FINAL

MID TERM EVALUATION REPORT

Programme Title: Safe Communities for safe Children and Adolescents in Kenya
Location: Kakamega County (Matungu and Mumias West sub-counties) and Nakuru County (Naivasha and Gilgil Sub-Counties)

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Submitted By

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Acknowledgment

This Midterm evaluation report is presented with much appreciation from key contributors and respondents. We acknowledge with special thanks CISP, the lead agency, Kenya National Outreach Counseling, and Training Program (K-NOTE), and Matungu Rural Poverty Alleviation (MARPA), implementing partners in Nakuru and Kakamega counties respectively, for their input in the report.

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List of Acronyms

AAC   Area Advisory Councils

AICS   *Agenzia Italiana per la Cooperazione allo Sviluppo*

CCC   County Children Coordinator

CCI   Charitable Children Institution

CD   Community-led Dialogue

CHV   Community Health Volunteer

CISP   *Comitato Internazionale per lo Sviluppo dei Popoli*

CP   Child Protection

CPIMS   Child Protection Information Management System

CPV   Child Protection Volunteer

CRC   Child Rights Clubs

CSO   Civil Society Organization

DAC   Day of African Child

DCS   Department of Children Services

FGD   Focus Group Discussion

KII   Key Informant Interview

GoK   Government of Kenya

LAAC   Locational Area Advisory Councils

ICER   Incremental cost-effectiveness ratio

MEAL   Monitoring Evaluation Accountability and Learning

MoE   Ministry of Education

MoH   Ministry of Health

MTE   Midterm evaluation

MoU   Memorandum of Understanding

SCCO   Sub County Children Office

RA   Result Area

VAC   Violence against Children

Executive Summary

Background of the project: This report presents the results of a Midterm Evaluation (MTE) conducted for the project "Safe Communities for Safe Children and Adolescents in Kenya," targeting the communities in Naivasha and Gilgil sub-Counties in Nakuru County and Matungu West and Mumias Sub-Counties in Kakamega County. The project aims to tackle the root causes of child abuse, violence, and exploitation and strengthen the child protection systems in the targeted Sub-Counties.

The project focused on **four (4) strategies** with a bias towards Child Protection. The project's specific strategies are: a) **Prevention of child abuse,** exploitation and violence through innovative and proven successful Social and Behaviour Change approaches discouraging negative beliefs and behaviours that contribute to the violation of child rights and increasing the capacity of the target communities to protect their children; b) **Child Participation and Empowerment**, through Child Rights clubs, teenage mothers' support groups, talk boxes in schools, and the utilization of Behaviour Change Communication (BCC) and art for social change methodologies; c) **Child Protection System strengthening to enhance the quality, coordination and inclusiveness of integrated services** by providing technical and material support to the Department of Children Services and other key stakeholders in the referral system; and d) **Participatory Research and Advocacy** to analyse specific gaps in child protection and support advocacy actions at national and county level.

Field Methodology and Data Collection: The overall research methodology was based on a combination of participatory data and information gathering methodologies, which included: Secondary data analysis as the first step through a desk review of policies and reports; Primary data collection approach through the use of Key informant interviews, focused group discussions (FGDs) with teenage mothers, children and community groups involved in child protection work. The primary data collection was conducted in Kakamega and Nakuru counties.

The MTE targeted collecting data from 600 respondents (300 Nakuru County and 300 Kakamega County). By the close of the data collection exercise, 593 respondents (297 Nakuru County and 296 Kakamega County) had participated in the study. The evaluation team adopted key phases to ensure its successful execution, and these included: (i) inception meeting and tools development, (ii) Data collection phase, (iii) Data compilation and Analysis phase, and (iv) Report writing.

Data Analysis: from the review of secondary literature, some project reports and primary interactions with the different stakeholders, the evaluation team was able to generate statistics that are presented in this report. Analysis of quantitative data was done using SPSS version 2.0. This involved coding of data in a long thematic focus area to generate descriptive statistics. The raw data set was downloaded, checked and cleaned before the analysis.

Findings:

Relevance: Evidence from collected data showed the project was relevant since it addressed the real needs of the beneficiaries and that the approaches used were appropriate in helping attain intended results.

Teenage mothers FGD reported that activities they are involved in, helps them overcome some of the issues they are faced with, which includes: being discriminated against and isolated, being seen as immoral and ill-mannered, verbal abuses and insults from community members, those in leadership positions being demoted from leadership and generally being left to assume adult responsibilities.

Coherence: It was evident from collected data that the project is implemented in a manner that is consistent with addressing identified CP gaps, identified at design stage and coherent with existing policies and frameworks summarized above in context analysis.

Efficiency: Through the use of **incremental cost-effectiveness ratio (ICER)** to determine project efficiency in realizing intended outcomes, the analysis shows that the less costly and more effective activities are the ones with the direct participation of children (strategy b) Child Participation and Empowerment). There are followed by the social and behaviour change activities (strategy a) Prevention of child abuse). It's also noted, that the activities around quality of service provided (strategy c) Child Protection System strengthening) were more costly and less effective.

Effectiveness: The findings show that 90.5% and 95.3% of activities in Nakuru and Kakamega, respectively, are on track to be completed on schedule. Most of the project activities yield intended results as represented in the indicator-tracking table and further confirmed during FGDs are addressing the community behaviour changes and Child Rights issues. The evaluation analysed the four (4) Result Areas with the given thirteen (13) Indicators. 53.8% (7) of the indicators are on the verge of being completed and will definitely be achieved by the end of the project period. 30.7% (4) are on track, and 7.7% (1) is lagging behind, while 7.7%, one (1) indicator was not reported for lack of data at the time of the evaluation.

Project impact: Overly, the findings of the MTE show that there is a remarkable improvement in children's knowledge across all genders and between the two counties. At county level, Kakamega County moved from 69% to 90.4%, while Nakuru County improved from 73% to 83.2%. Girls improved by 17.9% (from 70 at baseline to 87.9% at MTE), while boys improved by 14.6% (from 72% at baseline to 86.6% at MTE). These are among the highlights of improvement this report has established.

Best practices: The evaluation established four best practices, which include: 1. the involvement of the community members at the inception and during the implementation of the project; 2. the use of talk boxes which was highly rated as it helps to allow the children to communicate while retaining confidentiality, this being reinforced by the seconding of children counsellors who helped in counselling and follow up of cases; 3. the enhancement of case management by the project which has helped to fast track cases; 4. the CPIMS and case management committees making management more efficient since all players meet to discuss cases.

Recommendations: The evaluation made recommendations based on the four result areas. **Result Area 1:** Recommended to enhance engagement with the community to manage their expectations and seek locally-driven approaches that would be used as sustainability models. **Result Area 2:** The approach used (Child right clubs, peer to peer approach and use of talk boxes) being less costly and more effective, requires upscaling or improving the intervention with a piloted food provision component. **Result Area 3.** The transfer of service providers' staff like at the DCS, police, health and education departments who have been trained in the project, usually interferes with the continuity of

service provision, and sometimes cases get slowed down. It's recommended the project should employ a **cascade model** where trained officers are tasked to mentor someone who can take over in case he/she is transferred. Advocating to have CP as part of the professional continued learning, e.g. in the medical field, can help have more staff trained. **Result Area 4**: Evident based advocacy requires documented human-interest stories and proof of concepts are encouraged to continue and as best practice in programing. A depository database and themes of areas to advocate on, need to be developed and structured for use for this project and any other actors within the CP sector.

1. Introduction and Background

1.1. Child Protection Globally

According to the Global status report on preventing violence against children (2020)[1], it is estimated that one out of two children aged 2–17 years' experience some form of violence each year. A third of students aged 11–15 years worldwide have been bullied by their peers in the past month, and 120 million girls are estimated to have suffered some form of forced sexual contact before the age of 20 years. Emotional violence affects one in three children, and worldwide one in four children lives with a mother who is the victim of intimate partner violence. The report observed that over the course of their lifetime, children exposed to violence are at increased risk of mental illness and anxiety disorders; high-risk behaviours like alcohol and drug abuse, smoking and unsafe sex; chronic diseases such as cancers, diabetes and heart disease; infectious diseases like HIV; and social problems including educational under attainment, further involvement in violence, and crime.

1.2. Child Protection situation in Kenya

While Kenya has made some good progress on reducing violence against children based on the violence against Children (VAC) survey of 2010 and 2019[2], the 2019 report confirms the need to keep doing more to improve the situation. The Violence against Children Survey of 2019 indicates that among those who experienced any childhood sexual violence, 18.4% of females experienced the first incident at age 13 or younger, 26.6% between age 14-15, and 54.9% between ages 16-17. The females who experienced pressured or physically forced sex in childhood, nearly three out of ten (30.4%) experienced the first incident between ages 14-15 and 54.6% between ages 16-17. Further, those who experienced childhood sexual violence, more than three out of five (62.6%) experienced multiple incidents before age 18. More than half of 13-17-year-old females (56.7%) who experienced any incident of sexual violence in the past 12 months (prior to the survey) told someone about their experience. Females disclosed to a relative (55.1%) or a friend or neighbour (35.5%). Nearly one out of five females and males experienced physical violence by a parent, caregiver or adult relative.

Within the ages 13-17, 1 in 2 females experienced the first incident of physical violence between age 6 and 11, while 2 in 3 males experienced the first incident of physical violence between age 12 and 17 years. Those in the bracket of 13-17-year-old, about one-third of females and males experienced emotional violence by a peer in the past 12 months, prior to the survey (females, 34.3%; males, 32.2%). In addition, 21% of women aged 15 to 49 years have undergone FGM/C, with prevalence rates as high as 96% amongst girls and women of Somali origin. It is estimated that 23% of women aged 20 to 24 years were married before the age of 18 years. In one of Nairobi's crowded urban informal settlements, 1 in 3 girls and 1 in 7 boys have experienced sexual abuse, while 3 in 10 children are heads of households and 20 to 30% are involved in survival sex and trafficking.

1.3. Safe Communities for safe Children and Adolescents project

CISP – *Comitato Internazionale per lo Sviluppo dei Popoli* (International Committee for the Development of Peoples) is a rights-based international NGO established in 1983 in Rome. CISP implements humanitarian, rehabilitation, and development projects through its cooperation with public and private local actors in over 30 countries globally. Since 1997 CISP has been working in Kenya to carry out projects in areas of development by supporting national and county authorities to provide quality, equitable, transparent, and accountable services in various sectors. Over the past 23 years, CISP Kenya has expanded its activities across more than 12 Counties in both rural and urban areas in various

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[1] Global status report on preventing violence against children (2020)
2 Violence Against Children (VAC) Survey Report (2019)

sectors of intervention, including Agriculture and Food Security, Conservation, Livelihoods, Health and Nutrition, Protection (children, refugees, GBV), Education (early childhood, university), Governance, and Arts and Culture.

CISP is currently implementing a 3-year project titled "Safe Communities for safe Children and Adolescents in Kenya" in Kakamega and Nakuru Counties, with support from AICS (*Agenzia Italiana per la Cooperazione allo Sviluppo*/Italian Agency for Development Cooperation). The project addresses the root causes of child abuse, violence, and exploitation. In addition, it strengthens child protection systems in Naivasha and Gilgil sub-counties in Nakuru County and Matungu and Mumias West in Kakamega County in Kenya. The project started in October 2019 and is expected to end in December 2022.

In December 2021, CISP hired an independent consultant to conduct the Midterm Project Evaluation. The objective was to verify the relevance of the strategy proposed/implemented with respect to the problems identified, the coherence of the implemented action to the set objectives and results, the effectiveness and efficiency of the action, the impact and sustainability of the project in the long term. The measurement of the impact is based on the objective and result indicators set and agreed with the donor.

1.4.   The Rationale of the Project

This project was developed based on CISP and its partners' situational analysis carried out based on the experience and knowledge of the context developed in more than 10 years of Child Protection programming in Kenya; Child Protection Information Management System (CPIMS) data at national, county and sub-county levels shared by the Government of Kenya- DCS; assessments of International Organizations and the Government of Kenya; CP studies realized by CISP in Kenya; specific assessments and consultation meetings held with local authorities, stakeholders and potential beneficiaries in the target sub-counties.

The project is implemented by a consortium of six partners in strong collaboration with the Department of Children Services and the Ministry of Health. CISP, the lead agency is coordinating the project implementation; Kenya National Outreach Counselling and Training Program (K-NOTE) and Matungu Rural Poverty Alleviation – MARPA, local counterparts facilitate the implementation in Nakuru and Kakamega counties respectively. Kenyatta University and National Institute of Health *Istituto Superiore di Sanità* (ISS), public academic institutions based in Kenya and Italy, respectively, lead the research component; and Translate into Meaning (TriM), a private company, facilitates a GIS multilevel analysis of services. Another strong collaboration is with the Department of Children Services (DCS), the Ministry of Health (MoH) and the Ministry of Education (MoE) both in Kakamega and Nakuru Counties, Kenya.

Based on the three Baseline Reports for communities conducted in August 2020, Children and Teenage Mother in March 2021, had major child protection concerns identified in the target sub-counties which included:
- Naivasha and Gilgil had identified: neglect of children by parents and caregivers, sexual abuse, including commercial sexual exploitation of children leading to high transmission of HIV/AIDS, school dropout, child labour, physical and emotional abuse, and children living on the streets.

- Matungu and Mumias West had identified: child neglect, sexual exploitation of girls led to teenage pregnancies, child marriage, abandonment of babies due to stigma, and discrimination of children with disabilities

1.5.   Project Objectives and Strategies

The general objective of this project is to contribute to strengthening the child protection system in Kenya that prevents and responds to violence, abuse, exploitation and harmful cultural practices on children and adolescents while promoting their physical, mental and social well-being. This is being achieved through a strategy based on CISP and its partners' expertise, UN INSPIRE and the GoK policies and priorities. The strategy includes four main components:

1. **Prevention of child abuse, exploitation and violence through innovative and proven successful Social and Behaviour Change approaches** discouraging negative beliefs and behaviours that contribute to the violation of child rights and increasing the capacity of the target communities to protect their children.
2. **Child Participation and Empowerment**, through Child Rights clubs, teenage mothers' support groups, talk boxes in schools, and the utilization of Behaviour Change Communication (BCC) and art for social change methodologies.
3. **Child Protection System strengthening to enhance the quality, coordination and inclusiveness of integrated services** by providing technical and material support to the Department of Children Services and other key stakeholders in the referral system.
4. **Participatory Research and Advocacy** to analyse specific gaps in child protection and support advocacy actions at national and county level.

1.6.   Midterm Evaluation Objectives

The midterm evaluation aims to establish the following:

a. Assess the Relevance, Coherence, Effectiveness, Efficiency, Impact and Sustainability of the project and its implemented activities.
b. Identify best practices and propose corrective measures and/or alternative solutions for the follow-up of project execution.
c. Establish a critical balance for the execution of activities by relating forecasts and achievements.
d. Analyse and improve the quality of project planning and management.
e. Provide information about how the project activities can be better aligned with policies and guidelines.

1.7.   Summary of the Baseline's recommendations

The three baseline surveys conducted in August 2020 for communities, children and teenage mothers in March 2021 respectively, aimed to provide evidence-based information about knowledge, attitudes, beliefs and practices of communities, service providers and County and national government authorities in relation to child protection and safeguarding, as well as provide benchmarks against which to measure project performance. The recommendations from the baselines which advised the project implementation have been highlighted as follows:

The Communities Baseline Survey August 2020 report:
- For all categories of targeted groups (Community Members, Service Providers and County Authorities) the knowledge level was lower in Nakuru than in Kakamega County, and the

spread of harmful beliefs and practices was higher. This called for a special effort in Nakuru County to address the knowledge gaps and change the social norms justifying violence against children.

- Service providers held on to less harmful beliefs than authorities and community members. This was encouraged as service providers and authorities, together with community champions of change, were to be invited to play key roles in triggering changes of harmful social norms in the target communities.

- The findings strongly suggested the need to address the following knowledge gaps among service providers: the importance of strengthening the referral pathway with all actors working on child protection, which played an important role in providing quality responses to child abuse, violence and exploitation; the potential and proper use of the CPIMS as an instrument of case management; the need for adolescents to access both reproductive health education in school and services in hospitals and dispensaries.

- Advocacy skills and strategies to be enhanced among County authorities, with particular attention to: their role and responsibilities in policy and budget development; participatory methods for community members to demand for services that address gaps in their locations; existing child protection policies that are relevant and adequate to address challenges affecting children.

- Corporal punishment was a widespread practice in both Counties that requires intervention at various levels: It was highly recommended to undertake Information, Education and Communication (IEC) campaigns targeting community members, teachers, other service providers and authorities on the illegality of corporal punishment in school.

- Child labour and parental neglect were common issues in Nakuru that require special attention: practical discussions with parents were required to raise their awareness of the risks and consequences of their actions in forcing their children to work.

- Promoting the importance of prioritizing education of children in the family economy was recommended: this was to be done alongside promotion of gender equality to ensure equal access of boys and girls to school and completion of education, with particular attention to pregnant girls.

- Acceptance of sexual violence of girls and boys and blaming girls for their dress or behaviour requires a serious change in the targeted communities: champions of change were key factors in leading the promotion of changes of such deeply rooted beliefs and practices. It was important to dismantle the root causes that justify child pregnancies and marriage, that condemn and blame the girl child, and that takes away the opportunity to go back to school and choose her own path in life.

- Local authorities and leaders were to seriously address FGM in Nakuru: it was recommended that community groups against the practice of FGM, lead community dialogues with community members that accept and justify the practice.

- Discrimination of children with special needs, children with HIV/AIDS and children born out of incest, especially in Kakamega was to be addressed: this was to be achieved by preventing children's isolation and access to services and education opportunities.

Teenage Mothers and Adolescent Survey report March 2021:

- The project should focus on the safety of adolescent girls through ensuring that they understand the risks associated with unsafe sexually behaviours, demystify the myths on STIs and openly discuss sexuality with girls above 13 years.
- Right to reproductive health services is a right to every girl and woman of reproductive age or above 12 years. Sensitization on this right need to be done to all girls above 13 years and discourage the negative norm linking reproductive health to sexual immorality.
- The project should find a way to support the teenage girls particularly from poor family backgrounds with sanitary towel (preferably reusable for sustainability purpose) and other basic hygiene requirements for a girl to prevent being taken advantage of by their boyfriend as they provide them with sanitary towels in the event their parent or guardians can't afford.
- Prenatal and postnatal services are key for the health of both the baby and the mother. Education on the importance of the services for both mother and baby needs to be done to the teenagers in case the need for such service arises.

Children Baseline Survey report March 2021:

- From the survey, there is still a dire need to address the gaps in awareness of their children rights and responsibilities among school-going children. In particular, on the right to education, which is a basic right for every child, the government advocates for compulsory access to primary education for every child in Kenya. However, there are children who are in school and do not know it is not just a family decision but it is an obligation to send a child to school. Some children also think it's normal to prioritize boys in the access to school when resources are limited. Therefore, there is a need for a joint approach to sensitize children and parents and ensure that any case of school abandonment is reported and addressed.
- Children still hold on to beliefs that harmful practices against them are acceptable. In particular, too many children think that physical, psychological, and sexual abuse at home and in school is normal. There is a need for more discussion with school children and peer to peer education to demystify harmful social norms against boys and girls. Corporal punishment is extensively practiced in school, and too many children are not aware that this is against their rights. There is a need to undertake Information, Education and Communication (IEC) campaigns targeting children, teachers, and parents on the illegality of corporal punishment in school as per Kenyan Law. Sensitization of alternative disciplinary measures should be promoted.
- Violence at home and in the community is occurring according to the children. Children should be informed on how to report sexual violence for example and empowered not to accept that their peers are abused.

2. Study Methodology

2.1. Introduction

The overall research methodology was based on a combination of participatory data and information gathering methodologies, which included: Secondary data analysis as the first step through desk review of policies and reports; Primary data collection approach through use of Key informant interviews, focused group discussions (FGDs) with teenage mothers, children and community groups involved in child protection work. The primary data collection was conducted in Kakamega and Nakuru counties. This methodology ensured a user-friendly environment for participants to freely express their opinions regarding issues being evaluated, and allowed two-way learning and flow of ideas.

2.2. Data collection approaches

2.2.1. Secondary Data Collection – analysis of project document and CP policies and reports

The secondary data analysis process entailed reviewing the various reports, policy guidelines and plans at the County and national level to understand the emerging trends of child protection risks. The secondary data analysis was also used to establish the information that already exists and already documented on the child protection risks and child protection prevention and response adapted by different agencies to respond to the child protection needs. Some of the policies and reports reviewed during the secondary data analysis are as listed below:

- Terms of Reference for Mid-Term and End line Evaluation 2021
- Project Proposal Titled "Safe communities for children and adolescents in Kenya"
- Baseline Survey Report for Community, Project: Safe Communities for Safe Children and Adolescents Location: Nakuru and Kakamega Counties, Kenya, August 2020
- Baseline Survey Report for School Children in Kakamega and Nakuru Counties, March 2021
- Baseline Survey Report for Teenage Mothers and Pregnant Adolescents Support Groups in Kakamega and Nakuru Counties, March 2021
- Social Norms Assessment Report, July 2020
- County Governments of Nakuru and Kakamega CIDPs 2018-22
- Project Log frame
- MOU with the Implementing Partners K-NOTE,MARPA, and other Research partners
- Third Medium Term Plan 2018–2022 of the Government of Kenya;
- Kenya Vision 2030, Social Pillar, Gender, Youth and Vulnerable Group;
- National plan of Action for Children in Kenya (2015-2022);
- Framework for the National Child Protection System for Kenya (2011);
- Guidelines for the protection systems of County minors;
- Conclusions of the Committee for the Rights of the Child (2016);
- Strategic Plan UNICEF 2018-2021;
- UNICEF Country Program for Kenya 2018-2022;
- Seven Strategies for Ending Violence Against Children, INSPIRE (WHO 2016);
- Operational Guidelines for Italian Development Cooperation in East Africa (2014).
- Project Norms and Comparative Dialogue Study Report 2020
- Kenya University County Allocation of Funds and Stock Analysis Study report 2020
- Children Act Revised 2012

- National Guidelines for the provision of adolescent and youth friendly services in Kenya (2016)
- Kenya Health policy, 2012-2030

2.2.2. Primary Data Collection

a. Study participants (Respondents)

Primary data was collected in areas where the project is being implemented which mainly targeted Children (girls and boys), Adults (Parents and Guardians), Community Leaders, Teachers and other Education Officials, Police Officers, National Government Administration Officers, County Government Administration Officers and the project staff. Data collection was mainly conducted through the use of children FGDs, key informant guides for child protection actors and use of focus group discussion guides for teenage mothers and Self-Assessment Questionnaires.

