenges were encountered in doing some of the planned interventions. The findings were as follows:

Most significant Impact findings:

Most beneficiaries, both women and men, reported positive change in attitude towards household cleaning and sanitation activities. This included construction of improved fire places with less children getting burnt as well as enabling them use less firewood in preparation of meals.

People now lived in separate housing from domestic animals including goats, sheep and poultry after stepping up their hygiene conditions at household level and reducing diseases. Few households had constructed pit latrines and bathroom facilities.

All households visited had raised dish racks where utensils were kept after cleaning to dry up. Most households had their milk boiled unlike before. Some also boiled the drinking water and this reduced the risk of contracting diseases. These activities are highly sustainable since most target groups revealed a high level of knowledge of dealing with hygiene and sanitation issues.

Scab was very common in some areas and as they said: all of us had it and now it is gone. This was perhaps the first effect they saw of having a clean house environment

Limitations

Most beneficiaries lives in unregistered land and it is therefore difficult to dig Pit latrines and plant trees in the area since those activities are understood as signs of claiming ownership to the land. Some beneficiaries claimed the need for project support for iron sheets and other possible materials which could have enabled them construct pit latrines because grass roof was either eaten by the termites or husbandry after a short period. A community house in (Konyau) had no pit latrine and no rubbish pits.

5.3 Schools

From the beginning in 1991 the different development programmes have been engaged in convincing people about the need of sending the children to school and so far this continuous to be done. When it come to education, PDP and PIP have mainly been engaged in co financing with local communities the building of classrooms, desks, some housing for teachers and some dormitories. The projects have paid for some text books, organised training sessions for teachers and local school committees. There have also been a lot of scholarships for pupils going to secondary schools and some scholarships for further education.

The PIP started a revolving fund for further teacher training. Those who got support from this fund should have reimbursed 40%. Two years later nothing is reimbursed.

The Kenyan school system says that if a community raises a school, starts hiring a teacher and creates a school committee, the community can ask to register the school and when it is recognised they can ask for a teacher and other governmental support. Then the community continues to hire teachers on new levels, requesting more governmental support. The schools that have been created in collaboration with the different PDP/PIP programs is said to be sponsored by the ELCK. The teachers paid by the local community are often badly paid both in amount and regularity. They are although willing to continue since they hope to be engaged by the government.

These activities have probably been the most successful part of the development activities in the region and we now see a lot of children coming to school and parents wanting secondary schools in those areas where the programme started up several years ago. In the remote areas where PIP was implemented with other development activities the communities are slowly appreciating the need for educating their children and their role in contributing towards facilitating access to education for the small girls.

It also seems that where the schools have been implanted over some years, community attitudes towards changing the practice of female circumcision is greatly appreciated. It is reported that many have left the practice. Some of the secondary schools have dormitories for girls which also function as refuge centres for the girls that are running away from their family to avoid circumcision and early marriage. These girls are also allowed to stay there during the school holidays. When discussions with their parents and the family lead to acceptance of the girls' rights to decide for themselves, the girls may move back home.

Lately, some girls that became pregnant at an early age are returning to school after delivery to continue with their education. Propoi secondary school, the only secondary school for girls in Chepararia currently has 3 girls who had given birth and come back to continue their education.

Traditionally girls are seen as a good opportunity for families to get rich. Marrying the girl at an age of 12 - 14 can give the family up to 20 cows to help the family pay school fees for a boy or give them more wealth. However, sending her to school, they might have to sell a cow to pay school fees. The ultimate value for a woman is also to have many children and therefore it is best to start early. These are some of the community perceptions of the role of women and girls in the community which the PDP project and the PIP project have tried to address. The attitude of community members in the remote areas where the PIP project was implemented for a short time, favoured these beliefs and differed significantly with areas where PDP had been for a longer period.

Most schools that benefited from PDP and PIP have been in good collaboration with the ministry of education under the government of Kenya. Schools visited including Kotung primary, Riwo secondary and Propoi primary school had 4, 8, and 16 government teachers respectively. These indicate that the schools are registered, recognized by the ministry of education and planned for. According to the district educational officer visited in Kapenguria, the collaboration between the education office and the church has significantly increased the number of students accessing education in the region.

It seems that the training done by the project for teachers and local committees has enabled most schools to tap into the locally available resources through mobilization of funds from local community contributions, NGOs' in the areas including Action Aid Kenya, as well as

from the constituency development fund; a government fund set a side since 2004 to facilitate local development initiatives at constituency level. A constituency is a political geographical area represented by a member of parliament in the national assembly. Through such funds, the schools have been able to continue constructing classrooms and desks, laboratories, dormitories, toilet facilities and buying text books.

5.4 Women work

The women empowerment component provided for social economic activities including handcraft, poultry farming, gender sensitization and adult literacy. The following were the

Most Significant Impact finding:

The women are organized in groups which enable them to share knowledge and experience around their social and economic issues. These groups have provided a platform for training and learning offered by the projects including the handicraft work.

Most women groups are engaged in some form of economic activities, mostly handcrafts (basket weaving and bead work) attributed to the training received from the project while a few groups like the one in Kotung have been able to set up a maize mill which they bought for themselves after having started with poultry and goat keeping. Another group has with some external financing built a house, bought equipment for honey refining and is now buying honey from other collectors in the area. Few of the women are able to meet their household needs with the proceeds of such businesses.

Few women who benefited from the project have received adult education and are currently without knowing how to read or simple arithmetic.

Limitations

Women need to learn how to read and write but the adult classes did not reach most of them.

