

Final Report Form

The Final Report package is to be submitted via the Organisation Portal, unless you have been in contact with your Sub-granting officer about submitting it in another way.

In order for a Final Report to be complete, the following documents with signatures need to be submitted:

Document	Signed by
Report checklist for Annual/Final Reports	Two authorised signatories
The narrative report (which includes the financial narrative report and Results Matrix)	NO signatures required
Financial Report (printout from the Organisation Portal)	Organisation's two authorised signatories
Audit in English which includes 3 documents: (1) the ISA 805 report, (2) the ISRS 4400 report and, (3) a Management Letter. (Please note that if the auditor does not have any observations, this needs to be explicitly stated in the audit report).	Auditor
A Management Response from the organisation that answers to the problem raised in the Management Letter	Authorised signatories
Organisation documents (see below)	

Organisation documents: Your organisation's latest yearly documents, signed need to be also included. If you are unsure if ForumCiv has the latest documents, please ask your Sub-granting Officer. These documents include:

- Latest annual meeting minutes, signed
- Latest activity report, signed by the departing board
- Latest annual report including income statement and balance report, signed by the departing board
- Latest auditor report, signed and dated by the trustee Auditor or external auditor
- Document confirming authorised signatories for the Swedish organisation
- Statutes with the date of approval if they have been updated

Read the instructions in the [Manual for Reporting](#) in order to compile it correctly.

All questions must be answered if not indicated otherwise.

The authorised signatories shall sign each page of the Final Report

Kasei for Change – insatsnummer: 300008118

Rotary Doctors Sweden

Part 1: Results-Based Report

Results Summary

The Results Summary tells the story of your project. Describe the results of the project using the 7-step method. Write this section directly in ForumCiv's Organizational Portal.

Project's effectiveness

1. Has the project goal been achieved? Explain the reasons for results being greater or less than expected.

The project goal was expressed as:

Right-holder and duty-bearer take responsibility for a change process that has increased the number of women making own decisions regarding their own health.

There is an ongoing change process in the three sub-locations of the project, Kasei, Kamketo and Korkou sub-locations. It can be seen in the involvement of both right-holders and duty-bearers. Women, men, health staff and local leaders have all taken part in all steps of the project. In the interviews done in the end of the project all women and men state that they will continue to be advocate for change regarding women health issues. There are also examples of activities after the project ended in December 2020, for example activities around the International Day against female genital mutilation (FGM) in February 2021.

There are also examples of women making decisions regarding their own health. 71 % of the women in the women groups say that they have made decisions about having a smaller family and/or to enrol in maternity health care when pregnant. However, the health of younger girls has engaged the women and men more, 90 % of the women and 90 % of the men say that they will advocate against FGM and will not let their daughters go through the cut. At the same time the all men say that it is them alone that takes decisions regarding the children's health, and 70 % of the women agree to this standpoint.

The main focus of the Kasei for Change groups have been the fight against FGM. The organisation "I am responsible" that monitor the occurrence of FGM on West Pokot county level reports that in other parts of the county the number of FGM has gone up during the pandemic, but in the three sub-locations of the Kasei project there are no reports of FGM.

The two first sub-goals to have women-groups and men involved in a change process and work actively with issues concerning women's rights to health have been achieved. Unexpectedly it has been easier to involve men than expected during the planning process.

The third sub-goal that school pupils should understand their own rights has also been achieved. Before the shut-down of the schools due to the pandemic 11 schools were visited and after that young people were also reached through household visits. Interviews of 120 school pupils from different areas, both where school visits had taken place and where they had not taken place, show that they do understand their rights.

The fourth sub-goal regarding more patient-friendly health staff has probably somewhat missed the basic problem regarding low attendance at the health dispensaries. The lack of patient-friendly attitudes has not been identified as the main issue during the project. Instead it has been more practical issues of accessibility, such as opening hours and lack of medicine that contribute to a low confidence in the health service. The main obstacles for using the health service seems though mostly be because of tradition and attitudes in the community. The project has facilitated a dialogue between the community and the health services that has been very positive and health staff has played an imperative role in the project.

There has been a 9 % increase in women accessing reproductive health. The goal was to reach a 10 % increase. However, there are different factors that has influenced this development, both positive and negative. After the firsts month of the project there was an increase in the family planning service delivered, however the commodities the dispensaries had received were not enough which meant that only a small part of this service could be continued. A positive note is that there has been considerable increase in deliveries at the health dispensaries. Also antenatal care has increased, however this is partly due to the increase of teenage pregnancies that happened due to the close down of the schools during the pandemic. At the same time the pandemic has meant that people hesitate to visit health facilities for fear of the virus. So a 9 % increase in women accessing reproductive health is still positive.

Sub-goal five, that the LEO should have a strategy on how to work with a right-based approach has been reached.