While collecting data, the evaluation team directly reached out to the community members, school children, teenage mothers, service providers, and authorities. The total number and categories of the persons reached are captured in Table 1. Both online and manual data collection tools were used in the process. Where physical interviews were applicable, Covid-19 protocols were followed as advised by the Ministry of Health.

b. Data Collection Techniques

(1) Focus Group Discussions

In each of the two countries (Nakuru and Kakamega) a total of 120 people were reached through FGDs. These groups included: Teenage mothers, Child Rights Club Members, Community Members, Magnet Theatre Group Members and Dialogue Groups Members. The crucial criteria for participation in the FGD was that the member has been involved in the project and could articulate the project's issues. Each FGD was composed of 6-12 members. At least two researchers were engaged to conduct the interviews, where one facilitates the discussions, and the other takes notes. The language of communication was a mixture of English and Swahili. A tool for FGDs was developed earlier and used to guide the discussions and deliberations.

(2) Survey

An online Kobo Collect tool was used to conduct surveys. The groups that were interviewed included: Schools Children, Community Members and Teenage Mothers. A total of 200 respondents each were reached in Nakuru and Kakamega Counties The number of respondents for the survey was determined on the basis of a random sampling subject to a predetermined minimum of being part of the project implementation.

(3) Key Informants Interviews

To gather in-depth information a total of 73 interviews were conducted. The respondents included: service providers, authorities, and implementing partners. Key informant interviews (KIIs) were conducted in all the two counties. Some that were interviewed included: Department of Children Services, MoE, MoH, Probation Services, CCI, CRC Patrons, Head teachers, MARPA, K-NOTE, TriM, KU, ISS and CISP. We targeted all relevant officers and members involved in the project, both

at implementation and administration. A combination of face to face and self-administered questionnaires were used.

c. Location of Evaluation

The evaluation was carried out in the two Counties of Kakamega (Matungu and Mumias West sub-counties) and Nakuru (Naivasha and Gilgil sub-counties). The implementing partners (K-NOTE and MARPA) were very instrumental in helping the evaluation team access the community, schools and service providers.

d. Data Collection tools

The data collection tools included: online Kobo Collect tool (for the Surveys), FGD guide, and Structured Questionnaires (for the KII). The structured questionnaires which were administered both in person and self-administered had incorporated tools developed by CISP for the baseline surveys. This has allowed comparison of between baseline and MTE values and indicators

e. Quantitative Sampling Survey

A Multi-stage stratified random sampling scheme was used to determine the respondents for the cross-sectional survey. The unit of analysis is the recipients of services/interventions in the sub counties. To facilitate the determination of an appropriate sample that provided feedback in the survey, Cochran's (1977) formula was used to determine the sample size. This was determined as;

$$n_0 = Z^2 pq/e^2$$

Where n_0 = determined sample size; Z = standard normal deviation at the 95% confidence level set for this study; p = significance level of .05; q = 1- p; e = margin of error.

When computed on the above formula, the combined population for the project in the two countries (based on the project proposal) gives a minimum of 384 respondents across the two counties to be interviewed. The sampled respondents were proportionately distributed on the basis of the population in each of the four sub-counties. Further to this, the allocated proportion per sub-county was stratified. Effectively, the minimum number of respondents in each of the four sub-counties was 100, with higher populated areas having more respondents. As a result of this, the desired target sample was 400.

f. Distribution of the sample size

The evaluation utilized stratified sampling to determine who was technically involved in the CP project. Qualitative and quantitative data collection was conducted simultaneously, and the data was analyzed separately. Key respondents include project beneficiaries, implementing partners, other stakeholders including relevant government officials, CSOs implementing children related activities and local authorities. For more details on the specific respondents, please refer to **Annex 1.**

g. Training of Research Assistants and Supervisors

With assistance from the implementing partners K-NOTE and MARPA, 20 Research Assistants, 4 supervisors and 2 coordinators were identified and trained on data collection and online survey tools. The training session took 1 day at both Mumias and Naivasha on two different days. The field logistics and work distribution were well coordinated with Dialogue Group members, helping the RAs reach out to the communities and schools.

Naivasha RAs Training Sessions	RAs testing the tools during the training sessions
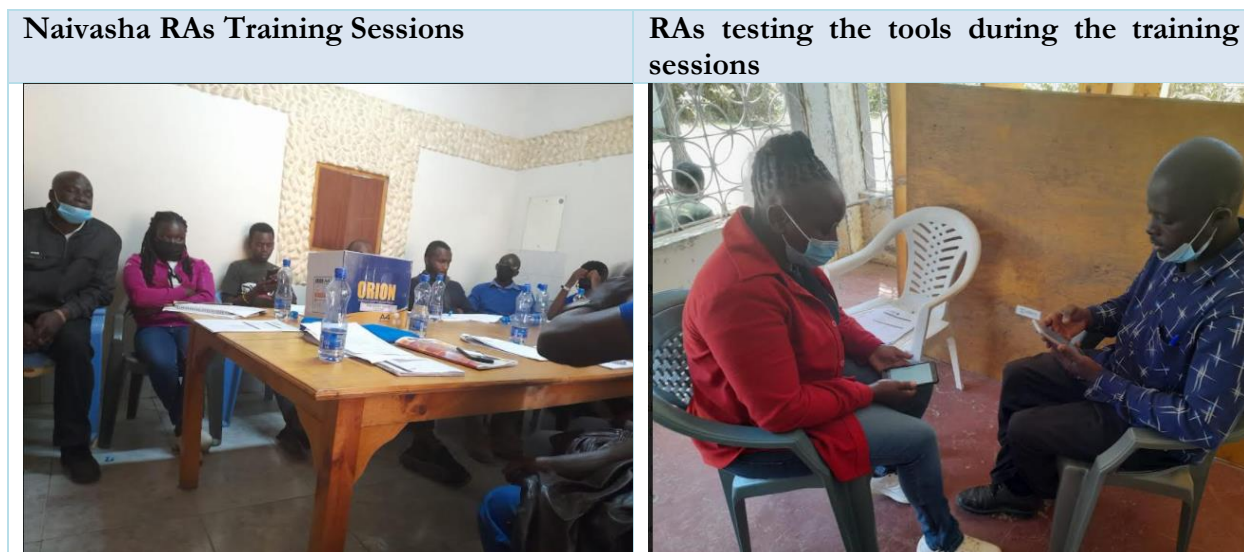
h. Field Challenges and Limitations

This evaluation and project implementation was undertaken during the COVID 19 pandemic, which required working under the Ministry of Health guidelines and protocols. This affected access to schools which posed a challenge as the number of persons to be interviewed as a group had to reduce for fear of Covid-19. There was strict engagement with school going children and limited movements within the community. The assignment didn't meet the scheduled timeline, which was occasioned by the Christmas and New Year holidays. Some of the offices that were to be visited had been closed for the holidays.

2.2.3. Data Analysis and Reporting

a) Quantitative Analysis

Analysis of quantitative data was done using SPSS version 2.0. This involved coding of data in a long thematic focus area to generate descriptive statistics. The raw data set was downloaded and checked and cleaned before the analysis. The descriptive statistics were presented in percentages, frequency tables and charts.

b) Qualitative Analysis

Qualitative data was transcribed and translated based on the focus group discussions and key informant interviews. Protocols for coding were established to ensure each transcript was topically categorized and content organized into themes. After coding was complete, queries on the coded data were used to analyse themes that emerged from the qualitative study to help interpret and triangulate findings of the quantitative data with that of qualitative data.

c) Primary and Secondary Data

The analysed data from primary data collection and secondary data analysis from relevant documents, policies and government reports were used to compile the study report. The report contains findings and suggested recommendations drawn from the various analyses of the data collected. It is anticipated

that the MTE report will be disseminated through presentation of the study findings to stakeholders in all the four locations where the study was conducted and project partners for their input and validation of the study findings.

2.2.4. Study Ethical Consideration

This study was conducted with the utmost care given the participation of vulnerable groups (women, youth, and children). Towards this, there was a consent form in the introductory part of the tools to guide the facilitators. Participants could make an informed consent on whether to participate or not. The participants were also made aware that information/data collected will solely be used for the research work, and handling will be as confidential as possible. Efforts were made to ensure that the study maximizes the benefits involved and minimizes the risks that may arise. All RAs were required to seek consent from caregivers/guardians before engaging with children.

3. Findings And Discussions

3.1. Introduction

This section presents findings and discussions of the teenage mothers, children in selected schools and community members' surveys; Key Informant Interviews with DCS, MoE, MoH, Police Gender Desk, Judiciary Officers, CCIs staff, GOK service providers, local authorities, PWDs organizations, safe houses, head teachers among others and Focus Group Discussions.

3.2. Demographic Characteristics

The MTE targeted to collect data from a total of 600 respondents (300 Nakuru County and 300 Kakamega County). By the close of the data collection exercise, a total of 593 respondents (297 Nakuru County and 296 Kakamega County were reached. Out of the respondents, 76% were adults (56% of them were Female; while 44% were Male), 18% were children (55% of them being Girls and 45% boys) and 6% being Teenage Mothers and adolescents.
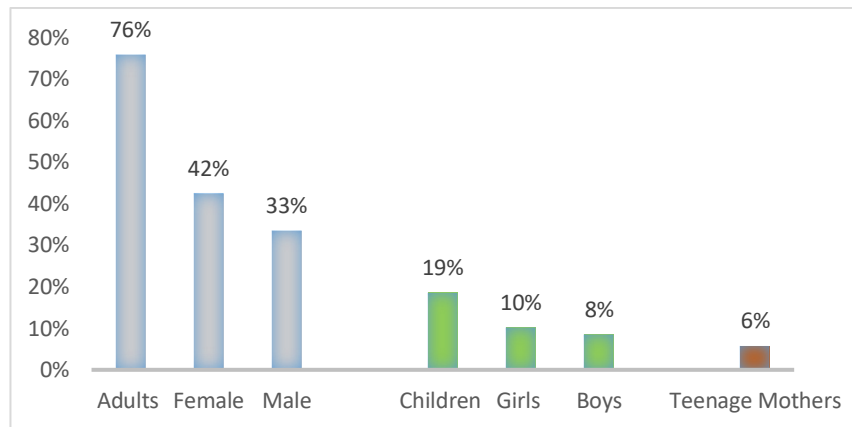
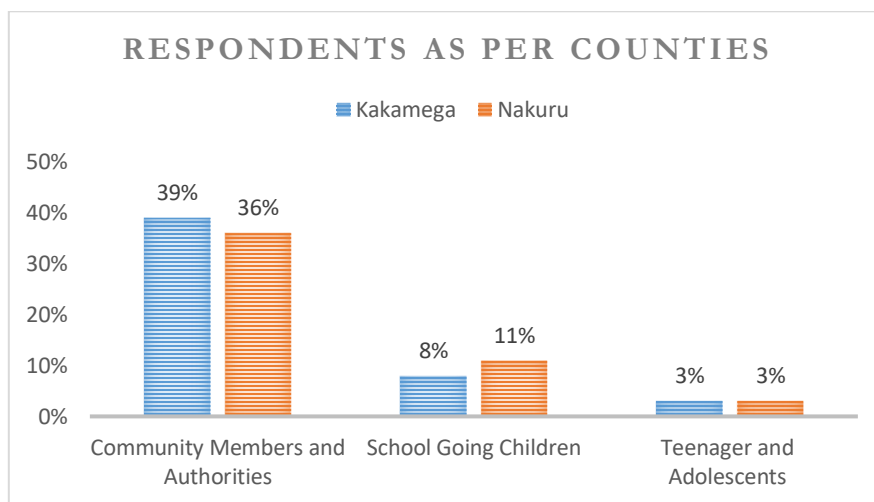**Total Respondents Distribution**

Figure 1:Total Respondents Distribution

Figure 2: County Respondents

3.3. Relevance and Coherence

3.3.1. Introduction to Project Relevance and Coherence

The evaluation focused on establishing whether the intervention was still relevant and addressing the needs of the target communities, and establishing consistency (coherence) with the County as well as the national frameworks, especially those focusing on ending violence against children. As such, the evaluation sought to answer two questions; how relevant was the project? How consistent was the project with the existing policies, programs and development action plans in the areas of intervention? Findings on the relevance and coherence of the project have been presented in a step by step analysis guided by the TOR key questions.

3.3.2. Relevance

In order to address relevance questions, the researcher compared child protection needs at design stage with what was included in the project and verified the same through respondents' feedback. The purpose is to confirm that the interventions that were proposed would address the needs that were identified and at Midterm, beneficiaries could verify the project is still on track to address the needs.

What was the problem at the time of project design?

The UNICEF 2010 Violence against Children (VAC) study revealed that in Kenya, 66% of girls and 73% of boys' experienced physical violence prior to age 18. Almost 32% of girls and 17% of boys experienced sexual violence, while 26% girls and 32% boys reported emotional violence. Perpetrators of violence against children in Kenya are most often the people closest to the children, figures of trust and authority. In school, teachers were found to be the most likely to perpetrate sexual (for girls) and physical (for boys) violence against children. Police were also noted to be likely to commit physical violence. In addition, 21% of females (15-49 years) have been subjected to Female Genital Mutilation/Cutting (FGM/C), 23% of 20 to 24-year-old females are married by the age of 18, while 4% per cent of them got married by age of 15 (KDHS 2014).

This was not any different to Kakamega and Nakuru Counties. Experience by consortium partners through their participatory community engagement platforms, CP expert individual experiences and a comprehensive situational analysis presented the need to respond to escalating cases of violence against children. Social norm study largely contributed to establish the prevalence of violence against children in the target locations. It provided an opportunity for community leaders and service providers to suggest some solutions.

Following the social norm study in Nakuru[3], it is evident that there were social norms in the community that contribute to harmful practices such as: female genital mutilation (FGM) specific for *Kongasis* (Gilgil); hiring young boys as sand harvesters, water vendors in Naivasha, cattle herds and *''shamba''* boys; drug dealers using minors in peddling drugs, fathers defiling own daughters after separation with wife due to domestic violence; track drivers sexually exploiting young girls in exchange for gifts; communities encouraging child marriage; settling cases of defilement locally; weak parental care leading to child neglect, school dropouts and child sexual exploitation; substance abuse and night activities that exposes girls to sex offenders. Explaining why people don't report *"People fear to go and*

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[3] Social Norms Assessment report, 2020 – Gilgil and Naivasha Sub Counties, Nakuru County

report to police because after you have reported you go back to this community and they know you are the one who did that then you will face it rough so you would rather don't dare report" **Kongasis (elder female) Gilgil.**

Finding from a similar study conducted in Kakamega[4] reveal that child abuse is caused by several attitudes, beliefs and practices rooted in the communities which have negative consequences for children and teenagers. Root causes of child abuse are found in the general unprotective attitude, beliefs and behaviour of the communities, which include: lack of care and support for emotionally affected children, belief that children belong to individuals not society, community placing no much value to children born out of wedlock, neglect of children with disability, lack concern for children's needs, negative belief that some families cannot go beyond a certain level of education, cultural belief that it is taboo to look after children born of incest, belief that children with disabilities are bewitched, people calling disabled children *'omwana omusiru'* meaning 'foolish child' among others.

The project consortium of actors appreciated that the above violation of children's rights resulted from interrelated social, political and economic issues that required a multifaceted approach to address them. It was clear that children and adolescents lacked adequate knowledge of their rights and awareness on how to prevent and respond to child abuse. The child protection reporting system, on the other side, was found to be weak in terms of: integration and quality of services; capacity to coordinate service providers; information management system and evidence generation; slow and under-responsive justice system; inadequate budgetary allocation.

Based on the above findings, participants recommended strengthening capacity of families to protect and care for children, build children's capacities for self-protection, use a dialogue cantered approach involving all stakeholders, including elders, religious leaders, women, children and local government representatives, advocating against child labour, child marriages, substance abuse and FGM and child abusers to be persecuted without compromise.

To what extent are the proposed interventions addressing identified needs?

The proposed actions intended to address the major child abuses happening in the target counties, by strengthening community-based and institutional child protection mechanisms. The project is addressing the needs with four approaches:

- **Prevention of child abuse, exploitation and violence through innovative and proven successful Social and Behaviour Change approaches.** Focus on discouraging negative beliefs and behaviours that contribute to the violation of child rights and increasing the capacity of the target communities to protect their children. This approach is focused on addressing root causes of violence against children.
- **Child Participation and Empowerment**, through Child Rights clubs, teenage mothers' support groups, talk boxes in schools, and the utilization of Behaviour Change Communication (BCC) and art for social change methodologies. The action aims to empower children to keep safer behaviours, express their needs and seek services when abuse occurs.
- **Child Protection System strengthening to enhance the quality, coordination and inclusiveness of integrated services** by providing technical and material support to the Department of Children Services and other key stakeholders in the referral system. This approach is focusing on strengthening response and case management for reported cases.

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[4] Social Norms Assessment report, 2020 – Mumias West and Matungu Communities, Kakamega County

- **Participatory Research and Advocacy** to analyse specific gaps in child protection and support advocacy actions at national and county level. Through research good protective behaviours are identified and more communities encouraged to adapt the same, advocacy to close policy gaps is also a key component of this approach. The project is also strengthening community feedback mechanisms, promoting knowledge management and community participation in advocacy actions to enhance access to and quality of child protection services at national and county level, especially ensuring that child protection is a priority within their plans and budgets.

Relevance to Global initiatives and strategies

The project adopted INSPIRE, the seven strategies for ending violence against children. INSPIRE is an acronym, with each letter representing one of the seven strategies: I for the implementation and enforcement of laws; N for norms and values; S for safe environments; P for parent and caregiver support; I for income and economic strengthening; R for response and support services; and E for education and life skills. In addition, there are two cross-cutting activities (multisector action and coordination, and monitoring and evaluation) that help connect and strengthen the seven strategies and monitor the extent of their implementation and impact on the problem.

Launched in 2016 by 10 agencies with a long history of using scientific approaches to understand and prevent violence against children, INSPIRE serves as a technical package and handbook for selecting, implementing and monitoring effective policies, programmes and services to prevent and respond to violence against children.

Respondents' feedback on the relevance of the project

Based on qualitative discussion with various stakeholders, it was clear that the interventions remained relevant and on the right track towards addressing the needs of the target groups.

Key highlights from respondents:

- **Capacity building of stakeholders:** A Police officer at the Gender Desk in Nakuru reported that capacity building seminars were timely in equipping stakeholders with skills on gender-based violence and especially appropriate responses for violence against children. The officer agrees that the project was still relevant in addressing the needs of the children. She confirmed that police were key stakeholders in managing CP cases.
  "...at the gender desk, most issues we handle are defilement, neglect and violation of child rights, family disputes that may affect children, investigating and arresting offenders".
  "…rescuing abused children stand out as the most fulfilling intervention in situations where a relative is the perpetrator. The last case we rescued a girl, she was in a bad shape and parents were not aware of what to do. Upon rescuing, it highlighted so many other cases that go unreported" the officer explained the relevance of rescue intervention.
- **Talk box:** Talk boxes are an intervention that comes out repeatedly as an intervention that helps children express themselves with confidence. A talk box committee member said "*through talk boxes I get to know about issues affecting children*". One head teacher in Kakamega says *"It was an eye-opener to know what is affecting my pupils."*[5]

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- **Addressing the root cause of child abuse- case of social norms:** The social norms study conducted by the project team in project sites revealed that child abuse is caused by several attitudes, beliefs and practices rooted in the communities which have negative consequences for children and teenagers. From the respondents, it was clear that the project is helping address the root causes of violence. *"... Changing beliefs regarding FGM and child marriage especially among the nomadic communities in Nakuru County".* The social norms assessment report makes reference to *"Sexual abuse which is caused by: parents sending children to their lovers to get favours, drug abuse, lust, people taking advantage of children from poor families, parents sending children to the shops at night".*
- **Teenage mothers' interventions:** Teenage mothers' FGD confirmed the relevance of the project directly targeting teenage mothers. They reported that the activities they are involved in help them overcome some of the issues they are faced with, which includes: being discriminated and isolated, being seen as immoral and ill-mannered, verbal abuses and insults from community members, those in leadership positions being demoted from leadership and generally being left to assume adult responsibilities. The project team confirmed that teenage mothers' session agenda covered various topics including: children rights and responsibilities, sexual abuse and exploitation, adolescents' sexual reproductive health and rights, family planning, teenage pregnancies myths and stigmatization as well as infant health including exclusive breastfeeding and proper diet.
- **Children Clubs:** Child Rights Clubs focus group discussions made some bold statements on children development and improvements in class performance due to the clubs' activities. The clubs promoted awareness of child's rights and helped children understand their needs and respect. Improved leadership is the main outcome of this activity. The school prefect reported that they applied skills gained in the clubs in their leadership and were now more confident leading and supporting their fellow students.