The women groups have not fully explored the opportunity to benefit from the women enterprise fund and community development initiative funds; provided by the government as loans for women at community level in the quest to influence development. As observed by the acting director of Gender and Social Services in the district, few groups created by the PDP/PIP have benefited from this opportunity. This was attributed to poor infrastructure and the fact that the groups were slow to register, apply for funding and / or meet the guild lines for funding unlike those in the central Pokot.

The training received by the women groups on income generating activities was limited to handcrafts, but unable to tap into other potential business.

Most products (handcrafts and beadwork) produced by the women are not easy to sell. Most of these products are of low quality and sold mainly locally hence making it hard for the women to get a profit from it. None of the women interviewed kept poultry for business purposes at group or household level except the women group in Kasei which kept the local breed.

Most women have inadequate knowledge on their gender and human rights. The training offered on gender sensitization may not have yielded greater results due to illiteracy among the groups and as well as limited exposure to human rights instruments.

It should have been possible to get some of the local teachers to also teach literacy for adult women if people were willing to pay them a little, but probably they do not feel the need strongly enough yet.

5.5 Mobil clinics / curative and preventive health care

PDP projects have been cooperating with the two church dispensaries and had organized mobile clinics partly by using a helicopter for visiting remote areas mainly in the inaccessible highland. This activity has partly been taken over by other partners by financing helicopter transport in the PIP project period. One dispensary has been built in Kara Pokot and financed through other donors. The projects have done a lot for curative and preventive health care. People have used the possibility of vaccinations for children, prenatal birth control etc. People stated that they are very happy with this opportunity and they are missing the mobile clinics. Even the women in the most remote areas like Simbol continued to visit the closest clinic for prenatal care and also delivery if they were told that the baby was placed in a way that could cause a need of medical assistance.

Many children were immunized against various diseases due to accessibility of mobile clinics reducing child mortality rates in the project area. The project was able to respond to other disease breakout including cholera and meningitis through provision of vaccines and other drugs.

A number of traditional birth attendants (TBAs) (at least 2 in a village) received training on midwifery, Hiv/aids and the effects of female genital mutilation and they now have some knowledge on protection from contracting Hiv/aids.

There collaboration between ELCK and the ministry of health in undertaking health activities in Pokot has been good. The government of Kenya through the ministry of health seconded two nurses to work in the three church dispensaries; participated in mobile clinic services including immunization by providing drugs and facilitated trainings in various issues. The church has worked hand in hand with the health official providing transport and other logistical support to enable them access to some of the remote areas. As observed by a public health officer in the ministry of health office in Kapenguria, the church has given many members of the community, especially in remote areas like Sekerr and Chesta, access to basic medical services thereby improving people's health and reducing death rates.

Limitation

Most TBAs have been attending pregnant women giving birth without referring to health clinics, which in most cases are far from the villages (Simbol and Kotuny). Pregnant women relied heavily on the support of the TBAs.

Most TBAs interviewed have inadequate understanding of the safety of the pregnant women and their babies during delivery and largely relied on their traditional knowledge.

Most TBAs were not able to relate to the possibility of difficulties experienced in child birth and female circumcision. This can largely be attributed to their traditional knowledge on child birth.

FGM

The FGM type and process practiced in the Pokot community area, is one of the most extensive practices. Traditionally the FGM has been practiced all over the Pokot area and seen as a requirement for passage from childhood to womanhood. With increasing pressure from the government, Civil Society Organisations as well as the church and the schools to fight the practice, there has, over the last few years, been a tendency to circumcising much younger girls to avoid protests.

As a result of various kinds of intervention against FGM in the area by the Church and several other actors, perception and attitude towards the practice are starting to change. This is largely seen in the areas with more social and economic development which has been realized over a long period of time compared to remote and marginalized sections of Pokot where programmes have only run for a few years or not at all. FGM was forbidden by a presidential decree in 1991. For remote areas this resolution is not known and not enforced. And we see that often local administrative leaders participate in the ceremony. Over the last years there has, however, been a change in the manner in which this practice is conducted due to fear of government intervention. Celebration and dancing during the night before circumcision to call for people's attention has reduced significantly to avoid suspicion from members of the public. Now they frequently circumcise girls early in the morning informing only some family members. This change in tactic continues to challenge most development actors fighting this practice.

Culturally in rural areas, the practice of FGM is seen as an obligation. We met women who had never seen a non circumcised woman and thought it was impossible, even after three years of programme activities. There are now a rather important number of young girls/ladies who have refused circumcision. What is more astonishing is that others are reported to have asked for circumcision during the first delivery because of peer pressure and the community perception of them as being children and not women.

The number of girls dropping out of schools due to FGM and the frequency of early marriages has been reduced. This statistic was largely observed in the developed highland areas compared to the remote low land areas. It was clear that the number of boys and girls in the 7th and 8th year of primary schools was similar with number of boys slightly higher than that of girls. This trend was observed since enrolment in lower classes. These problems show that more sensitization and follow up is needed especially in remote and marginalized areas in Pokot.

5.6 Transfer to church and comments on general administration of PIP by the church

The basic understanding of what it would say to transfer the project to the church seems to differ. From the ELCK point of view, they understood that the project administration should be transferred to the church with a continued financing from Norway. From the Norwegian point of view it seems the idea was to have the church in charge of these development activities beyond the funding period, but nothing was said about financing of those activities after PIP phased out in 2007.