2. What methods and activities among those you used have been the most effective for goal achievement?

The household visits have been the most effective method to reach the community. All households, 2 122 have been visited including 12 354 persons. It indicates the motivation of the members of the women and men-groups have had. They have gone to every house, to forward their message and arguments. This activity came about as an alternative to school visits, due to the pandemic, and it has been important to the project. The community meetings done 4-5 months after the project started were also important because the women and men-groups could see that they got a response from the community. However, all this of course build on the initial training of group members which included internal discussions and formulation of own viewpoints. As a second step it included discussions and exchange of opinions between the women and the men group. An essential condition was also that the chiefs and sub-chiefs in the area were involved at the very initiation of the project and therefore accepted it.

3. Have you reviewed your risk analysis or risk management measures during the project implementation? Describe the review.

The risk analysis and management measures were reviewed during the monitoring visit by the SvEOs representative in January -20. What the SvEO and the LEO then could conclude were that the risks identified in the planning process had been well managed. For example, the lack of involvement of men had been a risk taken up that should be managed by reaching out to influential men in the region. In the beginning of the project the Chiefs and the Sub-Chiefs in the region was briefed about the project and their involvement was secured. It has been imperative for the project to have this backing of the chiefs in the three sub-locations and it has therefore been easy to involve men in the project. The well-known Community Health Extension Worker, a man, has also been essential for the involvement of men in the project and his support was also secured in the project start.

Another risk identified was the lack of confidence of women would prevent them from participation. At the time of the mid-term review we concluded that the training courses had been important to strengthen the confidence of the women. We did at this time identify a new risk, that since it had been easy to involve men in the project and men groups had been started in all three sub-locations it could easily happen that men took over the lead in the project. It was therefore essential to keep providing space for the women by for example not merging the women- and men-groups in the sub-locations, ensure women space and time to talk without interruptions during all meetings, making women-groups responsible for community meetings, etc.

A risk that had not been included in risk analysis was a school closure and meeting restrictions due to a pandemic or other reasons. Quite a big portion of the activities to reach out to young people was planned to be done through schools. When the pandemic started the schools were closed and other meetings were also prohibited for some time. The LEO and SvEO came to the conclusion that the project activities needed to be postponed and we informed Forum Syd about this the 17 March and got a confirmation that this was ok 27 March. The project was then re-planned together with the participants in the project and re-started again in September to be finalized in end of December. It was welcome that Forum Syd was flexible and made it easy to make changes that could be implemented in the local circumstances, but still contributed to the main goal.

4. Reflect on how the project results are verified in the project's Results Matrix:

a. Have you used baselines to quantify the goal achievement?

The statistics from the health dispensaries have been followed closely during the project. This has been the main quantitative baseline indicator used, since few other baseline figures have existed before the project. The increase in the number of women accessing reproductive health is clear, however it is many aspects that influence this increase, some can be due to the project, but also other aspects have influenced the development (see above question 1).

For other sub-goals few quantifying baseline figures existed since the project meant to start a change process. The indicators were therefore expressed in other ways.

b. Have the indicators you chose to measure the goal achievement worked as expected?

The indicators have mainly worked as expected and it has been possible to verify the results. Indicators for the two first sub-goals show an engagement in the change process, and these have worked well. The indicator for sub-goal three was too modest. More school children were reached than expected, even though we had to decrease the number of visits. Interview with children show that they have expressed an understanding for their rights. Awareness is of course not the same thing as actual change in behavior. For sub-goal four it has not been possible to do this verification depending on that the sub-goal did not target the correct challenge within the health sector. See above.

c. Have the chosen monitoring methods proven sufficient to measure the goal achievement?

Both the SvEO and the LEO are of the opinion that the monitoring methods have worked well to assess the achievement. Especially the review meetings held, mid-term review, when the project restarted in September and at the end of the project. The project the results and learnings were identified by the participants of the project and other stakeholder.

The interviews done with all participants of the three women- and the three men groups as well as with pupils at the end of the project made it possible to establish the final indicators and evaluate the project.

The statistics from the health dispensaries are important to be able to follow trends of health seeking behavior. It can give indications to the project, but there are also other factors that influence the reasons for how the health services are used. So there is not a direct link between the project and the statistics.

- d. What sources of verification among those you listed show the most significant achievements of your project?

The interviews with the participants in the women- and men groups as well as the interviews with the school pupils.

The patient survey was also important since it showed that one of the goals was not correctly identified at the start of the project, since it did not address the correct problem.

But also the proof of activities of the groups, photos from those activities, reports from household visits, have been an important part of the verification that there has been a change process established. Many of those activities have been reported on the whatsapp directly when they have happened.

