

COMMUNITIES ACTION TO END CHILD EXPLOITATION, ABUSE, AND VIOLENCE AGAINST CHILDREN AND ADOLESCENTS IN NAKURU AND KAKAMEGA COUNTIES, KENYA.

(End of Project Evaluation Report for CISP Project/ November 2022)



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Finally, project donor, AICS (*Agenzia Italiana per la Cooperazione allo Sviluppo*/Italian Agency for Development Cooperation), much appreciation for funding this assessment and for all your efforts in responding to human suffering worldwide. We believe that together, we can transform children's future by giving them a healthy start in life, the opportunity to learn, and protecting them from harm

Lastly, we acknowledge our team of researchers led by Mr. Patrick Wanambisi (Evaluation expert), and Mr. Evelia Antony (CP expert) who were instrumental in ensuring the deliverables of this assignment were achieved.

DEFINITION OF KEY TERMS

A Child: a person below the age of 18 years.

Adolescent: an individual in the 10-19 years age group.

Child Protection: The prevention and response to violence, exploitation and abuse against children.

Child Safeguarding: All the actions (preventative and responsive) taken by an organisation to ensure children they come into contact with are safe from harm.

Child abuse: Child abuse consists of anything which individuals, institutions or processes do or fail to do which directly or indirectly harms a child or damages their prospect of safe and healthy development into adulthood. The main categories of abuse as defined by WHO are physical abuse, emotional abuse, neglect and negligent treatment, sexual abuse and exploitation.

Exploitation (Sexual or economic): Any actual or attempted abuse of a position of vulnerability, differential power or trust, for sexual or economic purposes, including, but not limited to profiting monetarily, socially or politically from the sexual or economic exploitation of a child. Examples: Child prostitution, trafficking of children for sexual abuse and exploitation, child pornography, sexual slavery.

Physical and humiliating punishment: Physical and humiliating punishment describes a wide array of disciplining methods used by adults towards children, which may include corporal or physical punishment, and the threat of it, as well as psychological punishment that belittles, scares or ridicules the child.

Positive discipline: Positive discipline is defined as an approach to parenting that teaches children and guides their behaviour, while respecting their right to healthy development, protection from violence and participation in their learning (Save the Children definition).

Directorate of Children Services (DCS), Kenya: The Department within the Ministry of Labour and Social Protection mandated with safeguarding and protecting the rights and welfare of children for national prosperity, as per the Children Act of 2001, including leading, overseeing, planning and coordinating child protection programmes and services in Kenya.

LIST OF ACRONYMS

AAC	Area Advisory Councils
AICS	<i>Agenzia Italiana per la Cooperazione allo Sviluppo</i>
CCC	County Children Coordinator
CCI	Charitable Children Institution
CD	Community-led Dialogue
CHV	Community Health Volunteer
CISP	<i>Comitato Internazionale per lo Sviluppo dei Popoli</i>
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	Directorate 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
SBCC	Social Behaviour Change Communication
SCCO	Sub County Children Office
RA	Result Area
VAC	Violence against Children

EXECUTIVE SUMMARY

Children’s reality continues to be characterized by pervasive physical, emotional and sexual violence, both witnessed and directly experienced, in the form of domestic gender-based violence, child abuse, and neglect, within the home as well as in the community. CISP and her partners have been actively engaged in advocating for a strengthened child protection system in Kenya while simultaneously working very closely with children, caregivers, informal and formal child protection stakeholders, professionals, and community leaders, to implement initiatives that work to directly address immediate needs and realize the rights of the most deprived and marginalized children. The project learnings present a clear and demonstrable commitment towards augmenting the official understanding of drivers of violence against children, as well as building an integrated response that will enhance the lives of children and adolescents in target locations and Kenya at large.

CISP commissioned an endline evaluation for the Safe Communities for Safe Children and Adolescents in Kenya project in Naivasha and Gilgil sub-Counties in Nakuru County and Matungu West and Mumias Sub-Counties in Kakamega County. The endline was meant to verify the relevance of the proposed strategy while taking note of any adaptations made during implementation, the coherence of the implemented action to the set objectives and results, the effectiveness and efficiency of the action, and the impact and sustainability of the project in the long term.

Moreover, the findings would form recommendations for CISP for its future programming and provide learning on emerging CP concerns linked to the project approach to service delivery.

Methodology: The assessment utilized a mixed-methods approach incorporating quantitative and qualitative participatory techniques to gather information from different sources. The Endline evaluation collected data from 757 children, 923 community members, and 163 Teen Mothers (Adolescents) and 102 service providers. On the other hand, qualitative information was gathered through Key informants, gender-sensitive focus group discussions, supplemented by observations and a review of relevant project reports and related documents.

Findings: Project performance according to the DAC criteria (Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability)

- ✓ **Relevance**, a local authority member interviewed had the following to say “*Community members have been sensitised and now knowledgeable on good parenting*”. All children activities **especially** Child Rights clubs, teenage mothers' support groups, talk boxes in schools are some of the most successful approaches which have received overwhelming support in terms of their relevance in relation to child participation and empowering children. In addition, interventions were also resonating with other CP efforts and build synergies in either promoting or improving on policy framework and best practices. For example, development of Kakamega county children policy, contribution to development of National children Act, participation in budget advocacy and strengthening of case management and coordination among CP actor confirm both relevance and coherence with other initiatives.
- ✓ **Coherence**: the evaluation also confirmed that the interventions were consistent with efforts made by other departments and made a positive step in establishing synergies among other actors. Through the training of CSOs and county authorities a child protection advocacy

network was formed and an advocacy strategy was developed with 4 key issues that the network will be working/lobbying for. One of the issues is the passing of the Kakamega county children policy; which the CSOs will continue lobbying even when the project exists. In Nakuru, through the training of CSOs and County authorities, a CP advocacy network was formed and the local implementing partner K-NOTE is spearheading the network. The network has developed an advocacy strategy. They are currently engaged in the County Sector Groups in the development of CIDP 2023-2027. The network is actively engaging communities in sensitizing them on children programmes, so that they are included in the CIDPs as they anticipate some issues will be raised during public participation forums.

- ✓ **Efficiency and Effectiveness:** The interventions were both efficient and effective for delivering intended results within allocated resources and time. This evaluation notes that out of the 9 output indicators, 6 were achieved, 2 were partially achieved and 1 was not reported. This is a 67 % fully achieved and 22% partially achieved by the project.
- ✓ **Sustainability:** the project has clear evidence of some approaches which were delivered and can be sustained easily. For example, capacity building of service providers increased their capacity and they will definitely continue with service provision beyond the project period. Other interventions like use of talk boxes which is now widely accepted by local education actors will be sustained by the schools and more other schools will learn and adapt the same.

Findings: Project outcomes and impact through Knowledge, beliefs, practices, occurrence and acceptance of abuse among children, community members, service providers and county authorities

Children knowledge on children rights and responsibilities

- ✓ **Physical violence:** As at the baseline March 2021 only 25% of children had the right knowledge on physical violence (28% in Nakuru and 22% in Kakamega) which has significantly improved as at Dec 2022 to 68% (58% in Nakuru and 78% in Kakamega). It is still worrying that 32% of the children believed that canning is practised by some teachers because it is allowed by the law in Kenya, with more children in Nakuru County (42%) compared to Kakamega County (22%).
- ✓ **Reporting on child abuse:** An average of 89% (from 97% at baseline) of respondents agreed that a child should report to an adult if he/she knows of a schoolmate who is mistreated in school or at home. This still points to 11% of children who doesn't have correct knowledge on reporting which is a key barrier to effective response to cases of child abuse.
- ✓ **Child rights:** There is a significant improvement in knowledge or understanding of child rights among children evident by a major change from 52% (52% in Nakuru and 53% in Kakamega) at baseline to 84% (84% in Nakuru and 85% in Kakamega) reported at the end line.
- ✓ **While teenage girls** had better knowledge of the definition of adolescent and contraceptives, we noted a worrying small proportion of 60% (worsened situation bearing in mind baseline was 49%) of the respondents who indicated that it's not right for girls to get the sanitary towels from their boyfriends when their parents or guardians do not provide for them.

Knowledge of community members on child rights, protection and safeguarding

- ✓ **Right to Education:** There was a significant change in communities' knowledge on basic education and child rights. At the end line we have 4% (from 39% at baseline) who agreed that children need to be given food but do not need to go to school if parents can't afford school fees.
- ✓ **Right to play:** Community knowledge improved from 88% at baseline to 98% at endline (Nakuru improved from 80% at baseline to 98% at endline while Kakamega saw knowledge change from 94% to 98%).
- ✓ **Child participation:** Communities' knowledge improved from 59% at baseline to 83% at endline. Analysis per county shows Kakamega knowledge grew from 56% to 85% while Nakuru changed from 61% to 81%.
- ✓ **Discrimination:** Discrimination of children living with disabilities and those born out of wedlock is still embraced despite improvement from 66% at baseline to 87% at endline. On average we still have 13% of the community members who were sure that a disabled child born out of incest has the same rights as other children.
- ✓ **Corporal punishment:** It is worrying that 26% of interviewed community members (26% of women and 27% men of respondents) were not aware that corporal punishment in school is against the law. This points to fact that 1 out of 4 community members would tolerate use of corporal punishment in school and at due to lack of correct information.

Knowledge of service providers on child protection service delivery

The study shows that the average level of knowledge on child protection service delivery of the service providers was enhanced from 72% at baseline to 85% at endline. Disaggregation by gender revealed that knowledge among male service providers was enhanced from 75% to 84%, similarly female service providers' knowledge was impacted positively evidenced by change from 69% to 86%.

Personal beliefs and adherence of children and community members to social norms

- ✓ Among children targeted by the survey, 6% (down from 27% recorded at baseline) of the respondents uphold that they find it acceptable for a girl to help her parents at home while the brother goes to school.
- ✓ Overall, 16% (down from 24% at baseline) of the respondents indicate that they have experienced a teacher administering a humiliating punishment to them or to their peers in the school's current term.
- ✓ Child labour remains the most acceptable harmful practice by many children at 33% (down from the baseline value of 37%).
- ✓ Communities still adhere to harmful beliefs which promote violence against children. From the analysed data, community members' adherence to physical violence was 50%, 27% to psychological violence, 22% adherence to discrimination, and 10% to sexual violence by community members.

Recommendations

The endline evaluation recommendations were based on the lessons learnt and best practices which could be considered for any future similar projects. The Talk boxes and their success stories have been recommended for upscaling. Social behaviour changes realised within the community has been

observed by the engagement strategies through magnet theatre, community dialogue leaders and referral systems which this evaluation recommends to be sustained within the community. The ICT platforms and system established by the project are to be enhanced to engage more players to be involved as the system have been introduced efficiency in data provision and decision making.

On the community parenting changes observed, its recommended integrating of more evidence-based approaches is needed to address negative discipline. As an example, parenting without violence (PwV) training for parents would equip them so that they have a greater capacity to reduce reliance on non-physical abuse (emotional, verbal, and psychological). Implementing positive discipline and PwV approaches should take into account cultural, gender, and societal norms which may make it harder for caregivers to apply, talk about or recommend these approaches to families.

SECTION ONE: INTRODUCTION

1.1. Introduction and Background

This Endline Evaluation is a follow-up to the two evaluations of baseline and midterm that have been conducted since the inception of the “Safe Communities for Safe Children and Adolescents” in Kenya. The project has been implemented by CISP with its partners. The project targeted the communities in Naivasha and Gilgil sub-Counties in Nakuru County and Matungu West and Mumias Sub-Counties in Kakamega County.

The baseline study was recorded in three reports; firstly a report on the communities around the targeted areas, conducted in August 2020, secondly, Children and third Teenage Mother both done in March 2021. The midterm evaluation (MTE) was conducted in December 2021. The baseline study established 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.

While the Midterm evaluation established the project interventions have been relevant with the following conclusions:

- Overly, the findings of the MTE show that there was 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%, while boys improved by 14.6%.
- Best practices introduced by the project being as at the MTE:
 - a) the involvement of the community members at the inception and during the implementation of the project;
 - b) the use of talk boxes which was highly rated as it helped to allow the children to communicate while retaining confidentiality;
 - c) the enhancement of case management by the project which helped to fast track cases;
 - d) CPIMS and case management committees made the management more efficient since all players meet to discuss cases.

1.2. Purpose of Endline Evaluation

This endline report has served the purpose of providing evidence of occurrence and proof of the interventions by CISP and its partners. It serves the purpose of making recommendations for future similar projects and most significantly shows the behavioural changes in the community and schools.

The report will cover the project period from October 2019 to December 2022 where it was expected CISP and its partners have been intervening in the target locations by addressing the root causes of child abuse, violence, and exploitation. In addition, they were to strengthen child protection systems

in Naivasha and Gilgil sub-counties in Nakuru County and Matungu and Mumias West in Kakamega County in Kenya.

1.3. The Strategy of inventions for the project

The project pursued four approaches to realise its desired end purpose. The strategies were based on CISP and its partners' expertise, UN INSPIRE and the GoK policies and priorities. The strategies included four main components:

- 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 utilisation 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 Directorate of Children Services and other key stakeholders in the referral system.
- d) **Participatory Research and Advocacy** to analyse specific gaps in child protection and support advocacy actions at national and county level.

1.4. The Specific Objective of the endline evaluation

The specific objectives of the endline evaluation based on the TOR have been stated as below:

- a) Understand and reflect on project performance according to the DAC criteria (Relevance, Coherence, Effectiveness, Efficiency, Impact and Sustainability).
- b) Measuring project outcomes and impact through Knowledge, beliefs, practices, occurrence and acceptance of abuse among children, community members, service providers and county authorities.
- c) Document lessons learnt and best practices.
- d) More importantly, the document would support CISP and IPs to adopt more comprehensive and coordinated approaches and put them to scale in future interventions.