The original PIP project idea to integrate and transfer activities to the diocese or to the district level in the church was good, but it does not seem to have been realistic. The first reason is the fact that the church has been working in the most remote areas where there is no strong active congregation. Secondly, the church structure, now recently changed from 5 districts to

32 parishes, is not an implementing structure. Thirdly, the economical base of the church, which is weak and there is not even enough money to pay the pastors, although their salary is very low. In addition the difficulties towards the end of the project and the ending one year early, made it even more difficult to prepare for a proper transmission plan and exit strategies of the project activities from the community. Even with one more year of project funding, it is unlikely that the project activities except the schools would have continued after the funding stopped.

The former PDP projects seem to have been well integrated in the church where the church was present and in other areas the project came before the church. The talk about an integrated project seems to have created some misunderstandings on how to use the money in the project, whether it should also go to financing church buildings and salary for the pastor when working with the team.

The process has also been hampered by lack of understanding on their expectations and responsibilities especially by the church leadership. There was some training and capacity building of church leaders before the start up of the project, but this was not enough to ensure smooth implementation.

The PIP project seems to have had technical qualified project coordinators, but they seem not to have managed well the reporting procedures and the human relations part of it, therefore those working in the field some times felt a little left alone. Several of the project employees had broad experience but it seems that this was not tapped in the best way either by the first or the second coordinator. The result was personal problems and a heavy turnover. The first coordinator left after spending money on wrong issues. The cooperation between the coordinator and the expatriate counsellor became difficult due to lack of understanding on the need for reporting routines and discussion on roles in the project. Therefore, the funds were hold back once. This finally led to the reduction of the project funding period from five to four years.

This situation seemed to have generated a lot of discussion within the church leadership which took time to address. The church leaders now see this to have been a difficult period for them and this gave them a learning experience full of lessons on how to work more effectively. The church seems to understand more of its role in taking up full responsibility and following up the personnel they engage for the anticipated new project. Follow up of reporting routines including financial statements are also church responsibility as is taking action if the project does not meet the required agreement and standards.

The church has a small fund for scholarships for secondary education, seconded by the church head office. It is however, too minimal to meet student demands.

The former PDP project had other activities like tree nurseries that were handed over to the ministry of agriculture under the Government, but the Government did not follow up at all due to lack of extension officers and inadequate resources. These nurseries died off immediately, so this was not a better solution.

5.7 Peace activities

In PIP plans there was a chapter about peace activities. These activities were never started. Instead there was a small arms project started with other financing. That project did not either seem to be a viable project and no concrete results were reported.

New conflicts continue to emerge, mainly on cattle rustling with three neighbouring communities of Pokot, Turkana in North/East and Karamoja along the Uganda border. These continue to cause loss of life from time to time. There is a real need to address these situations along the Pokot borders to avert loss of life and property. The church is mainly in the Pokot area and should explore opportunities to work together with other development actors or churches based in the neighbouring areas. In addition, the church should look for possibilities to initiate interventions on peace and conflict transformation in the region based on their capacity assessment.

Pokot has a reputation of being a dangerous area in Kenya from colonial times when this area was disputed between the two governors of Kenya and Uganda. This continued after independency with the Pokot district remaining as a land locked area. Not until the beginning of the 70's did Pokot become officially recognized as part of Kenya. As a result of the inter-country conflict which characterised Pokot, most Kenyans from different parts of the country have remained afraid to travel to Pokot for leisure or business. A research report by National Centre for Security Studies based in Nairobi recently published information alleging that every Pokot man had a gun. This is far from reality and it seems that the fear many other Kenyans have for entering Pokot is largely exaggerated based on such research and a report which describes the district as hostile for human activities. On Thursday 15th October one of the national radio stations was calling on all Pokot community members in North Pokot to hand in their weapons to the police failure to which the Police and army officers will move in and take them by force. To most community members, this information is false and continues to be damaging to the social and economic development of Pokot area.

5.8 HIV and AIDS

The PDP started to teach about HIV and AIDS at the end of the 1990s'. It was very difficult because people with traditional believes thought that by naming the decease it will come. And as soon as they mentioned the name people started to move away from the venue where the team was teaching. Even for some of the pastors it was difficult to be there and impossible to talk about it. Therefore a special project was planned to teach pastors and later community counsellors to do this training. The project was originally meant to run only for one year, but was extended twice.

The training started in 2004 with first the district pastors being informed of the disease in a week long seminar. It continued in groups of 5 people from each of the 20. The plan was that these people should go out teaching in the congregations all over, but this has been hampered by lack of material. and ended up as a one-time event training without follow up for the trainers. Especially in the remote areas this has been very difficult and little is done. In more central areas including Kapenguria town it has been easier. In central areas there have also been infected people who have been together with these teams from the parishes in teaching about HIV and AIDS. There has also been training seminars for youths, especially during youth conferences and rallies.

When the training started in Kapenguria people who were already infected or affected in the way they had infected family members or taken responsibility of orphans of dead family members, came with the hope of getting financial support. The project did not have funds for financial support or treatment, but tried to form groups for internal support which was difficult without a starting fund.

The discussions in the church whether this teaching should be done or not have been intense and still are. In addition there has been little or no understanding and interest to learn, and difficult to talk about and to understand issues of HIV and AIDS. It is clear that the project has not had much aid, apart from some videos that many people in remote areas do not understand or cannot see when there is no electricity to show them. The programme could have used material as flip charts, pictures and small drawings to be able to explain better and to help their trained trainers.

The last part of the project was to train community councillors, but the money ran out at that time. This was therefore not fully accomplished.

The church developed an HIV and AIDS policy document in early 2006. The church did not adopt this policy document and the document has not been implemented until now.

The actual situation is that more and more people know people who have been infected and several places they know about people who have died. They also have orphans living in the community so they are more willing to receive training.