5. Has the project achieved results in relation to gender equality?

During the review meetings many women spoke about getting new knowledge and new energy through the project. Women has expressed it as “to become empowered to do things” and that they have been able to “take questions into their own hands”. The leadership of the project has noted how women have developed and started to speak up during meetings, gone to schools to talk and spoken at public meetings.

The project has mainly targeted women’s health rights. According to the interviews women and men group members have discussed health issues within the families, discussions between wives and husband and with children. Mainly it has been discussions regarding FGM, dangers of early marriages of girls and women’s, or wives’, right to health. When asked if the participants have learnt something from the Kasei for change project 66 % of the women said that they now understand that women can demand and stand up for their rights, 85 % said that women have an important role to play in the family. When asked what changes they have made 90 % said that they will refuse FGM for their daughters and 71 % says that they will have a smaller family.

100 % of the men points out that they have learnt about the effects of FGM and dangers of child marriages, 85 % says that they understand the advantages of having a small family. When men were asked what changes they have made 75 % said that they now support their wives’ health rights, 90 % said that they will refuse FGM for their daughters and 47 % said that they will act for having a small family. However, when asked who takes decisions on health issues of the children in the family all the men said “I do”, and 70 % of the women agree to this, while only 30 % of the women think that they should be involved in the decisions.

The project has triggered discussions regarding women’s health rights which has meant that an awareness of those issues are growing in the community. The community meetings have shown that there is an interest among the general public and local leaders. Representatives

from the women and men-groups are already seen as specialist and role models in their own community. They have been invited as specialists to meetings that has taken place outside the project arranged by the authorities. Both women and men proudly carry a T-shirt says “Championing women’s rights to health”. All this has influenced gender relations and has led to certain improvements in gender equality even though this is limited to specific questions and geographical areas. The question is still how this translate into sustainable change. The development over time will in the future show if the project has been successfully.

6. Has the project achieved results in relation to environment or climate?

The ambition of the project was not to achieve any bigger results within the area of environment and climate. It was instead expressed as to do as little harm as possible. The environmental aspects identified extensive driving to and within the project area as a challenge. To manage the project regular visits to the project area by the project management of the LEO has been necessary. During the project time the office of the LEO has though been moved closer to the area. The initial project officer was based in a town within the sub-county but from outside Kasei which also meant some travel. However, in the final months of the project the project officer has been a women living in the Kasei area. Both these aspects have reduced the use of travel compared to what was planned. In addition, the project management has also acted as role models when it comes to ensuring that no garbage is left behind after different meetings. This is important in an area where there is no garbage collection and the use of plastic bottles or bags is relatively new.

7. Reflect on whether SvEO’s or LEO’s activities within other projects or regular operations have contributed to the achieved results.

The SvEO is supporting the LEO to together with the health authorities in the area provide out-reaches with Mother-Child health services: vaccinations, growth monitoring, family planning and antenatal care. This also included and strengthened the same health messages as the project, for example information and motivation regarding FGM and family planning. At these out-reaches an increase in the requests for family planning has been noted.

During the paus of the project due to the pandemic the LEO implemented a separate project of training of community volunteers regarding prevention and response to covid-19. Volunteers from the women- and men-groups had the opportunity to participate in this training and the following community information actions. This was a good way to keep in contact with the participants in the project during this time.

8. Reflect on whether the development in the region or work done by other actors has contributed to the achieved results.

There have been discussions in the women- and men-groups that people in general think that there is a need for change. The local communities have during the last couple of years been more involved and had more contacts with the Kenyan society in general. For example, the number of schools has increased, a few secondary schools have opened, the health system has extended its services, more mobile phones, some smartphones, have made an impact, transport with motorcycles have meant a lot – even though the roads are still very bad. So there has been a general feeling of being part of a bigger context where other activities are going on, other norms exist that also influence the local communities’ readiness for change.

At the same time the chiefs and the sub-chiefs in the area has earlier, before the project started, been urged by the county governor to take measures against FGM since this is forbidden by law in Kenya. This meant that it was easier for the project management to get

commitment from the chiefs and sub-chiefs for the project, even though some of them were hesitant in the start. The chief in one area expressed it as: “Earlier we tried to fight FGM with penalties, but now we are instead teaching and motivating people. The approach in Kasei for Change project is better!”

9. Reflect on the project’s cost-effectiveness.

Both the SvEO and the LEO consider that the project has been implemented in a cost-effective manner. Some changes have been made in the budget, both due to the priorities of the women- and men groups and due to a change in working methods due to the pandemic. The biggest part of the budget has been for different sorts of training and meetings. They have been kept as low as possible by for example arranging most meetings outdoors. Allowances that can be a big part of NGO budgets have been limited which is important for sustainability reasons. Administration, management and travel costs to the region by the LEO management have been shared with other projects. The SvEOs participation has been mainly been financed within the project. The time used for the final report by the LEO and SvEO is though not within the budget.