Based on the quantitative survey

The baseline recommended parents should be sensitized on good parenting, how to handle the girl child and the steps to take if their daughters get pregnant. The MTE inquired from the respondents whether the project engaged parents to sensitize them on child protection practices. The respondents answered the question, **"In which activity of the project have you participated?"** the respondents had the following answers:

a) In helping to mobilize the community to safeguard the children rights;
b) In creating awareness on the community;
c) In community dialogue; and
d) In creating awareness on child protection and teenage pregnancy.

Was the activity/activities well organized? Did you identify any weaknesses? Explain.

- Yes, information was well presented, and we were able to grasp a lot on the need for child protection in the community
- No, we as officers require financial support because most times, we just volunteer
- Yes. However, there are high expectations from the community regarding justice administration.

It is illegal and a crime punishable by law to engage in an out of court settlement on sexual violence cases against children?

Answer	% percentage
Yes	77.3%
No	17.4
Not sure	5.2%

The MTE scores the above question at 77.3% against the Baseline of 69.1%, where respondents believe it's illegal and a crime punishable by law to engage in an out of court settlement on violence cases against children. This showed a great improvement from the baseline social norms beliefs; where the community said "settling defilement cases locally" was one of their roles.

3.3.3. Coherence

The study sought to determine whether the project was coherent and consistent with existing policies, programs, and development action plans in the areas of intervention. After a detailed context review of existing programs, plans and policies, the study established that the project is aligned to mandates and plans set by all the key government ministries. Therefore, the project complements well with existing programs.

Why is the project Coherent with design and existing policy frameworks?

Following literature review on the context of Child protection programs, the following conclusion were drawn:
- At the policy level, Kenya has ratified key international documents aimed at protecting children from abuse and neglect, mainly the 1989 Child Rights Convention and the 1990 African Charter on the Rights and Welfare of the Child. Kenya Constitution (2010) and Children's Act (2001), Sexual offenses Act (2006) among others are National policy frameworks in force when it comes to child protection. This represents the Country's commitment towards response and prevention of all forms of violence against children.
- The consequences of violence on its survivors are often devastating, causing negative outcomes associated with physical health, social mobility and success, and mental health. In addition, violence is specifically associated with increased risk for sexually transmitted infections, including HIV. Indeed, violence against children affects the entire social ecology from the individual to the full society. This calls for actors who support prevention but also focus on responding to reported cases in order to mitigate the consequences on children (The Global status report on preventing violence against children, 2020).
- Child Protection (CP) is a multi-sectoral and multi-disciplinary affair that requires involvement of everyone. This is much so considering that over 50% of Kenya population constitute children, some of whom live in different situations of vulnerability. As espoused in the Kenyan Constitution, Article 21 Part 3, all state organs, and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities, and members of ethnic, religious, or cultural communities.
- Issues of CP are indeed complex and are a function of many actors. To address the multiple causes and to protect all children, there is great need to ensure leadership to promote and strengthen the coordinated functioning of the different components of a child protection

system, both at national and local levels. It is everyone's business, including national and county governments, civil society organizations, communities, families, and children to address child protection concerns.

- The *2019 Violence Against Children Survey (VACS)* found that among those who participated in the survey, 46% of 18 to 24-year-old young women had faced at least one type of violence; physical, emotional or sexual, during their childhood, as well as 52% of young men in the same age group. In 2010, 76% of young women and 80% of young men reported facing violence as children, showing progress over the last ten years, although the numbers remain alarmingly high. As put in the Violence against Children Survey Report of 2019, the search for a functional child protection system started in the mid-1990s, chaired by the Department of Children's Services at that time. A remarkable improvement between 2010 and 2019 is due to extensive awareness-raising and advocacy to have DCS fully responsible for the management of CP issues. Continuous studies have indicated the need for a more coordinated mechanism to respond to increasing CP needs.

- Although child protection is often associated with the ministry or the department in charge of children's affairs, an effective child protection system requires coordinated efforts of various actors and stakeholders. In Kenya, there are formal as well as non-formal child protection mechanisms. The formal mechanisms are mainly state driven, while the non-formal is more community based, where families, children and schools are also included. There are also inter-agency mechanisms driven by international and national NGOs, with inter-governmental or inter-state agencies playing a major part. The effectiveness of all these mechanisms is often hindered by the lack of a reference point to guide all actors.

- Consequently, within government, child protection is undermined by fragmented leadership; lack of clarity on legitimacy and mandates and lack of understanding of roles of each other at County and National government levels. Poor linkages also cause problems. Other ministries, such as Education, Health, Interior and Coordination of Government, among others, and county governments find it difficult to allocate resources towards child protection, as their roles are not visible. As a result, their collaboration is often based on goodwill, which contradicts the rights-based approach to child protection. The latter requires well defined structural linkages which are supported by legislation.

Highlights from Partner interviews

Key informant interviews had the following coherence question asked: *What are the other same sector players' interventions doing in the sub-county/county?* It was established: the Department of Children Services, Labour ministry, Chiefs, Internal, Security, and Judiciary, Life Bloom service providers, Police (offer protection and arrest), Children's office (Bridging the gap between police and community, and Safe House (Housing rescued children).

To address the question *"Are there similar interventions in this project in the same locations?"* answers *provided include:* Awareness creation, Community dialogues; Clinic officers going to court to provide P3 evidence and Advocacy strategies to champion Children Rights.

In response to the question *"Which activities can the project build synergy or upscale?" some* of the common answers were: The talk box project; Training on child protection to cover other schools and counties;

then food programs in school should seek sustainability models; and training and seminars where stakeholders are brought together to share experiences.

Question: Were the planned activities implemented as aligned in the framework? Or were there deviations?
"Yes, the project activities were well aligned. The only deviation is that they were implemented during the COVID-19 pandemic, so there were restrictions in terms of how many people were to attend the community declaration events, enforcing of physical distancing and other Ministry of Health regulations. Similarly, the community awareness sessions were carried out in adherence to COVID-19 protocols",

"They were implemented as planned, however, due to COVID -19 prevention and the government developed health protocol, the number of participants were limited",

Conclusion
It was evident from collected data that the project is implemented in a manner that is consistent with main CP gaps, which were identified at design stage and coherent with existing policies and frameworks summarized above in context analysis. Key project contribution from KIIs were:
- Focus on system strengthening, capacity development, coordination and collaboration in handling cases.
- Community engagements and addressing root causes of violence in order to make communities safe for children.
- Empowering children to know their rights, prevent abuse and report when it occurs
- Advocating for key policy implementation like "get back to school policy for teenage mothers", among other key policies.
- Capacity building of non-state actors to play a role in addressing root causes of violence against children.

3.4. Efficiency and effectiveness

3.4.1. Efficiency

The efficiency of the project was assessed by how well the project outputs were achieved at reasonable costs and whether the activities transferred the available resources into the intended results. Activity by activity budget analysis revealed that all budgets were utilized according to plan and within the set budget. Few activities exceeded the set budget but were all within acceptable limits.

The project had put in place adequate and effective systems that ensured accountability and transparency in the management of the project. Each project staff had roles clearly defined with a clear coordination mechanism in place. The project management team was flexible and responsive to changing conditions; for example, they minimized physical contacts in response to Covid-19.

Time & Cost Efficiency - Most of the key informants interviewed indicated that the project was successfully implemented on time. The program had been implemented through specific activities which had well aligned budgets. There was prudent financial management with all financial requirements of any staff/department approved prior to funds disbursement

Project monitoring and reporting - This was done efficiently through the production of management reports on the activities that were done accompanied by a financial report that showed the amounts

of money that had been spent and the balances thereof for planning purposes. The planned project objectives were met on time due to planning, reviewing of the project activities, and providing recommendations on a regular basis.

Efficiency meeting project outputs - Observations by the consultant and information from the key informants like the project staff, stakeholders, children and teenage mothers participating in the study indicated that the project resources yielded the expected results. This was mainly observed in terms of increased knowledge, attitudes and practices, which are also clearly illustrated in the updated log frame.

Further analysis by use of ICER which helps to estimate cost effectiveness, which serves as a proxy for the efficiency. The main question to be answered is, how effective was it in realizing Outcomes?
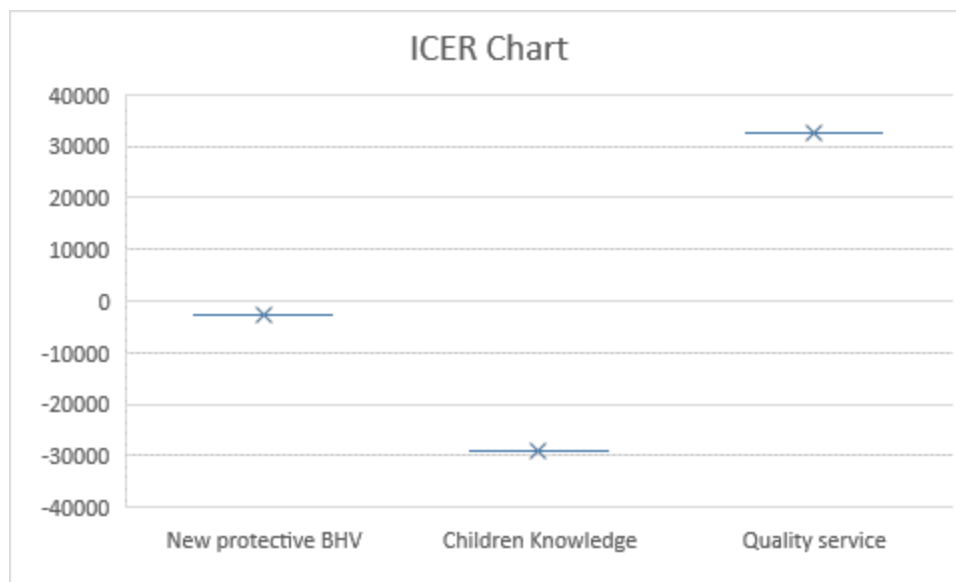

Figure 3: ICER Chart

The chart shows it was less costly to conduct activities related to children directly which also realized more impact, followed by new protection behavior change activities. It's also noted, activities around quality of service were costlier and less effective.

Summary from respondents feedback on efficiency

Category	Question	Summary of responses
Children	In which activity of the project did the club participate?	• Children clubs- awareness activities
	Would you recommend the continuation of similar activities?	• It has greatly helped in awareness creation • "The activity was well organized with no challenge, though, "Some pupils don't air their views in talk box for fear of being known by the teachers."
Teenage mothers	In which activity of the project has the group participated?	• International Day of the girl child; International women's day; Day of the African child; Antenatal care training; group initiative, started a small IGA (growing vegetables and selling them in a small piece of land); and Awareness creation.
	Was the activity organized well? Were there any challenges? Discuss.	• The activities were well organized • **Challenges:** Weather changes; No meals yet the mothers were breastfeeding; Carrying babies under the hot sun and negative attitude towards change and the need for family planning.
	Would you recommend continuing implementing similar activities in a similar way?	• The activities to be introduced to other areas in the county.
Dialogue Groups	In which activity of the project has the group participated?	• Community awareness; Training; and Follow up
	Was the activity organized well? Were there any challenges? Discuss.	• The activities were well organized Challenges • High financial expectation from the community on the project; • Poor follow up by the children dept. office; • Lack of motivation for the ambassadors; • Delayed reporting; • Expectations not met; • Insecurity to the CDLs; and • Delay of cases by service providers
	Would you recommend continuing to implement similar activities in a similar way?	• The activities are to be done differently.

Category	Question	Summary of responses
		• To understand their suggestion to the approach, the CDL groups gave the following recommendations; ✓ Increase in knowledge on the legal framework ✓ There is a need to structure the program to have a bottom-up approach in managing CP issues ✓ There is a need to develop support care structures ✓ Need for motivation and more support for the CDL ✓ Need for training and capacity building ✓ Financial support to the CDL ✓ Develop special children needs support projects ✓ Incorporate nutrition and health needs in the programming
	If we were to start another dialogue group, how best can we manage the group?	• Earlier/ timely notifications of meetings • An increase in the financial support to the Dialogue Group Leaders
Magnet theatre groups	In which activity of the project has the group participated?	• Entertainment and educative on child protection issues to the community • The magnet theatre facilitators guide the audience to come up and agree on sustainable solutions to child protection problems presented through the performance.
	Which activity stood out from the rest?	• The entertainment component of the theatre, as information is passed to the community
	Would you recommend continuing to continue implementing similar activities in a similar way?	• The approach speaks even to the illiterate group down at the village levels.

Table 1: Summary from Respondents feedback on efficiency

The above demonstrates that the majority of the groups were well targeted as per project design, and the project resources were put into the intended use per targeted group. The investments also led to the realization of positive results as demonstrated in the ICER chart.

3.4.2. Effectiveness

In order to assess the effectiveness of the project, the study analysed what was planned and what was implemented. The findings show that the project has 84.5% of its key indicators on track. Most of the project activities yield intended results as represented in the indicator tracking and further confirmed during FGDs. Only one indicator was not scored, namely, **OVI 4.1**: % increase in resources allocated by the national and county government directly to child protection programs (ref according to SDG

1, IOV 1.a.1 and 1.a.2). The indicator was not scored since MTE was done before the end of the financial year when the baseline study was done.

Summary of performance of Results Areas/Indicators	
Number of indicators	**% Scores**
7 of the indicators are on-track (over 80% achievement - Confident that planned year-end targets will be achieved)	**53.8%**
4 of the indicators are slightly behind schedule (between 50%-80% achievement - Some cause for concern that year-end targets may not be achieved)	**30.7%**
1 of the indicators is off-track (less than 50% achievement - Cause for concern that year-end targets are likely to be missed).	**7.7%**
1 of the indicators was not scored	**7.7%**

Table 2: Key for Scorecards

Key Highlights from analysis of FGD questions revealed more evidence on the effectiveness of various activities per target group.

While addressing the effectiveness of the project activities, the community dialogue groups were asked, *"What have you learned from the project activities and the community dialogues you have participated in?* The knowledge the respondents mentioned they have learned several things including: Strategies in handling cases in the community; that teen-mothers are not a liability; they now have knowledge and skills in handling children rights cases; they have improved in guiding and counselling of children-related cases; and ways to enhance positive behaviour change among the teenage mothers.

Interviews were conducted to 34 Teenage Mothers to determine any changes in practices and its benefits. The following question was asked: *"Does the group put into practice what you learnt since the project started?"* The response was affirmative, Yes (92%). They confirmed the project has built a sense of self-understanding among themselves, and they have managed to talk to fellow teen mothers who are still in school and provided advice when necessary. This speaks to passing knowledge to the next person and creates continuity of the benefits from the project. Noticeable changes on the benefits of the project include: an increased number of girls reporting back to school, improved/enhanced parental support and care, by creating awareness, planting vegetables as an income generating activity, and attending training for skills acquisition for livelihood support.

In response to how **Community Dialogue Groups** channel their knowledge and the outcomes of their group discussions to the rest of the community actors and stakeholders (i.e. children, parents, teenage mothers, adolescents, administration etc.), they said: through the incorporation of activities with CHVs structures; through creating awareness using chief *barazas* and religious gatherings; and through other engagement meetings and SBCC activities.

When the members of the community were asked *"Which activity stood out in your opinion?"* 57.6% agreed awareness creation stood out, while 16.4% thought training on CP and Rights stood out and 11.5% appreciated support from service providers.

Interventions	Frequency	Percent
Awareness Creation	151	57.6
Behaviour Change	13	5.0
Training on Child Protection and Rights	43	16.4
Talk box usage	3	1.1
Support from the Service Providers	30	11.5
All	3	1.1
None	19	7.3
Total	**262**	**100.0**

Table 3: Community Members - Activities that stood out

3.5. Project impact Illustrating impact by comparing baseline and MTE

3.5.1. Knowledge on child rights and responsibilities

Based on analysed responses on a set of questions, the findings show the **average level of knowledge** on child rights, protection and safeguarding among the five categories of respondents was **77.4%** (children 82%, teenage mothers 78%, community members 88%, service providers 69% and Authorities 70%). County data on knowledge show correct knowledge among 86% of children in Kakamega and 77% of children in Nakuru, 87% and 67% of teenage mothers in Kakamega and Nakuru respective, and community members (89% in Kakamega and 86% in Nakuru), among service providers (67% were from Kakamega and 76% from Nakuru) while authorities had 68% from Kakamega and 73% from Nakuru.
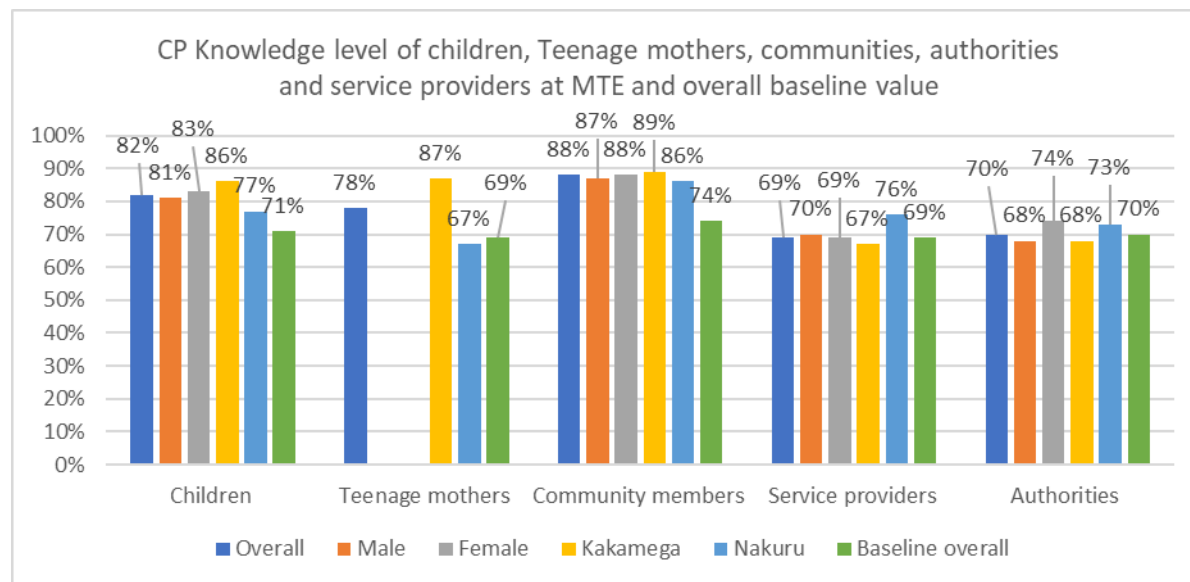

Figure 4: Knowledge on Child Rights and Responsibilities at the MTE and a comparison baseline overall value per category

To establish the Children with the correct knowledge on child rights and responsibilities, the following themes were analyzed. Generally, knowledge on sexual abuse, right to report, gender discrimination and child labor were the most understood rights among children.
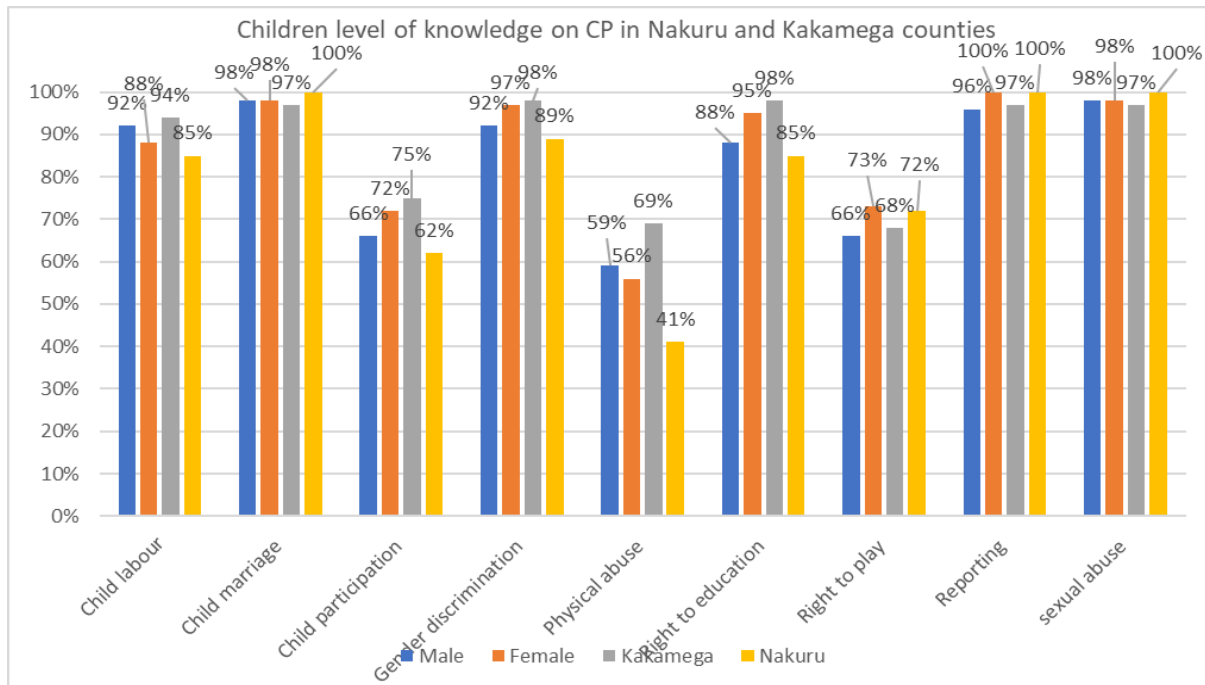
Figure 5: Children understanding on rights

Key Highlights

- Child labour - children knowledge on children labour issues was rated at 90% (88% females and 92% males). 94% of respondents were from Kakamega and 85% from Nakuru.
- Knowledge on child marriage was 98% (97% being respondents from Kakamega and 100% from Nakuru).
- Knowledge on physical violence, the right to play and child participation are the rights that more than 30% of children go wrong. On physical abuse, only 69% of respondents from Kakamega and 41% from Nakuru had the correct knowledge.
- Further analysis revealed that:
  - 70% of children confirmed they had a right to play leaving out 30% which is equally a big number. Further analysis shows that 73% of girls approved of play (meaning 27% of girls didn't think children had a right to play all the time) while 66% of boys approved of play (34% of boys didn't think they had a right to play all the time). While this may be worrying, it was expected since children have been taught about rights and responsibilities. Being school going they knew they have responsibility to also attend to school work and support their parents at home over weekend. Perhaps this contributed to the varied feedback.
  - At baseline 75% of the children believed that some teachers practiced caning because it was allowed by the law in Kenya with more boys (77%) compared to girls (74%) believing this statement. At MTE, 17% of children still believed that caning was permitted in school by law (at MTE 83% of children responded with NO).
  - A child has the right to play; at MTE only 70% of children didn't think a child had a right to play all the time. This worsened also from findings at baseline where 45% of the children believe otherwise. 32% of children in Nakuru and 56% in Kakamega

affirm that they should not be allowed to play at home but should always help their parents with family chores.
- We still had a big number (31% of children out of which 28% were boys while 34% were boys) who felt that they ought not to be involved when adults are discussing matters that concern them. This is a reduction from baseline value which was 43% of children didn't think they needed to be involved in matters affecting them. Correct response to the statement showed scored 69% overall (72% girls and 66% boys) with Kakamega having higher correct responses at 75% followed by Nakuru at 62%.
- On reporting, 98% of children agreed they would report immediately if someone touched them in sexual way (boys were 98% and girls 98%) with 100% of children from Nakuru being ready to report sexual violence compared to Kakamega 97%.