The church is currently being confronted by the need to step up the HIV and AIDS work even within its structure since it was noted that one central person in the church leadership is HIV positive and it is not longer possible to say that this does not concern the church.

Pupils and youth in school have the opportunity to learn about HIV and AIDS in the school curriculum. The thematic area is well integrated in school text books from 6th grade at least and taught in schools by science teachers. Efforts have been made by the government to train schools counselling teachers on HIV and AIDS as well as including the subject in the current teachers training curriculum.

It is observed that the implementation of HIV and AIDS intervention by the church was not clearly planned for and the results were not clearly understood. If there should be a new programme on HIV and AIDS it has to be planned to accommodate the regional dynamics around HIV and the pastors need to be better informed about the subject. It will probably be best to use church lay women and men to do the teaching on HIV and AIDS at the various levels and then receive back stopping support from pastors who could participate and support in counselling of those infected and affected.

There seems to be a surface understanding of HIV and AIDS among the pastors interviewed, but also a fear to openly discuss various aspect of it. The strategy used by the church in implementation of such activities needs to be reconsidered to ensure sufficient platforms or forums where discussions and learning may take place. This will also contribute towards reduction of stigma associated with HIV and AIDS.

6. Conclusions

Pokot area is in general known as one of the most undeveloped areas in Kenya. The most remote areas of Pokot have so far not had one primary school per administrative section, there are no passable roads and the public assistance is very weak in general in these most remote areas.

This is the main area of intervention in PDP/PIP. The church runs 3 health institutions and the Government have seconded 2 nurses to these three institutions. The project should have much credit to start development work in these remote areas, and PIP has worked in the most remote areas starting all programme work from scratch. In addition the PIP villages are located in very dry areas that receive minimal annual rainfall and often experiences draught for longer periods. This year, 2009, the draught period was so pronounced it has killed most of the animals for several pastoralists living in and outside the region leaving many farmers in search of pastures. In addition, the larger populations in PIP areas are mainly semi pastoralists moving around with their cattle from one place to another during parts of the year.

The crop and animal production has been improved leading to significant improvement of crop yields and animal health. People have learnt about fruit trees, using camels and working with improved bee hives. These activities have in normal years given the target population more and food and better food, given them a better economic foundation and made them able to preserve the environment. The agricultural work is still on a low technological level, but that is an advantage for people to copy. This year however had set them back because of prolonged draught.

The development activities drawn up in PIP have mainly been fulfilled as planned. The result has in some aspects not reached the goal for the specific activity for a number of reasons including high illiterate levels, the mobile lifestyle of the pastoralist community, cultural barriers and the prolonged draught and famine which characterise the larger part of the district and the neighbouring areas.

The method of intervention with a team of three persons coming to stay in the village for one week per month during three years seem to be an important part of the good results and the reaching of the overall goals for the project. The thematic of the project are also covering the central needs of the target populations. These teams manage to establish good contact and create trust in the target population. It also gives the target population to ask questions to the same persons over time. These working areas should so be followed up with yearly visits afterwards. The sustainability of the activities carried out in the last part of PDP and the first in PIP could have been even better if the project has managed the follow up activities planned.

The target populations are in general very pleased with the health activities, both curative and preventive and the general sanitation activities. They have experienced a better health, less small children dying and less young mothers lost while giving birth. Some of the men had contacted the health team with their wives and children and said that 2/3 of these children would have died before the mobile clinic came. For the family planning there is not much positive reception and the number of children is growing rapidly which again has a negative environmental influence with the need of more land to cultivate.

A number of traditional birth attendants have received training on midwifery, Hiv/aids and the effects of female genital mutilation and they now have some knowledge on protection from contracting Hiv/aids. They seem to advice mothers to go to prenatal control, but mainly they

want them to give birth in their village. They also seem to start to understand and accept the relation between FGM and the high death rate of mothers and children, but it is long way for them to go to work against FGM, partial reason may be that they are the actors both in circumcising and birth assistance.

FGM is culturally seen as an obligation in rural areas. We met women who had never seen a non circumcised woman and thought it was impossible, even after three years of programme activities. There are important changes coming up and a rather important number of young girls/ladies who have refused circumcision. What is more astonishing is that others are reported to have asked for circumcision during the first delivery because of peer pressure and the community perception of them as being children and not women.

It seems that where the schools and the church have been implanted over some years, community attitudes towards changing the practice of female circumcision is most evident. It is reported that many have left the practice. Some of the secondary schools have dormitories for girls which also function as refuge centres for the girls that are running away from their family to avoid circumcision and early marriage. These girls are also allowed to stay there during the school holidays. When discussions with their parents and the family lead to acceptance of the girls' rights to decide for themselves, the girls may move back home.

The project activities on agriculture, health and women issues in different villages have not been continued by the church. No social department has been created and the activities stopped when the funds ended in 2007. However, the project has left a mark in the community in terms of knowledge and practice of various issues they interacted with during the project period.

The second half of the project, running of schools, is continuing with most schools able to mobilize resources to compliment community contributions in the development of the schools. Although schools sponsored by ELCK are either registered as public schools or working towards this registration under the Ministry of Education in Kenya, the church has had no centralized activities continued in the sponsorship of the schools after the projected ended in 2007. However, local pastors and church members are in the local school committees and they are reporting to the ELCK head office in Kapenguria.

