



**EVANGELICAL LUTHERAN CHURCH IN KENYA
NORTH WEST DIOCESE
POKOT RURAL DEVELOPMENT PROJECT (PRDP)**

POKOT RURAL DEVELOPMENT PROJECT (PRDP)

REPORT

ON

FINAL EVALUATION

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TABLE OF CONTENTS

Chapter	Page
Executive Summary	2
Chapter 1: The Background	9
1.0 Introduction	9
1.2 Development related challenges	10
1.3 The Project	11
1.4 The management of the Project	11
1.5 The Focus of the Project	12
1.6 Duration of the Project	12
1.7 Monitoring and Evaluation	12
1.8 risk Management	12
1.9 The Budget	12
1.10 Impact Evaluation	13
Chapter II: The Methodology	14
Chapter III: The Findings	16
3.1 Health	16
3.2 Gender Issues	23
3.3 Education	24
3.4 Capacity Building at KBC	32
Chapter IV: Analysis and Discussion	34
Chapter V: Conclusion and Recommendations	38
Appendices	

Executive Summary

The West Pokot Rural Development Project Impact Evaluation was carried out between October 30th 2013 and November 3, 2013 by a team that comprised the Project Implementation leaders and two consultants from Avenue Africa Ventures (the Consultant). The team traversed project sites located several tens of kilometers far from each other to collect field data that forms the basis of this report. Movement from one Project site to another was by way of a poor road network, that wound through rocky river beds, rugged terrain and steep, rocky hills.

Goals and Objectives of the Project

The purpose of the evaluation was to determine the success/failures of the implementation process. The evaluation was also to identify the main challenges that led to the fund withdrawal by the donor for part of 2011. The evaluation covered all the four thematic areas Health, Education, HIV/Aids and Anti-FGM advocacy campaigns. The main focus of the evaluation was on the overall impact of the agreed programme on the targeted community.

The Methodology

Four methods were used to carry out the evaluation:

- Document review
- Questionnaires
- Observation, and
- Focus group Discussions

Field notes were taken and data collected analyzed to form the basis of the report.

The Findings

The main findings of the evaluation were as follows:

(a) Management of the Project

An elaborate administrative structure and reporting system were put in place, with a clear chain of command to be followed. To spearhead the activities, three important organs were constituted. At the very top in the leadership hierarchy was Diocese Council followed by a Management Board. The church played an oversight role in the execution of the programmes while the project implementation leaders did all the ground work as per plan. The donor sat on the committee and had one voting right.

Below the Management Board were the Project implementation leaders who occupied the positions of the Project Manager, Education Secretary, Health Secretary and Finance and Administration Officer, all who reported to the Council.

Every year Annual Project Plans were prepared and circulated to the relevant persons. A Monitoring and Evaluation component was incorporated in the Plan to track performance. At the end of each financial year, Annual Reports were produced and circulated to relevant parties as necessary. Similarly, Minutes of meetings held on matters to do with the Project were taken and circulated.

Achievements

On the whole, the Project was successfully executed. The stated objectives were implemented, at least from the operational point of view. Big impact was realized in some themes while in the other aspects of the Project little impact was registered. In terms of accomplishing the bigger mission – creating a healthy community, achieving universal primary education, a community where FGM and early, forced marriages practices are a common characteristic of the people - there is still much work that needs to be done. A summary of what achieved under each thematic area is provided below:

- (a) The HIV/AIDS awareness campaign, the Anti-FGM advocacy campaigns, hygiene and the sanitation sensitization programmes were carried out as planned. However, the full impact of these programmes on the target community had not been realized as by the time of the evaluation. There is an overriding reason for this. The people's unwillingness to accept or talk about the presence of HIV/AIDS in the community, the strong cultural values which the community hold in favour of FGM, the push for early marriages in respect of young girls and the gender imbalances in male dominated leadership and decision making processes make it hard for the people to fully embrace what the training programmes were intended to achieve. Hope for success in the future campaigns lies in the small pockets of the members of the community who turned up at community training centres and openly acknowledged the presence of HIV/AIDS in the community and correctly narrated the dangers associated with HIV/AIDS and FGM. These small groups of community representatives from various Project sites also reported having embraced the values of anti-FGM advocacy programmes. These are the early adaptors who the Project leaders should use in future to spearhead the fight against the deep-seated, age-long traditional practices. The slow up-take of new ideas by close-knit, patriarchal society needs more focused interaction, greater commitment by all concerned parties as well as more grass-root support in order to turn things round.
- (b) In the education sphere, tremendous progress has been achieved. Evidence for the positive impact created by the Project, was there for all to see. The impact was captured in field notes and in photographs taken during the evaluation. As a result of proper use of Project funds, new schools at Moinoi, Katikomor, Parsonga have been established. Schools are now within easy reach of the children. In Moinoi for

example, where children used to cover long distances to attend school in a neighbouring school, the school enrolment has more than trebled, from fewer than 100 children before the initiation of the Project to the current enrolment of 792. In Katikomor, enrollment rose from near zero before the Project initiation to **265** after the initiation of the Project. These are clear example of the positive impact that the Project has brought to the targeted community.

- (c) Stoppage of funds in 2011 affected the completion of the Project as initially planned. The stoppage was necessitated by the failure by the Projection leaders to use a financial accounting system approved by the donor. Particularly affected by the stoppage was the construction of both the Katikomor Community Centre and Katikomor Primary School.

When he funds resumed in 2012, implementation of the project activities continued. By September 2013, all the construction of the primary schools and community training centres had been completed. The total cost of the Project was Shs 59 million. All the money was accounted and audited as required.

On the whole, the Project programmes that were planned for execution were accomplished within specified time, thus keeping project implementation costs to a bare minimum.

Obstacles and Challenges

The main obstacles to successful realization of the objectives of the Project were:

- Strong cultural practices and values that don encourage discussion and presence of HIV/AIDS in the community
- Age-long cultural values associated with FGM and early girl child marriages
- Poor road network which hampers communication across Project sites

Recommendations

In respect of the findings, the following recommendation can be made:

- (a) A lot has been achieved over the past few years of the Project's life. The positive impact that has been created in the area of education is immense. The HIV/AIDS and anti-FGM campaigns, training on hygiene and gender have made some impact, when thinks about the level of awareness now and before the Project was initiated in the targeted community. At least people know what is right to do although they might not wholly practice what they have learnt. Despite the achievement that has been realized, there is still much more work that needs to be done in target area in order to bring about the desired turn round in the community. For this reason, a second phase of the Project needs to be considered in order to carry on with what was

started in 2010 when the Project was first initiated. For now, a foundation has already been laid in the area of HIV/AIDS awareness campaign, Anti-FGM advocacy, hygiene and sanitation. More work needs to be done so as to continue building on the foundations that have already been laid by the Project. The community might be at a cross-roads situation and the decision between accepting the new and discarding the old might not be such an easy one for some members of the community. They might be sailing in the high seas of cultural domination but their eyes are surely focused on the shore. That is why the residents of Moinoi area carried heavy building materials on their backs up the steep, rocky hills and raging river waters to put up a school now called Moinoi Primary school for their children.

To change a peoples' lifestyle is not an overnight event. It takes time, effort and persuasion, almost literally. Given the many activities that were undertaken by the Project leaders, awareness creation and sensitization training was a one-day event in almost all the Project sites. These activities should be stepped up over an additional period of 3-4 years in order bring about desired behavior change. Thus, deliberate efforts will need to be directed at persuading the community to discard age-long practices such as FGMs, early and forced girl marriages, empowerment of women, to state but a few. In this, consistent dialogue will surely bear the desired results

- (b) More funds need be sought to help in the construction of classrooms for classes V-VIII so as to provide learning space for pupils who will complete Class four in all the schools constructed with Project funds.
- (c) Planned capacity building programmes which were targeted church leaders, staff and school management committees which either failed to take off or which did not quite get fully completed, need to be undertaken in the new phase.
- (d) During evaluation it was observed that open discussion of HIV/AIDS and the dangers associated with it is almost a taboo. In the past, 'seminars' were used to sensitize the community concerning the pandemonium. Success was measured by the number of people who turned for the training. In addition to the 'seminar' approach, in future Project implementers should consider incorporating home visits into the programme as part of the strategy for attaining behavior change.
- (e) Water is a serious problem in the Project sites. To enhance hygiene and sanitation practices, there is need to construct boreholes in strategic locations so as to bring the commodity closure to the people. This might require the church to look for other donors as well as working closely with leaders of the County Government. Moreover, local Assembly leaders, County Senator, Members of Parliament and the County

Government need to be sensitized to take over the Projects initiated by the church and make them sustainable after donor funds cease flow.