Community Knowledge

The study also established community knowledge on children protection issues. Respondent's knowledge was measured best on correct answers provided for each of the questions below.

| 3.1 To what extent do you agree with the following statements. (Community members) - OVI 1.2:	Code
1. A child needs to be given food but does not need to go to school if parents can't afford school fees	Education
2. When needed a girl should help her parents at home even while her brother goes to school	Gender Inequality
3. Children of all ages should always be allowed to play.	Play
4. According to the law, corporal punishment in school is permitted	Corporal Punishment
5. Children should not report to any authority if they know of a schoolmate who is mistreated at home	Reporting
6. Children should immediately report all cases of child abuse even if it is by a close family member	Reporting
7. Whenever child violence cases happen within the communities the matters should be amicably settled at home	Reporting
8. A survivor of sexual violence should be brought within the first 72 hours to a hospital	Sexual Violence
9. Whenever you report your case to the formal justice system, it is okay to part with something to get justice.	Reporting
10. It is illegal and a crime punishable by law to engage in an out of court settlement on sexual violence cases against children.	Reporting
11. A child belongs to the man and a woman has secondary right to custody of such a child	Parental Responsibility
12. When a girl becomes pregnant, according to the law, the man should be jailed	Sexual Violence
13. A child born of incest and with disabilities has the same rights as the other children	Discrimination
14. Children born out of wedlock have no entitlement to inheritance from the stepfather	Discrimination
15. When a girl reaches puberty (physically developed – after 14 years) she is eligible to marry	Child Marriage
16. When a girl becomes pregnant, she does not need to go back to school after having the child	Child Pregnancy
17. A girl has no right to inherit from her parents as she will get married	Gender Inequality
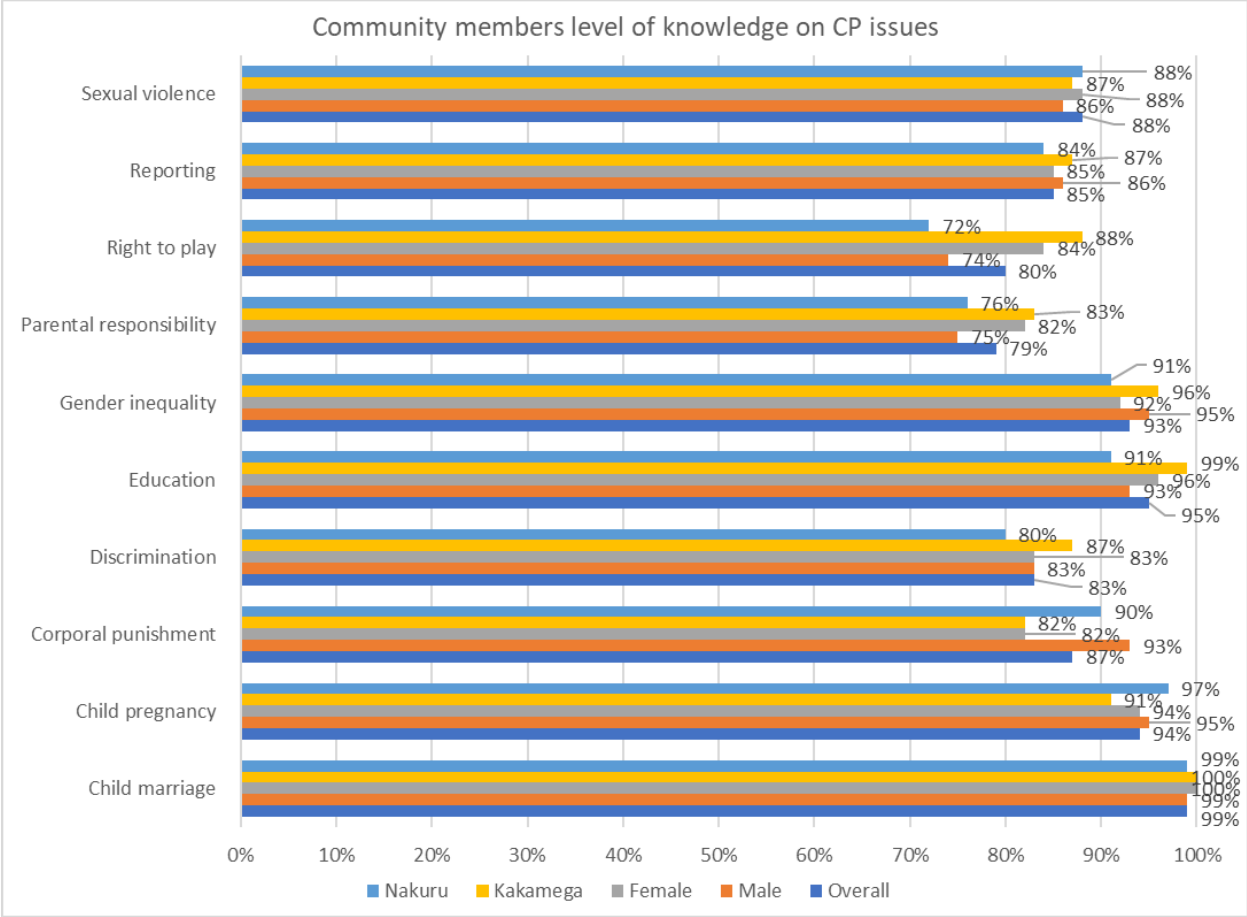
Figure 6: Knowledge based on community members

Key Highlights

- Child marriage was the most understood top among community members at 99% (100% females and 99% males) while 100% were from Kakamega and 99% from Nakuru.
- Other well understood topics included education (95%), Child pregnancy (94%), gender inequality (93%), sexual violence (88%) and corporal punishment (87%).
- Further analysis show that:
    - On education, 5% of community members would deny their child education due to poverty. Meaning 95% had good knowledge on rights to their children's education (out of which 96% were women and 93% men) while 99% came from Kakamega and 91% of those with right knowledge came from Nakuru. Nakuru had 9% of community members who would overlook child education. This is a significant shift from baseline where 38% of survey participants agree that, "Children need to be given food but do not need to go to school if parents can't afford school fees," yet education is a basic child right in Kenya; in Nakuru County in particular, 60% of the community members agree with the statement.
    - Approval of corporal punishment also reduced, 97% had correct knowledge with only 3% thinking it was permitted by law (out of which 96% were women and 97% men) while 99% of those from Kakamega had correct understanding of this issue. Nakuru's

understanding level was at 95%. This reduced is a worrying trend. As witnessed before the project, 43% of interviewed community members (66% of women and 64% of respondents in Nakuru) were not aware that corporal punishment in school is forbidden, with 79% of community members confirming that corporal punishment in school and at home is necessary to educate a child.

- Just like at baseline, discrimination against children living with disabilities is still common. Baseline recorded 75% of community members (70% of the community members who are women interviewed and 70% all the community members living in Nakuru) are sure that a disabled child born out of incest has the same rights as other children. At MTE this improved to 94% (92% women and 96% men) with the majority of respondents from Kakamega at 95% and Nakuru at 93%. We still have 5% of community members holding to this discrimination.

- Other forms of discrimination; 10% (8% from Kakamega and 12% from Nakuru) still believed that girls didn't have a right to inheritance (90% disagreed with thinking that girls didn't have the right to inheritance)". Interestingly, more women (12% would not allow girls to inherit) than men (7% didn't allow).

- 28% would discriminate against children born out of wedlock from inheriting from step farther (with 26% being women and 30% being men) while the majority 33% of those who would discriminate coming from Nakuru followed by Kakamega at 22%.

Service Providers Knowledge

The study also established the level of knowledge of service providers on children protection issues. Respondent's knowledge was measured best on correct answers provided for each of the questions below.

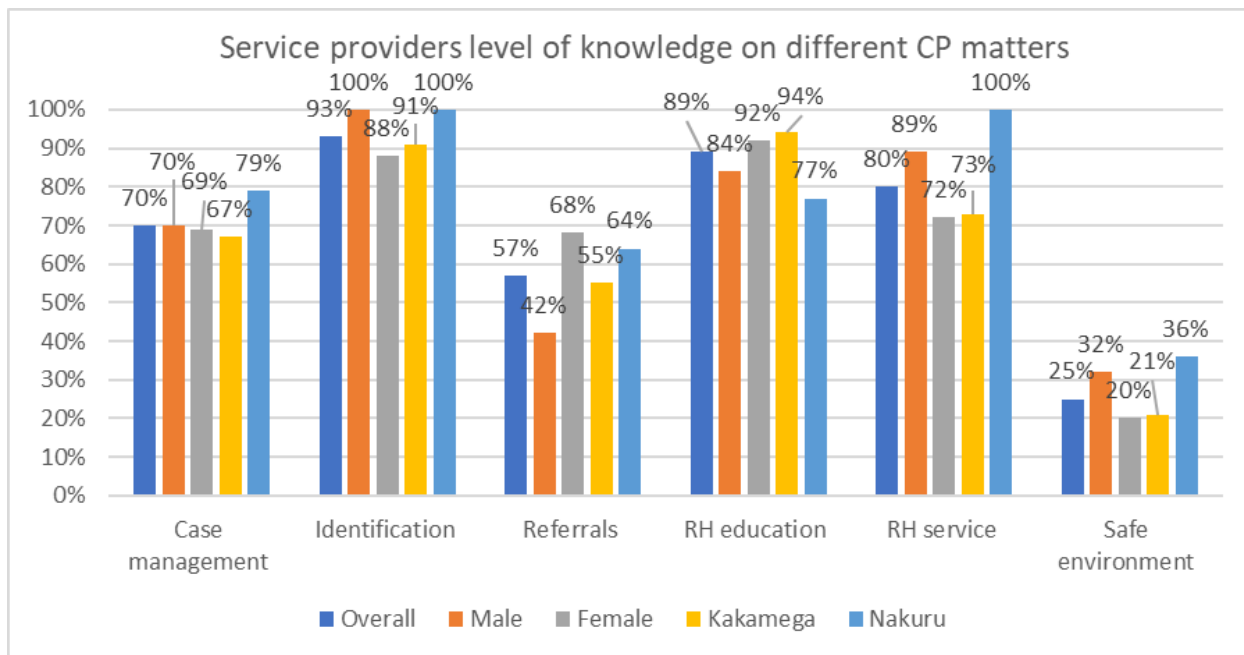| No.	Knowledge - service providers	Code
1	Child protection services should be provided for only those who report	Case management
2	As a service provider, it's my role to ensure the child has received appropriate services from other actors up-to the conclusion of the case.	Case management
3	When communicating with children who have been abused, caregivers/ parents or someone the child trusts should be present.	Safe environment
4	Only specific stakeholders such as children officers and police officers can identify cases of child abuse in the community	Identification
5	As a referral agency, your only duty is to provide the relevant services to the child when the case has been referred to you	Refferal
6	Child counselling may be provided by any service provider when needed by the child	Case management
7	Sexual and reproductive health topics are being covered in the school syllabus	RH education
8	Children and adolescents should not access sexual and reproductive health services in hospitals/dispensaries	RH services
9	The CPIMS is an instrument used only to collect data on child abuse cases in a certain sub-county.	Case management
10	All service providers have to provide sufficient and accurate information to community members on where to report child abuse and violation cases as well as legal provisions	Case management

Figure 7: Knowledge based Service Providers

Key Highlights

- Service providers had excellent knowledge on reproductive health (RH) services (100%), identification (100%), case management (79%) and RH education (73%).
- Referral and safe interview environments for children are the areas with the least knowledge among service providers at 57% and 25%, respectively.

Detailed analysis revealed that:

- 95% at MTE agree that it is their role to ensure that a child has received appropriate services from other actors until the closure of the case (this was a 2% drop from the baseline (97% of service providers agreed with the statement).
- At baseline, we had some service providers (10% in Kakamega and 12% in Nakuru) who were not in favour of including sexual and reproductive health topics in the curriculum. At MTE we sort to establish whether sexual education was now being covered in the syllabus and 6% from Kakamega disagreed with that while 27% from Nakuru also disagreed. It is more worrying that 12% of service providers in Nakuru didn't approve sexual education at baseline, and now 27% say it is not being covered in schools.
- 20% (27% were women service providers while 11% were men) of service providers believe that children and adolescents should not access sexual and reproductive health services in hospitals or dispensaries (all from Kakamega). This is a positive shift from baseline, where 21% of service providers (28% in Nakuru and 13% in Kakamega) believe that children and adolescents should not access sexual and reproductive health services in hospitals or dispensaries.

Authority's knowledge

A set of questions were posed to local authorities working with children and public officials on child protection advocacy. The questions administered to the authorities are as below;-

No	Knowledge – Authorities
1	As a CP actor, participation in the budgeting process is beyond my control as that is a county authority led initiative and should be limited to members of the county assembly who are the experts
2	Advocacy is reliant on the strength of networks and partnerships. It is independent on the financial muscle of one main actor
3	In Advocacy, only key allies should be sought and considered, as opponents rarely have any impact on your advocacy activities.
4	There is a particular need of pushing for the inclusion of child protection as an independent issue in the CIDP as matters of child protection are often not covered through other avenues.
5	Development of particular and specific policies on child protection is necessary as Kenya does not have in force a comprehensive legal and policy system that provides for child protection
6	Community members do not have a role in the development of policies as through their elected members of the county assembly they are able to otherwise participate
7	Advocacy initiatives are community-driven, authorities should not participate in it
8	This county has specific child protection policies which are relevant and adequate to address challenges affecting children
9	Authorities should not be part of child protection networks, which are civil society driven initiatives

From the responses, the average level of knowledge on advocacy on child protection during MTE was 76.7% from 66% at baseline among authorities, 78.3% were female (up from 70% at baseline) and 75.9% were men (up from 63% at baseline) of all the male authorities). The level of knowledge is higher in Nakuru 76.8% from 64% compared to Kakamega (now at 76.7% from baseline of 71%). Nakuru had a significant change of 12.8% compared to Kakamega change of knowledge by 5.7%.
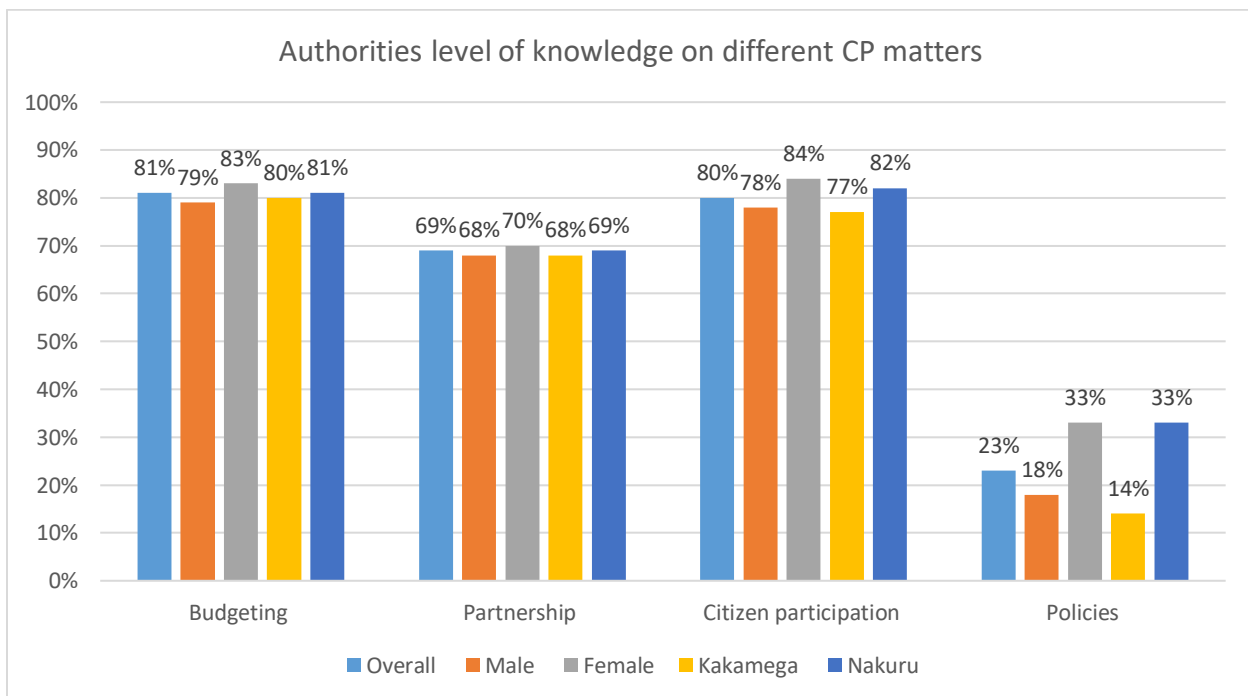

Figure 8: Knowledge based Authorities

Key Highlights

- 81% of service providers had correct knowledge on budgeting issues following their correct answer on statements "As a CP actor, participation in the budgeting process is beyond my control as that is a county authority led initiative and should be limited to members of county assembly who are the experts" and "Participation in the development of county budgets and plans by the citizens is a requirement of the law."
- 69% responded correctly on questions that assessed their knowledge on the need for coordinated advocacy partnerships as illustrated by the two questions "Advocacy is reliant on the strength of networks and partnerships. It is independent of the financial muscle of one main actor" and "Authorities should not be part of child protection networks, which are civil society driven initiatives".
- Knowledge on citizen participation was at 80% (77% from Kakamega and 82% from Nakuru).
- Knowledge on policies was the lowest at 23% (14% in Kakamega and 33% in Nakuru). The main question they responded to was, "Development of particular and specific policies on child protection is necessary as Kenya does not have in force a comprehensive legal and policy system that provides for child protection".

- Generally, authorities had more knowledge on RH services (100%), Identification (100%), case management (79%) and RH education (73%).
- The least knowledgeable topics were safe interview environments (36%) and referrals (64%).

Further analysis revealed that:
- 30% County authorities believe that as a child protection actor they should participate in the budgeting process. This improved by 22% compared to baseline where more than half (52%) believed they had no role. Change is as a result of capacity building.
- 14% (including 7% women and 18% men) of authorities (9% in Kakamega, 19% Nakuru) believe that community members do not play a role in the development of policies. This improved from 42% of all authorities (with 56% being from Kakamega).
- 28% are not convinced that involving opponents would have an impact on advocacy initiatives (Nakuru had 29% and Kakamega 27%). This improved by 12% compared to baseline which was 40%.
- Baseline findings were; 14% of the respondents in Nakuru and Kakamega (14% each) where 7% are women and 18% men, respectively, feel that the authorities should not be a part of child protection networks, because these initiatives are driven by civil society. This dropped by 2% from 12% reported at baseline.

Generally, there has been a remarkable improvement on advocacy skills following analysis of individual statements and authorities' responses.