The education part in the project took about half the budget for PDP and PIP. The education activities in PIP were fulfilled as planned except for classrooms that should have been built during the last year. These activities have probably been the most successful part of the development activities in the region and we now see a lot of children coming to school and parents wanting secondary schools in those areas where the programme started up several years ago. In the remote areas where PIP was implemented the communities are slowly appreciating the need to give their children education and their role in contributing towards facilitating access to education for girls.

The schools started up are managed by committees where the parents are mobilized to pay teachers while applying for governmental registration and support. The Government has sent an increasing number of teachers to the schools over the years and the parents have continued local support for new teachers while requesting the Government for more. The comments from the Education District Officer were without exception positive regarding the project activities. Theses schools are sustainable and now working to get support from other donors for construction of class rooms, boarding facilities, text books and other materials.

Women development has perhaps been a weaker part when it comes to easily observable changes. PIP has had both women and men representation in agricultural and livestock training while sanitation was largely a women's activity and traditional birth assistants were only women. There has been separate training in some villages for women on income generating activities like embroidery, poultry, vegetables, goats in both PDP and PIP and camel keeping in last PDP to make women less dependent and able to contribute to family income. The women have gained significant knowledge on handcrafting, hygiene and sanitation and are also capable in contributing towards animal husbandry and agricultural activities in the area. Although the capacity building of the women groups on income generating activities taught them some business ideas to pursue, the training does not go into strategies to sell their products. This has limited their capacity to generate more income by making a profit. This shows that the teaching received by the women was insufficient. The budget percentage for this activity was also rather small.

The total intervention by the PDP/PIP is by the different government offices said to be vital for the development in the area. The activities are said to be well planned to assist poverty reduction and enhancing sustainable development through teaching and training and assisting in building up schools and local initiatives

Church structure

There seem to be a different basic understanding of what it would say to transfer the project to the church. From the ELCK point of view, they talked about a project administration transferred to the church with a continued financing from Norway. From the Norwegian side it seems to have been an idea of having the church in charge of these development activities with no continued funding after PIP facing out in 2007.

After the end of external financing the project activities on agriculture, health, sanitation and women activities in different villages have not been continued by the church. They have not created a social department and the activities stopped when the funds got finished in 2007 as activities to new areas. The second half of the project – running of schools is continuing with most schools through their school committees able to mobilize resources to compliment community contributions in the development of the schools. Schools said to be sponsored by ELCK are either registered as public schools or working to be registered under the Ministry of Education in Kenya. The church has not been able to follow up activities in the sponsorship of the schools after the projected ended in 2007. However, local pastors and church members are in the local school committees and they are reporting to the ELCK head office in Kapenguria.

The church structure is young and weak in many ways. At the same time the church has a pronounced will to continue to work for the general development in Pokot and the church leaders say they had learned a lot through the experience with being more in charge of implementing PIP over these last years.

HIV and AIDS Programme

It is observed that the implementation of HIV and AIDS intervention by the church was not clearly planned for and the results were not clearly understood. Any new programme planning to work on HIV and AIDS has to be well designed and the pastors need to be better informed about the subject including what the church expects of them. It will probably be best to use church lay women and men to do the teaching on HIV and AIDS at the various levels and

then receive back stopping support from pastors who could participate and support in counselling of those infected and affected.

There seems to be a surface understanding of HIV and AIDS among the pastors interviewed, but also fear to openly discuss various aspect of it. The strategy used by the church in implementation of such activities needs to be reconsidered to ensure sufficient platforms or forums for discussions and learning to take place. This will also contribute towards reduction of stigma associated with HIV and AIDS.

The HIV and AIDS programme did not manage to reach the goal of training pastors and counsellors at a parish level so they could continue the teaching; it stopped before getting that far due to lack of funds. The programme managed to organize training for pastors and representatives for the different parishes. In that way, the project has been the first ice breaker for more open talking about HIV and AIDS. Taking in consideration the input of resources, the lack of training materials and the cultural unwillingness to even hear about it, we think that the result is commendable. The initial hope for more sustainable teaching on HIV and AIDS to go on in the region after what has been the input to the programme is not realistic. These therefore call for more intensive and strategic entry points for a longer period of time for more a sustainable impact especially in some of the most remote areas.

7. Recommendations

This section gives recommendations on sector to sector basis with acknowledgement of the Church strengths and gaps established during this exercise:

Agriculture and sanitation are not planned action areas in the project proposed for start up in 2010 and therefore note treated here

Education

- ELCK should consider prioritizing the need to initiate and facilitate construction of primary schools in most remote areas in north and East Pokot with clear targets. Even if the requests for support for starting new secondary schools are the most often heard.
- Need to continue to train school committees to influence community contribution towards school development and children education.
- Sensitize the school leadership and management on exploring funding opportunities including constituency development funds which can be tapped to influence more development in the schools and facilitate sustainability.
- If the church wants to continue working with a revolving fund for teachers training, it must start by getting the first return payment and it needs to be thoroughly followed up. Those who get credit must be asked to reimburse to ensure sustainability, if not drop the idea.

Health

- The church should continue to explore the opportunity to expand services offered in the three health facilities established including Chesta and Sekerr to include provision VCT and ARVs. This can be strategically done through collaboration with the Ministry of Health at the district level to expand the facilities at the three health centres in the church.

- The church should continue to explore opportunities to get in partners that can work with mobile clinics in areas that are inaccessible and those that are extremely far from medical facilities.
- Training of traditional birth attendants (old and new ones) should be continued. The training should emphasize the necessity of making referrals of pregnant women to hospitals, integrating teaching on the fight against HIV and FGM.
- Continue close collaboration with the Ministry of Health at the district level to secure more nurses and other professional personnel deployed to offer services in the health facilities.