- (f) Prudent management of Project funds is key to success of programmes that receive donor funding. During the life of the present Project there was fund stoppage in 2011 because the Projector leaders failed to follow financial guidelines provided by the donor. The stoppage negatively affected the timely implementation of planned programmes in at least two Project sites - Katikomor Community Centre and Katikomor Primary school. Consequently, the stoppage denied the targeted community a chance to gain from the benefits (the) completed programmes could have brought. To ensure the same mistake is not repeated and completion of planned activities disrupted, the donor needs to consider appointing own representative to the Project to act as Project Advisor to the local Diocese and Project leaders. This measure will not only help check against situations in which Project fund stops to flow as required for one reason or other, but also ensure that the donor and target community interests are catered for.
- (g) Over a period of nearly two years, the auditors had made suggestions on how to improve the Project books, with the same points being raised more than twice in two years. This is despite the management having promised to take appropriate action. We recommend that professional input meant to improve the Project's financial management be addressed comprehensively as recommended by the Auditors. For example, among the issues raised by the Auditors in their Report covering the period ended 31 December 2011, was the fact that Bank reconciliations were not done regularly. Sadly, the same matter was raised in the Auditors' Management Letter for the Year ended 31 December, 2012.
- (h) In the light of best practices, ELCK needs to consider establishing an Autonomous Development Agency (ADA) to be responsible for the day-today running and managing of donor funded projects. The move will give ELCK time to focus on its core mandate – the provision of spiritual nourishment to its people and the advancement of the Lord Christ's kingdom on earth. Experience shows that where an entity such as a church or the State combines its core business and matters that lie on the periphery of that business, the non-core business tends to suffer. Sometimes both suffer as a result of the diabolical push and pull relationship. To borrow from the Anglican Church of Kenya, the Catholic Church, and Christ's the Answer Ministries (CITAM), when the named, spiritual-based organizations felt the need to extend their arms to address a social or economic need that was not quite part of their core business, these church organizations always found a reason to establish autonomous entities to carry on with what they considered important in either furthering service to their congregations or attending to the needy members of the society. They did the same where the overriding concern was to pursue economic needs. Thus, the Catholic Church established an independent and autonomous entity called Catholic Relief Service to attend to the social needs of the society. On its part, Christ Is the Answer Ministries (CITAM) formed autonomous companies with a clear mandate to focus on the Church's business ventures such as broadcasting and investment. These entities are managed by professionals and they do not suffer interference from the

church that established them. ELCK can choose to follow this direction in order to attain better and bigger results and 'peace of mind'. If adopted, the measure will free ELCK from the inevitable wrangles associated with the need to control or spend money. That way, the Church can benefit from the Lord Jesus' advice to us to serve one master, lest we displease the other.

CHAPTER I: THE BACKGROUND

1.0 Introduction

1.1. Physical Location of the Project and the Challenges the area presents

The Pokot Rural Development Project (PRDP) is based in the northern part of West Pokot County, within the Rift Valley region. The area has rugged terrain, rocky hills and dry river valleys. Most of the project areas have unreliable rainfall for most of the year.

The harsh physical conditions present enormous development related challenges to the community. Not only are Project areas almost inaccessible due to poor road conditions and river beds that are full of huge boulders, but also the seasonal rivers that flood during the rains make it extremely difficult to move from one Project site to another. Moreover, there are no bridges across the many rivers that tort the area. Movement to project sites is only possible with the use of four wheel drive vehicles. The long distances between the project sites make communication between project sites difficult. This makes supervision of projects a challenge.

The population of the entire West Pokot County is estimated at 510,000, with the more densely populated parts lying in the south around Kapenguria town and its environs. The more northerly and south western parts of the County where the Project sites are located have scarce population, unevenly spread over an expansive area. The people are largely nomadic and live in temporary settlements.

1.2 Development related Challenges of the area

The northern parts of West Pokot County are largely semi-arid. They have thin, infertile soils. Economic activities are low in Project sites and tend to be limited to the south western parts. As already indicated in the preceding section, the target community is largely nomadic. They live in temporary settlements. Their livelihoods rotate around livestock keeping and mixed farming, where the physical conditions of climate and soils permit. Both livestock and the growing of crops are affected by the erratic and low rainfall and long periods of drought. Food deficits are characteristic of the area.

In terms of security, incidents of cattle rustling staged from a neighbouring community in Uganda are experienced in the area from time to time. The retaliatory attacks that follow from the aggressed community render many parts of the Projects sites insecure. When cattle rustlers strike, young boys are recruited from schools to provide counter attacks, a phenomenon that disrupts the young men's education, causing some of them to drop out of school altogether. All this tend to turn the wheel of progress backwards. Thankfully, it is in these areas in which the ELCK is

working in conjunction with the community to bring about the desired transformation among the unreached and underprivileged of the society.

Modernization of the area is slow, thanks to the many socio-economic and security related factors. The community is deeply rooted in cultural practices and beliefs that make it difficult for them to embrace modern ways of life that are found in the more developed parts of the country. Female genital mutilation (FGM) and early, forced marriages of school girls below the age of 18 years form a significant part of the people's social fabric.

From the health perspective, the area suffers from many preventable diseases that include malaria, typhoid, tuberculosis, brucellosis and Leis mania. The existence of HIV/AIDS in the area has not been accepted or taken seriously. Worse, people are neither unwilling to discuss the disease nor mention the dangers associated with the pandemonium in an open manner.

Educational progress in the West Pokot County is slow. There are very few Government primary and secondary schools in the area. Where they exist, the schools are far apart and they are not well equipped with the basic learning resources such as books.

Literacy levels are low and are estimated at 40% against the National average of 73%. In Katikomor, the evaluation team found a Standard three pupil in the school who was unable to read basic English words such as *tree, nose, boy, girl, Bible and Church*, which her counterpart in a distant school in Uasin Gishu County can read out with a lot of ease.

Movement from one area of the Project to another is hampered by lack of a developed road network. For the larger part of the Project area, there is only one trunk road that connects government administrative units from the County's headquarters at Kapenguria. Access to the remote areas is through poorly constructed feeder roads that become impassable during the rainy season.

1.3 The Project

Amid the aforesaid, the Pokot Rural Development Project (PRDP) initiative was started in 2010 following an agreement reached between Evangelical Lutheran Church in Kenya (ELCK), North West Diocese (NWD), and the donor, NLM/NORAD. The goal of the project was to achieve a healthy society that values education for all and one that has respect for the girl child and upholds women's rights. This goal was to be achieved through:

- the attainment of universal primary education;

- improvement of the community's capacity to identify their own potentialities priorities and rights as citizens;
- sensitizing the people to take appropriate action and promote gender equality, and
- building a healthy community.

1.4 The Management and Implementation of the Project

The success of the Project depended very much on the management structures and systems that were put in place to ensure its effective and timely implementation. The overall leadership of the Project lay in the hands of NLM (the donor) and ELCK (the implementing agency). At the very top was the local Diocese Council. The church played an oversight role in the execution of the programme. Below the church was a Management Board whose accountabilities included:

- recruitment and hiring of personnel,
- approval of all Project related plans and implementation schedules
- providing strategic direction and annual plans
- enforcement of discipline and standards, and
- overseeing performance of personnel engaged in the Project.

Below the Management Board were the Project implementation leaders who occupied the positions of the Project Manager, Education Secretary, Health Secretary and Finance and Administration Officer, all who reported to the Council.

The third tier in the management of the Project was a Committee that comprised the Project Manager, Education Secretary, Health Secretary and Finance and Administration Officer. The function of the Committee was to ensure the activities were carried out as planned.

To guide Project leaders on what activities needed to be carried out, Annual Project Plans were prepared, discussed and implemented. A Monitoring and Evaluation component was incorporated into the Plan as a tool for tracking performance. Reports were produced by Project leaders to keep the donor and the Church informed of what was happening in the field and on the ground. To this end, the following reports were prepared and submitted to the relevant offices:

- Annual Project Reports
- Financial Reports,
- Quarterly Reports,
- Audit Reports, and
- Annual Reports.

Despite the above arrangements the Project experienced some hick-ups when there was funding stoppage during part of 2011 over the failure by the Project leaders to adhere to the directions of financial accounting and reporting systems as spelt out by the donor. The stoppage affected the completion of the programmes as initially planned. Project sites that were particularly affected by the stoppage included the construction of both the Katikomor Community Centre and Katikomor Primary school.

1.5 The Focus of the Project

Drawing from the success of the earlier Project, Pokot Development Programme (PDP)/Pokot Integrated Programme (PIP), the planners (who included community leaders, government officials, political leaders, community based civil groups and church leaders), expanded the previous project to include areas of West Pokot County that did not benefit from the previous development initiatives. In the expanded project, education and health were given first priority. Also, issues of food security, environment and gender were considered.