SECTION 2: METHODOLOGY

2.1. Assessment design

The assessment utilised a mixed-methods approach which incorporated quantitative and qualitative participatory techniques to gather information from different sources. The Community and Schools were interviewed using survey online tools. Focus Group Discussions for the Teen mothers and Community Dialogue Leaders were done at sub-location levels, while Key Informant Interviews were done largely for key children-related services providers and associates in supporting child protection. They included the children’s department, health, judiciary, police, department of education, chiefs, alternative homes, charity homes, vocational training institutions and other government offices dealing with child protection and probation issues.

2.2. Sites visited

Guided by the terms of reference and the assessment objective, the team visited different service centres in the two locations. The data collection exercises targeted to visit exactly the same respondents who were interviewed during the baseline study. It was therefore the basis of the list of respondents reached. Targets as per the baseline which was replicated in the End of project Data collection. **Children target was 735, Teen mothers - 160 participants (103 from Kakamega and 57 from Nakuru counties)**

School going Children

Grades	Nakuru			Kakamega		
	Boys	Girls	Total	Boys	Girls	Total
Grade 4	59	57	116	63	57	120
Grade 5	57	61	118	66	70	136
Grade 6	56	57	113	64	68	132
	172	175	347	193	195	388

Table 1: Sample size for School going Children

Community/ Authorities/Service providers

Location	Sample size of community members	Sample size of service providers	Sample size of authorities
Gilgil	136	20	14
Naivasha	184	25	21
TOTAL Nakuru County	320	45	35
Mumias West	158	25	20
Matungu	162	20	15
TOTAL Kakamega County	320	45	35
Total	640	90	70

Table 2: Sample size for Community/ Authorities/ Service providers

Project partners: The project was implemented by a consortium of six partners in strong collaboration with the Directorate of Children Services, the Ministry of Health and the Ministry of

Education (MoE) both in Kakamega and Nakuru Counties, Kenya. CISP, the lead agency coordinated 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, who developed a spatial database system.

Schools: The project supported a total of 20 schools (10 in Kakamega and 10 Schools in Nakuru)

2.3. Targeting and sampling

As mentioned in the earlier section, the sample population are mapped to the baseline respondents. The assessment team ensured that the selection of the study subjects was representative and inclusive of gender, age, and diversity. The participants, thus, included men, women, adolescent boys and girls, caregivers of children. Assessment sites were predetermined by CISP, limited to project sites. Moreover, a purposive sampling strategy was adopted for key informants, while non-random sampling was used to identify FGD participants based on age, gender, and diversity criteria.

Similarly, qualitative information was gathered through teen mothers and community dialogue leaders. 13 FGDs were held, 7 in Nakuru and 6 in Kakamega. 108 KIIs were held with Nakuru hosting 52 while Kakamega 56 interviews. All the above information was supplemented by observations and a review of secondary data.

The Table below summarises the assessment participants per category (757 children, 923 community members, and 163 teen mothers):

Category	Planned Target			Reached			Response Rate	Remarks
	Nakuru	Kakamega	Total	Nakuru	Kakamega	Total		
School going Children	347	388	735	379	378	757	103%	Overall target was achieved
Community Members	400	400	800	491	432	923	115%	Over Achieved the target
Teen Mothers	57	103	160	56	107	163	102%	Over Achieved the target
Marpa		2	2		2	2	100%	Achieved
KNOTE	2		2	2		2	100%	Achieved

Table 3: Actual summaries of the assessment participants per category

In summary, the targeted baseline respondents participated in the assessment with over 100% response rate.

2.4. Data analysis, quality assurance, and ethical considerations

Data Analysis

Quantitative Analysis: This report has relied heavily on the quantitative to assist with descriptive statistical data, trends, percentage changes, frequency tables and charts. The discussions under the project's outcomes and impact through Knowledge, beliefs, practices, occurrence and acceptance has been guided by this analysis.

Qualitative Analysis: Qualitative data was transcribed and translated based on the focus group discussions and key informant interviews. The objective discussions under project performance according to the DAC criteria (Relevance, Coherence, Effectiveness, Efficiency, Impact and Sustainability) has been largely expounded using qualitative analysis.

Secondary Data: The secondary data from relevant documents, policies and government reports to align the recommendations and conclusions to the relevant government policies and Acts. Future projects will rely on such recommendations to remain relevant and coherent with the country's laws as well as stakeholders' expectations.

Quality Assurance: Utmost care was taken to avoid or at least minimise errors at all stages of the assessment. Firstly, enumerators were locally hired and trained by the consultants before their engagement to ensure that they clearly understood and could translate the questionnaire to local language. Moreover, the assessment team piloted the survey questionnaire as part of the training before uploading the final one on the server. Throughout the data collection process, data collected was continuously checked and validated as it trickled in for completeness and consistency. Besides, FGDs and KIIs were administered by an experienced team who were well trained and guided by lead consultants. Moreover, during data analysis, the consulting team applied a triangulation and collaboration approach to ensure consistency and accuracy.



Research Assistants Data collection tools training

Compliance with ethical guidelines: The assessment team followed the fundamental ethical principles for conducting surveys involving human subjects in a conflict and gender-sensitive setting. These included; adherence to the research principles of do no harm, seeking verbal or written consent, adhering to the right to voluntary participation, and providing clear information about the purpose of

the assessment. In addition, all the participating assessment team members were required to abide by the CISP Code of Conduct, Child Safeguarding, Prevention of Sexual Exploitation and Abuse (PSEA) and data protection policies.

2.5. Challenges encountered

Just like any other research, this assessment encountered some challenges. However, thanks to CISP and partner field team's support, the challenges did not affect the quality of the information and report. The challenges include:

- a) Some of the children and community members that had been interviewed during the baseline had moved from the locations. For some of them telephone interviews were used to reach them.
- b) The school's calendar with the pending exams made the research assistants miss out on some of the class 8 pupils who were in class 6 when baseline was done.

SECTION 3: PRESENTATION OF FINDINGS

3.1. Respondents Categories

The discussions on findings recorded the interviews conducted through:

- a) Surveys on Community (Service Providers, Authorities and Community Members), School going Children, and Teen Mothers;
- b) Key Informant Interviews on (Directorate of Children Services (DCS), Ministry of Education (MoE), Ministry of Health (MoH), Police Gender Desk, Judiciary Officers, Charity Children Institutions (CCIs), PWDs organisations, Safe houses, Head teachers among others); and
- c) Focus Group Discussions (Community Dialogue Leaders and Teen Mothers).

3.2. Demographic Characteristics

The Endline evaluation collected data from 757 children, 923 community members, and 163 Teen Mothers (Adolescents). The distribution in the counties of Nakuru and Kakamega is as shown in the graphical presentation below.

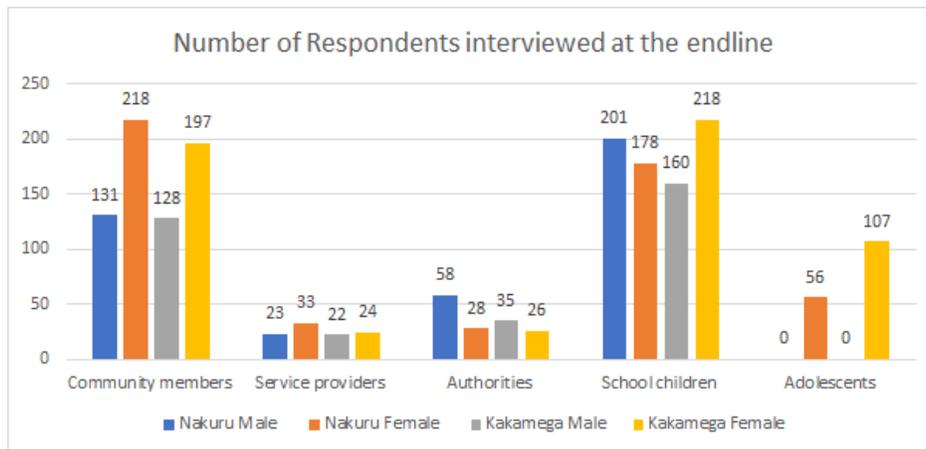


Figure 1: Total Respondents Distribution

3.3. Project performance according to the DAC criteria (Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability)

3.3.1. Project Relevance

The relevance question of the project was answered through the following questions:

- a) To what extent was the project strategy and activities implemented; and
- b) To what extent do achieved results (project goal, outcomes and output) continue to be relevant to the needs of the targeted beneficiaries)

To what extent was the project strategy and activities implemented?

The project had four approaches to address the goal of strengthening community-based and institutional child protection mechanisms. The four approaches were:

- Prevention of child abuse, exploitation and violence through innovative and proven successful Social and Behaviour Change approaches;
- Child Participation and Empowerment;
- Child Protection System strengthening to enhance the quality, coordination and inclusiveness of integrated services; and
- Participatory Research and Advocacy.

Prevention of child abuse, exploitation and violence through innovative and proven successful Social and Behaviour Change approaches.

The approach was focused on discouraging negative beliefs and behaviours that contributed to the violation of child rights and increasing the capacity of the target communities to protect their children. The focus was on addressing the root causes of violence against children. The project engaged the community at the following levels with whom the evaluation sought to establish the two questions:

Target groups	To what extent was the project strategy and activities implemented	To what extent do achieved results (project goal, outcomes and output) continue to be relevant to the needs of the targeted beneficiaries
<p>✓ Community Authorities/service providers</p> <p>(Village Leader, Teacher, Local authority)</p>	<ul style="list-style-type: none"> ✓ Engaged in dialogues and public events declaring stop to child abuse and violence ✓ Supported to ensure implementation, and enforcement of CP policies and laws (both county and national governments) ✓ Engaged to enlighten the community on CP policies and actions to take when children are abused 	<ul style="list-style-type: none"> ✓ Community members have been sensitised and now knowledgeable on good parenting ✓ There is a reduction in school dropouts as the authorities pursue 100% transition ✓ Community authorities are better aware of children’s rights and official procedures to prosecute abuse cases, and are aware that the “Kangaroo Court” is inappropriate to manage child abuse cases
<p>✓ Community Members</p> <p>(Religious Leader, Youth Leader/member, Women’s Group leader/member, Community member, CSO member)</p>	<ul style="list-style-type: none"> ✓ Through SBCC strategies: <ul style="list-style-type: none"> ✓ Community was engaged as champions of change ✓ Community led dialogues and action plans were implemented in the target two counties of Nakuru (16 community dialogue leaders were recruited and trained) and Kakamega (160 stakeholders in 8 CD groups of 20 people each participated in 208 sessions). One community led dialogue guide and tools was developed. ✓ Several SBCC strategies implemented, including magnet theatre and public events, radio talk shows. 62 SBCC materials produced (61 easels and 1 video clip) 300 children involved in BCC materials production and 8475 (4155 male, 4320 female) community members reached. Out 	<ul style="list-style-type: none"> ✓ Including the community led dialogue approach the project has brought a change that is relevant to the target groups: ✓ Increased knowledge on child rights, protection, and safeguarding of the community ✓ Reduced adherence to harmful beliefs that contribute to violence against children and their prevalence ✓ Reduced the community perceived level of occurrence and acceptance of physical, psychological or sexual violence against children and adolescents ✓ Increased participatory methods for community members to demand services that address gaps in their locations for existing child protection policies that are relevant and adequate to address challenges affecting children.

Target groups	To what extent was the project strategy and activities implemented	To what extent do achieved results (project goal, outcomes and output) continue to be relevant to the needs of the targeted beneficiaries
	<p>of these were 7577 children (3696 boys, 3881 girls). 21 SBCC dissemination events were conducted. in Kakamega;</p> <ul style="list-style-type: none"> ✓ 29 SBCC materials produced (28 easels and 1 video clip). A total of 300 children were involved in BCC materials development. BCC dissemination events were held reaching a total of 12376 (5995 male, 6381 female) people. Out of these were 10042 children (5042 boys, 5000 girls) in Nakuru ✓ A Communication and Visibility Plan was done for each County 	<ul style="list-style-type: none"> ✓ The FGD for Community Dialogue Leaders (CDL), confirmed the community know where to report any abuse or exploitation of children rights ✓ Awareness of the rights and welfare of children rights has been significantly improved ✓ Communities are aware and take action in cases where a child has been abused ✓ Stigma and harmful beliefs about children born by teen mothers are being contained with the mothers resuming school ✓ Corporal punishment at homes has been reduced.

Summary of Prevention of child abuse, exploitation and violence through innovative and proven successful Social and Behaviour Change approaches:

From the above analysis, it's encouraging to note the project activities that were planned and implemented created outcomes that the communities are willing and committed to continue. Others are the behaviour changes of allowing teen mothers to resume school as they reduce dropout cases. Corporal punishment in homes has been reduced. This evaluation can conclude the project relevance under this approach was high and significant to the communities.

Child Participation and Empowerment, through Child Rights clubs, teenage mothers' support groups, talk boxes in schools, and the utilisation 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.

Target groups	To what extent was the project strategy and activities implemented	To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of the targeted beneficiaries
Children	<ul style="list-style-type: none"> ✓ Established child rights clubs in schools (In Kakamega 30 CRC members in each of 10 schools trained by the club patrons. 20 CRC patrons trained. In Nakuru 10 child rights clubs were established 5 per each sub county. 20 patrons trained, 300 CRC members trained on peer to peer education 	<ul style="list-style-type: none"> • Teachers and school prefects have improved on how they handle children at school • School children leaders has increasing been inclined to be chosen from those who have gone through CRC • Training on child rights has helped children to understand the need to be respected

Target groups	To what extent was the project strategy and activities implemented	To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of the targeted beneficiaries
	<ul style="list-style-type: none"> ✓ Institutionalised the Talk Boxes concept and committees ✓ Engaged with schools to increase children’s knowledge of child rights and abuse 	<ul style="list-style-type: none"> ✓ A talk box committee member said the concept and availability of the boxes initially were intended to collect messages that are more inclined towards child abuse cases. They have noticed much more information is coming through the boxes. The messages being deposited included even those where children wish to be advised on the physical changes happening in their bodies as adolescent. The boxes have become a data harvesting tool for adolescent training for the schools. ✓ The low cost of managing the talk boxes makes most of the head teachers embrace the concept and refer to it as one of the best practices of the project.
Teen Mothers	<ul style="list-style-type: none"> ✓ Established Teen Mother groups with an assigned mentor ✓ Engaged the teen mothers to increase their average level of knowledge on sexual and reproductive health and maternal and ✓ Engaged them in child services to make informed decisions on their education, health and social protection issues 	<ul style="list-style-type: none"> ✓ Based on the Teen Mother FGDs, the following were to be continued <ul style="list-style-type: none"> ✓ The teen mother groups have been supported on psychosocial counselling, which is still necessary ✓ Stigma from the community has been reduced and the teens are resuming school after giving birth. ✓ The desire to increase the coverage of the number of teen mothers groups to other locations to assist other beneficiaries.