3.5.2. Perception of the level of incidence and acceptance of physical, psychological or sexual violence against children and adolescents in the target community

Perception of the level of incidences/Occurrence of violence of community members, service providers and authorities

Generally, all categories of respondents confirmed the occurrence of violence (42% of community members, 33% of service providers and 44% of authorities confirmed).
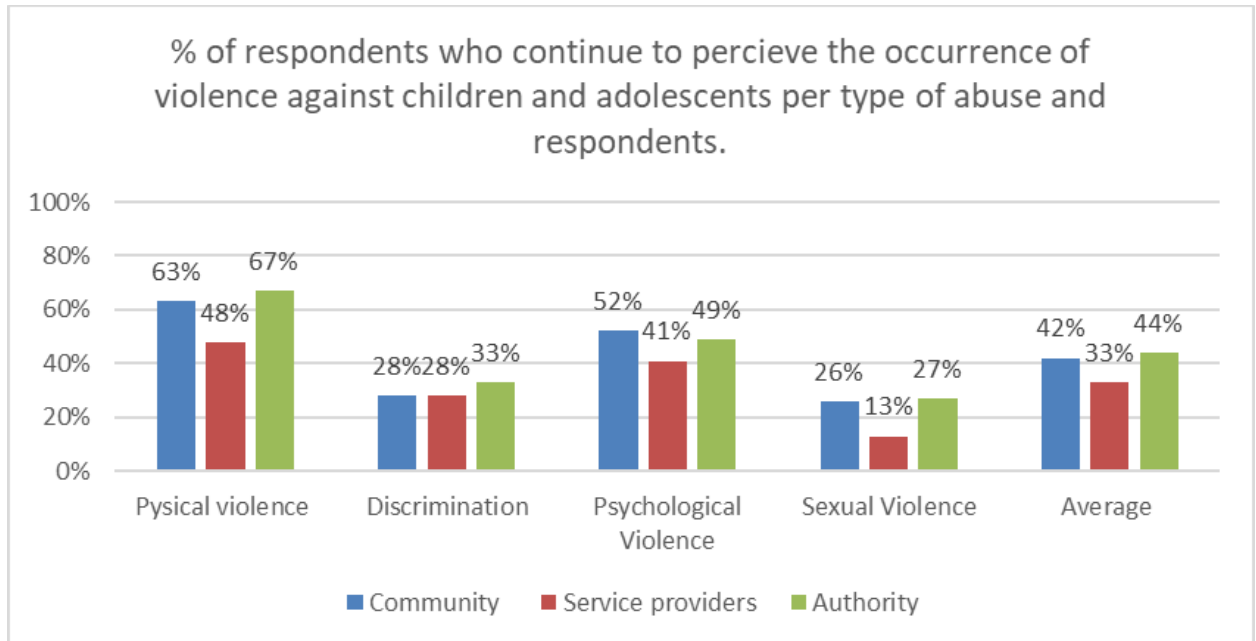

Figure 9: Perceived of occurrence of violence against children

Highlights

- Overall, 42% of community respondents confirmed occurrence of violence against children with physical violence confirmed by (63%), discrimination (28%), psychological violence (52%), and sexual violence (26%).

- In addition, 33% of Service providers confirmed occurrence of different forms of violence with 48% confirming physical violence, discrimination confirmed by 28%, physiological violence 41% and sexual violence 13% of service providers.

- 44% of authorities confirmed violence (67% physical violence, 33% discrimination, 49% psychological violence and 27% sexual violence).

- Likelihood of using physical violence at baseline was 89.5% and at MTE this reduced to 59%.

- Further analysis on specific set of questions revealed that:
  - 70% County authorities believe children can be disciplined using corporal punishment when they make a mistake at home.
  - In addition, 52% of female service providers and 24% female from community confirmed likelihood of reporting a case where corporal punishment is used to discipline a child if the punishment is administered by the child's teacher.

- 71% of the male perceive, community is likely to discipline children using corporal when they make mistakes at home and while 63% believe the community is likely discipline children using corporal punishment when they make a mistake at school.
- 15% of community members (with 22% in Nakuru), 14% of service providers and 26% of authorities indicate that it is likely for families in their community to send boys to school and let girls stay at home and not finish school. This is a slight improvement from baseline which reported 24% of community members, 21% of service providers and 16% of authorities indicating that it was likely for families in their community to send boys to school and let girls stay at home and not finish school.
- On disability, 39% of authorities, 32% service providers and 37% community members confirmed it was likely for a family to unfairly hide or mistreat a child with disability. The likelihood was higher in Nakuru compared to Kakamega. Nakuru had 45% service providers, 52% authorities and 40% community members confirming likelihood.
- The discrimination of children with HIV/AIDS is still perceived high, 39% of authorities (26% from Kakamega and 52% from Nakuru) and 34% of service providers (27% from Kakamega and 55% from Nakuru) reported that it is very likely. As for community members, 34% (28% from Kakamega and 39% from Nakuru also confirmed it was likely. The discrimination of children with HIV/AIDS was more widespread at baseline, as 52% of respondents indicate this was very likely.
- Further analysis of individual questions shows that, 27% of community members (22% from Kakamega and 31% from Nakuru), 16% of service providers (18% from Kakamega and 9% from Nakuru) and 15% of authorities (all 30% from Kakamega) indicate that it is likely for people to accept sexual violence against girls as a normal part of life. Baseline findings reported 39% of respondents (37% of community members, 49% of service providers and 40% of authorities) indicating that it was likely for people to accept sexual violence against girls as a normal part of life.
- At baseline 25% of all respondents indicated that people accept violence against boys. MTE findings show that 25% of service providers (30% in Kakamega and 20% in Nakuru), 27% of community members (28% in Kakamega and 26% in Nakuru) and 28% of authorities (26% in Kakamega and 30% in Nakuru) indicated that people accept violence against boys.
- Baseline reported a worrying 73% of community members indicating that people in their community think a girl is defiled because she was not dressed properly or was misbehaving. This improved at MTE where 61.5% of authorities (52% from Kakamega and 71% from Nakuru), 39% of service provider (39% Kakamega and 36% Nakuru) and 44% community members (out of which 44% were from Kakamega and 45% Nakuru).

Communities' members Perception on occurrence of violence

Using different sets of questions on different forms of abuse against children (physical violence, discrimination, psychological violence and sexual violence), the survey sought to determine communities' members' perceptions of their occurrence. The sets of questions asked to the respondents are as per the table below 'perception of occurrence set of questions' with the findings illustrated in figure 10 below in detail for the community members.

| Perception of occurrence set of questions |
|---|
| **Physical violence** |
| In your community, how likely is it for children to be disciplined using corporal punishment when they make a mistake at home? |
| In your community, how likely is it for children to be disciplined using corporal punishment when they make a mistake at school? |
| **Discrimination** |
| In your community, how likely is it for families to send boys to school and let girls stay at home and not finish school |
| In your community how likely is it for boys to equally participate in household chores (cleaning, cooking, fetching water, serving meals, washing dishes, etc..) the same way that girls do? |
| In your community, how likely is it for families to send a pregnant girl back to school to complete their studies after she has the child? |
| In your community, when girls become pregnant, how likely is it for them to hide their pregnancies? |
| In your community, how likely is it for people to treat unfairly or avoid a child who is HIV positive? |
| In your community, how likely is it for families to treat unfairly or hide a child who has a disability? |
| **Psychological Violence** |
| In your community, how likely is it for parents to deny their children access to basic needs such as food, shelter or clothing? |
| In your community, how likely is it for parents to use harsh language that is intimidating to abuse their children? |
| In your community, how likely is it for people to publicly humiliate children (not necessarily their own) using abusive language when they make a mistake? |
| In your community, how likely is it for parents to abandon their children in the streets to fend for themselves? |
| In your community, how likely is it for families to withdraw their love and care for their children as a form of manipulation to control the children? |
| In your community, how likely is it for people to threaten children as a form of manipulation to control/coerce them to do something against their will? |
| **Sexual Violence** |
| How likely is it that people in your community marry off their girls when they are pregnant? |
| How likely is it that people in your community marry off their daughters after they have reached puberty (over 14 years old)? |

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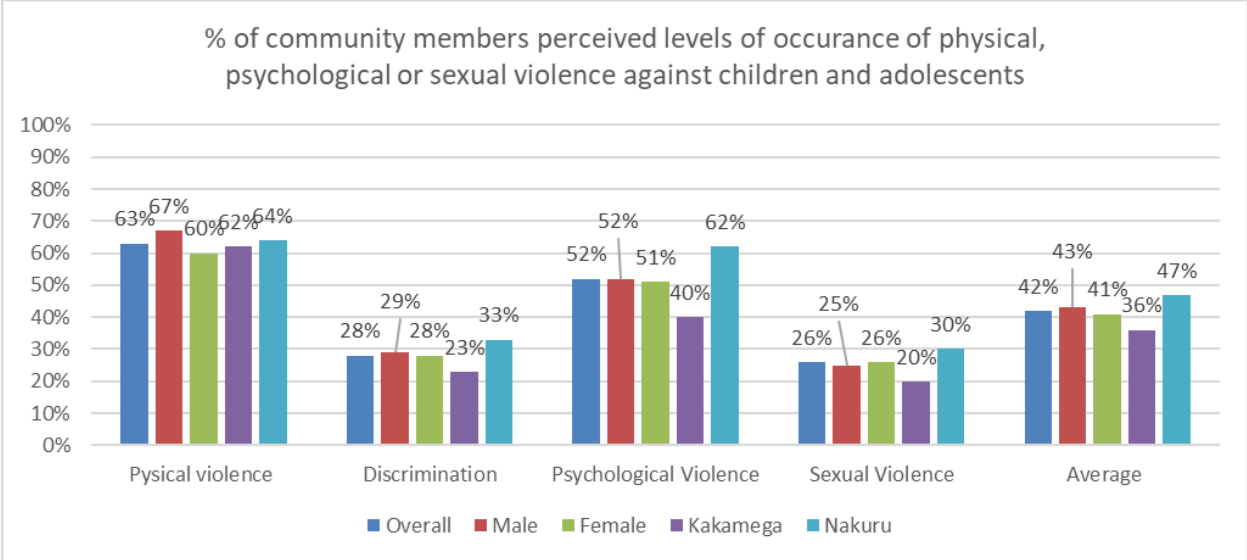
Figure 10: Community Members perceived level of occurrence of violence

Key Highlight

- On average 42% of respondents confirmed the general occurrence of any form of violence against children (36% from Kakamega and 47% from Nakuru).
- Likelihood of using physical violence at baseline was 89.5% and at MTE this reduced to 63% (62% in Kakamega and 64% in Nakuru).
- 28% of community members confirmed the occurrence of discrimination against children and adolescents in their communities (23% were from Kakamega and 33% from Nakuru).
- Occurrence of Psychological violence was confirmed by 52% of respondents (40% from Kakamega and 62% from Nakuru).
- 26% of community members (20% from Kakamega and 30% from Nakuru) confirmed occurrence of sexual violence.

Service providers Perception on occurrence of violence

Overall, 33% of service providers confirmed occurrence of different forms of violence, out of which 30% were from Kakamega and 41% from Nakuru. This is response against the table of questions above on 'perception of occurrence set of questions'.
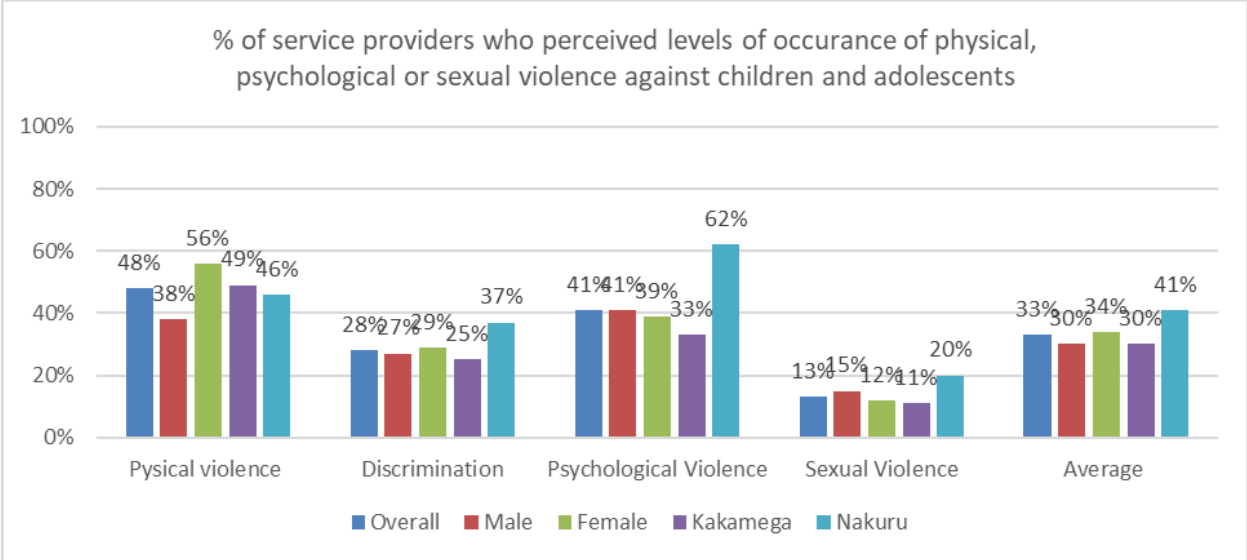
Figure 11: Service Providers perceived level of occurrence of violence

Key Highlights

- Analysis of service providers' responses on occurrence of different forms of violence show that occurrence of physical violence was 48% (49% in Kakamega and 46% in Nakuru).
- Discrimination 28% (25% in Kakamega and 37% in Nakuru).
- Psychological violence perceived occurrence was 41% (33% from Kakamega and 62% from Nakuru) and sexual violence 13% (with 11% coming from Kakamega and 20% from Nakuru).

Authorities level of occurrence of violence against children and adolescents

A set of questions were posed to local authorities working with children and public officials to establish their perceived level of occurrence of physical, psychological or sexual violence against children and adolescents. Summary of the findings based on the questions asked as per the table above on 'perception of occurrence set of questions' have been illustrated in the figure 12 below
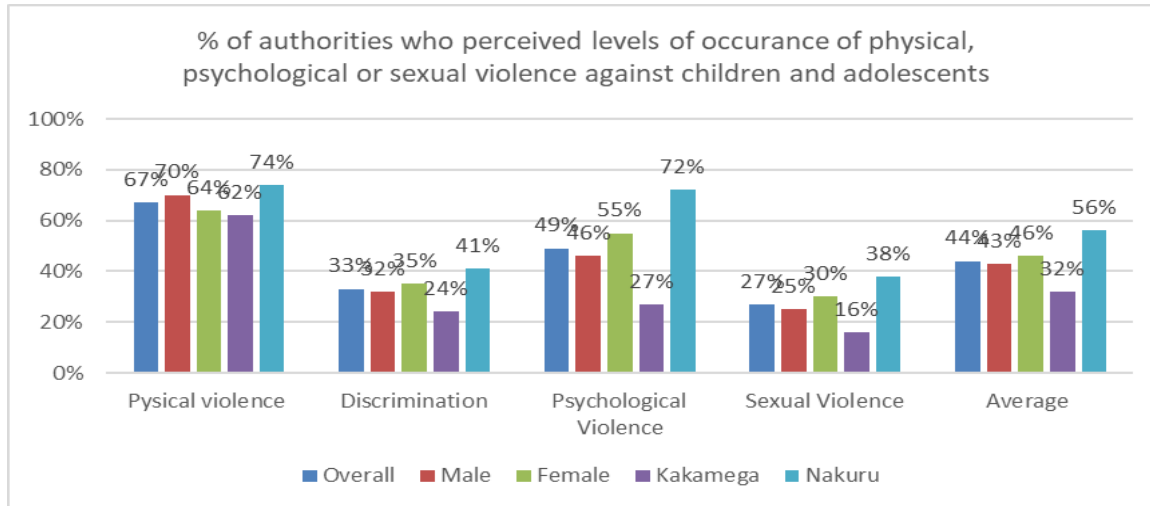

Figure 12: Authorities perceived level of occurrence of violence

Highlights

- On average 44% of authorities' respondents confirmed occurrence of violence (32% Kakamega and 56% from Nakuru).
- Most prevalent form of violence was physical violence at 67% (62% from Kakamega and 74% from Nakuru).
- This was followed by Psychological violence at 49% (27% of respondents were from Kakamega and 72% from Nakuru).
- The least form of violence according to authorities' feedback was sexual violence confirmed by 27% of respondents (16% of authorities from Kakamega and 38% from Nakuru).

Children Perception on occurrence of violence at school

Regarding occurrence of violence in schools, children confirmed existence of corporal punishment (19%) and 27% of children actually confirmed a teacher had administered it in their school, while 23% of children reported that they had been victims of the same. About 85% of children also confirmed being aware of fairer forms of discipline administered in their schools.
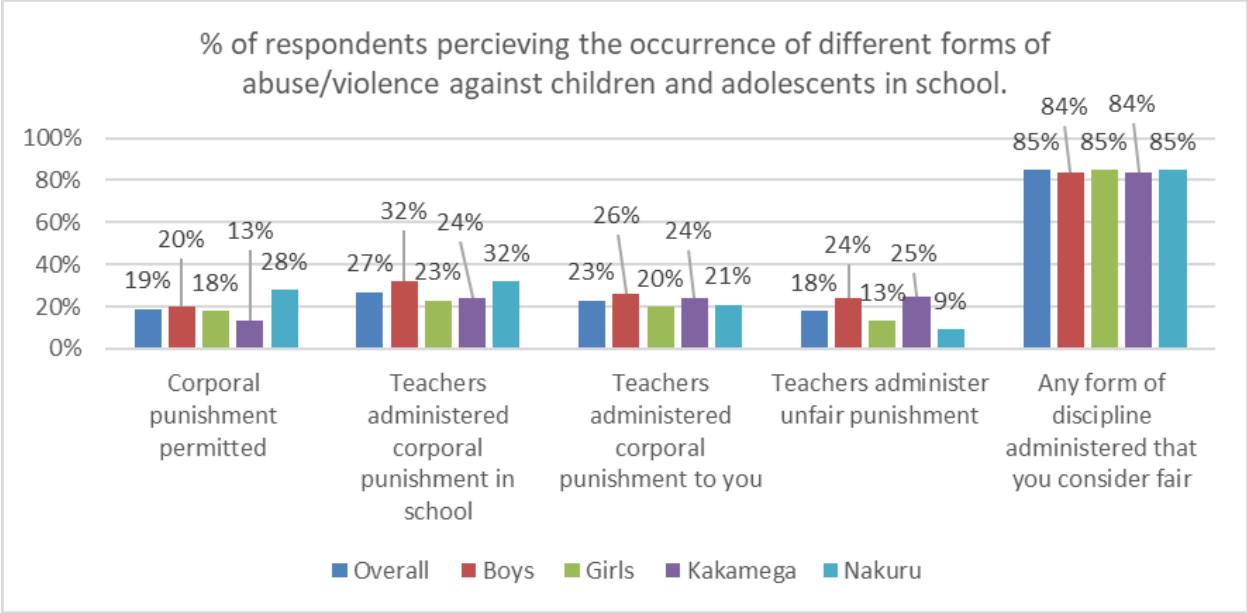
% of respondents percieving the occurrence of different forms of abuse/violence against children and adolescents in school.

Figure 13: Perceived occurrence of forms of abuse/violence

Level of acceptance of Violence against children

A set of questions were administered to determine respondents' level of tolerance or acceptance of different forms of violence against children. The findings were analysed and discussed based on forms of violence like physical violence, discrimination and sexual violence. Summary of the findings have been illustrated in figure 14 below.

% of community members perceived levels of acceptance of physical, psychological or sexual violence against children and adolescents
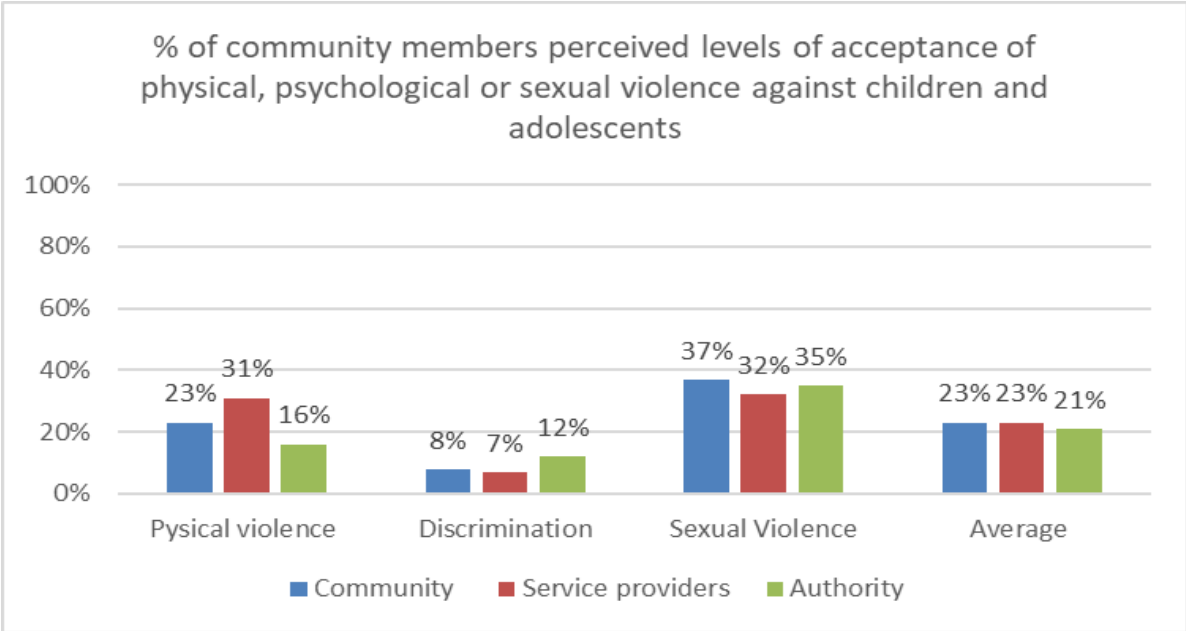
Figure 14: Community Members perceived level of acceptance of violence

Key Highlights

- Generally, 22% of respondents (23% community members, 23% service providers and 21% local authorities) accepted some forms violence against children.
- Tolerance for sexual violence was higher among community members (37%) followed by local authorities (35%) and service providers (32%).
- Physical violence was accepted by 23% of community members, 31% of service providers and 16% of local authority.
- Discrimination was the least form of violence (8% community members, 7% of service providers and 12% of local authorities tolerated).