The main activities of the Project under evaluation were as follows:

- Classroom construction at Katikomor and other areas;
- Capacity building training at Kapenguria Bible Centre and other areas;
- HIV/AIDS Awareness at dispensaries and community training centres;
- Hygiene and sanitation training at Community Training Centres;
- Upgrading dispensaries at Korokogh, Sekerr and Chesta;
- Advocacy against FGM at community training centers in Katikomor, Lengorok, Kariamangole, Mbaru and Akiriamet, as well as in Korokogh, Sekerr and Chesta.

1.6 Duration of the Project

The project was planned to last five years, covering the period 2010-2014. Due to certain happenings, the implementation of the Project was suspended in 2011 for about 9 months. Funding resumed later in 2012.

1.7 Monitoring and Evaluation

The Monitoring and Evaluation (M&E) component was factored into the project. Project staff were to plan and implement the activities and provide quarterly progress reports to the board of management. On their part, the board of management would guide the Project staff in the implementation of the approved Annual Plans in accordance with the funding guidelines.

1.8 Risk Management

During the planning stage, risk issues relating to the management of the Project were addressed. To this end, conflict resolution mechanism was established to

address anticipated issues of misunderstanding and competition among stakeholders.

1.9 The Budget

The project budget was KShs 59, 139, 621. Of this amount, NORAD was to contribute 90% of the budget while NLM was to meet 10% of the total estimated cost. Guidelines were provided on how the money could be spent. External auditors were identified and contracted to carry out audit work and prepare audit reports for the church hierarchy accordingly

1.10 Impact Evaluation

An impact evaluation was planned to inform the management and the donor about the achievements and the impact the project has had on the target community.

The main purpose of the evaluation was to determine the success and failures of both the implementation process. The evaluation was also find out the main challenges that led to the fund withdrawal by the donor for part of 2011. The main focus of the evaluation was on the overall impact of the agreed program on the targeted community.

The evaluation exercise was to involve:

- an analysis of up to-date progress/outcome and feasibility of impact.
- determination of the reasons for deviations from planned out-put or expected results on each of the main components or activities, namely Health, Gender, and Education.
- a review of the status, and sustainability of the accomplished activities
- a review of the added value as a result of the intervention of the project on the community.
- Identification of the lessons learnt and provision of a comment on continuous learning processes.
- giving of a critical assessment of the role of the Church's capacity in the implementation process and to recommend on areas of improvements with regard to need for enhanced overall human development in projects, by the church, with assistance from the donor.
- Evaluation of the improved levels of successes that might be achieved by Autonomous Development Agencies (ADAs) for the future, that can represent the church on donor funding relationships.
- Recommendations of future strategies, methods and ways forward out of the key learning's arising from field findings, shared by the key stakeholders for the (Health/Gender and Education) components.

CHAPTER 2: THE METHODOLOGY

2.1 Data Collection

The following methods were used to collect data that forms the basis of this report.

2.2 Document review

The following documents were reviewed:

- Pokot Rural Development Project (PRDP) Project Document 2010-2014. The document provided information on the planning process of the Project. It also provided background information to the Project as well as detailed information on situation analysis. The document outlines the goals and objectives of the project and specifies the target group for the project and the activities that were to be carried out and the indicators of success. The strategies that were to be used in implementing the project are spelt as well. The Document finally gives details on the management of the project and concludes, with the statement of the budget.
- Annual Plans for 2010, 2011, 2012 and 2013.
- Annual report for 2010
- A sample of the minutes of the PRDP Committee meetings that were held from 2010 when the Project was initiated up to 2013.
- Audit Reports for the year ending
- Proposed sketch drawings of the Community Training Centre at Akiriamet, Mbaru and Lengorok
- Proposed sketch drawings for VCT centres at Chesta and Sekerr

2.3 Observation: The Consultant and Project leaders made observation of:

- the buildings put up using by Project funds - Community Training centers, schools/classrooms;
- Latrines; and
- Dispensaries

The evaluation team visited and inspected all the building structures that were constructed using Project funds. The team made notes of what was observed. In addition, the team took photographs of the buildings to serve as documentary evidence of what was accomplished. Where it was found necessary, Project implementation teams were asked by the Consultant to clarify, comment or explain matters that required further elucidation.

2.4 Interviews. Structured interview question items (Appendix A) were used. In all some **180** members of the community including Project leaders were interviewed (see list of Participants, Appendix B). In addition to questions that appear on the questionnaire form, follow-up questions were asked to seek clarification or additional information on what was deemed necessary.

Interview questions focused on the areas covered in the Terms of Reference. The responses to questions were recorded in field notebooks and form part of the basis for report writing.

2.5 Focus Group Discussions. The Consultant used this method to interact with the participants so as to get their thoughts on various aspects of the Project namely:

- Their views and attitudes towards FGMs, HIV/AIDS, the construction and use of pit latrines
- Rights and education of the girl child
- Early marriages and the impact it had on girls' education
- Use of the Community Training centers

Notes on the discussions were taken in field notebooks and an analysis made of the data so collected. In some instances discussion were videotaped as part of documentary evidence of what took place during the discussions.

The data collected from the use of the aforesaid methods were analyzed and form the basis of the findings presented in the next Section.

CHPATER 3: THE FINDINGS

The findings are presented under the following sections:

3.1. Health

1. Health and Sanitation Training
2. HIV/AIDS sensitization training
3. Advocacy against FGM
4. Upgrading of dispensaries

3.2 Gender

Gender parity in public and family settings

3.3 Education

- 1 Construction of Schools/classrooms
- 2 Construction of Community Training Centres

3.4 Capacity Building

Each aspect is now treated below in greater detail.

3.1 Health

(a) Health and Sanitation Training

According to the Project documents, training on Health and Sanitation was to be done to sensitize the community on hygiene and sanitation. The community members were to be trained on the construction and use of pit latrines, safe fire places, dish racks, and use of rubbish pit. The residents were also told about the importance of boiling milk and water before consumption. Further, the community was to be sensitized on the importance of setting aside separate housing for livestock. The findings are presented below.

The execution of the Training on Awareness Creation.

The awareness creation training sessions were to take place at respective community training centres namely Mbaru, Lengorok, Akiriamet, Katikomor and Kariamangole. In all the centres, with the exception of Katikomor (the centre had only been completed just under a month prior to the visit by the evaluation team), the other areas, the participants reported having attended at least one training session on Hygiene and Sanitation awareness training. This means the awareness training

sessions were executed as planned. Giving the reason for the deviation, the project implementation team explained that the construction of the Community training centre at Katikomor was started in 2011 and had only been completed in October 2013, not very long before the visit by the evaluation team. Although the construction of the Community centre at Katikomor was to be completed by the end of 2012, this was not to be. The delay was caused by the stoppage of the project funding in 2011 due to management related issues. At the time of the visit by the evaluation team, the building stood completed, ready for use. The team inspected the building took photographs of it to document the finished work.

The Impact of the Health and Sanitation Training

To establish the impact of the awareness creation training, participants who turned at various community training centers were asked to state what they learned during the training sessions. The objective of the question was to (a) determine whether the planned training took place; (b) establish whether the participants had learned something from the training and (c) ascertain whether they would remember what they had learned. The following aspects represent what was learned:

- washing hands before meals;
- washing of hands after visiting the toilet;
- boiling milk and water before consumption
- building separate housing units for human beings and livestock;
- maintaining a general cleanliness of the homestead;
- the importance of using latrines to avoid the spread of diseases by flies, crawling insects and animals such as dogs.
- Cutting and cleaning of nails

The answers were checked against the course content for corroboration and verification. A high degree of corroboration was established, providing the evidence that, not only was the training was successfully conducted, but that the community members could recall what was learned as well.

The impact of the hygiene and sanitation awareness creation training was inferred from the fact that the community members had gained knowledge of the need to practice general hygiene through the use of latrines; cleaning of nails; maintaining clean homesteads; washing of hands before taking meals as well as building separate housing for their livestock. Further evidence of the impact of the training was demonstrated by the fact that the community members who turned up for focus group discussions were generally clean and wore clean clothes. The analysis shows that the hygiene awareness training had had a general, positive impact on the community members who attended the training sessions.

(b) HIV/AIDS Awareness Creation Training

The objective of the HIV/AIDS campaign was to create awareness of the existence of the disease in the community. According to the plan, the training was to sensitize community members on how to prevent the disease and, by so doing, reduce HIV/AIDS incidences. Table 1 shows the number of the people who were targeted to be reached through the campaign. The Table also shows the number of the community members who were trained by year and gender.

Table 1: The number people who were targeted to be reached by the HIV/AIDS awareness creation training the program.