Summary of Child Participation and Empowerment:

The CRC and Talk Boxes as an approach to realise child participation and empowerment were among the activities that the project scored highly and schools wished to see up scaled. The teen mothers groups and subsequent psychosocial support also needed to be scaled to reach more adolescent mothers. This evaluation can conclude this approach was relevant to the school going children and teen mother.

Child Protection System strengthening to enhance the quality, coordination and inclusiveness of integrated services by providing technical and material support to the Directorate of Children Services and other key stakeholders in the referral system. This approach is focusing on strengthening response and case management for reported cases.

Target groups	To what extent was the project strategy and activities implemented	To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of the targeted beneficiaries
<p>Service Providers (CP officer/volunteer, Health Care Worker, Police, Officer in the Justice system, Teachers, Government staff)</p>	<ul style="list-style-type: none"> ✓ Ensured children cases received appropriate services from CP actors until the closure of the case ✓ The project established a coordinating system and structures to enable capturing cases of violence, abuse and exploitation against boys and girls (0-18 years). Among them were: LAAC, AAC, Children Court Users Committee, and Case Management Committee. 	<ul style="list-style-type: none"> ✓ The established judiciary coordinating system and structures has helped in the prosecution of cases. The structures are being seen as outcomes of the project and are to continue functioning. ✓ Area Advisory Committees that have been established will continue as they provide a good coordination platform for community abuse cases and knowledge sharing. ✓ Provision of training to Police offices on Gender Based Violence, CPV, and Judiciary Officers has retained knowledge that is crucial even after the project closes.
<p>Directorate of Children Services (DCS), MOH, MOE and other service providers</p>	<ul style="list-style-type: none"> ✓ Provided counselling for child survivors of violence, children in conflict with the family and society or children in need of psycho-social support ✓ Supported the utilisation of the Child Protection Information Management System (CPIMS), being a government/DCS case management system by training services providers on CPIMS. However, the system is mainly utilised to collect data on CP cases managed mainly by the government service providers, since only a few actors have access/credentials to access CPIMS. • Established a Spatial database - SDB that maps all CP service providers in Nakuru and Kakamega counties and can be used by service providers and community members to identify the most suitable service provider for a specific case. The database which is currently being refereed as SPMS- Service Providers Management System has over 1400 CP service providers mapped. Its majorly for case referrals and information on services being provided on 	<ul style="list-style-type: none"> ✓ The counselling and psycho-social support that was provided at the DCS had a staff seconded from CISP. There is concern if the same will be continued after the project ends. ✓ A member of a safe house confirmed that the project developed a spatial database - SDB that mapped all CP service providers in Nakuru and Kakamega counties. The database is very useful which they are determined to have it continued beyond the project period. ✓ The Children friendly structures will continue to serve the children and government officers as they provide the conducive working space for them. ✓ The DCS case management system (CPIMS) if improved to accommodate real time data and information sharing with a larger audience will improve on knowledge management and quality of service delivery.

Target groups	To what extent was the project strategy and activities implemented	To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of the targeted beneficiaries
	<p>CP and has also included contact persons with specific location¹</p> <p>✓ The project refurbished and equipped Sub County children offices counselling/children friendly rooms in all the 4 sub county children offices. In Matungu, the project in collaboration with DCS and DCC established a sub county children office which was not in existence.</p>	

Summary of Child Protection System strengthening to enhance the quality, coordination, and inclusiveness of integrated services:

The project in pursuit of strengthening the responses to cases introduced working committees and a data management system whose custodian is the Directorate of Children Services. This approach realised its objective of providing a referral system and faster coordination of cases either within the government departments or at the community levels. The structures e.g. the Area Advisory Committees have been instrumental in addressing abuse cases and follow-up. The safe houses applauded the Spatial Database which filled the information gap. This evaluation can conclude this approach was relevant to the CP actors with more emphasis to the DCS.

Participatory Research and Advocacy to analyse specific gaps in child protection and support advocacy actions at national and county level. The project strengthened 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.

CP Actors	To what extent was the project strategy and activities implemented	To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of the targeted beneficiaries
<p>Research Institutions</p> <p>Kenyatta University and National Institute of Health <i>Istituto Superiore di Sanità</i> (ISS), public academic institutions based in Kenya and Italy, respectively,</p>	<p>✓ 1 stock taking analysis of target County CIDPs and Budgets conducted. For each county of Nakuru and Kakamega was conducted by Kenyatta University. Research report produced and findings disseminated using online platforms to stakeholders and community members during the project close out workshop in Mumias west in November 2022 reaching 234 people</p>	<p>✓ A proposal was made to increase the budget allocation on child protection matters in the new CIDPs 2022-2027.</p>

¹ www.serviceproviders.trimweb.it

lead the research component	<ul style="list-style-type: none"> ✓ The Bottleneck analysis on access to reproductive health and services of adolescents in Kakamega County was conducted in the month of June 2022. The research was conducted by research assistants from MMUST and targeted key stakeholders, partners and project beneficiaries. Research report findings disseminated to stakeholders from Kakamega county during a feedback and validation workshop in November 2022 reaching 53 pax (19M: 34F). Final report to be shared as soon as it is ready. 	
CSOs, Public officials, and Local authorities	<ul style="list-style-type: none"> ✓ Trained officers increased knowledge/ skills in advocacy on child protection. In Kakamega a total of 34 (M 19 F 15) CSOs and County Authorities; Nakuru a total number of 27(M 17 F 10) - Civil Society Organizations CSOs and County Authorities trained on advocacy strategy development and implementation, to advocate for access to quality CP and MNH services and county budget allocation for such services ✓ Lobbying the county government to outline clear CP policies can be continued by the trained stakeholders ✓ Initiated several advocacy actions. 	<ul style="list-style-type: none"> ✓ Development of Kakamega county children policy which is awaiting passing at the county assembly ✓ Some of the pending advocacy issues to insist on include: <ul style="list-style-type: none"> ✓ Child neglect and labour ✓ Free health care/psychosocial support for vulnerable children ✓ Kakamega County launched SGBV policy, child protection policy, ✓ DCS HQ disseminated Alternative Family Care guidelines and Children's Act 2022 to Sub- County Children Officers, CISP and MARPA staff ✓ DCS HQ disseminate the Alternative Family Care guidelines to Charitable Children's Institutions managers and social workers ✓ In Nakuru, DCS HQ disseminate case management and referral guidelines and disseminate Alternative Family Care guidelines in Nakuru county

Summary of Participatory Research and Advocacy:

The research identified budget gaps which the County Government made proposal to be included in the new CIDP 2023-2027. Advocacy initiatives tremendous efforts towards policies being made like in Kakamega the children policy which is awaiting passing at the county assembly. The project supported several guidelines to be launched at the county levels which were in addressing CP issues. Health care for vulnerable children and teen mothers has been highlighted as areas where lobbying and advocacy ought to be done. This evaluation can conclude this approach was relevant to the CP actors and the community need more sensitization on matters that need to be lobbied and advocacy to be done.

3.3.2. Coherence

The evaluation sought to determine whether the project was coherent and consistent with existing policies, programs, and development action plans in the areas of intervention. The coherence component has been addressed using the following questions:

- a) To what extent is the project compatible with other interventions in the county (Nakuru and Kakamega)
- b) To what extent is the project consistent with interventions by other actors in the same context.

To what extent is the project compatible with other interventions in the county (Nakuru and Kakamega)?

The Counties of Nakuru and Kakamega CIDP 2018-2022 have been largely used to address the component of coherence with the policies under which the project was undertaken. The three sectors of education, health, and social protection have been used to establish if the project's intervention were coherent and consistent with existing policies, programs, and to develop action plans for the two counties. Below the detailed analysis for each county.

County	What the County CIDP 2018-2022 proposed under the sectors being probed (Health, Education and Social Protection)	Comparison with the project activities
Nakuru	<p>Health Sector: Under the Preventive and Promotive Health care services) under Promotion of Family Planning</p> <ul style="list-style-type: none"> ✓ Teenage pregnancy prevalence is at 18.4 percent slightly above the national figure which is 18 percent (KDHS 2014). The County will continue to invest in family planning services and more so youth friendly services to improve uptake of family planning commodities. <p>Education Sector:</p> <ul style="list-style-type: none"> ✓ The secondary school going age population is projected to increase from 171,418 comprising 89,636 boys and 87,091 girls in 2018 to 199,658 comprising 101,266 boys and 98,392 girls in 2022. ✓ No of youth enrolling in VTCs from 1733 to 2200 	<p>Project Activities in the Health Sector included:</p> <ul style="list-style-type: none"> ✓ Improving Naivasha hospital which has now a youth friendly facility to support teen mothers and those who have been abused. This has improved the response to calls from the community and other referral service providers. ✓ Gilgil (MOH): Working with CHVs to follow up on GBV cases which has enhanced the referral from community to the hospital <p>Education sector:</p> <ul style="list-style-type: none"> ✓ The Ministry of education collaborated with CISP to ensure entry to the 10 schools and assist the teen mothers to get readmitted back to schools. ✓ Working with the Probation Office to get back to school of VTCs the

County	What the County CIDP 2018-2022 proposed under the sectors being probed (Health, Education and Social Protection)	Comparison with the project activities
	<p>Social Development and Promotions</p> <ul style="list-style-type: none"> ✓ The document projected conducting workshops for the County GBV Technical Working Group, conducting community sensitization meetings on GBV, developing a GBV rescue centre in place among some of the interventions under Enhanced gender inclusivity, prevention and response to gender-based violence ✓ 	<p>children who have been abusing drugs and early pregnancy.</p> <ul style="list-style-type: none"> ✓ Building the capacity of community members to address social norms and beliefs that are harmful to children. ✓ Establishing CRC at schools which helped to support retention of children in school ✓ Improving the Child friendly DCS office to support children who are abused and thus get them back to school <p>Social Development and Promotions</p> <ul style="list-style-type: none"> ✓ Training of Police officers managing Gender Based Violence desks ✓ Kakamega: Seconding of 1 Social Worker / Counsellor to each of the Sub-County Children's Offices. Scooping of cases by the Community Engagement Officers and forwarding these to the Children's Officer - 4313 cases managed (2068M, 2245F) as at November 2022 ✓ Nakuru: Seconded with 2 staffs in the 2 sub counties which were provided with counselling materials - 9114 cases managed (3481M, 5633F) as at November 2022. ✓ Equipping a child friendly room at the DCS and Naivasha Hospital ✓ Developing a spatial database housed at the DCS office which is able to map about 1500 service providers. ✓ Introduction of CPIMS among service providers to assist in coordinating the abuse cases.

County	What the County CIDP 2018-2022 proposed under the sectors being probed (Health, Education and Social Protection)	Comparison with the project activities
		<ul style="list-style-type: none"> ✓ Establishing coordination committees to assist in rescue process of the abused children
Kakamega	<p>Health Sector: Preventive and Promotive Health care services) under Promotion of Family Planning</p> <ul style="list-style-type: none"> ✓ By the year 2022 improved maternal and Neonatal Health from 62% to 75% ✓ Promotion of Family Planning where % reduction in teenage pregnancy was to drop from 19% to 16% <p>Education Sector: Youth Empowerment and Social Services</p> <ul style="list-style-type: none"> ✓ Education Support a) Primary transition rate (%) growth from 77% to 90%; b) Dropout rate (primary school %) from 15% to 05%;; c) Drop-out rate (secondary school) from 25% to 5%; d) Completion rate (%) from 75% to 95% <p>Social Development and Promotions</p> <ul style="list-style-type: none"> ✓ GBV rescue centres constructed and equipped, construct 1 by 2022 ✓ Child Rescue centre constructed construct 1 by 2022 	<p>Project Activities in the Health Sector included:</p> <ul style="list-style-type: none"> ✓ Mumias West Health Reproductive health: a) Establishing teenage mothers friendly facility; b) training CHV to assist in follow and support of the teen mothers; c) overseeing the distribution of sanitary towels for teen mothers ✓ Future project to incorporate nutrition component for the teen mother and their children <p>Project activities in the education sector included?</p> <ul style="list-style-type: none"> ✓ In the quest to contribute to the reduction of drop outs, the project engaged in: a) school feeding programs (Noticeable was the distribution of Milk to children as a complimentary service); b) reducing stigma on children born out outside wedlock, to facilitate teen mothers going back to school, c) establishing CRC at schools which helped to support retention of children in school d) establishing Child friendly DCS office to support children who are abused and thus get them back to school <p>Social Development and Promotions</p> <ul style="list-style-type: none"> ✓ Construction of a children’s friendly office in the container at Matungu to address issues of abuse ✓ Training of Police officers managing Gender Based Violence desks ✓ Introduction of CPIMS to assist in coordinating the abuse cases.

County	What the County CIDP 2018-2022 proposed under the sectors being probed (Health, Education and Social Protection)	Comparison with the project activities
		✓ Including all stakeholders in the programs through the committees to assist in rescue process of the abused children

Summary: To what extent is the project compatible with other interventions in the county (Nakuru and Kakamega)?