Female Circumcision

- Need to step up more awareness and sensitization on the negative effects of FGM among women and girls, TBAs and church leaders. This will reduce peer influence among the women themselves to have more girls circumcised.
- Need to deliberately include men in FGM interventions. This will help create more pressure on women to stop circumcising girls since they are decision makers in the community.
- The church should continue preaching against this practice from a theological point of view as destroying God's creation
- It is a theme necessary for the church to treat in different groups in the church, men women, boys and girls.

Women work

- The church should consider stepping up women empowerment initiatives including training on women and human rights, reproductive health and leadership.
- Create a platform for more interaction between the women groups involved in the project for learning and experience sharing at least once a year. Such meetings should be lead by women and the pastors should create the space for women to take responsibility.
- Carry out exposure or exchange visits for women in leadership outside the region to learn and share experiences with others in different parts of the country working in similar fields.
- The church should consider having more women groups trained on business planning, management and development to encourage them to venture into more viable business opportunities.
- The church should support the women groups to be formalized with the ministry of gender and social services, build their capacity on devolved funding application required to benefit from any available funding for women at the constituency level.
- Adult education should be made more accessible to women groups (old and new if any) and explore the opportunity to have school teachers support this initiative for sustainability.

HIV and AIDS

- The church needs to review the earlier developed HIV and AIDS policy and have it implemented at all levels of the church. This will provide clear guidance on what the church needs and wants to do
- Church pastors will need to be further trained on HIV and AIDS including prevention, treatment, management; care and support to set an example to the congregants.
- The church should explore new strategies of dealing with HIV and AIDS. For instance, the church should consider training lay men, women and youth on HIV and AIDS to

reach the public with information and support in the implementation of project activities. This means that the pastor will provide this team with backstopping support including counselling and advice.

- The church needs to continue using video shows during training on HIV and explore use of simple information, education and communication materials including posters and pictures illustrated in Swahili or local languages during training sessions to improve learning and understanding. Efforts should be made by the church to access such material free of charge from the Ministry of Health and other NGOs.
- The church must be realistic about its possibilities and technical capacity to do this work in a geographical setting that is very demanding and where travelling may be very expensive.
- The request for a new project in 2010 should be reviewed on the planning of teaching people in countryside. It is not enough to teach people once without any follow up. The trained trainers should be followed up yearly in the project period to improve their knowledge, answer their questions and encourage them to continue.

Peace Initiatives

- The church should consider focusing on peace building and conflict transformation and integrate it in the long term plan for the church. This should be done if the church has a plan to run peace building and conflict transformation programme activities in Pokot. If the church does not plan to have a programme on this, the church should consider collaborating with other organisation working on peace and conflict transformation to build synergies.
- To make the above decision, the church will need to examine its capacity to take up a new programme on peace and conflict transformation.

Project Integration into Church Administration and Structures

- The church should review the project integration strategy to ensure uniform understanding and levelling expectations by the key stakeholders.
- Develop a long term (5 years) strategic plan, which could be linked with the national strategic plan developed in 2008, to draw a road map for the church development in social and evangelical work.
- Develop a resource mobilization strategy to enable mobilization of local and internal resources in the quest to complement the current funding sources and increase both financial and asset base.
- The church has to review the staff capacity to implement the project in view of the technical needs of the specific projects.
- The church should consider carrying out training including one on change management and induction of new project boards to level understanding of their role and responsibility in project governance.
- The church has to strengthen gender representation in church leadership and project administration.

Church General Project Administration

- The church must take full responsibility for running projects in a transparent way to avoid problems that hamper reporting and discourage the workers and minimize the negative effects to a project.
- The church remains the custodian of the project funds and should at all times be responsible in ensuring proper management and that funds are used as intended.

- The church must adhere to the reporting agreement for both narrative and financial reports which include financial statements.
- Questions concerning the project and other related matters made to the church from a financing partner have to be answered promptly and sufficiently to avert delay in implementation of activities and or discontinuation of funding for the project.
- If opening up for revolving funds the church is responsible for following up voted rules for paying back to ensure continuity and sustainability of such initiatives.
- The church needs to embrace clear and transparent guidelines for giving scholarships to secondary school students to avoid questions about some schools being preferred.
- It is necessary to strengthen the monitoring and evaluation system to track performance at all levels of project implementation and management. This should also include documentation of best practices and dissemination for learning and to influence planning in the church.

8. Appendixes

8.1 Ex post evaluation - Terms of Reference

General information

BN no.: 10005; 10473

Project name: Pokot Development Programme (PDP)/Pokot Integrated Programme (PIP); HIV/AIDS community counselors

Country: Kenya

Initiative

The evaluation has been initiated by NLM-Norway. It is part of NLM's policy to perform external evaluations of projects around two years after the projects have phased out. The terms of reference has been designed in cooperation with NLM's country representative in Kenya and the former project leader of PDP/PIP.

Purpose

The main purpose of the evaluation is to assess the long-term impacts (the relations between project goals and development goals) and sustainability (economically, politically, institutionally, technologically, socio-culturally, environmentally) of the projects. In general, this will provide knowledge for NLM and our strategic partners in Kenya that will be useful in the planning and performance of future and current projects both in Kenya and elsewhere. It will give an idea of whether the methods used and the thematic focuses have proved to be successful and discover whether there have been unforeseen consequences, both positive and negative. In particular, specific recommendations are requested to the implementation of a new project in Pokot starting 2010 with a focus on education and health (mainly within female genital mutilation and HIV/AIDS).