Year	The number of people who were targeted to be reached			The number that had benefited from the awareness by Nov 3, 2013			The number that did NOT benefited from the program		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2010	3000	4300	7300	902	2135	3,037	2098	2165	4,263
2011	3000	4300	7300	494	1080	1,574	2600	3220	5,800
2012	3000	4300	7300	1619	2850	4,469	1381	1450	2,831
2013	3000	4300	7300	1720	2990	4,710	1280	1360	2,640
Total	12,000	17,200	29,200	4,735	9,055	13,790	7,359	8,171	15,534

From the Table it can be seen that in all the centres, the number of women who attended the HIV/AIDS awareness training exceeded that of men. Of those who were targeted for training, 52.6% of the women were trained while only 39.5% of the men benefited from the training. The reason given for the difference was that among the Pokot, men are always on the move looking for pasture and water for their animals and barely have time for something else that would take them away from the herding responsibility. On the other hand, women are always left tending homesteads and are therefore easily available to attend the training. Overall, only 13,790 (47.2%) both male and females attended the awareness training against the target of 29,200 people.

The Impact

During the visit by the evaluation team, it was established that open discussion of HIV/AIDS in all the project sites remains a taboo. This means that the training seems to have done little to change the thinking of a majority of the community members.

Fig 2: The impact of the HIV/AIDS Awareness creation training as summarized by the Project implementation team.

	Impact	Indicator/Measure of Impact
1	Prevention of Mother to child Transmission (PMCT)	Increased cases of attendance at ANC
2	Voluntary counseling Testing (VCT)	An increased number of people know the dangers of HIV/AIDS and their status
3	Public campaigns	Many people know the dangers of HIV/AIDS

During the focus group interviews, the respondents did not say much else about the subject apart from stating that they had attended the training. In the entire Project area, it was only two centres namely, Lengorok and Akiriamet, where a few bold men and women offered to talk about the dangers of HIV/AIDS and ways of preventing it.

However, from other sources including hospital attendance records, the Project implementation teams were able to determine that the awareness training had had an appreciable impact on the targeted community. This is summarized the in Table 2.

Responding to an evaluation questionnaire item and commenting on the impact of the HIV/AIDS awareness training programme, the project implementation leaders rated the impact of (the awareness training) on imparting behavior change among the community members at level 3, on a scale of 1-5, with 5 representing the greatest impact. This is an average rating which points out to the need for more work among the community so as to bring about the required change behavior.

The reason for unexpected minimal impact of the training on HIV/AIDS is founded on the wrong belief among the community members that HIV/AIDS is a disease that afflicts urban dwellers but not those in the remote, rural areas. Further, the evaluation team found that the community's unwillingness to openly discuss HIV/AIDS is rooted in the cultural belief which teaches the people not to discuss an impending calamity. It is commonly believed that open discussion on a calamity, will, in a way, 'invite it to play havoc on the community. Accordingly, the community members hold the misconception that, as long as nobody talked about it, HIV/AIDS will continue to remain a disease for the town people.

Contrary to the belief outlined above, more and more members of the community seem to continue falling prey to HIV/AIDS. In the Pokot Rural Development Project Annual Plan 2011, statistical information attributed to the National Aids Council, indicated that the overall rate of HIV/AIDS infections in West Pokot District (now West Pokot County) stands at 10% compared to the National average of 7%. This

means that the disease will continue to take its toll on the community as long as such beliefs continue to influence the thinking and behavioural characteristics of the targeted community.

(c) Upgrading of Dispensaries

According to the PRDP Project document, church dispensaries were to be equipped with auxiliary facilities to enable them offer PMCT and VCT services. The upgrading of dispensaries programme was to be done at:

- Sekerr
- Chesta, and
- Korokogh

Tables 3(a), 3(b) and 3(c) give a summary of what was observed and the impact the facilities have had on the community.

Table3 (a) Analysis of what was observed at Sekerr Dispensary

Status and	Number Rooms	Equipment	Use and impact
<ul style="list-style-type: none"> ▪ Completed in 2010 ▪ Handover to the community done on November 2, 2013 	<ul style="list-style-type: none"> ▪ Mother's waiting room ▪ Cashier's office ▪ Pharmacy ▪ Laboratory ▪ PMCT and VCT rooms were nearly being completed 	<ul style="list-style-type: none"> ▪ 2 executive chairs ▪ 2 plastic chairs ▪ Digital Blood pressure machine 	<p>(a) Use as rest rooms/waiting room for expectant mothers. Mothers from faraway places are given accommodation</p> <p>(b) Used to deliver mothers and for treatment of various ailments. Even with these, the building is not fully used.</p> <p>(c) Impact: Increased number of expectant mothers turn up for consultant and delivery.</p>

Table3 (b) Analysis of what was observed at Chesta Dispensary, completed in 2010

Status	Number Rooms	Equipment	Use and impact
<ul style="list-style-type: none"> ▪ Construction completed in 2010 ▪ Facility handed over to the community on November 2, 2013 ▪ Dispensary received Government commendation 	<ul style="list-style-type: none"> ▪ Mother's waiting room ▪ Cashier's office ▪ Consultation room ▪ Pharmacy ▪ Laboratory ▪ PMCT for Antenatal cases 	<ul style="list-style-type: none"> ▪ 2 executive chairs ▪ 5 plastic chairs ▪ No digital Blood pressure machine yet 	<p>(a) Used as rest rooms/waiting room for expectant mothers</p> <p>(b) Used to deliver mothers. Eleven deliveries done every month</p> <p>(c) Used for treatment of various ailments. 50 patients treated monthly</p> <p>(d) Increased number of expectant mothers turn up for consultation and delivery</p> <p>(e) Serves people from neighbouring districts including Marakwet</p>

Table3 (c) Analysis of what was observed at Korokogh Dispensary

Status	Descriptions of Rooms	Equipment	Use and impact
<ul style="list-style-type: none"> ▪ Construction completed in August and handed over August , 2013 ▪ Extended facility handed over to the community on November 1, 2013 	<ul style="list-style-type: none"> ▪ Mother’s waiting room ▪ Clinical officer’s room which is used for testing ▪ Cashier’s office ▪ FCH (maternal/child health, family planning) ▪ PMCT office. 43 women had attended ▪ Pharmacy ▪ One room used as store 	<ul style="list-style-type: none"> ▪ 2 executive chairs ▪ 5 plastic chairs ▪ Digital Blood pressure machine 	<ul style="list-style-type: none"> (a) Building has not been put to good use as there is only one couch in one room used for examination of antenatal and postnatal mothers. (b) Women unaware of the existence of PMCT/VCT wing (c) Facility suffers from congestion and lack of privacy for patients (d) Increased number of people who want services offered

(d) Advocacy against FGM campaign

Anti-FGM Advocacy campaigns were planned to take place at various dispensaries to sensitize the community on the dangers and negative effects of FGM. Table 4 gives the names of the dispensaries and the number of the activities that were planned to be carried out to make the campaign a success.

Table 4: Planned FGM advocacy training activities that were out at listed Project sites

Name of Dispensary	Number of FMG activities planned at Project site			Number of planned activities not carried out	
	No of Planned FGM activities	Number carried out	% age of activities carried out	Number of activities not carried out	% age of activities not carried out
Katikomor	18	2	11.1	16	88.9
Lengorok	18	9	50	9	50
Kariamangobe	18	0	0	18	100
Mbaru	18	09	50	9	50
Akiriament	18	07	38.9	9	50
Korokogh	18	07	38.9	0	0
Sekerr	18	18	100	0	0
Chesta	18	18	100	0	0
Total	144	83	57.64	61	43.36

The Table 5 (p.18) shows the percentages of the community members who benefited from the advocacy campaigns. To gain greater insights into the achievements of the Project as far as anti-FGM campaigns are concerned, it is important that the information provided in Tables 4 and Table 5 be studied alongside each other.

Table 5: Percentage of population that benefited from the FMG Advocacy training program in various Project sites.

Target Area	Percentage of population benefiting						
	0-9%	10-30%	31-50%	51-70%	71-80%	81-90%	91-100%
Mbaru							
Akiriament							
Sekerr							
Chesta							
Lengorok							
Korokogh							
Kariamangole							
Katikomor							

From the information in Tables 4 and 5, the following summary can be drawn:

- Almost half of the planned activities were carried out in half of the project sites namely, Mbaru, Akiriament, Sekerr and Chesta. In the remaining areas, 43.36% of the FGM activities that were planned for implementation were not executed. The most affected Project sites by the low performance rating were Kariamangole and Katikomor. The two Project sites separately registered success rates of between 10% - 30%.
- There is a very high correlation between the number of anti-FGM related activities and the estimated percentage of the population that benefited from the anti-FGM advocacy campaigns. To illustrate the point, at Chesta and Sekerr where all the planned activities were carried out, between 71 and 80 per cent of the target population benefited from the advocacy campaigns. On the other hand, in both Katikomor and Kariamangobe where few or no activities were carried out less than 30% of the population benefited from the advocacy campaigns.