Partnership & Learning

10. Describe the division of roles between SvEO and LEO in the implementation, monitoring and evaluation of the project.

The LEO has together with the right-holders and other stakeholders of the project, taken charge of the implementation of the project. The project officer has been responsible for supporting the right-holders, the women- and men-groups, to achieve their plan of actions and the activities in the field supported by the management team of the LEO. The LEO has written reports of each activities that has taken place. They have also been responsible for gathering information and statistics as well as arranging review meetings, other group discussions and interviews to gather information for monitoring and evaluation of the project. The SvEO has together with the LEO been involved in the discussions and conclusions done from the input into the monitoring process, as well as the evaluation process in the end of the project. The SvEO has also supported the LEO in the financial follow-up and the allocations to the different budget lines done as well as to the changes made in the budget. These working methods and division of roles have been established earlier between the LEO and SvEO.

11. How did the rights holders participate in the implementation and follow-up of the results?

The main right-holders are the women of the women groups and in the local communities. Men are duty-bearers in regards to women in their own households, but in some questions they are also right-holders. They for example have the right to information regarding FGM, as well as right to claim accessibility of family planning supplies. So the roles of right-holder and duty-bearer overlap.

After the initial training of the women groups, as right-holders, did all do their own plan of action for project activities. Mostly these could fit within the initial project plan and budget. During the review meeting in January with all the groups some activities were suggested by the right-holders that meant that the plan and budget needed to be changed, which led to a request for budget change to ForumCiv. It was also the women- and men-groups that came up with the idea to instead of visiting schools, when the school had closed, they could visit households. Representatives of the women groups have also been planning the dialogue meeting and consultation meeting and been active at the different activities.

The results have been followed-up in at several occasions with right-holders. As mentioned firstly during the review meeting in January. In March when the project paused the project management were in contact with the groups separately to involve them in the decision. When restarting the project, a new review meeting was held to discuss what results could be seen in the community so far and plan for the household visits. There has also been a lesson-learnt meeting at the end of the project involving the right-holders where continuation activities after the project were discussed.

If comparing the expected numbers of the target groups reached, the goals have been fulfilled. The number of health staff reached has been lower than expected. The management team of the sub-county level was supposed to be involved in the project. However, before the project started this team of 15 people was totally exchanged for a new team, that did not prioritize this project. The health staff working in the Kasei area participated actively in the project during all meetings. Goals for secondary targets groups were underestimated, secondary target groups were estimated to 605 young persons. Through school visits 1 627 pupils were reached, even though only a few of the school visits planned were done. In addition, 12 354 persons, out of approximately 50 % are children, the other half approximately 3 000 women and 2 000 men were reached through the household visits.

12. Reflect on how project's monitoring and evaluation process has been functioning.

The monitoring plan that was outlined in the project plan has been followed and worked quite well. During the first months there were continuous follow-up to monitor that the activities were implemented according to plan and that the different groups were buying into the project.

The review meeting held in January, during the follow-up trip by the SvEO representative, was essential since the results so far were discussed with all the participants in the project. All involved got a common view of what had been achieved and the next steps of the project. Plans were then updated and changed according to input from the right-holders. However, after this meeting it was only possible to continue with the activities for little bit more than a month until they were cancelled due to the pandemic.

In august discussions started on how to recommence the project. For the household visits special report booklets were done for monitoring. In general, they worked well, some adjustment will be made if used again. The focus group discussions that were planned as part of the evaluation were held during the final review/lessons learnt meeting and not as separate meetings. This was due to time constraint in the end of the project. In addition to the interviews of school children and the patient survey separate interviews were done with members of the women and men-groups.

The clinic attendance register at the health dispensaries were analyzed after 3 and 6 months, and then at the end of the project. It was supposed to be analyzed after 9 months, but that was the same time the pandemic started so it was postponed until the end of the project. Both the LEO and SvEO feel that the monitoring and the evaluation done well reflect the results of the project.

13. Has the project led to a change in LEO's capacity to:

- a. work rights-based

Yes, very much so. All CNS staff were able to take part in the initial training on a right based working approach. During the implementation of this project key staff has also "learnt by doing", for example developed the language, terms to use and how to explain these in the

local context. In the final interviews many of the participants in the project point out that the right-based approach has been important new knowledge that they see as useful. This shows that the LEO has been able to use the approach and transfer knowledge about the approach to the project participants. The LEO has developed a strategy on how to apply the right-based approach in their activities. Right-based methods have already been included within other projects that the LEO has implemented, for example in training of Community Health Volunteers and water projects.