The project supported financially the development of the Kakamega county children policy, which is at the last stage of being passed at the county assembly. Through the training of CSOs and county authorities a child protection advocacy network was formed and an advocacy strategy was developed with 4 key issues that the network will be working/lobbying for. One of the issues is the passing of the Kakamega county children policy; which the CSOs will continue lobbying even when the project exists.

In Nakuru, through the training of CSOs and County authorities, a CP advocacy network was formed and the local implementing partner K-NOTE is spearheading the network. The network has developed an Advocacy strategy. They are currently engaged in the County Sector Groups in the development of CIDP 2022-2027. The network is actively engaging communities in sensitizing them on children programmes, so that they are included in the CIDP 3 as they anticipate some issues will be raised during CIDP public participation forums.

The network also is preparing a memorandum on CP programmes to be included in CIDP 3 to be submitted to Nakuru county government. A memorandum on education to the recent created presidential task force on education reforms has also been submitted to the task force.

With this level of engagement, this evaluation establishes the project has to good degree worked in coherent to the counties policies and environment.

To what extent is the project consistent with interventions by other actors’ in the same context?

Child maltreatment has been defined as “all forms of physical and/or emotional ill-treatment, (sexual) abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.”²

Considering the types of child maltreatment, CISP and its partners have been implementing activities to address the maltreatment as shown below.

² Butchart A, Harvey A; 2006.

Child maltreatment	CISP and Partners intervened as they engage with	Has CISP been implementing activities throughout the project period?
Child abuse (Physical, emotional and psychological, and sexual abuse)	<ul style="list-style-type: none"> ✓ Community service providers, authorities, and members. ✓ DCS ✓ MOH ✓ Judiciary 	Yes
Child neglect (Neglect is the persistent failure of a parent or adult caregiver to provide appropriate care to a child, despite being able to do so)	<ul style="list-style-type: none"> ✓ Community service providers, authorities, and members. ✓ DCS ✓ Police ✓ Chiefs ✓ MOE (Schools) 	Yes
Child exploitation (Child exploitation is the use of children for someone else's economic or sexual advantage, gratification, or profit, often resulting in unjust, cruel, and harmful treatment of the child)	<ul style="list-style-type: none"> ✓ Community service providers, authorities, and members. ✓ DCS ✓ Police ✓ Chiefs 	Yes
Child trafficking (The recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. It is a violation of their rights and well-being and denies them the opportunity to reach their full potential)	<ul style="list-style-type: none"> ✓ Community service providers, authorities, and members. ✓ DCS ✓ Police ✓ Chiefs 	Not very common
Violence against children (Violence against children is defined as all forms of physical or mental injury, abuse, neglect or exploitation.)	<ul style="list-style-type: none"> ✓ Community service providers, authorities, and members. ✓ DCS ✓ Police ✓ Chiefs 	Yes
Child recruitment by armed forces or groups (Around the world, thousands of boys and girls are recruited into government armed forces and rebel groups to serve as combatants, cooks, porters and messengers or in other roles. Girls are also recruited for sexual purposes or forced marriage).	<ul style="list-style-type: none"> ✓ Community service providers, authorities, and members. ✓ DCS ✓ Police ✓ Chiefs 	Not very common

Summary

The child maltreatment and abuse, neglect, exploitation which happen to be practised in the two counties were strongly and consistently addressed by the project. The interventions required AAC,

CCUC, Talk box, LAAC committees which involved other actors’ in the same context and thus this evaluation concludes CISP and its implementing partners were consistent.

3.3.3. Effectiveness

The effectiveness of the project which has been defined as whether the interventions were achieving their respective objectives have been evaluated using the below questions.

- a) To what extent were the intended project goal, outcomes and outputs achieved and how?
- b) How many beneficiaries have been reached?
- c) To what extent has this project generated positive (or negative) changes in the lives of targeted (and untargeted) beneficiaries and population. Please describe those changes.
- d) What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes, and output? How?

To what extent were the intended project goal, outcomes and outputs achieved, and how?

The General Objective of the project was to contribute in strengthening the child protection system in Kenya that prevents and responds to violence, abuse, exploitation, and harmful cultural practices of children while promoting their physical, mental and social well-being. The goal objective was to reduce by 20 % the number of girls and boys subjected to physical, psychological or sexual violence in the previous 12 months (ref to SDG 16, OVI 16.1.3). This objective had three indicators that were monitored all at the national level with a local input. The table below shows report of three indicators tracked through the VAC reports in Kenya. It’s noted since we don’t have a latest VAC report, the 2019 has been used it shows that the trend is a reduction and the efforts done by the government and the civil society - including the consortium of this project - seems to work towards the overall goal.

VAC 2010	VAC 2019
VAC 2010: 66 % of girls, 73 % of boys experienced physical violence;	VAC 2019: 39 % of girls, 52% of boys experienced physical violence
VAC 2010: 32 % of girls and 18 % of boys experienced sexual violence	VAC 2019: 5 % of girls and 5 % of boys experienced sexual violence
VAC 2010: 26 % of girls and 32 % of boys reported emotional violence	VAC 2019: 3 % of girls and 5 % of boys reported emotional violence

Progress of indicators based on VAC report

Specific Objective: To strengthen the prevention and response to abuse, exploitation, and violence against children and adolescents in the counties of Kakamega and Nakuru (Kenya) through integrated, quality, accessible, and inclusive child protection services, child empowerment, and the change of

harmful social norms at the community level. This specific objective was measured through the below indicators

Indicator	Baseline Scores	Endline Score
<p>OVI 1. % of community members, service providers and authorities who perceive a reduction in physical, psychological or sexual violence against children and adolescents in the target areas of the project (ref. SDG 16, target 16.1 Indicator 16.1.3)</p>	<p>BASELINE 2020:</p> <p>51% is the perceived level of incidence and acceptance of physical, psychological, or sexual violence against children and adolescents</p> <p>(50% for male and 52% for female, 54% in Nakuru and 48% in Kakamega County)</p>	<p>Endline November 2022:</p> <p>26% is the perceived level of incidence and acceptance of physical, psychological, or sexual violence against children and adolescents (26% for male and 27% for female, 31% in Nakuru and 21% in Kakamega County).</p>
<p>OVI 2. % of reduction of girls and boys who have experienced physical punishment and/or psychological abuse from teachers in the last 12 months in the project target areas (ref. SDG 16, target 16.2, indicator 16.2.1)</p>	<p>BASELINE 2020:</p> <p>50% is the average level of physical punishment and/or psychological abuse experienced by children in the target schools during the current term (47% of boys and 53% of girls and 50% in both Kakamega and Nakuru)</p>	<p>Endline November 2022:</p> <p>28% is the average level of physical punishment and/or psychological abuse experienced by children in the target schools according to the students (29% of boys and 28% of girls and 28% in Kakamega and 29% in Nakuru)</p>

Summary

The projected 30 % reduction in the community members, service providers, and authorities who perceive a reduction in physical, psychological, or sexual violence against children and adolescents in the target areas of the project has been achieved.

The projected 80% reduction of girls and boys who have experienced physical punishment and/or psychological abuse from teachers in the last 12 months in the project target areas is reported to have achieved slightly less than a half the target at 44%.

Output achievements

The output achievements were measured through 4 expected results as follows:

Expected Result.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 output had 2 indicators of which all was achieved.

Expected Result 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. The output had 3 indicators of which all were achieved

Expected Result 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 output had 2 indicators with one on track, while the other was achieved.

Expected Result 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 levels. The output had 2 indicators with one on track, while the second one was not scored. The not scored indicator was based on the increase in resources allocated by the national and county government directly to child protection programs. The governments’ CIDPs have not been released by the time the project has come to an end.

Summary: This evaluation notes that out of the 9 output indicators, 6 were achieved, 2 were partially achieved and 1 was not reported. This is a 67 % fully achieved and 22% partially achieved by the project.

How many beneficiaries have been reached?

In responses to this question, reference is made to the target groups of children, Community members and Teen Mothers.

Target Group	Project Targets		Numbers Reached	
	Kakamega	Nakuru	Kakamega	Nakuru
Children	CRC: 6000 children reached through peer-to-peer education	CRC: 6000 children reached through peer-to-peer education.	CRC: 17,483 children were reached (7752 boys, 9731 girls) through peer to peer	CRC: 45,202 children were reached (20,379boys, 24,823girls) through peer to peer
	Talk boxes: 6,000 children attending destination schools.	Talk boxes: 6,000 children attending destination schools.	Talk boxes: 6,770 children reached through talk boxes.	Talk boxes: 6,181 children were reached through talk boxes.
Teen Mothers	150 pregnant adolescents and teenage mothers sensitized on their rights to access MNH services.	75 pregnant adolescents and teenage mothers sensitized on their rights to access MNH services	6 groups each had 25 teens (150 target reached)	3 groups each had 25 teens ((75 target reached)
Community	3,000 community members with CP messages, for a total of 24,000 community members.	3000 community members with CP messages, for a total of 24,000 community members.	The CD members reached a total of 30,254 community members (17928 female, 12326 male	The CD members reached a total of 45,953 community members (23474 female, 22479 male)

Summary:

The project's targets were met and exceeded. As an example, the children's targets looks under estimated and thus over done almost 8 times the project number. The project has done very well on the targets to be reached.

To what extent has this project generated positive (or negative) changes in the lives of targeted (and untargeted) beneficiaries and population. Please describe those changes.

The project generated noticeable changes in the lives of the targeted and untargeted beneficiaries and population. The noticeable changes includes:

Children and schools

Some of the significant changes reported by the children and school support structures include:

- ✓ Awareness of children's rights and pupils can now report cases without fear after enhancing their knowledge
- ✓ Testimonies from teachers pointed to a situation where cases of child marriage have reduced;
- ✓ Parents fear sending their children to be engaged as labourers;
- ✓ CRC Patrons have gained more knowledge on issues of CP largely due to the feedback from the talk boxes.
- ✓ The schools who have been in the project are now providing peer to peer support to the neighbouring schools
- ✓ There is an increase in the demand from other schools to have CRC and talk boxes established

Adolescent and Teen Mothers

- ✓ More of the teen mother going back to school and TVET (Nakuru, out of 75 teen 28 joined TVET and 21 were readmitted back to formal schools, while in Kakamega out of 150 teens 32 joined TVET and 72 were readmitted back to formal schools.)
- ✓ Better support structure for the teen mother from psychosocial, health, and education
- ✓ Teen mothers have built their self esteem
- ✓ Behaviour change for the teen mothers, who now talk positive about their lives

Communities

- ✓ Positive norms and behaviour actions against violence, exploitation, and abuse are being promoted
- ✓ Community members are more informed on matters of CP
- ✓ Better and faster responses to abuse cases within the community as they know where to go for the different cases.
- ✓ Established the CDL who are turning out to be champions of child protection issues within the community

Structural changes

- ✓ There is a healthier working relationship between child protection actors
- ✓ The Schools Talk Boxes as an information and feedback mechanism have been institutionalised
- ✓ Established CP supporting committees e.g. AAC, LAAC, CCUC.
- ✓ Referral system has improved due to the service providers, and government departments working together.
- ✓ Civil Society Organisation network that has been established to advocate on child protection matters.
- ✓ The Naivasha law court documents and ensures services are provided for all children's cases brought to them
- ✓ Equipped and established child-friendly rooms at the health facilities and DCS offices

What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes, and outputs?

The **external factors** have been discussed based on the stakeholders' analysis and what they contributed to the project. Some of the contribution could be picked from how they facilitated the CP actors to realise their projected results. Among the contributors are the government departments as articulated below.

The Ministry of Education (MOE) was recommended for facilitating the access to schools for the project to be implemented. Ten schools for each of the counties of Nakuru and Kakamega have been involved in the project. The CRC and Talk Boxes which have been rated as success stories are being proposed for scaling to other sub counties and schools.

The Ministry of Health (MOH) hospital facilities have contributed towards providing facilities that are child friendly and allowed the staff to be trained on child's rights. Gilgil hospital as an example stated that response calls from the community have improved. This is because of the working relationship with the CHVs in following up on SGBV cases. In cases of defilement, the children are taken to Safe houses by the Children's Department.

Judiciary: The sensitization of Children Court Users Committee members on children's rights was instrumental in the management of cases. Trucking of cases through the justice system using the same committee has helped to fast-track cases which could otherwise be dragging and thus denying children who have been abused justice. The training of the court prosecutors and judges on children's rights has promoted children friendly approaches when communicating with children.

Directorate of Children Services: Working with the implementing partners (K-NOTE and MARPA) equipped a child-friendly room at their respective sub counties' offices, where counselling services by a staff seconded from the implementing partners has been attending to children. DCS are the custodians of the CPIMS system which is instrumental in data capture and assisting in case records.

COVID 19 Pandemic affected the pace of projected accrued benefits. The year off school period resulted in CRC picking up once more after schools opened.

Transfers/Changes of government officials affect the smooth continuity of project

Internal factors have been largely contributed by CISP and Implementing partners:

The project partners have provided both technical and financial support for the AAR, CCUC, LAAC committees, CDLs and project staff has been instrumental as an internal contributor to the success of the project. The respondents, though confident that continuity will be seen in the structural arrangements, are more concerned with sustainability in cases where financial assistance was part of livelihood support.

3.3.4. Efficiency

The efficiency of the project has been defined by how well the resources were used. The below questions will be addressed in this evaluation:

- a) How efficiently and timely has this project been implemented and managed in accordance with the project document?
- b) Specifically, have resources been used well and strategies to implementation been appropriate?
- c) How could the efficiency of the project be improved without compromising outputs?
- d) How adequate were the reporting and monitoring systems of the project?

How efficiently and timely has this project been implemented and managed in accordance with the project document?

The project documents had some distinct areas that this evaluation has focused on to provide evidence to the management of the project.