Level of acceptance by community members

A set of questions (as per the table below on 'acceptance levels set of questions) were administered to determine respondents' level of tolerance or acceptance of different forms of violence against children. The findings were analysed and discussed based on forms of violence like physical violence, discrimination and sexual violence. A summary of the findings has been illustrated in figure 15 below.

| Acceptance levels set of questions |
| --- |
| **Physical violence** |
| In your community, how likely is it for people to report a case where corporal punishment is used to discipline a child if the punishment is administered by a close family member to the child |
| In your community, how likely is it for people to report a case where corporal punishment is used to discipline a child if the punishment is administered by a stranger or someone not known to the child's family |
| In your community, how likely is it for people to report a case where corporal punishment is used to discipline a child if the punishment is administered by the child's teacher? |
| **Discrimination** |
| In your community, how likely is it for girls to access sexual and reproductive health services and information? |
| In your community, how likely is for pregnant girls to access maternal health services? |
| **Sexual Violence** |
| In your community, how likely is it for people to accept sexual violence against girls as a normal part of life? |
| In your community, how likely is it for people to accept sexual violence against boys as a normal part of life? |
| How likely is it that people in your community speak out against sexual violence of girls/boys? |
| How likely is it that people in your community think a girl was defiled because she was not dressed properly, or she was misbehaving? |
| In your community, how likely is it that families do not report the defilement of their girl to local authorities or the police to protect the family's reputation? |
| In your community, how likely is it that families report the sexual violence against their girl only if she has serious physical injuries? |
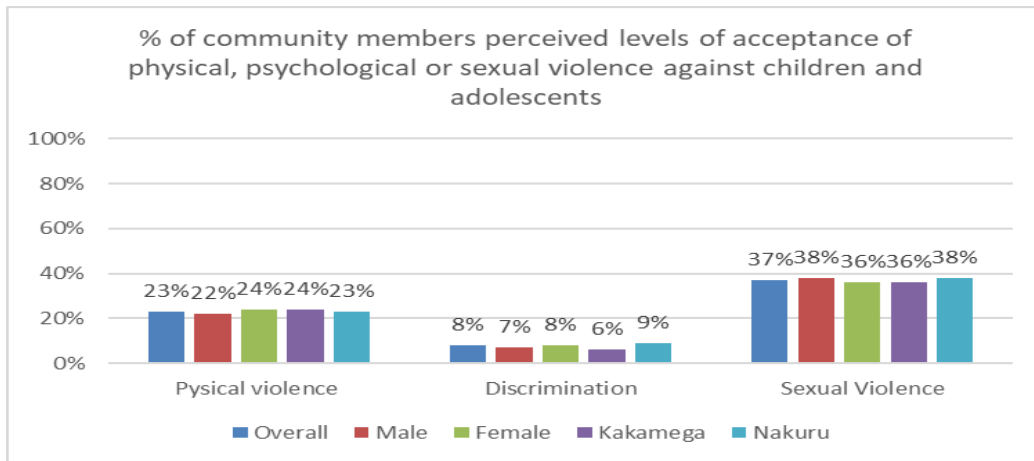
Figure 15; Community Members acceptance of violence

Highlights

- Acceptance of sexual violence by community members was higher (37%), followed by Physical violence (23%) and least was discrimination (8%).
- Physical violence acceptance was higher in Kakamega (24%) compared to Nakuru (23%), while sexual violence acceptance was higher in Nakuru (38%) compared to Kakamega (36%).

Level of acceptance by service providers

A set of questions were administered to determine respondents' level of tolerance or acceptance of different forms of violence against children among the service providers. The findings were analyzed and discussed based on form of violence like physical violence, discrimination and sexual violence. Summary of the findings have been illustrated in Figure 16 below

Figure 16: Service Providers acceptance of violence

Key Highlights

- On average 23% of service providers (23% from Kakamega and 21% from Nakuru) accepted violence against children.
- Sexual violence acceptance was highest at 32% (29% in Kakamega and 33% in Nakuru) followed by physical violence acceptance 31% (31% across the two counties).

Level of acceptance by Authorities

A set of questions were administered to determine respondents' level of tolerance or acceptance of different forms of violence against children among the authorities. The findings were analysed and discussed based on form of violence like physical violence, discrimination and sexual violence. Summary of the findings have been illustrated in Figure 17 below
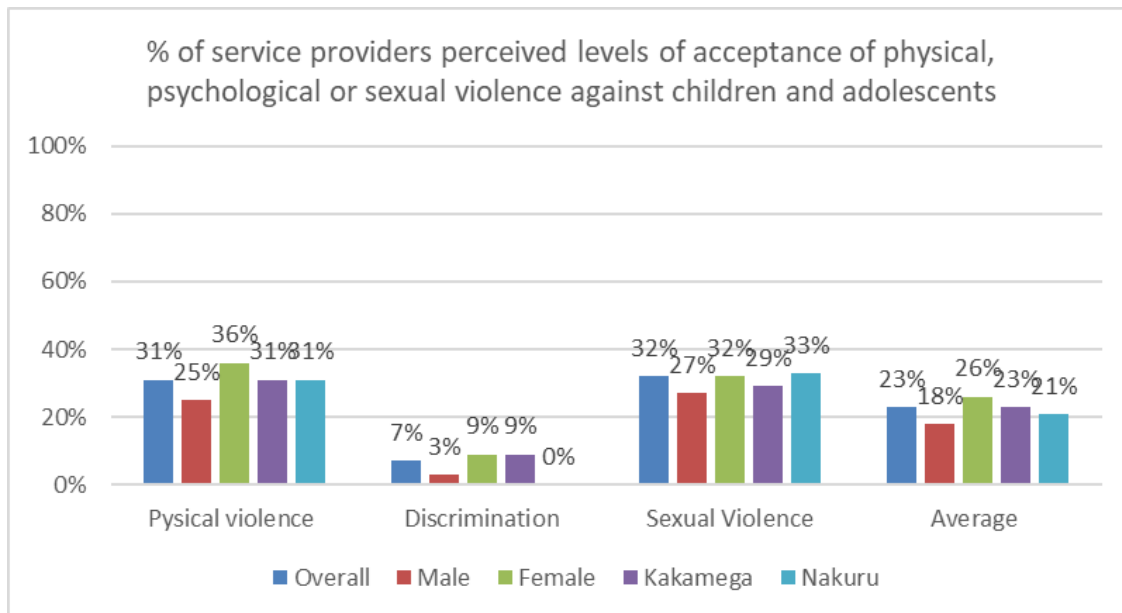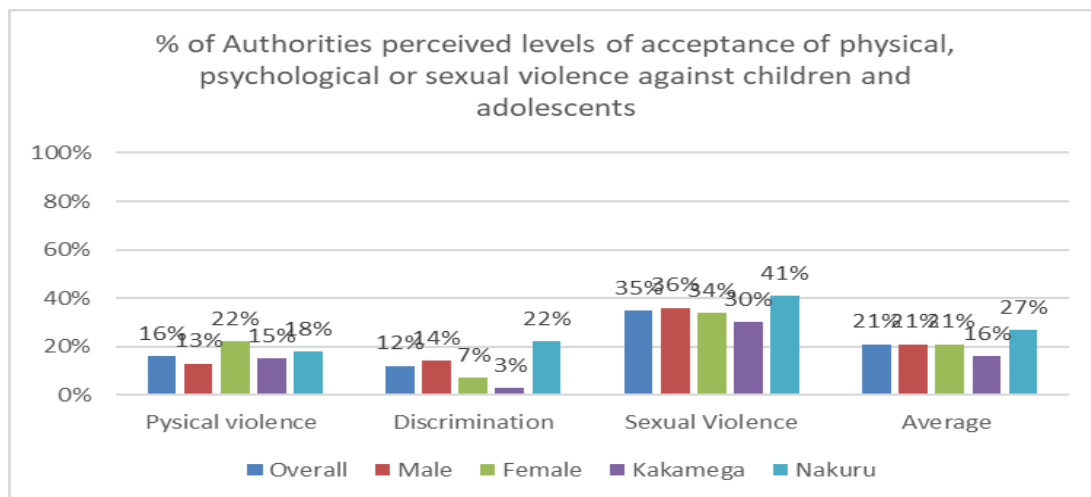

Figure 17: Authorities acceptance of violence

Key Highlights

- On average local authorities' acceptance of violence against children and adolescents was 21% (16% from Kakamega and 27% from Nakuru).
- Sexual violence acceptance was higher among local authorities at 35% (30% from Kakamega and 41% from Nakuru) followed by Physical violence at 16% (15% from Kakamega and 18% from Nakuru).
- Discrimination was the least accepted form of violence accepted by local authorities at 12% (3% from Kakamega compared to 22% from Nakuru).

3.5.3. Personal beliefs and adherence to social norms that contribute to violence against children

The survey intends to understand the harmful beliefs and social norms within the communities that contribute to violence against children, and their prevalence. Six different scenarios and a set of related questions were presented various topics including physical violence, gender discrimination and child labour, child discrimination, child pregnancy and marriage, sexual violence, FGM and child marriage.
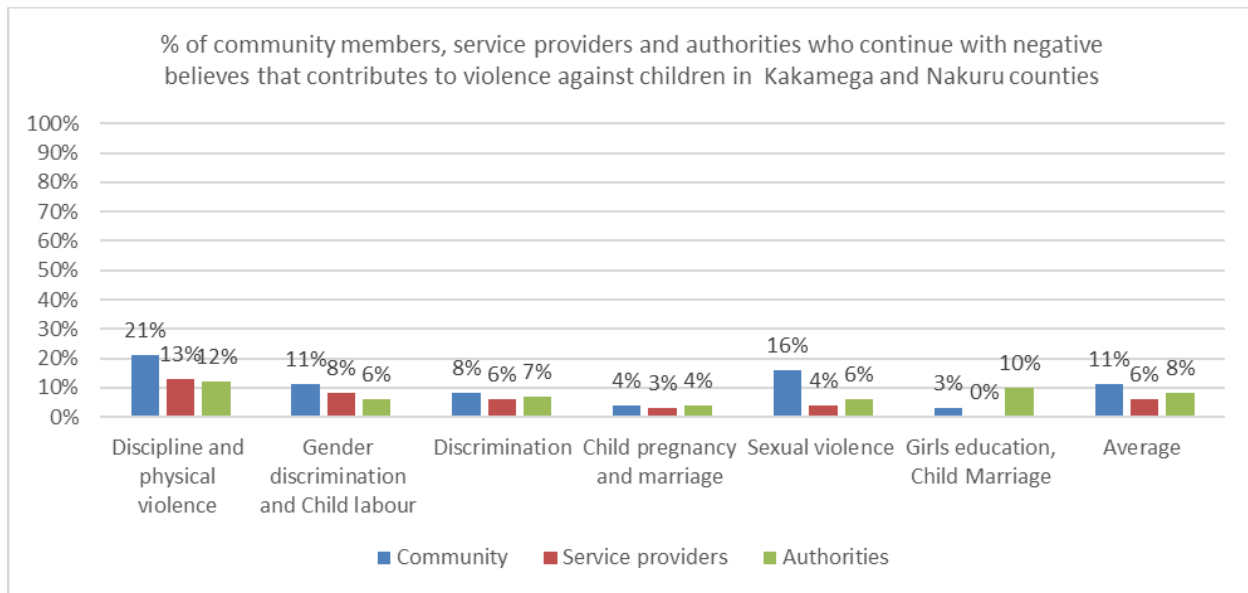
Figure 18: Continue with negative believes

Key Highlights

- Overall 11% of community members, 6% of service providers and 8% of local authorities believed in harmful practices which contribute to violence against children and adolescents.
- 21% of community members, 13% of service providers and 12% of local authorities continue with practices that promote unfair forms of discipline and physical violence.
- Regarding gender discrimination 11% of community members, 8% of service providers and 6% of local authorities still held on harmful beliefs.
- Discrimination beliefs were held on by 8% of community members, 6% of service providers and 7% of local authorities.
- Child pregnancy and child marriage was still believed by 4% of community members, 3% of service providers and 4% of local authorities.
- Beliefs that promote sexual violence were still held by 16% of community members, 4% of service providers and 6% of local authorities.
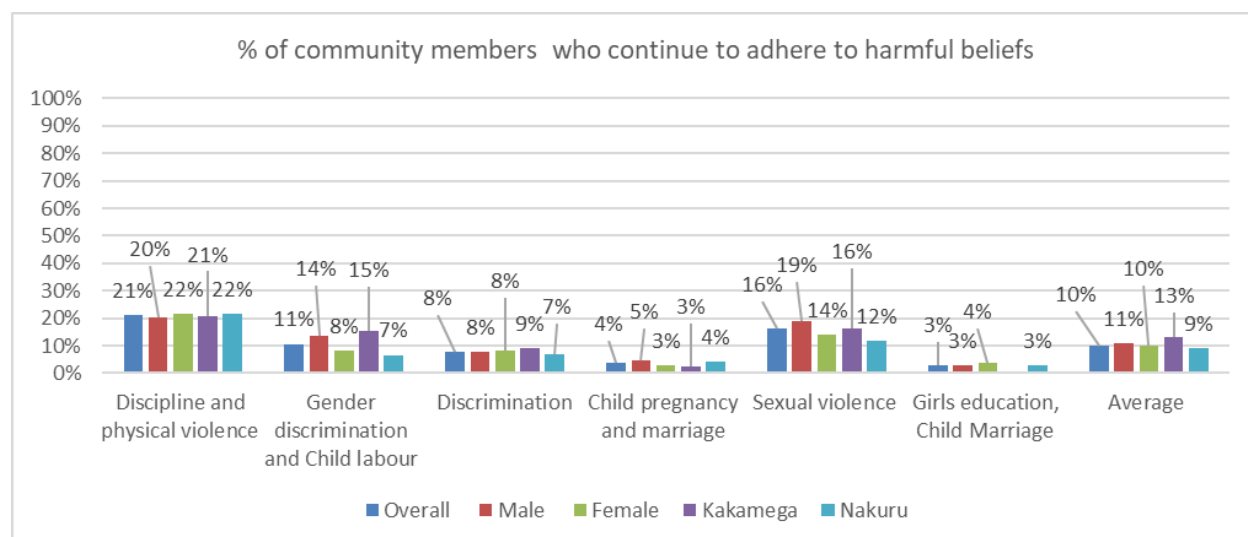
Community members' adherence to negative believes

Figure 19: Community Members adherence to harmful beliefs

Key Highlights

- Overall communities' adherence was higher on negative beliefs around discipline (21%), followed by sexual violence beliefs (16%), gender, discrimination and child labour (11%) and discrimination (8%) and girl education and child marriage (3%).
- At baseline we had overall 41% (42% women and 40% men) with 49% from Kakamega and 33% from Nakuru adhering to negative discipline norms. MTE findings indicate an overall of 21% adherence (with 22% women and 20% men) with 21% of community members coming from Kakamega and 22% from Nakuru.
- Further analysis shows a reduction from 17% to 5% of community members who did not agree with the fact that a girl should report the case to the authorities or service providers if she is forced to get married or undergo FGM. In addition, 3% (down from 13% reported at baseline) disagree with the fact that her parents ought to allow her to complete school.
- Positive results, shows overall community member's adherence to Child marriage and FGM practice reduced from 22% to 4%. There is need to engage the remaining groups to help reduce level of acceptance to practices that justify FGM and child marriage.

Detailed analysis of responds per individual question revealed that:

- Overall adherence to child labor reduced from 18% (with 14% from Kakamega and 24% from Nakuru) to MTE findings of 8% (9% from Kakamega and 7% from Nakuru. Kakamega communities had the highest adherence (15%) compared to Nakuru (7%). Community members' adherence was highest at 11%, followed by service providers (7%) and authorities (6%).
- On average 5% of community members are in favour of child marriage down from 13% at baseline. Furthermore, analysis shows 9% (down from 24%) of respondents in Nakuru are in favor of marrying a pregnant girl compared to 1% (down from 7%) in Kakamega. Therefore, in this case communities in Kakamega appear to be more protective than those in Nakuru. Below are the statements that were asked to the community members and the anticipated response.

- MTE findings show that 12% of community members (15% of community members in Kakamega and 10% in Nakuru) believe that the girl should not report the rape to her family or anyone to protect her honour. This is a worrying trend since a baseline study showed that only 5% of community members (2% of community members in Kakamega and 8% in Nakuru) believed girls should not report to protect their honour. MTE shows that 13% of females and 11% of males held to this negative belief.
- Regarding reporting to police, 2% of community members did not approve of reporting the case to police (4% in Kakamega and 1% in Nakuru). AT baseline we had 5% of community members who did not approve reporting to the Police.
- However, it is still worrying that 33% (statement 5) of community members (37% female, 27% males and 28% from Kakamega and 37% from Nakuru) did not disagree with reporting to elders for negotiation with the perpetrator. This seems to have got worse compared to baseline findings where 24% of community members did not disagree with the father reporting the case to the village elders to facilitate the mediation with the perpetrator.
- The findings further indicate that 13% (down from 16%) of community respondents agree that the father should ask his friend to pay a fine.

Service providers' adherence to harmful beliefs
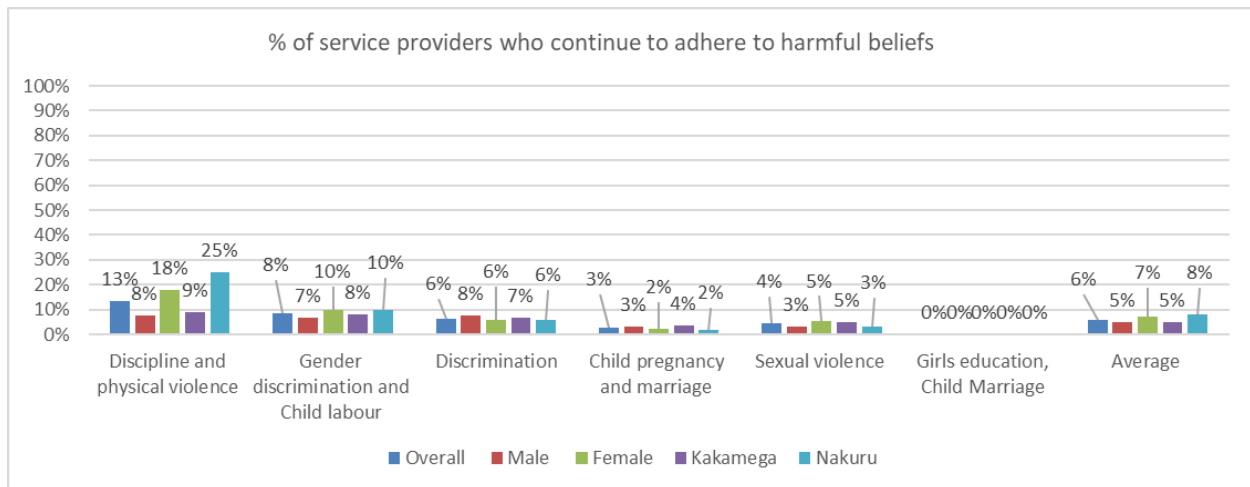
Figure 20: Service providers adherence to harmful beliefs

Key Highlights

- Findings show that 100% of service provider did not support any harmful belief that would promote child marriage or denying girls access to education.
- highest level of adherence was on discipline and physical violence (13%), gender discrimination, child labor (8%), discrimination (6%) and child pregnancy and marriage (3%) while sexual violence was (4%).
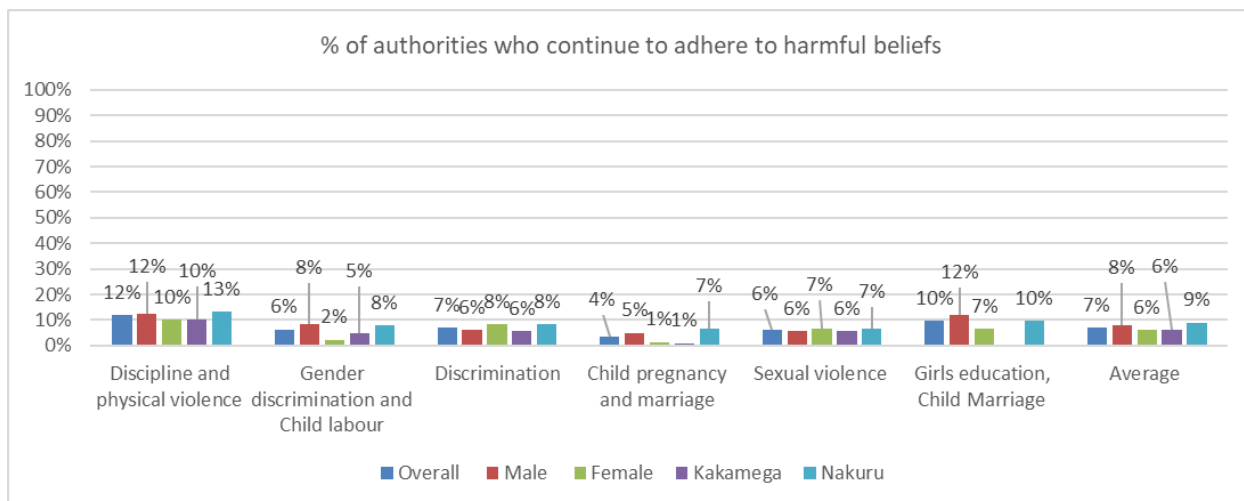
Local authorities' adherence to harmful beliefs

Figure 21: Authorities adherence to harmful beliefs

Highlights

- Local authorities' adherence was higher on discipline and physical violence (12%), Discrimination (7%), gender and discrimination and child labour (6%), child marriage and pregnancy (4%) and sexual violence (6%) while girls' education and child marriage was (10%).