- b. operate in a more democratic, including, transparent way

Yes, especially regarding the aspect of working as a team with the right-holders. The changes that this project has introduced is greater transparency and openness to partners in the field, both regarding listening to suggestions and to make changes, but also to be clear and transparent with the frames of the cooperation, for example project budgets.

- c. effectively implement its activity and manage the decision-making processes within the organization

The CNS is a small organisation with few levels in the decisions-making process. Here the LEO also underlines that the transparency and cooperation with partners have made the implementation more effectively. To reach results effectively the buy-in of the local communities are necessary.

- d. finance its work using diversified financial sources more strategically and independently from SvEO?

No, in this regard there has been no change. The LEO has got more experience in planning, monitoring and reporting which can be important to achieve this in the long run.

14. Describe the sustainability of the project's results.

The project's direct aim was to start a change process that would make its result sustainable. It might be too early to judge if that will continue also and contribute to change. However, we can see that all participants in the project, both women and men, report that they want to be community advocates for issues of FGM, teenage pregnancy and child marriage. Especially the women also underline the need for changing the opinions regarding family planning and better antenatal care. The women and men-groups are enthusiastic about their own ability to make changes and they are planning and taking part in activities in the beginning of 2021. Duty-bearers, such as the chiefs and the sub-chiefs have also been very involved in the project and state that they will continue to support that the messages are spread.

In the next step of the project, Kasei for Change II, the current groups will receive some final support with their plans of actions. In the end of that project, by mid-year 2022 it can better be judged if the currently established groups have continued with the change process and that changes have been sustainable.

15. Have the SvEO and LEO followed the phase-out plan/exit strategy? How has it functioned?

The phase-out strategy has been to empower the groups established to continue the started change-process. In the final review-meeting and the final interviews with all group members we can see that members are motivated to continue their activities.

The project was also to visit schools that could have triggered youth groups. This has not

been possible due to the pandemic. Children and youth of school age have been reached through the school visits that was possible and during household visits, but no group processes have started.

Personal Stories

Attach a personal story from the project's target group that can illustrate the results you describe in the Results Summary. Use one single-sided page (size A4).

See attached.

Part 2: Financial Report

Important explanations and definitions can be found in the Manual for Reporting, Part 2: Financial Report.

All questions must be answered if not indicated otherwise.

Management of approved budget

1. Describe deviations from the budget granted regarding:

a. all budget line deviations over 10%

Budget changes were made twice which were approved by ForumCiv. See below. The financial report from the ForumCiv portal does not include those changes. The deviation on that report is therefore not correct.

Spending against final budget, shows the end result compared to the budget with the budget changes approved by ForumCiv. It shows some deviations over 10 % in the end of the project. All these are minor sums in absolute numbers, most concern meeting/training expenditure and have occurred in the last months of the project. Note that the total sum for the activities has a budget deviation of 1 % and the total admin/management costs a deviation of 2 %.

1.4 Dialogue days – under budget 28 % (+1 949 kr), meeting done in end of November -20 with less participants than planned.

1.6 Consultative forums – over budget 11 % (-2 243 kr) an additional consultation forum done in the end of the project with traditional birth attendance as requested by women groups.

2.2 Formation of men group – over budget 22 % (-658 kr) more men involved than planned.

2.4 Community meeting men group – under budget 17 % (+845 kr) cheaper meeting costs than planned.

3.1 School visits and household visits – under budget 14 % (+3 582 kr) had to be re-planned from school visits to household visits, was hard to calculate the costs for household visit review and reporting meeting held in the end of the project time.

4.1 Data review and evaluation meeting – over budget 11 % (-988 kr) the final meeting in December -20 involved some more participants than planned.

6.3 Support to CHEW (Community Health Extension Worker) – under budget 73 % (+ 2 199 kr) the CHEW is employed staff by the health authorities and extra allowances was budgeted for him when he would participate in and promote the project in the three sub-locations. He has though been able to do this during his ordinary working time within his ordinary compensation. Therefore, only a small portion of what has been budgeted has been paid out.

6.1 Administration: - over budget 22 % (-3 562), some of these cost should maybe have been

classified as management/monitoring costs, it is balanced by the surplus under management here below.

6.4 Management: - under budget 15 % (+4 843), the budget line not fully used since not needed.

- b. interest rate earnings

There are no interest rate earnings.

2. Have you informed ForumCiv of the deviations over 10% in advance? (State the date of approval.)

During the project time two budget change requests have been sent to ForumSyd/ForumCiv and been approved. One in the beginning of the project, due to changes in the exchange rate that lead to the changes in the overall budget. This was approved 5 August 2019. A second request with various changes in the project was due to the project review and the corona pandemic. This request was approved 21 August 2020.

3. State the amount:

- a. of funding transferred to the partner organisation and the dates of the transfers

Total funds transferred: 222 551,59 SEK, se table below.