The Impact of anti-FGM advocacy campaigns

Discussion on anti-FGM campaign was not as problematic as that of HIV/AIDS. During the focus discussion groups, the participants openly stated that they had been exposed to Anti-FGM advocacy training. Desirous to find out whether the beneficiaries of the awareness campaign could recall what they learned during the training sessions, the evaluators orally asked the residents who turned for the evaluation sessions to list the dangers associated with FGM. The respondents listed the dangers of FGM as follows:

- FGM can cause the girls who go through the experience to bleed to death.
- The use of contaminated razor blades can result in the spread of diseases, in particular, HIV/AIDS.
- FGM can result in child birth complications.

The answers given demonstrated a clear understanding of the dangers associated with the practice on the part of those who attended the training.

Follow up questions were asked to find out whether, having been exposed to the dangers associated with FGM, the community members were ready to put an end to this harmful and negative practice. Their responses showed that, although the community members knew the possible dangers associated with FGM, few were, ironically, ready to discard the negative, age-long practice. In Lengorok, for example, it was reported that peer group influence forced the girls to seek FGM services from those who carry out the practice even when the parents did not subscribe to the practice. This was a peculiar finding. Herein then lies the real threat to the success of the Anti-FGM campaigns. The response implies that, while the parents wanted the practice to disappear, the girls, the ultimate beneficiaries of the campaign, were the very ones who wanted the practice to flourish. This should raise some concern in the minds of the crusaders of the anti-FGM campaigns, given that, the very persons who are meant to be protected against the practice are, somewhat, ready to undergo FGM experience. This means that, in future sessions, young girls need to be encouraged to attend the anti-FGM campaign sessions along with their parents or guardians.

Despite the foregoing, the Project implementation team wrote in their quarterly reports that they had found evidence pointing to the positive impact of the anti-FGM campaign on the community. The summary is provided in Table 6.

Table 6: The impact has Advocacy against FGM had on the health of the community.

	Impact	Indicator/Measure of Impact (e.g. Reduced reported cases of death or hospitalization resulting from FGMs)
1	More women and girls opt out of the FGM	Reduced reported cases of birth giving complications
2	Increased number of male residents joining FGM campaigns	More males willing to marry uncircumcised ladies.
3	More parents in churches joining anti-FGM campaign	Increased girl child retention in schools

3.2 Gender Issues

Awareness creation on the Constitution and natural rights of men and women has attained national proportions. The Constitution and the country's national institutions such as the National Assembly and the Senate embrace the values of gender parity. However, at the level of Project sites, much still remains to be done to change the attitude that men hold towards the constitutional rights of women and girls.

During the evaluation, it was not possible to conclusively state how much positive impact the gender awareness training campaigns had created among the community members in all the Project sites. However, there were pointers that a few women leaders were becoming progressively more and more assertive in projecting their voices. For example, during focus group discussions held at Lengorok and Amariiek, women opinion leaders dominated discussion by giving constructive ideas regarding various issues including HIV/AIDS, FGM, early marriages and the education of the girl child. On the contrary, a majority of the men who were present at the same evaluation meetings appeared reserved: they hardly spoke to show what positions they held towards issues at hand. From time to time, in the course of discussions some men demonstrated their dissent to a given subject through silent murmurs or by shaking their heads when they felt that the discussions were going against the cultural values they held dear. It is noteworthy though, that the men did not openly shoot down opposing ideas expressed by women.

3.3.0 Education

3.3.1 **Construction of Classrooms.** The main focus of the education aspect of the Project was the construction and building of School blocks and classrooms at Katikomor, Moinoi and Parsonga where no schools existed. The evaluation team visited all the concerned Project sites and found school blocks that had been constructed using Project funds. The following sections give an account of what was observed at each Project site.

Tables 6(a) and 6(b) and 6(c) give a summary of the schools and classrooms constructed across the Project sites at Katikomor, Moinoi and Parsonga Primary schools. We start with what was found at Katikomor Primary School.

Table 6 (a) NEW classrooms constructed at Katikomor during the life of the Project.

Level	Number planned for construction	Number of classrooms completed	Number children in school before Project			Number children in school after Project interventions		
			Boys	Girls	Total	Boys	Girls	Total
Class 1	1	1	10	21	31	15	24	39
Class 2	1	1	07	08	15	18	22	40
Class 3	1	1	07	13	20	15	28	43
Class 4	1	1	-	-		3	10	13
Total	4	4	24	42	66	51	84	135

The Impact of Katikomor Primary school on the community

From Table 6(a) it can be seen that, as a results of the project, enrolment of school children at Katikomor Primary School rose from 66 before the project to 135, giving a rise of more than 104% at the end of the project period. The increase in school enrolment represents a huge impact on the community as a result of the intervention. The participants at the evaluation session stated that the establishment of the school within easy reach of the community had served as a great impetus to the children’s quest for education. The community members and the school head teacher requested for more funding to assist in the construction of more classrooms to cater for children who graduate from Std I V. At the time of evaluation, it was reported by the head teacher that children who transit from Std IV are forced to look for admission into Std V in another school located at some considerable distance away from Katikomor. The fear of the parents is that some of the affected children might drop out of school due to the big distances the children have to cover to and from school

3.3.2 Construction of School block and Classrooms at Moinoi.

Table 6 (b): New classrooms constructed at Moninoi Primary School using Project funds

Level	Number planned for construction	Number of classrooms completed	Number children in school before Project			Number children in school after Project interventions		
			Boys	Girls	Total	Boys	Girls	Total
Nursery	N/A	N/A	-	-	-	69	50	119
Class 1	1	1	-	-	-	70	52	122
Class 2	1	1	-	-	-	68	49	117
Class 3	1	1	-	-	-	53	38	91
Class 4	*No classroom at the moment to accommodate pupils							
Total	-	-	-	-	-	260	189	449

Table 6 (c): Pre-school enrolment at Moinoi School from neighbouring centres

Centre enrolling Pre-school children at Moinoi	Boys	Girls	Total
Chenokogh Pre-School	86	44	130
Chumwuwai Pre-School	74	38	112
Kopil ECD Centre	60	41	101
Total	220	123	343

- Total benefiting from Moinoi 449+343 = 792

Moinoi Primary School is located in a sunken valley that seems to have a suffered a lot from dramatic climatic changes of the past years, resulting in dry river beds and changed river courses. Protected from the north and south by steep and rugged hills, the residents of the area must have chosen their habitation in the valley due to

security reasons. In this almost desolate valley pockets of the Pokot put up temporary settlements and led ordinary, pastoral lifestyles. They would have been forgotten in terms of educational development were it not for the recent efforts by ELCK and the local community leaders.

The impact of Moinoi Primary school on the community

Prior to the construction of the Primary school block at Moinoi by the Project, the community had no school for their children. Before then, all that served the community was an earthen-block that provided two classrooms that accommodated Pre-school and Class one pupils. The children who graduated from Std One traversed the hilly and rocky area to attend school, located more than four kilometers away. Apart from the long distances that they used to cover every school day, the children often risked attack from a hostile neighbouring nomadic community that borders the Moinoi residents in the east. As a result of the fears of constant attacks, a lot of children dropped out of school, most of them girls. The construction of the school block and classrooms at Moinoi was such a relief to the community.

The initiation of the school at Moinoi has, in many ways, opened up the eyes of the community, energizing and propelling them to new heights of thinking. In terms of education, the construction and opening of Moinoi Primary school was an immeasurable, positive impact of the project on the people.

The community's strong commitment to provide an education for their children was demonstrated during the construction of the school block. According to the reports given by participants at the valuation session at the school, to construct the school block, the community members had to carry heavy building materials (sand, timber, metal plunks, cement, and water) on their backs and move them up and down the steep slopes and rocky hills to the valley bottom located approximately two and half kilometers away across a wide river valley. This they did with untold zeal for the love of education because, at the time, there was no road connecting the site of the school and the place where materials were kept. The school block currently provides four classrooms for Classes 1-4. As in Katikomor, the community at Moinoi put up a request for the Project to construct additional four classrooms to cater for the children who complete Class 4.

3.3.3 Construction of School block and Classrooms at Parsonga

At the time of evaluation, the construction of the school block comprising four classrooms had already been completed. Housing children from Class I to IV, the school was handed over to the community leaders on November 2, 2013.