Scope

The evaluation will include the 10005 Pokot Development Programme /Pokot Integrated Programme and the 10473 HIV/AIDS community counselors project. The former ended in 2007 and the latter in 2006. The amount spent on the PIP program from 2004-2007 was KES 89,227,135 / NOK 7,814,358. The amount spent on the HIV/AIDS project was KES 3,106,727 / NOK 271,299 in total.

Project presentation

Pokot Development Programme / Pokot Integrated Programme

Pokot Development Programme was initiated in 1990 by NLM with a participatory rural development approach emphasizing the felt needs of the community. This project was in operation until 2003. From 2003, the project was called Pokot Integrated Programme and was administered by the Evangelical Lutheran Church in Kenya North West Diocese (ELCK). The main objective was to reach out to remote villages in the district and thereby complement the government efforts in mobilizing the people for household and community development. The last project period started in 2004 and ended in 2007. The main target

groups for this period were Pokot communities and households in rural, inaccessible areas of West Pokot and Baringo. The overall goals for this period were as follows:

- To facilitate long-term poverty reduction by mobilizing households and communities for sustainable development based on local resources.
 - To improve food security (environmental management; agricultural competence building; community based animal health service; camel production; bee-keeping; support of small-scale community initiatives).
 - To improve people's health standards (curative work; laboratory services; mother and child clinic; family planning; immunization; mobile clinics; school health teaching; awareness campaigns on disease prevention, HIV/AIDS and FGM).
 - To improve the living conditions for women both socially and economically (gender sensitization; functional adult literacy), thereby sustaining the development of individual households and the community as a whole.
 - To strengthen primary and secondary education with an aim of providing good learning opportunities for both girls and boys, eventually increasing the level of professional education among the Pokot people (construction; seminars, financial support).
- To build a church organization that fully integrates the social concern into the administrative and congregational setup, thereby enabling the church to meet its full vision of serving the people both spiritually and socially.

By this, the project organization would be phased out and assimilated into the church organization, enabling the church to carry on with social development activities. The goals have mostly been the same throughout the total life-span of the project, except for the last goal regarding the integration of the social concern into the church organization. This was included in the last project period.

HIV/AIDS community counsellors

The HIV/AIDS community counsellors project was administered by the Evangelical Lutheran Church in Kenya North West Diocese (ELCK). The main purpose of the project was to build the capacity of the church members, hence the society at large, in the control and prevention of the spread of HIV/AIDS. It aimed at integrating HIV/AIDS into the administrative and congregational set up, and thereby enabling the church to meet its full vision of serving and mobilizing people both spiritually and socially.

The project started in 2004 with a focus on training of church leaders (training of trainers) to get a good understanding of HIV/AIDS and how the five church districts can organize and develop an ownership to the project. In 2005, the church continued training communities targeting awareness and prevention of HIV/AIDS. In the last year 2006, other activities were introduced to work more closely with preventive measures (psychological support), human rights and legal support, socio-economic support, and advise and support to clinical care (medical or nursing) to those affected by HIV/AIDS.

The main target group was communities and households in West Pokot, in which the church was established. Within the communities and households there was a special focus on the infected and affected of HIV/AIDS, orphans, widows/widowers, street children, truck drivers, sex commercial workers and Matatu touts.

Questions to be answered

- Have the project activities been carried on by the local partners and beneficiaries? What remain of the project activities in 2009?
- What are the results of the projects?
- Are there any unforeseen results or consequences that have taken place as a result of the project?
- What lessons can be learned for NLM and the strategic partners' future work?
- Examine sustainable effects and impact (in relation to project objectives). Sustainable effects and impact mean the extent to which the project outputs/results continue to be applied and used effectively, and can be expected to make a continued contribution to the welfare of ultimate end-beneficiaries and/or the maintenance/preservation of the physical natural environment.
- Was it realistic to expect project outputs to continue to be used once the project was completed and adequate resources to be committed for meaningful follow-up?
- Assess the degree of local/ national ownership to the projects
- Evaluate the phase-out plan and process.
- Consider factors that may have reduced the sustainability of the project goals and objectives

Pokot Integrated Programme (PDP/PIP)

- Comparisons based on the two baseline surveys conducted to reveal whether there has been a further improvement (in regards of food security, health standards, living conditions for women both socially and economically, and primary and secondary education) also after the phase-out.
- Has the prevalence rate of FGM been reduced?
- Evaluate whether poverty within the target group has been reduced as a result of the project.
- Assess whether the church organization has integrated the social concern into the administrative and congregational setup
- Investigate whether the civil society mobilization has continued after the phase-out of the project.

HIV/AIDS community counselors

- Assess the ELCK in the North West Diocese's work and progress within the prevention and control of HIV/AIDS. Have the activities been continued after the end of the project?
- Assess the general understanding of HIV/AIDS prevention and control in West Pokot.
- Has the prevalence rate of HIV/AIDS been reduced?

Expected results/products

The evaluation team will produce a written evaluation report based on the terms of reference. The evaluation team will present the evaluation to NLM-East Africa/Scripture Mission, with a special focus on lessons to be learned for project work in general, and to ELCK, with special recommendations to how the church may make use of the project experiences in the new development project in Pokot starting in 2010. The Norwegian

consultant will present the evaluation to the Development section and regional directors in Norway.

The utilization of the results

The knowledge gained through the results of the evaluation will be used in NLM's future development projects. This will also be a chance to evaluate some of the methods NLM uses in development cooperation. The Development section in Norway will make a list of lessons to be learned for future work.