Project implementing partners: As per the project document the project was to be implemented by a consortium of six partners in collaboration with the Directorate of Children Services (DCS), Ministry of Education (MOE) and the Ministry of Health (MOH). This evaluation established the partners roles were as follows:

- a) CISP, the lead agency coordinated the project implementation through local partners KNOTE in Nakuru (Sub Counties of Naivasha and Gilgil) and MARPA in Nakuru (Sub Counties of Matungu and Mumias West). CISP had staff and office presence in the two project implementation locations, with Kakamega having a stronger presence and team numbers.
- b) Kenyatta University and *Istituto Superiore di Sanità*, public academic institutions based in Kenya and Italy, respectively, were engaged in conducting a one bottleneck analysis on access of pregnant adolescents and teenage mothers to MNH services in Kakamega County. The Bottleneck analysis on access to reproductive health and services of adolescents in Kakamega County was conducted in the month of June 2022. The research was conducted by research assistants from MMUST and targeted key stakeholders, partners and project beneficiaries. Research report findings disseminated to stakeholders from Kakamega county during a feedback and validation workshop in November 2022 reaching 53 pax (19M: 34F). Final report to be shared as soon as possible.
- c) TriM, a private company, facilitated a GIS multilevel analysis of services where by the close of the project where the Spatial database (SDB) has been updated and scaled up to include service providers in other sub-counties and disseminated to stakeholders in all the 11 sub-counties in

the county. A total of 564 service providers have been mapped and are now available in the Safe dashboard.

Project's implementation Approaches

The project was to tackle the root causes of child abuse, violence and exploitation and will strengthen the child protection system in Naivasha and Gilgil sub counties in Nakuru County and Matungu and Mumias West in Kakamega County in Kenya.

The evaluation confirms the proposed initiatives and activities implemented were followed to the by the project team.

County	Identified CP Issues	Results Areas	Assessment of interventions
Nakuru (Naivasha and Gilgil Sub counties)	Neglect of children by parents and care givers, sexual abuse including commercial sexual exploitation of children leading to high transmission of HIV/AIDS, school dropout, child labour, physical and emotional abuse, children living on the streets	<p>The four results areas of:</p> <p>Expected Result.1: Increased the capacity of caregivers and community members</p> <p>Expected Result 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.</p> <p>Expected Result 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.</p> <p>Expected Result 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 levels.</p>	The results areas have indeed mapped on the identified issues and can be concluded to have addressed them
Kakamega (Matungu and Mumias West Sub counties)	Major abuses including child neglect, sexual exploitation of girls leading to teenage pregnancies, child marriage, abandonment of babies due to stigma, discrimination of children with disabilities	<p>The four results areas of:</p> <p>Expected Result.1: Increased the capacity of caregivers and community members</p> <p>Expected Result 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.</p> <p>Expected Result 3. Improved the provision of quality, integrated, inclusive, and gender sensitive</p>	The results areas have indeed mapped on the identified issues and can be concluded to have addressed them

County	Identified CP Issues	Results Areas	Assessment of interventions
		<p>child protection services accessed by children and their families in the target sub-counties.</p> <p>Expected Result 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 levels.</p>	

The timing allocated to the results areas as per the project planning document were analysed as follows:

Result Areas	Expected delivery period	Achieved
Expected Result.1: Increased the capacity of caregivers and community members	Year 1-3	All activities accomplished within the 3 years period
Expected Result 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 care when abused.	Year 1-3	Over achieved Act. 2.3: Establish and develop the capacity of 6 teenage mother's support groups (The groups were to be established in Kakamega county only. Due to the need of addressing teenage girls' issues in Nakuru, the activity was extended to Nakuru hence these are additional 3 groups established)
Expected Result 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.	Year 1-3	All activities accomplished within the 3 years period
Expected Result 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 levels.	Year 1-3	All activities accomplished within the 3 years period

Summary of timing of delivery of the activities

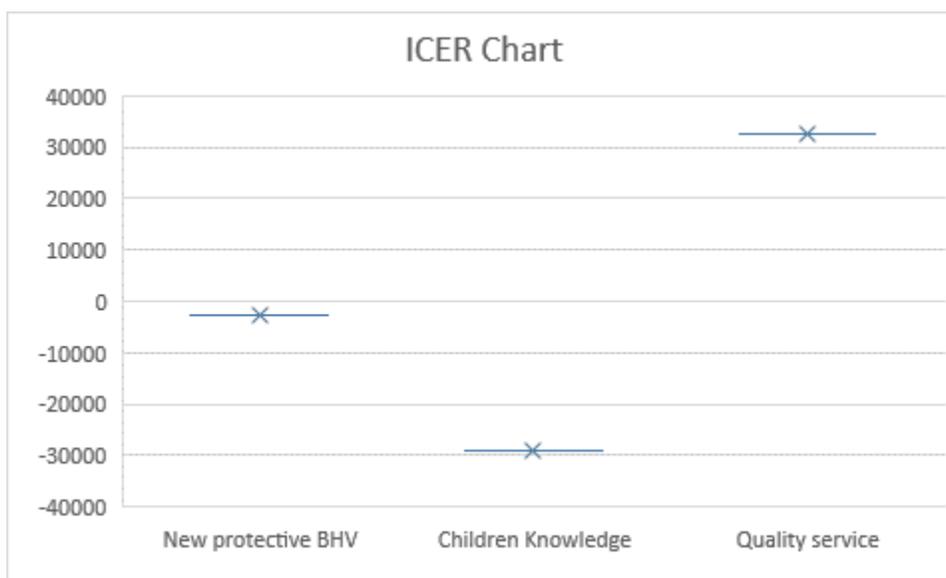
Expected Results: All the expected results have been achieved

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.

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. The project management team was flexible and responsive to changing conditions; for example, they minimised physical contacts in response to Covid 19.

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 realising Outcomes?



The chart shows it was less costly to conduct activities related to children directly, followed by new protection behaviour change activities. It's also noted, activities around quality of service were costlier. Although the costings might have some level of indication on how the resources were used, the impact section below shows the community intervention has more impact in terms of social and behaviour change which was a big component of the project.

3.3.5. Impact

The Impact of the project has been defined as the difference the intervention has made to the beneficiaries and service provision of CP. The question “What are the unintended consequences (positive and negative) resulting from the project has been used to address impact?”

Unintended Consequences	
Positive	Negative
<ol style="list-style-type: none"> 1. Talk box concept is being desired by the neighbouring schools 2. Talk box is used to address children’s other personal, adolescent and body changes issues. 3. The teen mothers have attracted individuals who pay for their school/TVET fees 4. The teen mothers after training and are enterprising, start their own businesses. 5. Project has contributed to sex education being done openly 6. Community Social behaviours change has been remarkable 	<ol style="list-style-type: none"> 1. The beneficiaries’ expectations exceeded what the program intended e.g. provision of food at school and medical care for teen mother and the children 2. CDL and youth leaders wanted to be paid more than the project could afford 3. CCUC, AAC, LAAC desire to have continued financial support for their meetings. 4. COVID 19 Pandemic affected the pace of projected accrued benefits. The year off school period resulted in CRC picking up once more after schools opened. 5. Transfers/Changes of government officials affect the smooth continuity of project

Although, it was observed the project created a high expectation among the beneficiaries to the level of desired inclusion of livelihood component, the respondents acknowledge social and behavioural changes at the community as some of the impactful benefits of the project. The increase in child rights among the children and community has equally been attributed to the project. Improved coordination of service providers and government offices has increased the responses to abuse cases which is impressive. Besides the negative consequences which are definitely beyond the scope of the project, this evaluation acknowledges significant improvement in social behaviour both at the schools and community levels.

3.3.6. Sustainability

The Sustainability of the project poses the question, will the benefits last? The below questions have been used to address this concern:

- a) How are the achieved results, especially the positive changes/models generated by the project to be sustained after this project ends?
- b) Are the community members and key stakeholders knowledgeable and supportive to the project?
- c) Is there evidence of community contribution and ownership of the different project interventions?
- d) How strong are the relationships with government, other agencies and CSOs that can be improved (in terms of partnership, collaboration, networking and coordination)?

How are the achieved results, especially the positive changes/models generated by the project to be sustained after this project ends?

The positive changes and models the project has established had been both at individual (schools and community) levels and structural in nature.

Individual (school and community) levels:

- Social and behavioural changes have been due to the knowledge and training that have been conducted through CDL, CRC, and Teen Mother Groups.
- The Community Members, Service Providers, and Authorities have all undergone through series of training and dialogues which has transformed individual approach to handling children and their cases
- Some of the social norms e.g. like house chores being for both gender is now being practised in most homes
- The project has formed groups of “champions of change” among children (CRC members), youth (teenage mothers) and adults (community members) on child’s rights which will continue to guide their peers also after the project ends.
- The government officers (teachers, police, DCS officers, etc.) who have been trained and capacitated by the project confessed to carry on their duties being more friendly to children and relate better with CP actors

Structural level

- **Community engagement and coordinating structure:** the established/strengthened Area Advisory Committee, and LAAC are some of the community structures that would create opportunities for sustainability.
- **CPIMS and Spatial Database (SPMS):** The data management system that the project has been credited for designing and putting in place, have developed a level of usefulness to DCS and other actors. The dependence will push them to seek ways of sustainability which will be good in the long run.
- **CRC and Talk Box:** The talk box and child rights clubs have been recommended and appreciated by the 20 schools (10 each per county). The opportunity given to the children to express themselves in confidence allows for feedback and reporting of cases which is addressed by the talk box committee. It’s projected as a school structure that will be sustained by schools and if possible scaled to other schools.
- **Children Court Users Committee:** the committee has enhanced the coordination of the judiciary system and helped to increase the prosecutors’ and magistrates’ approach to handling children’s care. Its usefulness in making children’s cases easy to follow might lead to the desire to sustain the committee.
- **The Children friendly structures:** The project refurbished and equipped four sub county children offices to make them child friendly. In Matungu there was no sub county children office. The project together with DCS advocated for it and the DCC provided a container that the project refurbished and equipped with office furniture and child friendly items of the DCS. The facilities

are to be more children friendly and will continue to serve the children and government officers as they provide the conducive working space for them.

Are the community members and key stakeholders knowledgeable and supportive to the project?

The community addressed under the Expected Result 1 of the project was key to the success of the project. The interviews with the respondents provided the following suggestions on engagement with the community.

- ✓ Chief were supportive; however it is recommended to provide more training for chiefs and *nyumba kumi* initiatives. This is because they are more attached to the community
- ✓ There is positive behaviour change among the community members which needs continued sensitisation.
- ✓ The community are awake on where to report abuse cases and key to have been involved in the project
- ✓ The community have become more friendly and thus supportive of the service providers and authorities
- ✓ Like the case in Nakuru, Gilgil, the project intended to have only 2 Local Areas Advisory Council (LAAC), but more were created and the administration were flexible and agreed to have more LAACs
- ✓ Some of the activities were implemented through collaboration included: Talk Box, LAAC, AAC, Children Court Users Committee, Awareness and Training, Case management Committee.

Is there evidence of community contribution and ownership of the different project interventions?

The community contribution and ownership were articulated through the following observations:

- a) A Chief from Gilgil Sub County attested to the community is involved in rescuing and following up on abused children's cases. These initiatives have been noticed after the interventions, awareness, and knowledge from the project.
- b) The Focus Groups Discussion of the Community Dialogue Leaders were recorded to say, the knowledge gained is at a personal level and they are considered champions of CP within the community. They will continue to create awareness about child rights in the community.
- c) Efforts by the community to address social norms and harmful cultures creates an environment that is conducive to children, adolescent, and teen mothers.
- d) Through empowerment with knowledge, there are tremendous lifestyle changes that make it easier for the structural supports to engage the community.

How strong are the relationships with the government, other agencies and CSOs that can be improved (in terms of the partnership, collaboration, networking and coordination)?

The project through Result 3 and Result 4 targeted to improve the provision of quality, integrated, inclusive, and gender sensitive child protection services. They sought to identify and promote 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 levels.

The following effort has been identified: **Act. 4.3: 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. The evaluation reports a five days training and mentorship conducted in Kakamega reaching a total of 34 (M 19 F 15) CSOs and 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.

The advocacy strategy was developed and is being implemented. One of the strategies to be implemented is to advocate for an increase in financing for CP in the CIDPs. CSOs involved in CIDP 3 established a Child Advocacy Network to follow up and ensure passage of Kakamega children's policy.

Summary on sustainability

This evaluation established both individual and structural changes which can be sustained have been observed. Social and behavioural changes have been due to the knowledge and training by the project is sustainable. Knowledge acquired by the government officers was commended as capacity that will be retained and used beyond the counties that was target for the project. The referral system established within the community is sustainable also to mention the partnership, collaboration, networking and coordination with government and other agencies. It's with this understanding that, the evaluation states the project's benefits are sustainable.

3.4. Project outcomes and impact through Knowledge, beliefs, practices, occurrence and acceptance of abuse among children, community members, service providers and county authorities.

3.4.1. Themes on Knowledge, beliefs, practices, occurrence and acceptance

The findings of the report under this theme is presented in five headings: (1) knowledge of child rights, protection and safeguarding among children, community members, service providers and authorities; (2) beliefs of children and community members justifying violence against children; (3) Occurrence of exploitation, violence and abuse against children in school, at home and in the community according to children (practice); (4) Perception of the level of occurrence of physical, psychological or sexual violence against children and adolescents in the targeted communities by community members, service providers and authorities (descriptive norms); (5) Perception of the level of acceptance of physical, psychological or sexual violence against children and adolescents in the targeted communities by community members, service providers and authorities (injunctive norms).

3.4.2. Knowledge of child rights, protection and safeguarding among children, adolescents, community members, service providers and authorities

The study aimed to determine the level of knowledge of child protection, child rights and safeguarding among children, adolescents, community members, CP service providers and authorities in Kakamega and Nakuru Counties. General knowledge was measured by examining respondent's knowledge of child rights and responsibilities; knowledge of child protection and safeguarding; knowledge on CP service delivery and knowledge on CP advocacy.