- b. the currency in which the transfers were made

The currency used for transfer was Kenyan Shilling, KES.

- c. the exchange rate applicable at the time of the transfers

See table below.

- d. the budgeted exchange rate

See table below.

- e. possible exchange rate profits or losses (difference between budgeted exchange rate and outcome)

The following exchange rates were applicable, compared with budgeted exchange rates and with the total losses made.

Month of transfer	Sum SEK	Exchange rate	Sum KES	Exchange rate budget	Sum KES	Profit/loss KES
Juli -19	46 454,55	0,0913	508 812	0,080	580 682	-71 870
Augusti -19				0,080	0	0
September -19	19 484,54	0,0959	203 176	0,080	243 557	-40 381
Oktober -19	21 670,66	0,0959	225 971	0,080	270 883	-44 912
November -19	25 493,38	0,0942	270 630	0,080	318 667	-48 037
December -19	4 969,05	0,0939	52 919	0,080	62 113	-9 195
Januari -20	16 244,70	0,094	172 816	0,080	203 059	-30 243
Februari -20				0,080	0	0

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Mars -20	15 278,59	0,0928	164 640	0,080	190 982	-26 342
September -20	3 817,71	0,0918	41 587	0,080	47 721	-6 134
Oktober -20	23 903,80	0,083	287 998	0,080	298 798	-10 800
November -20	13 304,61	0,0824	161 464	0,080	166 308	-4 844
December -20	31 930,00	0,0775	171 672	0,080	166 308	5 365
	222 551,59		2 261 685			-287 393

4. Has funding been transferred from LEO to one of its own partner organisations?

No, all funds sent to LEO has been used by them.

a. Were the transfers regulated in the agreement between LEO and their partner?

N/A

5. What have you used the administration grant for?

Management/Follow-up trip of 20 000 SEK och Audit/Administration of 14 000 SEK, has been used as follows:

Salary costs for management, follow-up and administration of the project: 14 350 SEK

Salary costs for bookkeeping, transfer of funds: 3 900 SEK

Bank costs, costs to transfer funds to Kenya: 3 000 SEK

Follow-up trip by SvEO representative: 7 750 SEK

Audit: 5 000 SEK

6. How was your own contribution raised?

Our own contribution was part of the funds raised by different Rotary Club and their members for the general activities of Rotary Doctors Sweden.

7. Have the Swedish organisation and the partner organisation(s) adhered to the generally accepted accounting principles in each relevant country? If not, what discrepancies have occurred?

Both SvEO and LEO has adhered to the generally accepted accounting principles in each country.

8. What bookkeeping principle has been applied for the project (accounting on a cash basis or earnings basis)?

A modified cash basis.

9. Have you procured any products or services for a total amount of 50,000 SEK/year or more, excluding VAT?

No.

a. Have the procurement terms in ForumCiv's procurement principles been adhered to? Describe how the procurement was carried out.

N/A

Wage costs

If the project budget included any wage costs answer the following questions.

10. Describe the wage costs included in the project budget by both the Swedish and the partner organisations.

- a. State the amount of wage costs and the proportion of the employees' working time (as a percentage of a full-time employment).

LEO: The wage costs for the project officer is totally 20 446 kr. The project officer worked 50 % of a full-time position for the project. It was one project officer employed during the first nine months, and a second officer employed during the last four months of the project. Under the budget line called management, 16 500 kr has gone to wage costs for the coordinator for the LEO that has had the overall responsibility of the project management and control of the project costs.

SvEO: Management/admin: Wage costs for project coordinator in Sweden and bookkeeper are part of the budget lines for administration and management as described above.

- b. Explain the principles applied in the allocation of wage costs.

Wage cost has been allocated according to the working time of the project officer. Working time was calculated based on the tasks and responsibilities of the officer within the project. Time sheets were used to control that the working time was according to what was paid out to the officer. Regarding the wage costs for the management of the project, this is about 15 % of the total salary cost for the coordinator, and it is a reasonable allocation of his working time to this project.

Local audit

11. Have all funds transferred to your partner organisation been audited?

Yes, all funds have been audited.

12. Has the audit been performed in accordance with ForumCiv's auditing instructions (appendix 3 for agreements signed 2018 and on, and/or in the Grant Agreement)?

Yes, it has been performed according to the audit instructions, in accordance to the two documents regarding ISA 805 and ISRS 4400.

- a. Was the local auditor external, independent and qualified?

Yes, the audit was done by Lakestone Associate that is registered with the Institute of Certified Public Accountants of Kenya following the International Ethics Standards Board of Accountant's Code of Ethics.

13. Have you assessed the report submitted by the local auditor?

Yes, it has been assessed by the SvEO and by the auditor of the SvEO.