3.6. Identify best practices and propose corrective measures and/or alternative solutions for the follow-up of project execution

3.6.1. Best practices

In its quest to establish some of the best activities, the evaluation inquired from respondents to identify activities they were involved in and stood out. Some of the activities listed include the following:

Category	Which activity stood out?	Why did it stand out?
Community Members	• **CPV/CHV:** Training and opening of the talk Box	• **CPV/CHV:** Talk box enhances the children's rights in a more impactful way.
Teenage Mothers and adolescence	• Teenage mother programs • Dissemination of information through drawing • Role plays (public speaking, poetry, singing)	• In awareness creation, the community has learnt to treat us better and not see us as not well mannered girls • Social behaviour change program has helped to reduce pregnancy among the adolescence
Schools going Children	• Promoting awareness creation on Child's Rights • Training on child rights and helping children understand the need to be respected.	• Children being chosen as leaders who have gone through CRC • Teachers and school prefects improved on child handling

Category	Which activity stood out?	Why did it stand out?
Authorities	• **Police Officer:** Training of police officers • **Chief:** Outreach sessions and awareness creation on CP issues	• **Police officer:** the training on CP and how to handle children, helped us understand our engagement with children better. • Others were; coaching boys to be men. And proper case handling • **Chief:** Awareness creation increases responsiveness and direct relationship with community members on CP issues
Schools	• **Head teacher says:** Community Dialogue Leaders (CDL) match peer to peer discussions, establishment of child right clubs and Talk box. • **CRC Patrons:** Guiding and Counselling, Peer to peer education and participation in national events	• **Head teacher:** CDL helps the community to learn and understand children's issues. Increases responsive sessions, creates a sense of ownership by the community and allows efficiency in creating awareness and enhancement of the children's rights. **Talk box** enhanced learning from children and helps the schools get to know what is really happening with the children • **CRC Patrons:** Children open up and express themselves freely. National events expose children, break boredom from normal school activities, and encourage interaction among children. The children love meals and t-shirts provided at the events
Collaborating Partners	• **Health Officer:** The talk box, capacity building for service providers and donations towards feeding programs for children. • **MoE:** Capacity building /training on child protection. • **PWDs Organizations:** Talk box, Donations and Capacity building on child protection • **Sub-county Children Officer:** Placement of social workers in our offices	• **Health Officer:** The talk boxes provided feedback channels, and the committee addresses the issues raised to their best ability with support from other sector actors. **MoE**: The project enhanced case management system. • **PWDs Organizations:** Enhanced active participation and communications among the community members and service providers. Provides for feed program reduced costs of schools' budget • **Sub-county Children Officer:** Enhanced guiding and counseling, Data entry, and Follow ups

Table 4: Best Practice Analysis

The **community engagement and involvement** developed ownership of the project. The Community Dialogue as an entry and approach has created partnership with the community. . One quote from a story in Nakuru County says "I am a witness to the tremendous work CISP has done through engaging the community. In an age where community involvement and partnership with civil society are increasingly being recognized as indispensable, this community has been able to witness a change in behaviours that were promoting child abuse." These were the words of, a middle-age man, during an interview with CISP staff on the project impact.

The Community Dialogue groups who are picked from the community, have been instrumental in information dissemination and reminding the communities on correct norms. As an example, corporal punishment was a norm in one community and it was difficult for members of the community to accept that there were alternative ways of correcting children. The CD leader took them through the guide developed by CISP in awareness sessions. Additionally, few dialogue group members visited a school in the community, where parents and pupils had complained so much of a teacher always canning children so severely, and so after the visit, the teacher was apologetic promised to change.

The School Talk Boxes has won many hearts at its effectiveness in communicating the children's needs and their social and economic issues. The talk box is one of the strategies that the "safe communities for safe children and adolescents" project is using to realize child participation. Through the boxes installed in 5 schools in Naivasha sub-county, children are able to express themselves, report abuse and make suggestions on all matters affecting them both at home and at school without fear.

Children are also represented in the talk box opening committee meetings that handle the issues brought forward by the children hence having a say on how the matters are handled. With the schools' head teachers saying, "Talk boxes have enhanced learning for children and help the schools get to know what is really happening with the children" is a firm indicator they will sustain the concept as a school project. In July-September and October-December 2021, the talk box analysis from the 5 schools indicated a sharp rise in food and nutrition concerns from the children. In October 2021 only: 28 posts on food & nutrition were made from 3 schools by children as young as grade 4 appealing for food aid. Some of the samples of the posts made:

* *'There are numerous problems at home. No food so we sleep hungry most times because my mother doesn't have money. This makes me faint in class due to hunger. My father ran away after my mother got a baby'.*

* *Grade 4 pupil. "Kwetu hakuna chakula" Tafadhali tusaidiane.' - "At our home, we have no food. Please assist us" NAMELESS. ``We are truly getting finished with hunger at home due to lack of food due to jobless parents who can't even afford anything to carry to school".*

It's reported the project staff started an initiative called 'walk with an Orphan'. The initiative raises money from the project staff and friends of the project. The money is then channelled to the schools through the CRC patrons who ensure the selected vulnerable children get a plate of '*Githeri*' (A plate of cooked mixed maize and beans) every school day from the school canteen. 10 children are currently getting the plate of *Githeri* with the hope that as more money is raised, more children can be accommodated under this initiative

Support of Social Workers/Counsellors who were placed at the DCS offices provided the needed technical support not only to the department but to the five schools under the project. Their presence enabled the children to be guided in cases where they could have felt intimidated and feared for their lives. One case was reported earlier in 2021, where an encounter with a pupil Her case was highlighted

by a new deputy head teacher in a school. The Deputy Head teacher, having participated in one talk-box opening meeting, also wrote and posted in the talk box, seeking help for the little girl. She explained that the girl looked like she was developing 'cerebral palsy' due to her uncoordinated gait.

A counselling session was quickly organized at the school that revealed that the girl's gait was her reaction to panic attacks that she often gets while in school. She does not understand her situation at her age but is always really scared of what will happen to her at school and at home. 'I fear that I will go home and my mother does not show up the whole night, I fear the teacher will ask why I don't have books, pencils or packed lunch'… she said. Three sessions with the girl helped to calm her down and now she expresses herself without looking uncoordinated. She was scheduled for 2 counselling sessions per week at school by the counselling teacher, who gave frequent reports on her progress.

Enhanced case management system: Enhanced active participation and communications among the community members and service providers, reduced the time taken to provide solutions to cases. The case dated 10th September 2021 was reported to the police on the 13th September 2021 involving, a class 5 pupil in one of the schools hosting the CISP school program consisting of a CRC club and a talk box intervention. When the talk box opening committee meeting was held at the school, the child post was among the 24 posts made that month. The child had stated her 3 names, her class & stream and her age; the post went ahead to narrate how her father had been having sex with her and when she refuses he abuses and beats her up. She had gone ahead and provided the names of her father.

The case management committee quickly developed a case plan, while the subject child was receiving counselling at the school. The child was guided and presented herself at the local dispensary the following day which was done to ensure her safety and that of her siblings. The girl later confided in the staff that accompanied her to the hospital that she felt relieved when she walked into the dispensary compound and saw familiar faces waiting for her. "I felt safe at last; some people were willing to help me at last," she said. The journey to get her PRC services, to get an OB number and a P3 filled was started and ended the same day with the child's commitment to a safe house. This approach to coordinating her case strengthens the desire to have a strong case management among the actors of CP.

3.6.2. Corrective Measures and/or Alternative Solutions

This section of corrective measures or alternative solutions, will strive to pick from the respondents their recommendations on how best the project would be redesigned or provide alternative solutions to enhance services delivery. The measures and solutions being proposed are with the understanding of high expectations from the direct beneficiaries of the projects.

a) **School going Children**: Reference is made to the July-September and October-December 2021, the talk box analysis from the 5 schools indicated a sharp rise in food and nutrition concerns from the children. In October 2021, only: 28 posts on food & nutrition were made from 3 schools by children as young as grade 4 appealing for food aid. The appeal for food for vulnerable children calls for the project design to incorporate a food and nutrition component to enhance service delivery to the school-going children.

b) **Service Delivery**: The frequent transfers of government staff (health, judiciary, education, etc.) from their stations affect services delivery. The project has taken time to build the capacity of some of these staff members. When a transfer of staff happens, it affects service delivery and continuity of cases. Most of the KIs interviewed tend to agree on the definition of the

person required to handle project activities at government-related offices. The person must have been a) trained on issues CP, and b) personally committed to serving the community. It, therefore, saddens the process when an officer who has the two qualities leaves the station and the projects. The project must then train and develop another officer to step up and manage the office. As mentioned by one Police and health officer, the corrective measure desired is for the project to train more of their colleagues to mitigate such events.

c) **Coordination Committees** (Case Management Committees (CMC), Children Court Users Committees (CCUCs), Area Advisory Councils (AACs)) desire a longer period for the project to continue supporting their logistics and meetings. Therefore, any withdrawal as projected in Dec 2022 will be premature and might affect the continuity of the ongoing mode of operations.

d) The **teenager mothers** appreciate the mentoring and reclaiming their self-esteem and worth through the groups, and recommend future similar projects to consider including; economic empowerment, to improve livelihoods and to support start-up businesses kits for those who have gone through the polytechnics and colleges.

e) **The Community Dialogue Group Members** say there is a need to manage community expectations at the beginning of the project. The follow up to the completion of some cases has a security risk on them, which should be addressed in future programming. Although this should not be the case, as their mandate is to refer the cases to the SCCOs and they are not involved in the management therefore there is no security risk. The judiciary process is not always the favourite to the culprits, who would prefer local solutions on defilement cases. Any push towards the right legal and judiciary process finds them working contrary to the culprits. It, therefore, exposes them to security risks from the culprits and their families. They also felt lack of motivation (financially) affects their delivery of services as they are expected to provide for their families.

3.7. Establish a critical balance for the execution of activities by relating forecasts and achievements

Summary of Activities performance

This section will shed light on the achievements made by the activities already implemented and highlight the ones pending. The MTE analysed the activity level of achievement as per the time of the evaluation. The indicators show Nakuru and Kakamega offices have achieved 66.7% each by the MTE. Nakuru and Kakamega Counties have 23.8% and 28.6% respectively of their planned activities on track. One activity (**Act 4.1**; Conduct one Bottleneck analysis) was not scored for Nakuru as it was only meant to be implemented in Kakamega. Both offices have one activity each that is lagging behind. The below table provides a summary of the activities and percentage scores.

Summary of performance of activities

County	Green	Yellow	Red	Not Scored
Nakuru	14 (66.7%)	5 (23.8) %	1 (4.8%)	1 (4.8%)
Kakamega	14 (66.7%	6 (28.6%)	1 (4.8%)	0

Table 5: Summary of Performance of activities

Pending Activities

For Kakamega "**Act. 4.1**: where the project required to conduct one bottleneck analysis on access of pregnant adolescents and teenage mothers to MNH services in Kakamega County". The proposed activity was 1 Bottleneck analysis to be conducted and its report disseminated at county level. 40 service providers and community members interviewed for the action research and indirect 240 members of the communities.

The current status of this activity is that the research proposal for the study developed by ISS has received ethical approval from Kenya University Ethical Review Committee (KUERC). Local affiliation letter for the study was received through Masinde Muliro University of Science and Technology (MMUST). The next steps will involve the application for the research license through NACOSTI (National Commission for Science, Technology & Innovation).

The assessment report will help build an enabling environment from evidence-based planning and action towards improved MNH service provision. According to the budgeting, the activity had been scheduled for Year 2, Month 2-5.

For the Nakuru **Act. 4.3**: The project is to train and mentor 40 CSOs and 80 County Authorities on advocacy strategy development and implementation to advocate for access to quality CP and MNH services and county budget allocation for such services. Based on the MOU between CISP and K-NOTE, the county should achieve 15 CBOs and 15 CA members together with partner's staff trained on advocacy skills. With indirect beneficiaries, 150 CSOs and CAs participate in joint advocacy meetings. This activity is to be conducted in Year 2, Month 5-12 and Year 3, Month 1-11.

Conclusion: Besides Activity 4.1 above, which requires conducting one bottleneck analysis on access of pregnant adolescents and teenage mothers to MNH services in Kakamega county", this project is poised to fully have all its designed activities implemented on schedule.

3.8. Analyse and improve the quality of project planning and management

Result Area 1. Increased the capacity of caregivers and community members in Mumias and Matungu West sub counties (Kakamega) and Naivasha and Gilgil sub counties (Nakuru County) to protect their children and adolescents and adopt desirable practices that prevent and respond to violence, abuse and exploitation of girls and boys.

This Result Area (RA) 1 has five activities to be undertaken largely between years 1-2, with some activities under Act 14. 1.5 To be done in year 3. The financial expenditure stands at an average of 70.2%, with only "**Act. 1.1: Conduct FGD** assessment of existing social norms and how they contribute to abuse, violence and exploitation of children and adolescents, how they influence access to quality MNH services in the 4 target sub-counties, validate the findings and develop CD guide"

being on track the rest are poised to be achieved by the end of the project period. By extension, this particular RA 1, is being managed and executed well.

This Result Area 1 is a community engagement result area and it's expected to consume the largest part of the project resources in terms of time, field engagement and finances. This is evident when analysing activities dealing with FGD and CD under Act 1.1 and 1.2. The two budget lines have consumed 104% and 99% of the allocated amounts, with 1 year yet to be done for the project. The Result Area 1 being one of the key components of the project interventions, it's understandable to explain the high funds and resources demands.

Result Area 2: Empowered girls and boys in the target sub-counties to better understand their rights, participate in decision making processes of their interests and demand for care when abused.

This Result Area 2 has five activities to be undertaken largely between years 1-3. The financial expenditure stands at an average of 58.2%. All the activities under Preparatory Activities 2 are poised to be achieved and with a low funds consumption, it is interpreted to be well executed activities. This is a Result Area that the project team might seek to consider other complementing activities but still under the children and teenager mother.

The highest consumers of the resources have been "**Act. 2.3**: Establish and develop the capacity of 6 teenage mother's support groups on their rights to access quality MNH services and where to report in case of an abuse" at 61% and "**Act. 2.5**: Participatory production of BCC materials such as child participatory video, photo voice and visual art on CP and ASRH for awareness and advocacy activities' at 116%.' These two activities have a community involvement and understandingly so, are higher consumers of resources. It was observed that the teenage mothers wanted some assistance like start-up kits for those who have gone through the polytechnic training. The evaluation would recommend the project team to secure from funds to pilot or do a proof of concept with the savings under this Result Area 2.

Results Area 3. Improved the provision of quality, integrated, inclusive and gender sensitive child protection services accessed by children and their families in the target sub-counties.

This Result Area 3 has five activities to be undertaken largely between years 1-3. Some activities under Act 3.1, 3.2 are on track, Act 3.3, 3.4, and 3.5 are rated as highly to be completed by the end of the project period. The financial expenditure stands at an average of 53.6%, with only "**Act 3.3**: Establish and train members of 14 coordination committees (4 case management committees, 2 Children Court Users Committees (CCUCs), 8 Area Advisory Councils (AACs)) at Locational and sub county levels' that has surpassed its budget at 106%. This activity was underestimated as there is a higher frequency of the committees' meetings ought to have considered the number of meetings.

This Result Area 3 targeted to develop/strengthen case management referral system at sub-county level and facilitate capacity development of duty bearers and key stakeholders in the child protection system, through training, mentoring and self-care activities. It was to establish and train members of 14 coordination committees (4 case management committees, 2 Children Court Users Committees (CCUCs), 8 Area Advisory Councils (AACs)) at Locational and sub county levels. We see the bulk of the budget was placed under Act 3.1 Provide technical and material assistance to the DCS to provide case management services to 18,000 boys and girls (60% girls) and their caregivers in need of support,

including assessment, counselling, tracing, reunification, reintegration, rescue, legal advice and aid, and coordinated referral to other service providers at 100,960.00 euros with 74% of tasks done.

Act 3.4: which is to support the data collection through the Child Protection Information Management System (CPIMS) database and the data analysis through the Spatial Database (SDB, and **Act 3.5:** Conduct annual Client satisfaction surveys targeting children and their caregivers to evaluate the quality of services provided by the target 4 sub-county children's offices and referral partners have the least consumed budget line of 16% and 8% respectively. This evaluation established besides the Database and training thereafter, the Activities line might have been over budgeted considering the activities are also on the verge of being completed. ICT supported systems tend to be less costly after installation, thus future programs should consider such approaches to programming and budget appropriately by transferring the resources to other demanding activities. Crucial to Result area 3, a sustainability component needs to be thought through on the initial stage of programming. The current perception of the committees and council not sustaining themselves beyond the project life is worrying and needs to be addressed as an urgent item.

Result Area 4: Identified and promoted best practices on child protection, through participatory evidence based advocacy to inform formulation/development and/or implementation of child protection policies, systems and guidelines at national and county level.

This Result Area 4 has five activities to be undertaken largely between years 2-3. Apart from the Act**. 4.4:** more specifically**,** training of 30 Volunteer children officers and community health volunteers on human interest stories development and one research conducted by the Kenyatta University whereby the proposal was made to the CIDs on increasing the budget allocation on child protection matters, the rest of the activities are lagging behind.

This result area targeting result based advocacy has two researches to be done and expected to engage the community in advocacy training. Its current budget consumed stands at an average of 29.4% of the allocated budget. It's expected to see more resources and management efforts to realize the completion of this result area.

3.9. Provide information about how the project activities can be better aligned with policies and guidelines

This evaluation probed to establish which Acts, Policies and guidelines are used by service providers when engaging with CP matters. Some of the Acts, Policies and guidelines based on the project engaging areas were:

Project areas of engagement	Acts, Policies and guidelines to be used at the point of engagement
Education	• Free education policy by the government • Basic education Act • Teachers code of Ethics and regulation • Children's Act 2007 • Sexual offenses Act • Child protection guideline
Health	• Oparanya care – County Government of Kakamega • Universal Health Care
Social Protection	• Social protection policy

Project areas of engagement	Acts, Policies and guidelines to be used at the point of engagement
DCS	- Child protection guideline - Case management and referral guidelines - Universal declaration conference on human rights - Child protection Policy UNICEF - Universal Declaration on Children's rights - Equal treatment for all children irrespective of race, religion or origin - Article 53 of the constitution of Kenya in the Children's Act - County of Kakamega – draft child protection policy - Kakamega GBV policy - County governments Standard Operating Procedure
PWDs/CWDs	- Universal declaration conference on human rights - Special needs policy framework - Children's Act 2007 - Sexual offenses Act - Child protection guideline
CCI/Safe homes	National Standards of best practice in character institution
Judiciary and Courts	- Children's Act 2007 - Sexual offenses Act
Police Gender Desk	- Criminal procedure code - Children's Act 2007 - Sexual offenses Act
Teenage Mothers	- Children's Act 2007 - Sexual offenses Act - Child protection guideline
Community Members Engagement	- Child protection Policy UNICEF - Children's Act 2007 - Sexual offenses Act - Child protection guideline

Table 6: Activities vs the Policies, Guidelines and Acts

The above tabulation building constitutes all Child's Rights, Act, Policies and Guidelines. The evaluation has apportioned the rights to their respective project related areas, which can be used to guide programing and project officers. It's understood all project areas have SOPs which should guide schedules, behaves and time durations when handling a case. Some Acts and Policies cut across areas of project interventions. Children Act and Constitutions are some of the examples. Within the communities, the rules beyond child rights which affect protection of lives which equally apply.

4. Recommendations

The general view of those who have interacted with the project and interviewed, applauded CISP and its implementing partners (K-NOTE and MARPA) for supporting CP issues in the two counties of Nakuru and Kakamega. This evaluation took note of the views given by the persons interviewed and the below sum up some of the recommendations for future programs.