3.4.2.1. Children knowledge on children rights and responsibilities

Physical violence

As at the baseline March 2021 only 25% of children had the right knowledge on physical violence (28% in Nakuru and 22% in Kakamega) which has significantly improved as at Dec 2022 to 68% (58% in Nakuru and 78% in Kakamega). It is still worrying that 32% of the children believed that canning is practised by some teachers because it is allowed by the law in Kenya, with more children in Nakuru County (42%) compared to Kakamega County (22%). There is a greater change in Kakamega County which reported 88% of the children believed that canning is practised by some teachers because it is allowed by the law in Kenya at baseline compared to 72% in Nakuru. Knowledge on physical canning improved significantly among girls where at baseline 74% compared to endline where now 30% believed physical canning is permitted by law. Similarly there was a greater change in knowledge among boys from 77% at baseline to 35% at endline.

Reporting on child abuse

An average of 89% (from 97% at baseline) of respondents agreed that a child should report to an adult if he/she knows of a schoolmate who is mistreated in school or at home. This still points to 11% of children who doesn't have correct knowledge on reporting which is a key barrier to effective response to cases of child abuse.

Child rights

There is a significant improvement in knowledge or understanding of child rights among children evident by a major change from 52% (52% in Nakuru and 53% in Kakamega) at baseline to 84% (84% in Nakuru and 85% in Kakamega) reported at the end line. Knowledge among girls improved significantly from 50% at baseline to 86% at endline compared to boys, from 55% at baseline to 83% at endline.

Power

In terms of power, the project baseline data show that 75% of the respondents (67% in Nakuru and 81% in Kakamega) agreed that gaining respect from the community is having power. While we have improved to 62% at the endline (average of 66% in Nakuru and 58% in Kakamega). Detailed analysis reveals change among boys from 72% at baseline to 59% at endline while girls changed from 77% at baseline to 65%.

Human dignity

On human dignity, only 52% of the interviewed children (40% in Nakuru and 68% in Kakamega) defined the fulfilment of child dignity when people respect the child regardless of whether he/she respects them or not. This significantly improved compared to baseline where 47% of children had the correct definition with 35% from Nakuru and 57% from Kakamega.

Figure 2 summarises the percentage of school children with the *correct knowledge on child rights and responsibilities* according to the following statements:

1. **Physical violence** - *Caning is practised by some teachers because it is allowed by the law in Kenya. (answer NO)*
2. **Reporting of child abuse** - *You should report to an adult if you know of a schoolmate who is mistreated in school or at home. (answer YES)*
3. **Child Rights** - *Being taken to school and being provided with school learning materials is a privilege not a right. (answer NO)*
4. **Power** - *Gaining respect from the community is having power. (answer NO)*

Human dignity - Human dignity means people have to respect you regardless of whether you respect them or not. (answer YES)

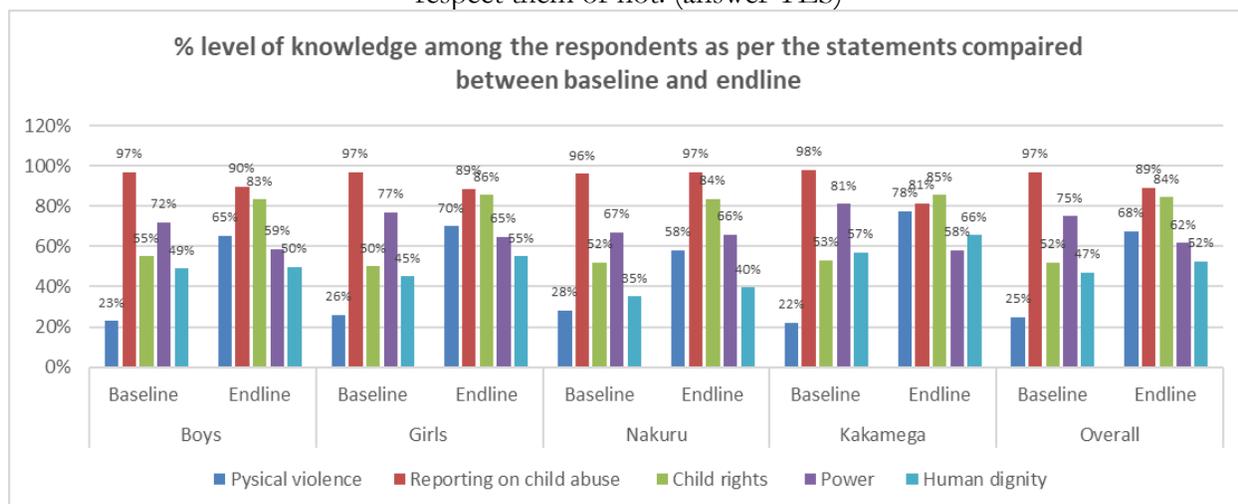


Figure 2: Level of knowledge on right knowledge on child rights and responsibilities among the school children.

Regarding self-discipline

Children had better knowledge on self-discipline measured by 94% (from average of 92% at baseline) of respondents who correctly responded to statements asked to them under self-discipline 1 and 2. 95% of respondents (96% in Nakuru and 94% in Kakamega) indicate that discipline is doing the right thing and overcoming temptations. Positive change was on self-discipline 2 where, 92% (from 89% at baseline) of them (89% of boys and 94% of girls) disagreed with the statement that *“it is okay not to do your homework and decide to play”*.

Leadership and use of force

While we have had a significant improvement on knowledge of who is a leader, we still have a worrying percentage of 18% of children who agreed that a leader is someone who uses force to get things done; among them, more boys (19%) agreed with the statement compared to girls (17%). Further analysis showed that 38% of girls and 26% of boys gained correct knowledge on leadership which led to them changing their position on the leader's use of force at the endline.

Communication

When it comes to communication, 96% (from 92% at baseline) of the respondents were aware of qualities of a good leader and agreed that open communication is one of the qualities of a leader. Analysis by county shows that 97% (from 94% at baseline) in Kakamega county and 95% (from 90% at baseline) in Nakuru county. Girl's knowledge on communication increased from 91% at baseline to 97% at the end line while boys improved from 93% to 96% during the same period.

Figure 3 summarises the percentage of school children with the correct knowledge on child rights and responsibilities according to the following statements:

1. **Self-Discipline 1** - Discipline is doing the right thing and overcoming temptations (Answer YES)
2. **Self-Discipline 2** - It's okay not to do your homework and decide to play (Answer NO)
3. **Leadership** - A leader is someone who uses force to get things done (Answer NO)
4. **Communication** - Open communication is one of the qualities of a leader (Answer YES)

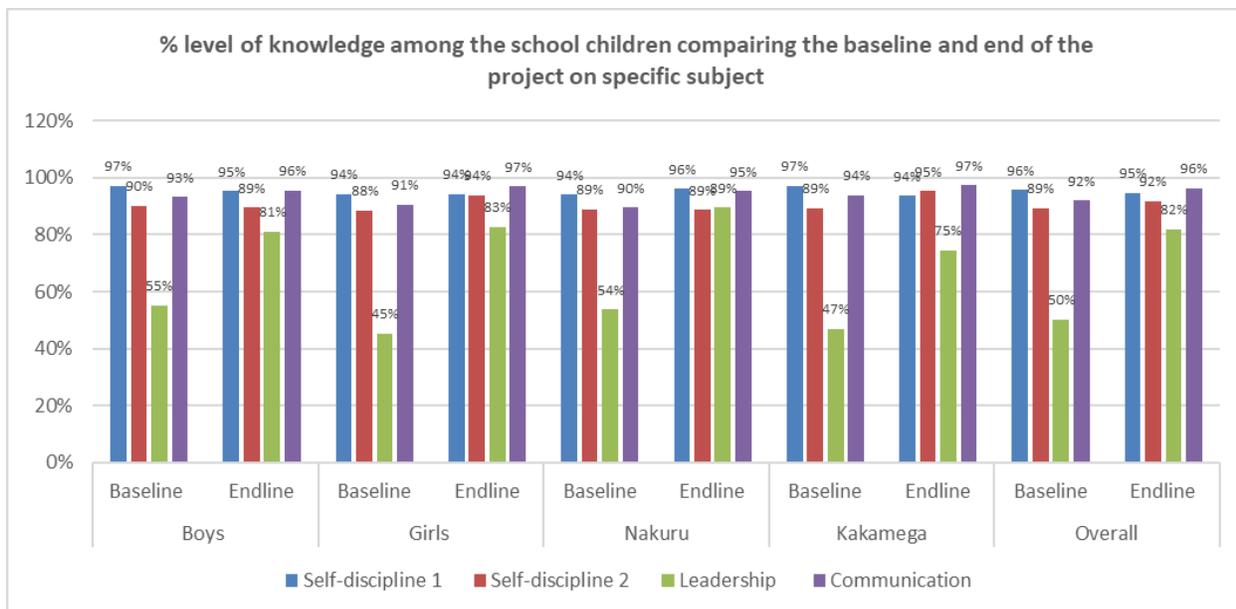


Figure 3: Level of knowledge on child rights and responsibilities according to the respondents as per the questions asked to them.

On confidence, 96% (up from 94%) of respondents affirmed that confidence is being able to speak out your mind when you have something to say with 96% of boys believing in this statement compared to 95% of girls. Knowledge in Nakuru children remained constant (at 95% baseline VS endline 95%) while children in Kakamega County improved confidence in knowledge from 94% at baseline to 96% at endline.

Trust

At baseline, 94% of children (93% boys and 95% girls) knew that trust does not come automatically; it has to be built. This improved at the endline to 96% (96% boys and 95% girls). While there was no change in knowledge in Nakuru County, Kakamega County recorded a 2% improvement (from 94% to 96%).

Gender equality

Gender equality is familiar among only 95% (up from 81% at baseline) of respondents who confirm that all children are equal and chores should be assigned irrespective of gender. Nakuru County recorded improvement from 72% to 95% while Kakamega improved from 89% to 96%. Knowledge among girls improved from 80% to 96% while knowledge among boys improved from 82% at baseline to 94% at endline.

Peace/violence in defence

On peaceful coexistence among children, 94% (up from 92% at baseline) of the respondents disagree with the statement that if a child hits another child, it is okay to hit him/her back in defence. Knowledge change in Nakuru improved by 1% (from 93% at baseline to 94% at endline) while change in Kakamega was 2% (from baseline of 93% to 95% at endline). Girls improved from 90% to 96% at the end line while boy's knowledge changed from 94% at baseline to 93% at endline.

Integrity

Notably, 95% (up from 91% at baseline) of the children interviewed agree on their roles when it comes to matters of integrity and ethics. 95% of the respondents (93% in Nakuru and 95% in Kakamega) as well as 97% of girls and 93% of boys do not agree with the statement, "If you picked 20 shillings belonging to someone in class and nobody saw you, it is okay to keep it".

Figure 4 summarises the percentage of school children with the correct knowledge on child rights and responsibilities according to the following statements:

1. **Confidence** - Confidence is being able to speak out your mind when you have something to say (Answer YES)
2. **Trust** - Trust does not come automatically it has to be built (Answer YES)
3. **Gender** - All children are equal and chores should be assigned irrespective of genders (Answer YES)
4. **Peace** - If another child hits you it's okay to hit them back in defence (Answer NO)
5. **Integrity and ethics** - If you picked 20 shillings belonging to someone in class and nobody saw you, it's okay to keep it (Answer NO)

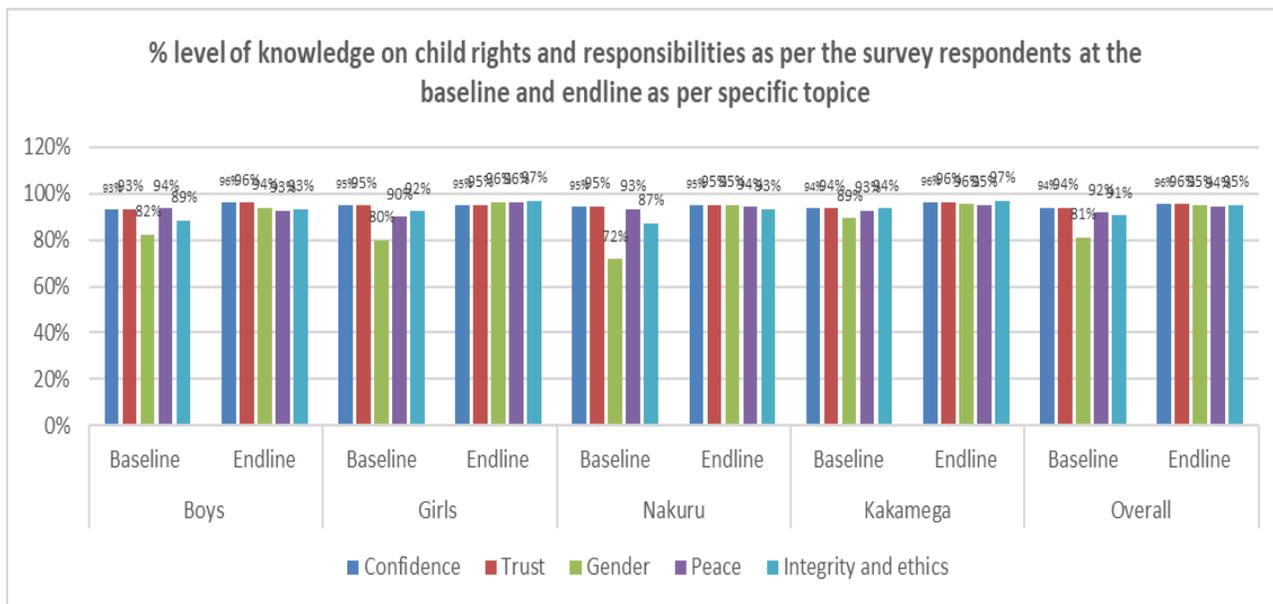


Figure 4: Level of knowledge on child rights and responsibilities among the school children interviewed.

3.4.2.2. Pregnant adolescent and teenage mothers' knowledge on sexual and reproductive health and maternal and child services

Childbirth risk

82% (down from 83% at baseline) of the respondent agree that a girl 13 to 18 years old is at higher risk of dying during childbirth than a woman aged 20 years and above. This shows that up to 17% of respondents did not understand child birth risks associated with teenage pregnancy. There was a positive change in participants from Nakuru (from 79% at baseline to 82% at endline) while we had a negative change among Kakamega participants based on baseline value of 84% and endline of 81%.