Following the construction and completion of the school block, the school enrolment had risen from 251 to 295 pupils over a period of less than one year. Previously, learning used to take place under a tree. Table 8 provides the breakdown of the school population by class and gender. It is noted from the table that girls constitute

Table 6 (d) School enrolment at Parsonga Primary School at November 2013

Class	Boys	Girls	Total
I	39	27	66
II	37	23	60
II	36	29	65
IV	23	39	62
V	20	22	42
Total	155	140	295

A few points can be noted from the information in Table 6(d):

- The difference in enrolment of girls against that of boys is not very significant. For example the ratio of boys to girls in Class I is only 1.4:1.
- In Class V school enrolment number begin to decline as boys drop out of school to look after cattle and girls fall into the trap of early marriages.

The impact of the Education Programme in the Project area

The overall impact of the education programme and the construction of schools and classrooms can be summarized as follows:

- Schools have come to exist where there were none before. In places where learning took place under deplorable conditions, today there are decent classrooms that provide a favourable learning environment.
- Schools have been brought within easy reach of children. Prior to the initiation of the Project children covered long distances to reach school, some of them dropping out of school in the process.
- The local community felt valued and they in turn value what the church is doing for them. As a result, they are committed to the promotion of education by contributing materials and labour to build schools for their children.
- The sense of ownership – the community feel that they own the schools that they helped to build. As indicated in the preceding section, in Moinoi in particular, community members walked long distances, climbed up and went down steep and rocky hills carrying heavy building materials and water on their backs.
- Overall, the construction of schools in the Project sites has highly improved the education of the area of the people. According to the respondents, more than 75 % of the residents had benefited from the project, directly or indirectly.

- Other church and NGO organizations have been attracted to the area to advance both educational and social programmes, thus contributing to social change.
- Equal opportunities created for both boys and girls to go to school.
- Increased literacy levels. Although generally the West Pokot literacy levels are low compared with the National average, there has been a significant rise in literacy levels as a result of the education component of the project.
- As a result of the school project, some Project sites have attracted other church based organizations and NGOs players who have joined hands with the community to address the needs of the community. For example, the World Food Programme has joined hands with the community to provide food for the school children at Moinoi. The provision of food at school has attracted additional number of children to the school apart from offering the children a chance to get balanced meals to improve their nutritional requirements.
- Apart from the local community Moinoi school also provides accommodation for pre-school enrolment from neighbouring and other centres.

3.3.4 The Construction of and use of Community Training Centres

In total, four community training centres were to be constructed during the Project period. During the evaluation exercise, the (evaluation) team visited the sites of the centres and made observations of those centres. The team also interacted with community members who turned up at the sites to find out how the centres were being used and to what advantage. The findings are presented in Tables 7(a), 7(b), 7(c), and 7(d).

The Community centres that had been constructed and completed were as follows: at Community Training Centres, Lengorok, Akamariet, Katikomor, and Chesta.

- Community Training Centres were to be used as
 - resource centres to train the community on hygiene and sanitation
 - boost development
 - host other development activities as might be required

Table 7 (a) Construction of Community Training Centre at Akiriamet

Status and description of finished building			Use of the building at the time of evaluation
Start date and completion, and handing over	Description of the Building	Quality of workmanship	
<ul style="list-style-type: none"> ▪ Construction started in 2011 ▪ Building completed in September 2012 ▪ Handover done in November, 2013 and witnessed by Community leaders, evaluation team and Consultant 	<ul style="list-style-type: none"> ▪ Large, rectangular hall measuring 100 feet by 40 feet ▪ Has one large, lockable door that provides entrance ▪ Four windows measuring four by five feet on either side provide light ▪ Each window has metal frame lining fitted with wire mesh to provide security ▪ One end of the building partitioned to provide 2 rooms for use by facilitators, guests 	<ul style="list-style-type: none"> ▪ Walling materials and iron sheets for roof meet Kenya's general building standards 	<ul style="list-style-type: none"> ▪ Building just completed before visit by evaluation team ▪ Building not yet used by the time of the visit ▪ Building used for training and as a place of worship
<ul style="list-style-type: none"> ▪ Pit latrine made of stone walls, concrete floor and iron roof had been completed prior by visit by evaluation team was complete and in use 			
Comments by Consultant	<ul style="list-style-type: none"> ▪ Instead of wire mesh, complete metal sheets cut into size would enhance security and protect users against wind and rain ▪ Metal door required for increased security 		

Table 7 (b) Community Training Centre at Katikomor

Status and description of finished building			Use of the building at the time of visit for evaluation
Start, completion and handing over date	Description of the Building	Quality of workmanship	Cost of construction
<ul style="list-style-type: none"> ▪ Construction started in September 2012 ▪ Construction of the centre completed in September 2013, ▪ Handover of the centre to the community was done on November 2, 2013. The function was witnessed by Community leaders, evaluation team and the consultant 	<ul style="list-style-type: none"> ▪ Large, rectangular hall measuring 100 feet by 40 feet ▪ One lockable door provides entrance ▪ Four windows measuring 4ft by 5ft on either side provide light ▪ Each window has metal frame lining fitted with a wire mesh to provide security ▪ One part of the building was partitioned to provide office space for use by facilitators 	<ul style="list-style-type: none"> ▪ Walling materials and iron sheets for roof meet Kenya's general building standards ▪ Each window has metal frame ▪ Metal sheets cut into size to enhance security and protect users against wind, rain 	<ul style="list-style-type: none"> ▪ Building just completed before visit by evaluation team ▪ Building not yet used by the time of the visit ▪ Building had not been put to use as it had just been completed a month before the visit by the evaluation team ▪ Building handed over to the community on November 3, 2013 ▪ The residents said they will be happy to use the building as a place of worship apart from using it for training purposes.
<ul style="list-style-type: none"> ▪ Pit latrine made of stone walls, concrete floor and iron roof had been completed prior by visit by evaluation team was complete and in use. 			
<p>Comments by Consultant</p>	<ul style="list-style-type: none"> ▪ For the 30 years, the community deserted the area that they now occupy because of insecurity arising from frequent attacks and cattle rustling staged by the Karamojong from a neighbouring country. Construction of Katikomor Community Training centre has given the community a place for worship and a meeting place to discuss development matters. 		

Table 7 (c) Community Training Centres at Mbaru

Status and description of finished building			Use of the building at the time of visit for evaluation Cost of construction
Start and completion and handing over date	Description of the Building	Quality of workmanship	
<ul style="list-style-type: none"> ▪ Construction started in ▪ Building completed in September 2012 ▪ Handover done on October 28, 2013 and witnessed by Community leaders, Evaluation team and consultant 	<ul style="list-style-type: none"> ▪ Large rectangular hall measuring 100 feet by 40 feet ▪ One large door provides entrance ▪ Four windows measuring 4ft by 5ft on either side ▪ Each window has metal frame lining fitted with wire mesh to provide security ▪ One end of building partitioned to provide for 2 rooms, for use by facilitators 	<ul style="list-style-type: none"> ▪ Walling materials and iron sheets for roof meet Kenya's general building standards Each window has metal frame ▪ Metal sheets cut into size to enhance security and protect users against wind, rain 	<ul style="list-style-type: none"> ▪ Building just completed before visit by evaluation team ▪ Building used for training and as a place of worship
<ul style="list-style-type: none"> ▪ Pit latrine made of stone walls, concrete floor and iron roof had been completed prior by visit by evaluation team was complete and in use 			
Comments by Consultant	<ul style="list-style-type: none"> ▪ Instead of wire mesh, complete metal sheets cut into size would enhance security and protect users against wind and rain ▪ Metal door required for increased security 		

Table 2 (d) Community Training Centres at Mbaru

Status and description of finished building			Use of the building at the time of visit by evaluators
Start and completion date	Description of the Building	Quality of workmanship	
<ul style="list-style-type: none"> ▪ Construction started in ▪ Building completed in September 2012 ▪ Handover done on October 29, 2013 . 	<ul style="list-style-type: none"> ▪ Large rectangular hall measuring 100 feet by 40 feet ▪ One large door provides entrance ▪ Four windows measuring 4ft by 5ft on either side ▪ Window is fitted with metal frame lining and wire mesh to provide security ▪ One portion used as office/ bedrooms, for use by facilitators 	<ul style="list-style-type: none"> ▪ Walling materials and iron sheets used for the roof meet Kenya's general building standards ▪ The floor is made of cement 	<ul style="list-style-type: none"> ▪ Building just completed before visit by evaluation team ▪ Building not yet used at the time of the visit ▪ Building used for training and as a place of worship
<ul style="list-style-type: none"> ▪ Pit latrine made of stone walls, concrete floor and iron roof had been completed prior by visit by evaluation team was complete and in use 			