- a. Has the auditor submitted an audit certificate in accordance with ISA 805, including a part that refers to ISRS 4400, and a separate audit memorandum/management letter?

Yes, the reports have been done according to ISA 805, ISRS 4400, and with a separate management letter with responses from the LEO management.

- b. Describe possible significant shortcomings that appear in the audit and how you have responded to them.

No significant shortcomings, a recommendation of using separate accounting books for separate project to easier get an overview of the accounts.

Audit of the Swedish organisation

14. Has the Swedish audit adhered to the relevant instructions in ForumCiv's auditing instructions (appendix 3 for agreements signed 2018 and on, and/or in the Grant Agreement)? If not, why?

Yes, it has been done according to the relevant instructions.

15. Has the auditor submitted an audit certificate in accordance with ISA 805, including a part that refers to ISRS 4400, and a separate audit memorandum/management letter?

Yes.

16. Describe how you have responded to possible significant shortcomings in the audit (attach a possible plan of action in a separate appendix).

The Swedish auditor pointed to the need to follow-up the Kenyan auditor's management letter regarding separate accounting books for separate projects. This has been followed-up by the SvEO.

Funds eligible for repayment should be paid to ForumCiv's bankgirokonto 5359-2218.

Always state the project number and specify what concerning repaid funding, interest earnings and exchange rate earnings.

No repayment if the total of unused funding and interest/exchange rates earnings is smaller than 500 SEK.

Repaid funding: 3 448 kr	Date of repayment to ForumCiv: Click here to write
Accumulated accrued interest: None	Date of payment to ForumCiv:

FINAL REPORT DEVELOPMENT PROJECT

Accumulated exchange rate earnings: None	Date of payment to ForumCiv:
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Part 3: Results Matrix

The matrix should not contain any analyses or longer explanations. Comment in the Result-Based Report.

Expected results (goals and sub-goals as granted in the Decision Memo)	Target group Reached within each goal. Specify number of women/men/other groups	Baselines values as measured in the beginning of the project (if there were any)	Indicators as measured in the end of the project	List methods used to measure indicators List verification sources
<p>Project goal</p> <p>Right-holder and duty-bearer take responsibility for a change process that has increased the number of women making own decisions regarding their own health.</p>	<p>Primary target groups:</p> <p>Women groups: 75</p> <p>Men groups: 75</p> <p>6 health dispensary staff, 1 woman and 5 men.</p> <p>18 community leaders, men</p> <p>Secondary target group:</p> <p>1 627 pupils, 825 boys and 802 girls.</p> <p>9 CNS staff, 3 men and 6 women</p> <p>3 000 women and 2 000 men reached through household visits, many of those have also been</p>	<p>Indicators:</p> <p>10 % increase in women who access reproductive health services in the area.</p> <p>Base line:</p> <p>13% of women access reproductive health services before the project.</p> <p>Indicators:</p> <p>40 % of women involved in the project can give examples of taking own decisions regarding their own health.</p> <p>Base line:</p> <p>Women express that men take all decisions regarding their own health and regarding when to seek health services.</p>	<p>9 % increase in women who access reproductive health service in the area.</p> <p>71 % of women involved in the project can give examples of taking own decisions regarding their own health, 90 % regarding their families' health</p>	<p>Clinic attendance registers.</p> <p>Notes from focus group discussions with the women.</p>

	reached at community meetings.			
<p>Sub-goal 1:</p> <p><i>The three women groups in Kasei ward have the organizational ability and capacity to work actively with rights to health issues towards duty bearers and the local community.</i></p>	<p>75 women organized in 3 groups</p> <p>Secondary target group:</p> <p>Women in the communities: reached approximately 3 000.</p>	<p>Indicators:</p> <p>Three women groups in the Kasei area are actively working with increasing the rights of women and girls and have a plan of action for their work.</p> <p>Base line:</p> <p>Currently one women group exist, though not active.</p> <p>Indicators:</p> <p>Women groups have claimed rights towards duty-bearers.</p> <p>Base line:</p> <p>No dialogue between women as right-holders and duty-bearers.</p>	<p>Three women groups are active, each having 25 members. They have plan of action, have done activities in 2021 after the project finished.</p> <p>Women groups have claimed their rights in meetings with men groups, chiefs/sub-chiefs and with health staff.</p>	<p>Membership lists of the women groups, plan of action, notes with results and photos from meetings.</p> <p>Notes from meetings.</p>
<p>Sub-goal 2:</p> <p><i>Men in the community are actively involved in change processes regarding women rights to take decisions regarding her own health.</i></p>	<p>75 men</p> <p>18 Community leaders (chief, sub-chiefs, village elders, religious leaders) – all men</p>	<p>Indicators:</p> <p>Men key change agents and groups exist in Kasei area taking part in change</p>	<p>Three men groups exist, each with 25 members that are taking part in the change process.</p>	<p>Interviews with men, membership list and notes of results and photos from meetings.</p>