Result Area	Lesson Learned/ Achievements	Recommendation
• **Result Area 1**. Increased the capacity of caregivers and community members in Mumias and Matungu West sub counties (Kakamega) and Naivasha and Gilgil sub counties (Nakuru County) to protect their children and adolescents and adopt desirable practices that prevent and respond to violence, abuse and exploitation of girls and boys.	• **Scenarios of high expectations:** there is a need to manage community expectations at the beginning of the project. The project team needs to let the community know more about the deliverables of the project, the roles of stakeholders, and any financial benefits if any.	• Continue engaging the community both in managing expectations and establishing community-led solutions to solve child rights. • Use existing opportunities to clarify what the project can offer and what it cannot offer to manage community expectations. • Use the local structural outfits to build on sustainability mechanism for engaging authorities
• **Community Dialogue Groups**	• The CD participants are agents of change and Child Protection ambassadors who act as the link between the project approach and the community: • A few CD participants raised openness as a challenge, which could be interpreted as the fact that they are not well informed on some aspects of the projects and yet they need to inform the community on project matters.	• The project provides as much information as possible to CDL as they are the interface with the community. • Engage the security structures of the community to embrace the role CDL plays and thus provide the necessary security measures. • Due to data protection, access to CPIMS is restricted and accessed only by the SCCO (the case managers). The CDLs are to receive updates on the cases through the SCCOs and the social workers/counselors. This will enable them to be informed at real-time positions of their cases. It is envisaged, they will update the community requests first-hand. And also address their concern of "Poor follow up by the children dept. office".

Result Area	Lesson Learned/ Achievements	Recommendation
		• The project to consider having the CDL on stipend during the life of the project.
• **Magnet Theatre**	• An effective way of passing messages to the community as it dramatizes and questions the negative social norms	• It's encouraged to have more of such sessions to pass the message to the community and schools • Have more outreaches per site
• **Radio Talk Shows**	• Creates a platform for key CP professionals to educate and pass messages to the community • The coverage area is wide; thus, more people get to hear the message.	• Target the right timing of airing the messages • Target selected FM stations to have different audiences
• **Declaration Events**	• The process and time taken to ensure that the community has been adequately sensitized (13 weeks) is good • Focusing on the messaging targeting the negative norms to be dropped is commendable	• Before the declaration is made, there is a need to have key stakeholders engaged in vetting the pronouncement and discussing how it will be enforced
• **Result Area 2:** Empowered girls and boys in the target sub-counties to better understand their rights, participate in decision making processes of their interests and demand for care when abused.	• Approaches used (Child right clubs, peer to peer approach and use of talk boxes) were less costly and more effective. • Unmet needs for teenage mothers need more interventions to address.	• Advocate for the scale of this intervention to cover the two counties 100% and advocate for this approach to be adopted by the Ministry of Education. Since this may not be achieved within the current project, consider alternative scale-up funding beyond the current project to achieve results at scale. • Include economic empowerment through job placement or business grants to support the start of small businesses for those who have gone through life skill training.

Result Area	Lesson Learned/ Achievements	Recommendation
		● Link the groups to existing government economic empowerment efforts for youth and women.
CRC	● Promoted awareness creation for Child Rights at the school ● Helped Children understand the need for respect ● Assisted in building good leadership and character among the children	● Increase the number of teachers participating in the club and project ● Enrol and train more children ● Provide certificates for both pupils and teachers
Talk boxes	● Helped in the identification of CP cases both at school and in the community ● Helped to identify other programs like feeding programme ● Helped in designing CP related awareness and training programs ● Addressed neglect and abandonment cases	● Establish a depository database to capture the cases both for improving intervention and advocacy ● Use the cases to enhance the engagement with the community and school ● Use the cases to develop mentorship programs for the school

Teenage mother support groups	● The groups are a good forum for teachings, motivation, financial support, creating awareness for teen mothers
	● Helped access to sexual and reproductive health services, counselling to the girls to cope with the situation, back to school programs after delivery
	● Guiding and counselling programs for the girls, follow up on the circumstances that led to pregnancy whether it was violation/defilement of the child or a consensus, was reached
		● Considering the list of ideas floated on how the group could run differently, the below featured prominently.
		  o Have CP volunteers amongst them
		  o Focus on income-generating activities.
		  o Teenage mothers who have passed through the program should be encouraged to lead the groups because they know how to pass information to others in the community
		  o By enrolling them to counselling before forming the groups

Result Area	Lesson Learned/ Achievements	Recommendation
	• Teaching them how to take care of their children	
Children participation in key events	• The children's participation in key events exposes them to other experience outside their local environment, which builds confidence at community levels and school. • The events make them champions of their rights.	• CRC officials are encouraged to attend and pass the information to other members as part of knowledge and experience transfer
Production of BCC materials	• Development of a complete communication and visibility plan. • Number BCC material produced by children and adolescents and disseminated to the community and general public are satisfactory. • 300 children participated in the production of BCC material.	• Enhance the production of the BCC material at the CRC level, which builds their creative skills and at the same time is used to pass messages on child rights through child participatory video, photo voice and visual art on CP and ASRH for awareness and advocacy activities.
Result Area 3. Improved the provision of quality, integrated, inclusive and gender sensitive child protection services accessed by children and their families in the target sub-counties.	• The **frequent transfers of trained staff affect service delivery and the continuity of cases.** The nature of work requires two qualities in a person; a) training on issues CP, and b) personal commitment to serve the community. It saddens when an officer with the two qualities leaves the station and the projects and has to train and develop another officer to step up and manage the office.	• Since transfers are inevitable, the project should employ a **cascade model** where trained officers are tasked to mentor someone who can take over in case he/she is transferred. • **Training modules can also be integrated** with other sector activities like for health who have continuous education sessions and mentorship for health care workers. • **Development of simple self-paced modules or orientation manuals** for new officers offering CP services in different service points is very key. More often the new officers have no materials to refer to or even a guide on how services are structured, they end up starting from scratch and finding

Result Area	Lesson Learned/ Achievements	Recommendation
		their way out through on job experience.
DCS on case management	- Placement of social workers in DCS offices, enhanced guiding and counselling, data entry and follow-ups - It also increased number of reported cases	- DCS being the crucial partner in CP, any form of capacity building is needed to ensure children get the best services - Data entry and coordination is best handled from this office, and thus a sustainability model for the support staff is encouraged.
Spatial Database (SDB)	- One SDB developed (dashboard and web) – the dashboard includes referral partners for the 4 targeted sub-counties - The dashboard is accessible to all. Web application accessible/limited to administrators only - Pilot of the SDB completed	Full rollout of SDB to be done and further introduced to other counties
Coordination Committees	- AAC coordination networks were revived and are now active. - Locational AACs were established (2 in each sub county). - Case management committees have been established - CCUC established - Participants were also trained per category to ensure harmonious and contextualized training.	The case referral and management have been enhanced by the use of the coordinating committees as per their categories, means and strategies of sustaining them is encouraged as they don't see themselves operating smoothly after the closure of the project.
CPIMS	- One CPIMS training conducted. 35 actors participated - Trainings on the SDB done, mapping of all the stakeholders also done and currently the piloting of the entire process ongoing	The enhanced CPIMS with SDB component will help in managing facilities and cases. Once the proof of concept has been done, it should be rolled out to other counties

Result Area	Lesson Learned/ Achievements	Recommendation
	- No SDB uploaded. - To be done in year 3 once TriM and CISP meet DCS HQ CPIMS focal person - One quarterly meeting held	
Result Area 4: Identified and promoted best practices on child protection, through participatory evidence based advocacy to inform formulation/development and/or implementation of child protection policies, systems and guidelines at national and county level	- Fast track the researches pending as they are crucial in evidence based advocacy - The recording of case stories and capturing practice practices is commendable	- There is a need to do an in depth analysis of the actual factors that led to success of those interventions and document them step by step so that other actors can replicate them. - There is a need to develop a depository database for the stories and structure the themes needed when capturing the stories. These will guide the advocacy agendas.
Stock taking analysis	- Stock taking analysis of target County CIDPs and Budgets conducted - Project research conducted, report and policy briefs shared	Two research studies (1 per County) were conducted by the Kenyatta University whereby the proposal was made to increase the budget allocation on child protection matters.
Formulate, implement and disseminate key guidelines and policies	- Supported launch of Kakamega county SGBV policy. - CISP supported the DCS HQ to disseminate case management and referral guidelines in Nakuru County. 28 people reached.	Seek to have the policies and guidelines adopted countrywide for easy deployment in any other county.
Sustainability and Exit Strategy		**Community engagement and coordinating structure**: Enhancing the community-driven approaches and involvement of local structures would create opportunities for sustainability. **CPIMS and Spatial Database (SDB):** Automation of data collection and management reduces the costs of operations and thus can be management better by the CP actors e.g. CPIMS and Spatial Database (SDB)

Result Area	Lesson Learned/ Achievements	Recommendation
		• **Magnet activities:** The skills and theatres to be incorporated into the CRC, which will be easier for schools' adaption and embracing it as part of talent development • **School activities:** Though still an uphill task to incorporate into the school's curriculum, starting by embedding most of the school activities through the CRC, will be retained within the school structures. • **Coordination Committees:** Advocating to have data and records reported by actors as part of KPI, may spar budget allocations and requirements from CDS to maintain the committees • **Community led dialogues activities:** Advocating for county governments to allocate budget for CPVs and pinning the functions of CDL on them, will end up creating CP champions within the community.

Table 7: Recommendations

References

1. GoK (MoE). (May, 2020). Kenya Basic Education COVID-19 Emergency Response Plan.
2. GoK (The National Council for Children's Services). (November, 2011). The FRAMEWORK FOR THE NATIONAL CHILD PROTECTION SYSTEM for Kenya.
3. GoK. (2001). Children Act of Kenya No.8.
4. UNICEF. (August, 2020). Protecting Children from Violence in the Time of COVID-19: Disruptions in Prevention and Response Services.
5. Social Norms Assessment report, 2020 – Gilgil and Naivasha sub counties, Nakuru County
6. Social Norms Assessment report, 2020 – Mumias West and Matungu Communities, Kakamega County

Annexes

1. Respondents
2. Data Collection Tools
3. Case studied 1-5
4. Indicators and activities performance
5. Activities Financial Performance
6. Efficient Performance Assessment
7. Data Collection Photos

Annex 1: List of Respondents

	Category of Respondent	Kakamega	Nakuru	Rationalization	Data Tool
		Number	Numbers		
1	Teenage mothers' support groups (1 in each Sub County)	10 (2) = 20		Recipients	FGD
2	Child Rights clubs (1 in each Sub County)	10 (2) =20	10x2 = 20	Recipients	FGD
3	Dialogue Groups (1 in each Sub County)	10 (2)=20	10x2 = 20	Recipients	FGD
4	Community Members (1 each Sub County)		10x2 = 20	Recipient	FGD
5	MARPA (Matungu Rural Poverty Alleviation)	2		Key Implementing Partner (Kakamega)	KII Questionnaire
6	KNOTE Staff		3	Key Implementing Partner (Nakuru)	KII Questionnaire
7	Department of Children Services	1	2	Collaborating Partner	KII Questionnaire
8	Ministry of Health	3	2	Collaborating Partner	KII Questionnaire
9	Ministry of Education	2	2	Collaborating Partner	KII Questionnaire
10	Ministry of Social Protection	2	2	Collaborating Partner	KII Questionnaire
11	Judiciary and Courts	1	2	Collaborating Partner	KII Questionnaire
12	Probation Centers (officer)	1	2	Collaborating Partner	KII Questionnaire
13	Persons with Disabilities (PWDs) lead organizations	4	2	Collaborating Partner	KII Questionnaire
14	Charitable Children Institutions (CCIs)	2	2	Collaborating Partner	KII Questionnaire
15	Safe houses (1 each sub county)		2	Referral Partners	KII Questionnaire
16	Talk Boxes Committees (1 in each Sub County)	2	2	Recipients	KII Questionnaire
17	Chief/Sub Chief (1 each Sub County)	2	2	Collaborating Partner	KII Questionnaire
18	Head Teacher (1 each Sub County)	2	2	Collaborating Partner	KII Questionnaire
19	Child Protection Volunteers (CPV) – (1 each Sub County)	2	2	Collaborating Partner	KII Questionnaire
20	CRC Patrons (1 each Sub County)	2	2	Collaborating Partner	KII Questionnaire

	Category of Respondent	Kakamega Number	Nakuru Numbers	Rationalization	Data Tool
21	Police Officer - Children's Desk (1 each sub county)	2	2	Collaborating Partner	KII Questionnaire
22	Youth Empowerment Centers	0	2	Collaborating Partner	KII Questionnaire
23	Vocational Training Institutions	0	2	Collaborating Partner	KII Questionnaire
24	Magnet theatre group members	6		Implementing Partner	KII Questionnaire
25	Children in project selected Schools (5 Children in each of the 10 schools – targeting those not in clubs)	50	50	Recipients	Survey
26	Communities' members (65 per sub county)	130	130	Recipients	Survey
27	Teenage Mothers (10 per sub county)	20	20	Recipients	Survey
	TOTAL	**296**	**297**		

Table 8: Sample Size

Annex 3: Case studied 1-5

Case study 1: Talk Box "an effective tool for child participation'

> **Innovative approach to child participation**
> While commenting on the impact of different interventions, one of the project officers had the following to say about talk box,
> *"…the talk box is one of the strategies that the safe communities for safe children and adolescents project is using to realize child participation. Through the boxes installed in 5 schools in Naivasha sub-county, children are able to express themselves, report abuse and make suggestions on all matters affecting them both at home and at school without fear.*
> *Children representatives in the talk box opening committee meetings that handle the issues brought forward have a say on how the matters are handled. At the introduction of the talk- box in the 5 schools, the pupils exclusively used the box to report abuse and buying. Sensitization sessions were conducted by the SCCCO, the project staff, CRC patrons and the CRC members that saw the use of the talk boxes pick up more issues from the children, teachers and even community members raising issues of child protection"* Respondent project officer from Nakuru.

> **Case study 2: Effective community dialogue activity**
>
> *"…the community dialogue leaders were selected trained and were able to form groups where they held discussions for 13 weeks on negative norms promoting child abuse. Through this, most of them were to change their attitude towards negative norms that promote child abuse and become champions of change. The strategy was purely community led"* an officer from K-NOTE

> **Case study 3: How effective children club was achieved**
> *'…the 10 child rights clubs were established 5 per each sub county. The patrons were trained on the guide for peer to peer education. They later trained 30 CRC members per school on the same. 20 patrons were trained 9 male and 11 female, 300 CRC members trained on peer to peer education and 180 peer to peer activities conducted in schools reaching out to 24,534 children. 10 talk boxes were established 5 per sub county and 10 talk box committee established. 4,066 children reached through the talk box sensitization and children have been able to report the concerns which has been handled through the child office and the school administrations offered psychosocial support by the project. Art for social change is yet to be implemented though the patrons have been using the guide for implementation",* respondent officer from K-NOTE
>
> *"…Ten head teachers met for a buy -in session. Then 20 (9M, 11F) patrons from ten schools trained on CRC guide, child protection, communicating with children and child participation. This led to 10 Child right clubs established respectively (5 in Gilgil and 5 in Nakuru). 300 CRC members were trained on peer-to-peer education, life skills, and advocacy. We supported 180 peers to peer activities reaching out to 24534. As a result children became aware of their rights and also educated others through peer to peer sessions"* respondent Martin Mwaura

Case Study 4

Kafaya story

Giving a second chance to a boy with a hopeless future

Its early November as the sun is blazing hot in the village of Bukaya B in Bukaya sub-location in Bukaya location whereby a community dialogue leader named Grace meets an old couple of Mr. John Opwoko and his wife as they work on their half acre farm tending to their crop of beans. Mr. John is a man of about 70 years of age. He is a farmer, a father, and a grandfather. The couple lives with their 13 years old grandson named *Kafaya.

Kafaya used to live with his father and step-mother whom he accused of mistreating him which made him decide to go to live with his grandparents. "Thank you so much for coming." Mr. Opwoko said to Grace who had heeded to the invitation by the old man to express their appreciation for their efforts in ensuring the boy's positive change. He quickly put his dusty *jembe* on his shoulder and welcomed Grace inside the house. "We want to say thank you for coming to the rescue of Kafaya. As you know, he used to be very rude and didn't want to go to school. Sometimes he even stole money from us." Lamented Mr. Opwoko as his wife nodded in agreement. Mrs. Opoko added to her husband's sentiments by saying, "Sometimes we thought our grandson was abnormal since many times he sat alone and kept quiet and rarely talked to anyone including ourselves. We had lost all our hope on him."

Mr. Opwoko and his wife are grateful to Ms Grace Aseka and the members of Etenje community dialogue group which is supported by CISP (International Committee for the Development of Peoples) and its partners through the *safe communities for safe children and adolescents in Kenya* project for opening their eyes during an awareness activity at the old couple's home church. They still clearly remember the day's topic which was on 'how to maintain good parent-child relations." The group has been facilitated by CISP to conduct a series of awareness activities in the larger Bukaya sub-location on child protection following dialogue meetings and subsequent public declaration on harmful social norms which contribute to child abuse and exploitation. Mr. Opwoko had this more to say "It was after you sensitized us on how we can improve the relationships with our children and grandchildren that I realized my failure as a caregiver. You helped me understand my grandson's problem and my contribution to it." Mr. Opwoko admitted that he had been too harsh to the boy and never listened to him. "I always rebuked him for his misconduct. I did not give him time to express himself." Regretted the remorseful old man. "My conduct caused Kafaya to end up stealing and being truant. However, I have since changed my attitude towards him." Continued Mr. Opwoko. He added that his wife has changed too and become friendly which is far from the harsh and strict disciplinarian approach she had before. "We have established a good rapport with our grandson and with time we have noticed a great improvement." Said Mrs. Opwoko with a bright smile on her face. "Kafaya has become jovial, talkative and loves school. He shares his problems with us and of late theft cases have stopped." She said.

According to research, poor parenting has been attributed to be among the leading causes of truancy and delinquency cases in children. CISP in collaboration with Department of children's services has continued to address the issue poor parenting by empowering parents with knowledge and information to enhance their parenting skills through the AICS funded project in the communities of Mumias west and Matungu sub-county in Kakamega county. This calls for more efforts from other stakeholders including the education sector to engage parents and children especially adolescents in discussing challenges they face in a friendly atmosphere to reduce the anti-social behavior displayed by children and witnessed recently by the country in the media.

*Not his real name

Story by
Grace Etenyi

Community dialogue leader
Etenje community
Mumias west
Kakamega county

Case study 5

Change of harmful social norms leading to child abuse slowly becomes a reality

Physical and emotional abuse of children in Mumias west and Matungu sub-counties in Kakamega county have been blamed on among other factors, harsh parents, poor parenting and the attitude of 'spare the rod and spoil the child' by the community. According to a report of the social norms assessment conducted by CISP (International Committee for the Development of Peoples) in July 2020, children are subjected to physical and emotional abuse by their parents because they also went through the same. One participant is quoted as follows, *"We have parents who endeavor to bring up the child the way they were brought up. If they were brought up with physical and emotion abuse, the parents use the same on the children."* **Salesman (male) Mayoni, Matungu.** The community has also been blamed for lack of care and support for emotionally affected children. To address the situation, the report recommended sensitization of parents and guardians to be role models and not to be too harsh to children and fostering good relations between children and their parents. One participant in the assessment had this to say, *"Parents should be sensitized to be role models. The male ego in fathers should also be addressed so that they don't always think that being too strict and harsh to their children by beating them up is the best way to exert authority."* **Assistant chief (Male) Mumias West**

Through the AICS funded *safe communities for safe children and adolescents in Kenya* project, members of community dialogue groups (men, women and youth who came to together to discuss harmful social norms that contribute to child abuse and exploitation in their communities and committed to communicate the change to the community after public declaration to abandon the said norms) have been undertaking sensitization and awareness activities in Mumias west sub-county to address the vice and ensure that children are protected from physical and emotional abuse. Through these efforts, parents and guardians have been slowly adapting and embracing change.

A lady called Miriam Were stated that she really benefitted from the awareness by the community dialogue group in Wangnyang. She shared her experience by saying "Many times I abused my son by referring to him as a silly cow since he never performed well in school. I only used to love and value my daughter since she always held good positions in her class. It was only after I attended an awareness activity conducted by the group that i realized that i was on the wrong." She continued to say about her transformation, "After the awareness and the information i received, i learnt that all children are not equal in ability and we should love them all regardless of their shortcomings. So i decided to give him a second chance, showed him love and motivated him. Today as i speak, my boy is proud of me as his mother and has promised to continue doing his best at school." the mother who exemplifies many parents who condemn their children because of their weaknesses.

There's also the case of Phillip Owino* - a 14-year-old class 6 boy at Bukaya primary school in Bukaya sub location, Bukaya location in Mumias west sub-county of Kakamega county. The boy had disappeared from home and school but later returned through the help of Grace Aseka, a teacher at

the school who is also a community dialogue leader in Etenje area and Caleb Odongo, a member of the group and the area assistant chief.

"I could no longer live at home since I was uncomfortable." Said Phillip. "My dad and stepmother were harsh to me. All my father did was to punish me severely for any mistake I did no matter how small." Lamented the boy. "Then I decided to run away from home. I went to Kisumu where I had no relative. By good luck I was brought back home by a good Samaritan." Phillip continued to tell of his moving ordeal. "The assistant chief, madam Wilbroda and my teacher Grace gave me a chance to open up and tell my tale in the presence of my father who had been summoned to the assistant chief's office for hearing of my case. He realized his faults and promised to change and to take good care of me and to provide for all my needs. On the other hand, I also promised to work hard in school and to respect my parents." Added the reformed boy.

Change is also spreading to the schools with teachers confessing that incidents of corporal punishment have reduced. According to madam Chrisitine Nthenge from Ihonje primary school, teachers due to sensitization by CISP, she has been employing other methods to punish children. "Nowadays, i don't cane children. In case a child has made a mistake i reduce the minutes he/she takes during the break"

These are just but a few examples of change that is slowly happening in the attitude and practices of the community through the support of CISP and its partners including MARPA (Matungu Rural Poverty Alleviation)

*Not his real name