3.4 Capacity Building at Kapenguria Training Centre

Table 9 shows the content, target group and the number of the beneficiaries of the capacity building at Kapenguria Training Centre by year

Year	Target Group	Course content	Number Targeted	*The list and number of people who went through capacity building programmes is shown in Appendix C
2010	Church Leaders	Project Management, office and financial Management	50	
	Project Committee	Project Management, Office and Financial management	10	
	Staff	Induction, M &E, financial Management	7	
	Staff/Project Committee	Educational Tour	17	
2011	Church Leaders	Corporate Governance, human rights	80	
	Project Committee	Corporate Governance, human rights	10	
	Primary School Management Committee	Resource mobilization, leadership skills	220	
	Secondary school Board of Governors	Resource mobilization, leadership skills	80	
	Staff	Report Writing	7	
2012	Church leaders	Guidance and Counseling	80	
	Staff	Strategic Management,	7	
2013	School Management Committee	Resource mobilization, leadership, stewardship	300	

Pit latrine made of stone walls, concrete floor and iron roof had been completed prior by visit by evaluation team was complete and in use offices as required:

To augment data collected from the field through interviews and focus group discussions, the Consultant obtained Quarterly Reports for 2013 (Appendix A), ELCK Workshop Report on Indigenous People's Rights (Appendix B) and Annual Report, 2012 (Appendix C) for study purposes. The reports have been included in the Evaluation Report for reference purposes. Also included in the report are signed lists of the participants who attended PRDP Church Leaders Workshop on Project Management, Guidance and Counselling at the Kapenguria Bible Centre (KBC) (Appendix C) as part of the capacity building programme for church leaders.

Factors that contributed to the successful completion of the Project:

The following factors contributed positively toward of the achievement of the Project objectives:

(a) Internal Factors

- Committed Management Board and staff
- Willingness and commitment from community

- Government support through creation of enabling environment

- Leadership and Support of the church

(b) External factors

- Donor support

- The local political leadership

(c) Factors that tended to slow down the implementation of the Project

- Stoppage of funding of the Project for part of 2011 due to the failure by Project leaders not implementing the Project programmes in accordance with the donor's financial guidelines.

- Strong cultural values that encourage FGM practices and early marriage of the girl child

CHAPTER 4: ANALYSIS AND DISCUSSION

The findings show that every effort was made to implement the Project activities in accordance with the Pokot Rural Development Project (PRDP) 2010-2014 stipulations. A well co-ordinated team of Project leaders ensured that Annual Work Plans were followed. Reports were submitted to respective offices as a feedback mechanism to keep the relevant offices informed of what was taking place at the Projects sites.

Education

The programmes that were planned for execution in the education component were completed as planned, save for the short period during which the Project did not receive expected funding for part of 2011. Despite the interruption, the construction of schools and classrooms at Katikomor, Moinoi and Karsonga were completed and were in use at the time the evaluation was being done. Not only are there classrooms provided clean environment for learning to take place for Classes 1-4 in each of the schools, but the school blocks have also provided office spaces for the school administration. (The offices were curved out at one end of the buildings). For each school a pit latrine had been erected for use by the pupils. The schools have added tremendous value to the community.

Given that the schools were built from scratch and are located in villages which did not have schools before, the Project has had a tremendous impact on the targeted community. The Project has opened up the otherwise neglected areas of northern and south western parts of West Pokot County and put them on a conducive platform for educational development.

As a result of the school blocks that were built through use of the donor funds, children have now schools within easy reach as the distances to schools have significantly been reduced. Accordingly, more and more children (both boys and girls) have had an opportunity to go to school. The schools have also contributed to the raising of the literacy levels in the area.

Thanks to donor funds, children of the targeted community now attend Classes 1-IV. They have a place to learn in for the time being. Pretty soon the pupils currently in Class IV will graduate and transit to Class V. At the moment the blocks that were put up by the Project will continue to serve the purpose for which they were built. In the coming years, however, more classroom blocks will need to be built to cater for children currently in lower classes and who will transit to the next level. Against this reality, the community members in all the four primary schools that benefited from the Project requested the church (and, by extension, the donor) to consider introducing Phase II of the Project to help extend the work that has already been accomplished to assist local children to continue with their education.

It is worthy of note that the local communities participated in the building and construction of the school blocks by making their varied contributions to the building of schools in terms of labour and building materials. For this, the community members need to be commended. This they did with enthusiasm, commitment and zeal, a demonstration of the fact that if a people are valued and their contribution recognized, a lot can be achieved in terms of educational and social development. This zeal needs to be preserved.

The construction of schools has made a positive impact in the educational progress of the community. However, complete benefit will be realized if the community can be further sensitized on the need to keep their children in school until they are able to complete the primary school cycle and go beyond. Early marriages tend to cut short the education of the girl child. Also, the practice of pulling boys out of school to herd cattle interrupts their education. These two practices are a big threat to the advancement in education in the target community. There are a few cases that illustrate how the Pokot have fought the odds to achieve the highest qualifications in education. More and more effort needs to be directed at making the fullest use of the schools that have been put up by the Project in order to derive the greatest benefit in the long term.

Health

HIV/AIDs, hygiene and sanitation and anti-FGM campaigns were key components of the training programme in the health segment. The results of the evaluation show that each aspect of the training was done in all the Project sites, with the exception of Katikomor where the Community Training Centre had just been completed in the month of September, 2013, a few days before the arrival of the evaluation team.

Although the community members underwent the stipulated training, few appeared bold enough to state whether or not they had put into practice what they learnt at the training centres. The greatest obstacles to the expected behavior change are the cultural values that do not permit open discussion of HIV/AIDs and the dangers associated with it. This is compounded by the misconception that, if people do not talk about a calamity, they will somehow remain unaffected by the calamity for as long as they maintain the silence. In effect, the longer such beliefs continue to persist in the minds of the community members, the more difficult it becomes to make headways in the fight against the disease. Yet the battle against the pandemonium must be fought hard and deliberately. Health workers in the area must combine forces with community opinion leaders to win the battle. To succeed, the mode of delivering the message might need to be changed from the seminar-based approach to home-based visits.

Already, some appreciable headway has been made, thanks to the Project's HIV/AIDs awareness campaigns. As reported by health workers in the dispensaries that the evaluation

team visited, there exists a general knowledge about HIV/AIDS and the dangers associated with it among the community members. There were reports that people from the community had turned to visiting VCT units to know their HIV/AIDS status. Also, at the dispensaries that were expanded using Project funds, there were reported cases of expectant mothers attending Ante-Natal Clinics (ANC) to learn about the prevention of mother to child measures. These are positive indicators that the battle is being won, albeit in small leaps. As they often say, Rome was not built in one day. In the same way, HIV/AIDS awareness creation campaigns cannot be won overnight. Behaviour change takes time to realize for some people. Accordingly, the awareness campaigns must be stepped up. The message about the dangers and the harm the disease causes must continue to be spread until it finds complete acceptance in the community.

As in the case of HIV/AIDS awareness creation, the community members were sensitized regarding the dangers of FGM and the need to maintain acceptable hygienic and sanitation standards. The participants who attended the evaluation team's meetings acknowledged that they had been exposed to the dangers of FGM. They were sensitized on the need to use pit latrines. They were also sensitized on the reason for maintaining clean homesteads, and washing of hands, to list but a few. To realize the full benefits of these campaigns, more concerted efforts are required to win over as many members of the community as possible to discontinue FGM practices. The community also need to maintain clean homesteads, free of livestock habitation. The campaign against FGM must continue as must the campaign to sensitize the community on hygiene.

There is need for the community to embrace no too costly measures that can prevent diseases. This includes the digging and using pit latrines. It was shown under the section on hygiene and sanitation that the awareness training had a positive impact on some of the participants who turned up for focus groups discussions. However, despite the awareness of the value of hygiene and sanitation, a number of factors tend to work against the adoption of modern lifestyles by a majority of the members of the community..

One factor that stands as a barrier to behavior change in favour of building and use of latrines in the Project areas is the fact that land in most parts of West Pokot is community owned. There are no individual title deeds to show land ownership. This means that land is still seen to belong to the community, not to an individual. Given this, building structures such as latrines was said to be tantamount to declaring individual ownership of the land around the structure when, as a matter of fact, the land belongs to the entire community. Another factor which militates against the building and use of latrines is the fact that the community members are nomadic. They move from place to place in search of pasture and water. Because of the migratory tendencies, building of latrines is not seen as a priority. In future, work might need to be done to encourage the community to pursue economic activities that will make permanent settlements a preferred way of life.