Vulnerability to sexual exploitation

On sexual exploitation, 85% (up from 82% at baseline) of the respondents (91% from 84% in Nakuru; and 82% from 81% in Kakamega) agree that young people (13 – 18 years) who come from poor background are more vulnerable to sexual exploitation.

Discussion on sexuality

A commendable proportion of respondents at 93% out of which 93% were from Nakuru and 93% from Kakamega (up from 90% at baseline with Nakuru baseline of 95% and 87% Kakamega baseline) appreciate the recommendation of discussion on sexuality with their parents or health service providers. This indicates a significant drop in Nakuru from 95% at baseline to 93% while Kakamega knowledge increased from 87% to 93%.

Figure 5: Summarises the views of pregnant adolescents and married teenage according to the following statements:

STIs: *Young people (13 – 18 years) have much lower rates of sexually transmitted infections (STIs) than adults because of biological and behavioral reasons*

Childbirth risk: *A 13 years to 18-year-old girl is at higher risk of dying during childbirth than women aged 20 years*

Vulnerability to child exploitation: *Young people (13– 18 years) who come poor background are vulnerable to sexual exploitation.*

Discussion on sexuality: *Adolescents are recommended to have discussions on sexuality with their parents or health service providers.*

Response timelines: *When girls are sexually abused (defiled, exploited, violated) by their boyfriends or people they know, it is not necessary for them to visit the hospital/ dispensary/ health center within 72 hours.*

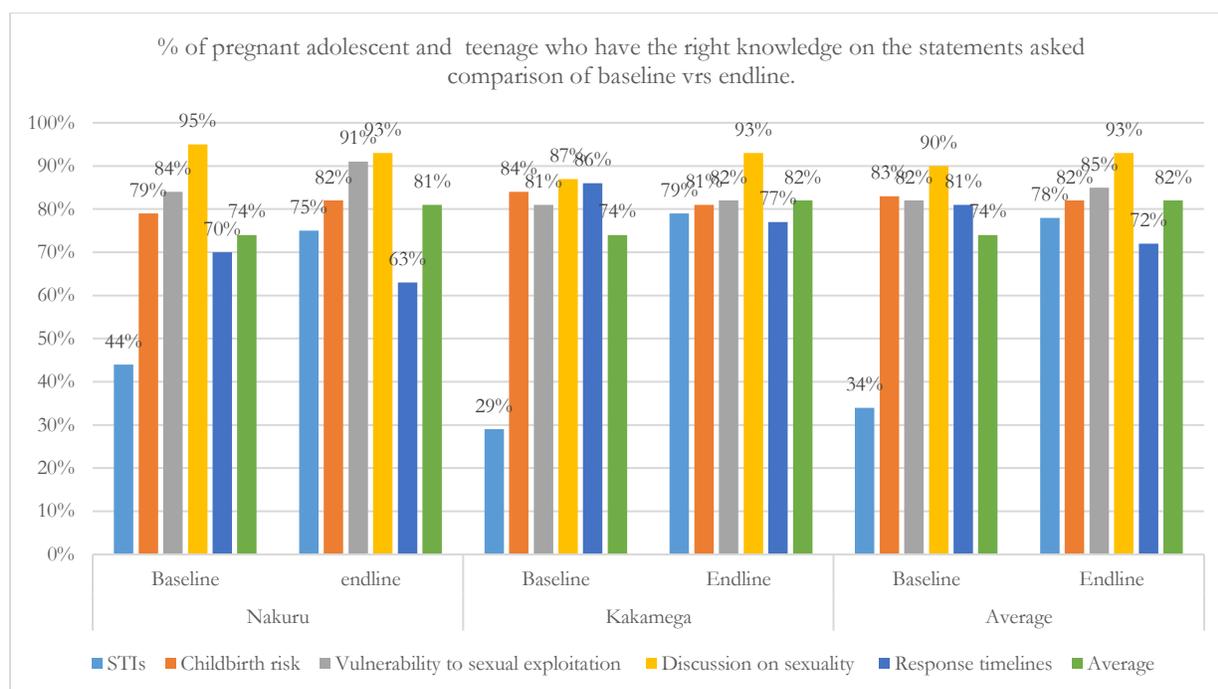


Figure 5: Pregnant adolescent and teenage interviewed who have the right knowledge on sexual and reproductive health as per the statements asked to them

Response timeline

On time to respond when abused, it is worrying that 28% (up from 19% at baseline) with Nakuru having 37% and Kakamega 23% of respondents who agree that when girls are sexually abused (defiled, exploited, violated) by their boyfriends or people they know, it is not necessary for them to visit the hospital/dispensary/health center within the recommended 72 hours. From analysis we can see that 72% disagreed with the statement at the end line compared to 81% who disagreed with the same statement at baseline.

3.4.2.3. Knowledge of community members on child rights, protection and safeguarding

Right to Education

There was a significant change in communities' knowledge on basic education and child rights. At the end line we have 4% (from 39% at baseline) who agreed that children need to be given food but do not need to go to school if parents can't afford school fees. This implies that 96% of community members had better knowledge compared to baseline where we had 61%. The greatest change was in Nakuru where 63% of the community members agreed with the statement at baseline and this has now been reduced to 5% at the end line.

Right to play

Community knowledge improved from 88% at baseline to 98% at endline (Nakuru improved from 80% at baseline to 98% at endline while Kakamega saw knowledge change from 94% to 98%).

Child participation

Communities' knowledge improved from 59% at baseline to 83% at endline. Analysis per county shows Kakamega knowledge grew from 56% to 85% while Nakuru changed from 61% to 81%.

7. **Rights to education:** Child needs to be given food but does not need to go to school if parents can't afford school fees
8. **Right to play:** Children of all ages should always be allowed to play.
9. **Child participation 1:** A child should not sit where adults are sitting to discuss and solve problems concerning the children.
10. **Child participation 2:** Children know what they want better than anyone else, therefore they have the right to freely express their concerns to adults.

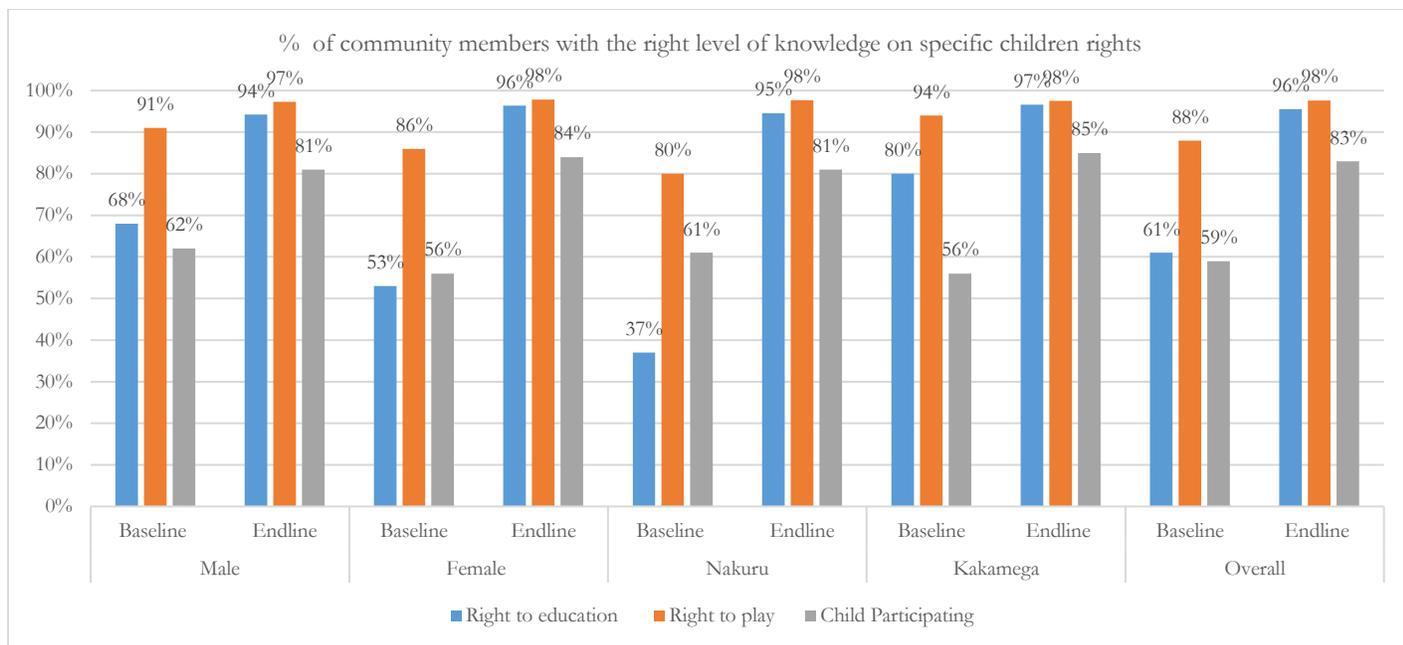


Figure 6: Percentage of community members with the right level of knowledge on specific children rights

Gender equality

Community’s knowledge improved overall from 77% at baseline to 95% at the end line. At baseline 23% of community members agreed with the statement that girls didn’t have the right to education and inheritance. Nakuru participants were the most improved having recorded the lowest score at baseline (71%) and now recorded 94% at endline, while Kakamega recorded 82% at baseline which improved to 96% at endline.

Parental responsibility

Regarding parental responsibility, 9% (down from 19%) did not have correct knowledge regarding parental responsibility. County level data show Nakuru participant’s knowledge improved from 77% to 87% while Kakamega community’s knowledge on parental responsibility improved from 87% to 94%.

Discrimination

Discrimination of children living with disabilities and those born out of wedlock is still embraced despite improvement from 66% at baseline to 87% at endline. On average we still have 13% of the community members who were sure that a disabled child born out of incest has the same rights as other children. Further analysis indicates that Knowledge among females improved by 22% compared to men at 18%.

Reproductive health

Knowledge improved from 84% at baseline to 89% at endline. County level data revealed that Kakamega community member’s knowledge dropped from 87% to 86% while Nakuru county knowledge increased from 83% to 91% at the endline.

11. **Gender equity 1:** When needed a girl should help her parents at home even while her brother goes to school
12. **Gender equity 2:** A girl has no right to inherit from her parents because she will get married and be supported by her husband.

13. **Parental responsibility 1:** A child belongs to the man and a woman has secondary right to custody of such child.
14. **Parental responsibility 2:** It is only the child’s father who is responsible for providing the child’s needs
15. **Discrimination 1:** A child born of incest and with disabilities has the same rights of the other children.
16. **Discrimination 2:** Children born out of wedlock have no entitlement to inheritance from the stepfather
17. **Reproductive health:** Sexual and reproductive health topics are being covered in the school syllabus

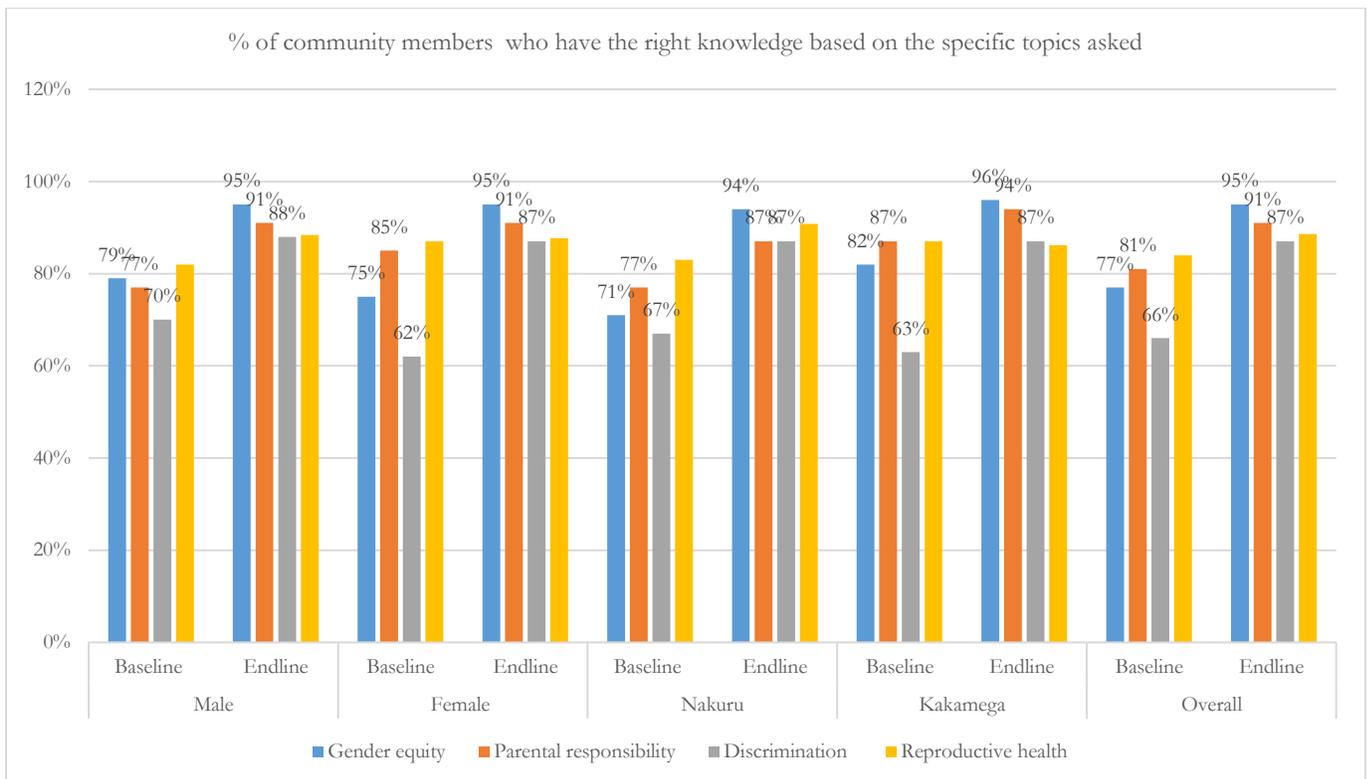


Figure 7: Percentage of community members who have the right knowledge based on the specific topics asked

Corporal punishment

It is worrying that 26% of interviewed community members (26% of women and 27% men of respondents) were not aware that corporal punishment in school is against the law. This points to fact that 1 out of 4 community members would tolerate use of corporal punishment in school and at due to lack of correct information.