	<p>Secondary target group:</p> <p>Men in the communities: reached approximately 2 000</p>	<p>process regarding women rights.</p> <p>Base line:</p> <p>Currently no organized men group or key changed agents with this purpose.</p> <p>Indicators:</p> <p>Duty-bearers are exposed to and engage with the demands of women</p> <p>Base line:</p> <p>No dialogue between women as right-holders and duty-bearers.</p>	<p>Duty-bearers, that is men in the men-group and chiefs/sub-chiefs, have been exposed to and engaged with the women group members to discuss the issues of the project.</p>	Notes from meetings
<p>Sub-goal 3</p> <p><i>Schools children in the six selected schools have developed knowledge and self-image as right-holders regarding their own bodies and health.</i></p>	<p>Secondary target group:</p> <p>1 627 pupils 12 – 18 years, at 11 different schools in the Kasei area, 825 boys and 802 girls.</p>	<p>Indicator:</p> <p>25 % of a representative group of pupils have expressed an understanding of their own rights in relation to health issues.</p> <p>Baseline:</p> <p>Pupils have not been exposed to information/education about the Rights of the Child or similar issues.</p>	<p>95 % of the 120 randomly chosen pupils interviewed have expressed that they understand the message of Kasei for Change project and that they have own rights in areas of FGM, early marriages and teenage pregnancies.</p>	Interviews with school children.
Sub-goal 4				

<p><i>Local health staff at the three dispensaries practise “patient-friendly” working methods when offering reproductive health services, including for example respecting privacy and confidentiality.</i></p>	<p>6 health dispensary staff, 1 woman and 5 men.</p>	<p>Indicators:</p> <p>10 % increase in women who access reproductive health services in the area.</p> <p>Base line:</p> <p>13% of women access reproductive health services now.</p> <p>Indicators:</p> <p>Female patients declare changes in health staff attitudes and behaviour towards them, in a patient satisfaction survey.</p> <p>Baseline:</p> <p>No earlier follow-up of patient satisfaction has been done.</p>	<p>Patient satisfaction survey done, but not possible to draw conclusions about change of health staff attitudes before and after the project.</p>	<p>Clinic attendance registers.</p> <p>Patient satisfaction survey.</p>
<p>Sub-goal 5</p> <p><i>CNS has developed a strategy on how to work with right-based working methods in community based projects.</i></p>	<p>9 CNS staff, 3 men and 6 women</p>	<p>Indicator:</p> <p>Future CNS projects will include explicit right-based working methods.</p> <p>Base line:</p> <p>Projects before the one in this application does not contain an explicit right-based approach.</p> <p>Indicator:</p>	<p>Current and future projects/activities include right-based working methods.</p>	<p>Future project plans.</p>

		<p>A strategy on how CNS will work with right-based approaches</p> <p>Baseline:</p> <p>No strategy in this area.</p>	<p>A strategy on how to use right-based approached has been developed.</p>	<p>Strategy on right-based working approaches and methods within CNS.</p>

Personal Stories – Kasei for Change project – Womens’s right to health.



Joyce Chemkan, 50 years old, 6 children. Chairwomen for the Kasei women group: We have visited schools, churches and gatherings and after covid19 we did house to house visits. People really listened, asked questions, were eager to learn more. As for FGM we saw a change almost immediately, for family planning and child marriages this will take time. We will continue to advocate for change. A good thing was to bring men on board. Men make decisions in families, they influence other men to acceptance of the change. The challenge now are teenage pregnancies! During covid19, there was a sharp rise in teenage pregnancy and this has meant that we have not achieved much in this area.



Juliana Chepisho, 14 years, grade 7 Kamketo primary school: Our school was visited by a team from Kasei for Change. They talked to us about FGM, the dangers associated with the cut, the need to continue with our education and avoid things like early marriages, becoming pregnant. I think they really helped us. My dream is to become a doctor, we do not have doctors here and there are many sick people. I want to bring change to our community when I grow up!



Samson Mengich, 31 years old, assistant chief Korokou. We have seen a tremendous drop in FGM incidences and forced child marriages this year, meaning that the message has reached home. I have a lot of young people around me. I have become a big crusader in supporting women health right in our community. In my barazas I invite the Kasei for Change to give talks about family planning, girl child education, skilled deliveries, immunization, ending FGM and child marriages!



Emily Joshua, 43 years, 4 children. Member of Kasei women group: We have done a good job, reaching many people. Men were very ignorant on what goes on during FGM. Now they know and they are coming out strongly to oppose it. It is time for the community to change, both men and women are working together for change. Our people are slowly embracing family planning, it will take time, the same as child marriage! What is important is that the community has information!