In addition to cultural values, the persistent problem of lack of safe, drinking water poses a great challenge to embracing hygienic practices. This too, militates against the wide application of what was learnt at training seminars. Accordingly, the real benefits and impact of the Project might not be realized until water is brought within easy reach of the residents. Bringing water to the people can be achieved by digging of boreholes and piping the commodity to convenient and strategic water points, close to residential homes.

Last, not much was achieved in the area of capacity building training programme at the Kapenguria Bible Training Centre. In the first place, a number of training programmes which were planned to take place in 2011 did not take off because of stoppage of funding. Also, the planned external training programme similarly did not proceed as anticipated for lack of funds. Accordingly, there is not much impact to talk about in this area.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

The Pokot Rural Development Project was designed to bring about desired behavior change and progress in West Pokot through

- Health
 - The level of HIV/AIDS awareness; and
 - Hygiene and Sanitation
 - Anti-FGM advocacy campaigns
- Gender, and
- Education
 - Construction and building of schools and classrooms
 - Construction of community training centres to train community members

In implementing the Project goals and objectives, elaborate administrative structures and systems were put in place to ensure success. At the end of the Project period, the evaluation found that much of what was planned to be done was achieved, thus creating a positive impact in the targeted community, especially in area of education and community training centres. In these thematic areas, there was tangible evidence on the ground that the stated objectives were achieved.

Conversely, little impact was found in respect to HIV/AIDS awareness campaign, Anti-FGM advocacy training, hygiene and sanitation. In these thematic areas, there was not much to point out as tangible evidence in terms of the impact created by the Project. But, lack of observable behavior change in these areas was not due to failure to carry out planned activities on the part of Project leaders. Not a bit! The main obstacles were the strong cultural values which the community holds dear. The people are not entirely willing to give up those values in exchange of new values and lifestyles.

The donor funds were used well for the intended purpose. There are adverse reports in the three Audit Reports produced by the Project auditors, Erastus and Company, regarding use of Project funds. This is commendable.

On reflection, it is important to say that, without the Project, the people of West Pokot (in particular, those living in the northern parts of the County) would still be lagging much behind those found in the more developed parts of the Country, such as the area around Kapenguria. To the extent that the Project has moved the beneficiaries to another level, the target community's sensitivity to development matters has been raised and their yearning for better living standards increased. This became apparent during the focus group discussions. Yet, despite what has already been achieved, still more work remains to be done.

The Lessons Learned

The major lessons learned from implementing the Project can be summarized as follows:

- (a) It is important to have clear goals and objectives to ease project implementation.
- (b) A strong leadership team that is well co-ordinated can achieve quite a lot of the Project objectives. Clear structures, systems and teamwork were evident during the implementation of the West Pokot Rural development Project.
- (c) Cultural values die hard. Even the best of intentions such as the HIV/AIDS awareness and anti-FGM campaigns and stopping early girl child marriages can be resisted as the evaluation found out. To get a people to accept and embrace progressive ideas requires persuasion, convincing and patience. Cultural barriers are broken when a people are ready to assimilate modernization and the new life styles that comes with it.
- (d) Making progress in community development requires the commitment and all kinds of contributions from the community in question, be it the form of material form or labour.
- (e) Failure to adhere to donor guidelines can cause discomfort and even lead to discontinuation of a noble project. Those who suffer from discontinuation of Project funding are the very people who targeted to benefit from the Project.
- (f) Combining church matters and the need to manage and control Project funds can be very counteractive. Church must learn to dispose itself from taking part in areas where it neither has the capacity nor the internal expertise to offer direction.

Recommendations

During the evaluation exercise, the participants made calls for extended work beyond the present. To this end, the following recommendations need to be made for consideration by both the church and the donor:

- (a) That the donor and church consider introducing the second phase of the Project to further advance the work on HIV/AIDS awareness training, Anti-FGM advocacy, Hygiene and sanitation and Gender related issues.
- (b) Critical educational needs still exist in the Project sites in respect of construction of additional classrooms. In particular, the three schools namely Katikomor, Moinoi and Parsonga need additional classrooms to accommodate Class IV children who will

graduate and transit to Class V. Currently, there are no classrooms to cater for the affected children. If no extra classrooms are built in time to facilitate the transition, some of the children who have already benefited from the current Project, might be forced to look for admission in distant schools and this might result in a number of them dropping out of school. For now, donor support in this regard is of critical importance as the County Government has yet to set aside funds for the construction of the much needed classrooms.

- (c) During the 2013-2014 period, eight (8) new classrooms (four classrooms in each case) were to be built in areas that were considered as deserving apart from Katikomor, Moinoi and Karsonga. The plan to put up the said classrooms had already been discussed and agreed upon. Necessary logistical arrangements were concluded. To help support the construction of these additional classrooms, the community had assembled the necessary building materials in readiness to start the construction. The community requests that the donor considers this proposal to enable more and more children to benefit from the Project.
- (d) It is noted that, over a period of nearly two years, the auditors had made suggestions on how to improve the Project books, with the same points being raised more than twice in two years, despite the management having promised to take appropriate action. We recommend that professional input meant to improve the Project's financial management be addressed comprehensively as recommended by the Auditors. For example, among the issues raised by the Auditors in their Report covering the period ended 31 December 2011, the fact that Bank reconciliations were not done regularly was raised. Sadly, the same matter was raised in the Auditors' Management Letter for the Year ended 31 December, 2012.
- (e) The donor has put money in the Project. Work at Project sites is now complete. The completed structures were handed over to the community in early November 2013 in the presence of the community leaders and the evaluation team. Now that the planned work has been done, the donor needs to visit the Project sites to witness what has been accomplished. The donor can use the occasion to study the circumstances under which the Project sites were constructed. The rugged, rocky hillsides of Moinoi and Parsonga and Korokogh should be particularly attractive to visit.
- (f) The matter of the sustainability of the activities initiated by the Project is important. The propositions put forward in the Pokot Rural Development Project (PRDP) Project Document 210-201 needs to be pursued further even as there looms uncertainty about continued donor funds of the Project.

- (g) The evaluation did not find hard, factual information on which to make a conclusive statement on whether establishing an ADA (Autonomous Development Agency) will result in the better management of the just completed donor funded Project than is possible under the current arrangement in which ELCK is virtually in charge of all matters pertaining to the Project. However, a general recommendation can be made in the light of benchmarking on the best practices.

As an organization, ELCK needs to consider establishing an ADA to be responsible for the day-to-day running and managing of donor funded projects. The move will give ELCK time to focus on its core mandate – the provision of spiritual nourishment to its people and the advancement of the Lord Christ’s kingdom on earth. Experience shows that where an entity such as a church or the State combines its core business and matters that lie on the periphery of that business, the non-core business tends to suffer. Sometimes both suffer as a result of the diabolical push and pull relationship. To borrow from the Anglican Church of Kenya, the Catholic Church, and Christ’s the Answer Ministries (CITAM), when the named, spiritual-based organizations felt the need to extend their arms to address a social or economic need that was not quite part of their core business, these church organizations always found a reason to establish autonomous entities to carry on with what they considered important in either furthering service to their congregations or attending to the needy members of the society. They did the same where the overriding concern was to pursue economic needs. Thus, the Catholic Church established an independent and autonomous entity called Catholic Relief Service to attend to the social needs of the society. On its part, Christ Is the Answer Ministries (CITAM) formed autonomous companies with a clear mandate to focus on the Church’s business ventures such as broadcasting and investment. These entities are managed by professionals and they do not suffer interference from the church that established them. ELCK can choose to follow this direction in order to attain better and bigger results and ‘peace of mind’. If adopted, the measure will free ELCK from the inevitable wrangles associated with the need to control or spend money. That way, the Church can benefit from the Lord Jesus’ advice to us to serve one master, lest we displease the other.

APPENDICES

Appendix A: 1st Quarter PRDP Narrative Report (01.01.2013-31-03-2013)

Appendix B: PRDP Half Year Narrative Report (01.03. 2013 to 30.06.2013)

Appendix C: PRDP 4TH QUARTER NARRATIVE REPORT 2013

Appendix D: PRDP ANNUAL REPORT 2012

APPENDIX E: List of Participants who attended the Indigenous People’s Workshop held at KBC on 21nd -24th November 2010

**APPENDIX F: E.L.C.K KAPENGURIA BIBLE CENTRE: List of Participants who attended PRDP
Workshop on 1st February, 2011**

**APPENDIX G: list of people who attended the PRDP CHURCH LEADERS WORKSHOP ON
PROJECT MANAGEMENT, GUIDANCE AND COUNSELLING AT KBC FROM 25/4/2012 TO 26TH
4:2012**

**APPENDIX F: List of Members of the Diocese Council who attended a Workshop at ELCK
Kapenguria Bible Centre on 16.11. 2013**