Methods

The evaluation will consist of a quantitative survey (one possibility is to perform a baseline study based on the previous baseline studies performed) and information from methods of more qualitative and participatory character, involving the principle stakeholders in the project. The stakeholder will include:

- General project beneficiaries (direct recipients of the interventions)
- ELCK North West Diocese leaders and members
- ELCK North West Diocese Social Department
- ELCK North West Diocese HIV/AIDS Department
- Local authorities
- Former project staff

Sampling and limitations/delimitations

There will be a dialog with the evaluators and the facilitator on this issue.

The evaluation may include the following methods:

Review of existing information and secondary data

This will include a review of the project proposal and budget, baseline surveys, evaluation reports, financial reports and project agreements. These documents will be provided prior to the evaluation to allow team members to become familiar with the project.

In-depth, individual interviews (semi-structured)

This may be used with former project staff, local authorities etc.

Household interviews (case study)

May be purposely selected to set an example

Focus group discussions

This may be used when extracting information from committees, local authorities and direct beneficiaries.

Direct observation

During the visits to the villages, the evaluation team will see what is left of the project activities and outputs delivered by the project.

Questionnaires/quantitative survey

Baseline survey based on previous baselines

Most Significant Change stories

This method will be used to supplement focus group discussions, and as a tool in in-depth interviews. It has the potential to reveal unintended outcome of the project as well as suggest impact.

Informal meeting

During the implementation of the evaluation, informal meetings between the evaluation team and the different stakeholders may take place. Observations and impressions from these encounters will influence the evaluation team's overall impression of the project.

The methods will be purposely selected in cooperation with the evaluators.

Timeframe

The evaluation will be divided into three steps.

First step: Planning (selection of instruments and indicators) and document study.

Suggested schedule:

2 days of document study

1 day of planning

(1 day together with NLM)

Second step: One week of fieldwork and selection of participants from the beneficiaries.

Suggested schedule:

8 days including traveling, field work, analysis, and presentation

Third step: 3 days for report writing (see the section below) and 1 day for presentation

Reporting requirements

The first draft report shall be submitted by electronic transmission within 10 calendar days after the consultant's return from the field. The draft will be sent to the partners and they will have 5 working days to make their comments. A final report should be given to the donor office 10 calendar days after the team leader has received the comments from the partner being evaluated. The report will be written in English.

Report format

The final report should include the following sections:

- Cover page
- Table of content
- Executive summary
- Body of the report:
 - Introduction
 - Purpose and specific objectives for the final evaluation
 - Methods employed
 - Findings
 - Analysis/discussions
 - Conclusion and recommendations

Supporting data should be included in appendices. The appendices should include, among other pertinent technical or supporting documentation:

- The evaluation team's ToR
- Data collection instruments
- List of places visited
- List of documents reviewed

- List of persons interviewed
- (Most Significant Change Stories)

Evaluation team

The evaluation team will be elected according to professional expertise, experience, and independence. A gender balance will also be maintained. It is desirable to have two external consultants, one Norwegian and one Kenyan. These will both be responsible for the overall implementation of the evaluation, including review of documents, development of evaluation tools as needed, training of enumerators/supervisors if needed, following the ToR, data collection, and data analysis. The Norwegian evaluator will be the responsible for the report writing and the presentation of the evaluation in Norway.

Facilitator

A contact person will be provided to be in charge of logistics and facilitation.

Budget

The evaluation will be funded by NLM and BN/Norad. See the budget attached.

8.2 List of places visited / programme

5.10.09	Travel Norway - Nairobi for KK	
6.10.09 - Day 1	Consultants arriving Kapenguria and planning with staff	
7.10.09 - Day 2	Kutung PDP/PIP	- Home - Women group - School
	Kongelai	- School-PIP
	Konyao	- Committee with camels - Women group with Honey production
	Sleep Konyao	
8.11.09 - Day 3	Katuda-PIP	- Committee - Home - Women group
	Kasei	- PIP Committee - Home - Women group
	Sleep Kapenguria.	
8.10.09 -Day 4	Sekerr	- Mbara - Home - Committee
	- Sengelel	- School - Women group.
	Sleep at Chesta	
10.10.09 -Day 5	Chesta	- Committees
		- School
	Simbol	- Committees - Women group
	Sleep at Kapenguria.	
11.10.09-Day 6	Recap	
12.10.09 Day 7	Hiv/aids former chair Vice bishop Nurse working in the Hiv/aids project	
13.10.09 Day 8	Interview with Samuel Jomo Propoi-PIP -School	
14.10.09 Day 9	Ministry of Agriculture Ministry of Health Ministry of Education Ministry of Gender and Social Services	
15.10.09 Day 10	Interview with the Bishop	

Interview with Vice Bishop
Interview with former Chair and Elder

Presentation of findings and recommendations for church administration, PDP/PIP steering committee members and project workers

16.10.09 Day 11 Travel back to Nairobi

17.10.09 Writing report in Nairobi for KK

18.10.09 Presentation for Regional Director NLM Nairobi for KK

19.10.09 Return travel to Norway for KK

8.3 List of document reviewed

PDP/PIP:

Project documents PDP 1990/2002
Annual plans PDP 2001/2002/2003
Annual reports PDP 2002/2003
Evaluation report PDP 2002
Project document PIP 2004-2008 (ended one year early)
Annual plans PIP 2004/2005/2006/2007
Annual reports PIP 2004/2005/2006/2007
Final report PIP 2007
Mid term evaluation report PIP 2006
BN recommendations 2006/2007

HIV/AIDS:

Annual plan 2004/2005/2006
BN recommendations 2006
Annual report 2004/2005
Final report 2006