In addition, knowledge about child labor, sexual violence, child marriage and child regency improved. Child labor knowledge recorded the highest change from 67% at baseline to 92% while child pregnancy knowledge improved from 83% to 96%. Sexual violence knowledge improved from 83% to 88%.

18. **Corporal punishment 1:** When children are naughty, it's okay for teachers and parents to hit them to discipline them.
19. **Corporal punishment 2:** According to the law, corporal punishment in school is permitted
20. **Child labor:** It is children's responsibility to support their parents and sell food in the market when asked.
21. **Sexual violence 1:** When a child is sexually harassed /defiled or abused in the community, the victim's family should be compensated by the perpetrator.
22. **Sexual violence 2:** Child defilement matters should be resolved through the formal legal system.
23. **Sexual violence 3:** A survivor of sexual violence should be taken to a hospital within the first 72 hours.
24. **Sexual violence 4:** If a child is defiled, they should not take a shower until they have been medically examined within 72 hours at a health facility.
25. **Sexual violence 5:** If a child is defiled, the clothes he/she was wearing at the time of the incident should be placed in a bag or envelope made of paper (and not a plastic bag), to preserve evidence to be used in court against the perpetrator.

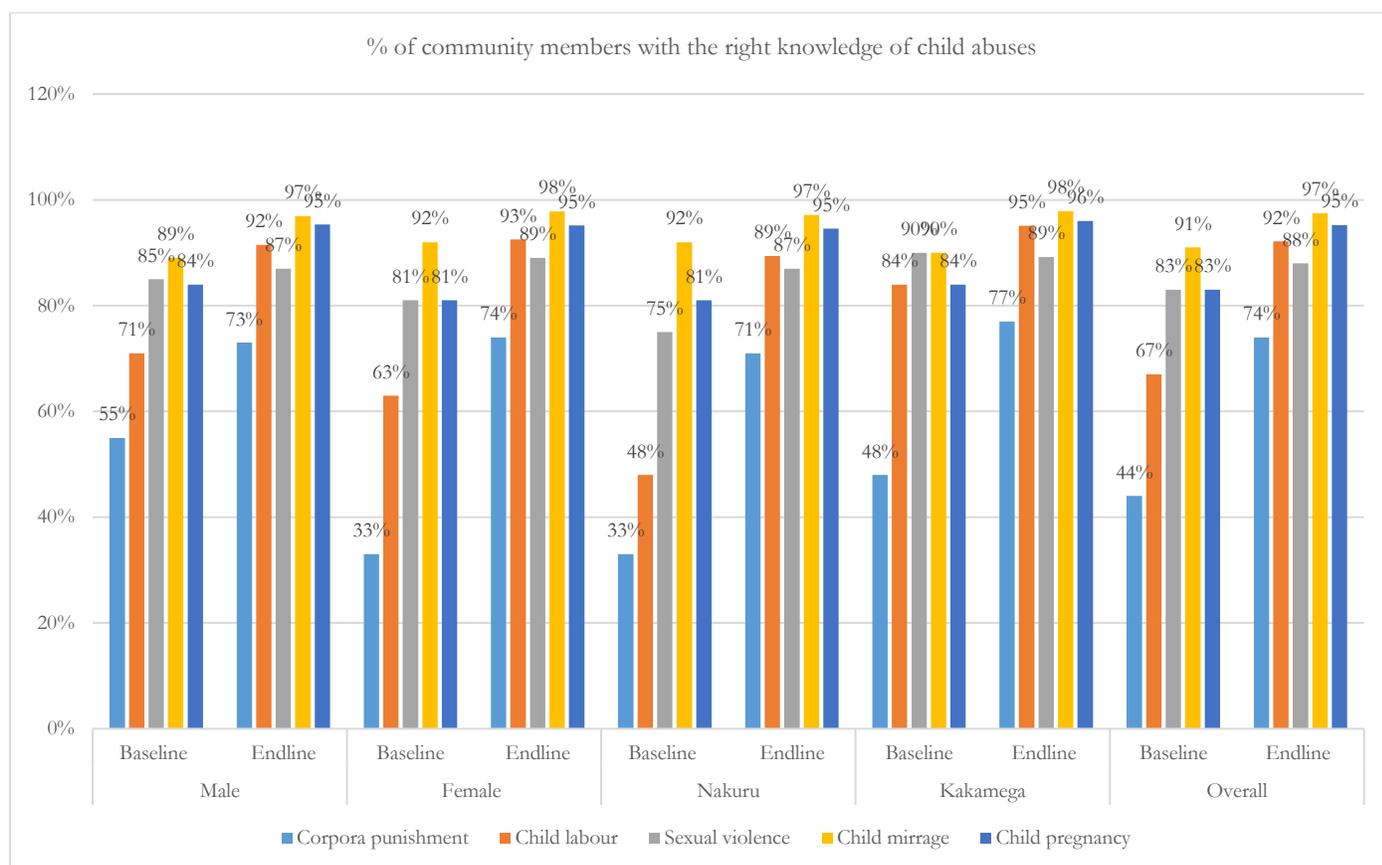


Figure 8: Percentage of community members with the right knowledge of child abuses

Reporting system

While endline findings present high knowledge community members on how to report and present evidence of sexual violence against children, we still have an average of 10% who believed in unjust mechanism of handline sexual violence cases like choosing alternative ways than the formal system established in Kenya.

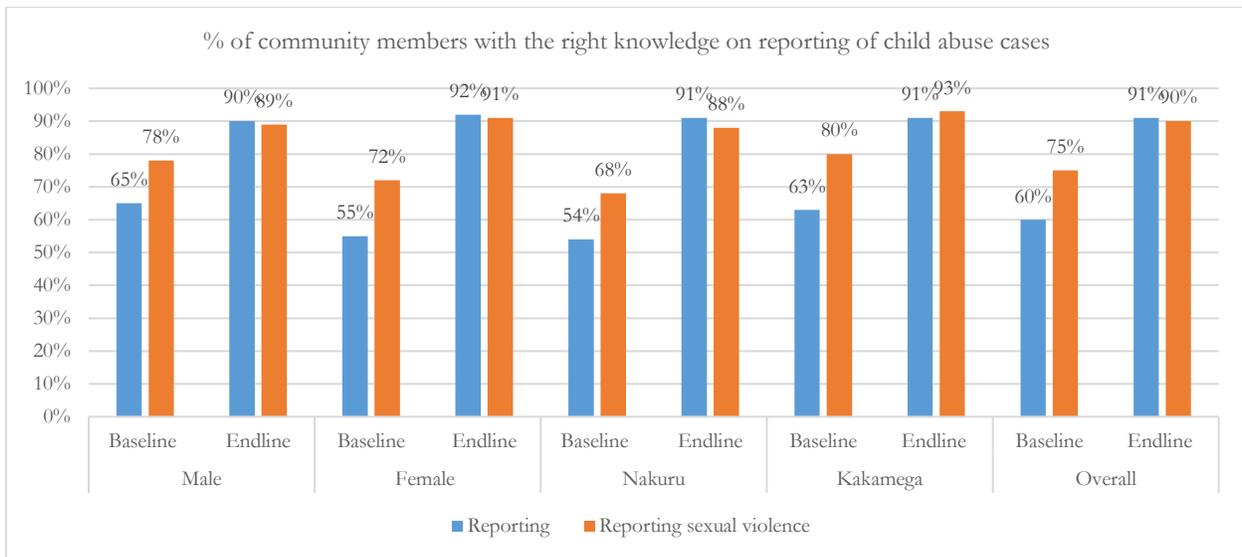


Figure 9: Percentage of community members with the right knowledge on reporting of child abuse cases

3.4.2.4. Knowledge of service providers on child protection service delivery

The study shows that the average level of knowledge on child protection service delivery of the service providers was enhanced from 72% at baseline to 85% at endline. Disaggregation by gender revealed that knowledge among male service providers was enhanced from 75% to 84%, similarly female service providers' knowledge was impacted positively evidenced by change from 69% to 86%.

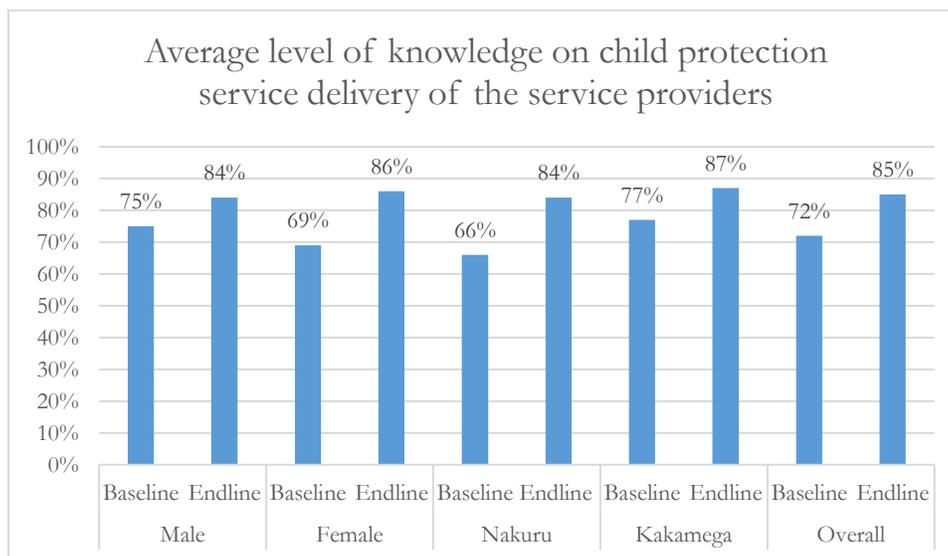


Figure 10: Average level of knowledge on child protection service delivery of the service providers

Sexual and reproductive health education and services

Interestingly we still had 15.5% (down from 21%) of service providers (18% female and 13% male) who believed that children and adolescents should not access sexual and reproductive health services

in hospitals or dispensaries. Another 5% were not sure on whether children and adolescent should access sexual and reproductive health services in a health facility. This implies that 2 out of 10 adolescents are likely going to miss services due to this information gap among service providers.

In addition, 10.5% disagreed and 29% were not sure on whether Sexual and reproductive health topics were being covered in the Kenyan school syllabus (competency-based curriculum).

Regarding referral

It is also worrying that 16.5% of service providers believed that the service provider’s referral pathway should only be shared with service providers who were part of the service mapping exercise and not with any newly identified service providers in the regions of reach.

3.4.2.5. Knowledge of local authorities on child protection advocacy

The average level of knowledge on child protection advocacy among local authorities improved from 66% to 71%. County data shows a reduction in knowledge in the two counties with Kakamega having reduced from 71% to 69% while Nakuru reduced from 74% to 72%. In terms of gender we had a significant change in male authority’s knowledge evidenced by change from 63% to 71% while female authorities’ knowledge reduced from 70% to 69%.

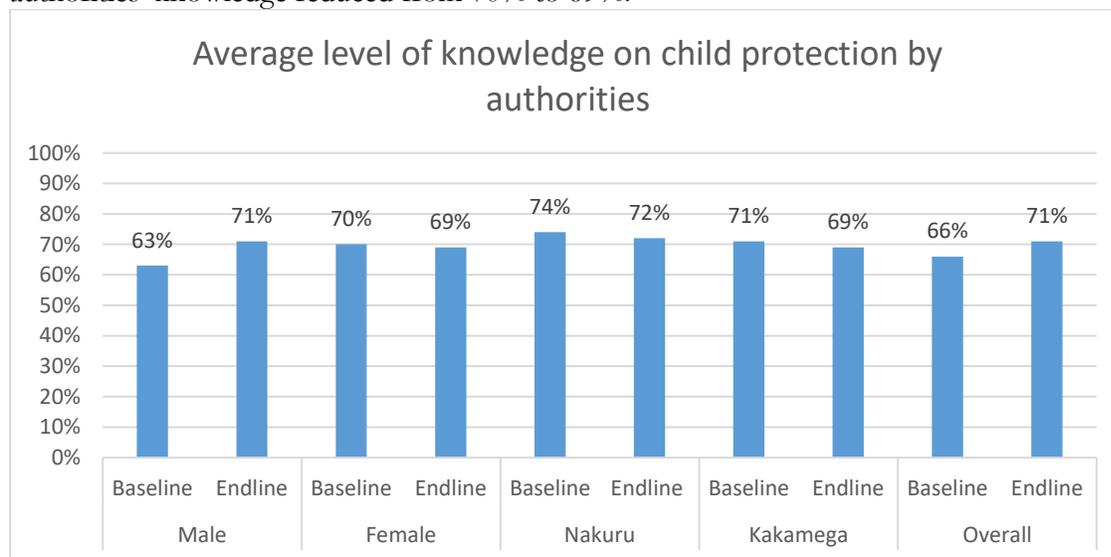


Figure 11: Average level of knowledge on child protection by authorities

While the project recorded general improvement in advocacy knowledge we still have some worrying trends which need to be addressed further:

- 70.5% (57% responded with Yes while 13.5% were not sure) with the statement that Development of specific policies on child protection is necessary because Kenya does not have an existing comprehensive legal and policy system that provides for child protection. This points to lack of adequate knowledge on existing policies.
- When asked whether the County had adequate policies to address CP issues we still had 28% of the local authorities who were not sure.
- In addition, 47.5% did not have correct knowledge regarding their role in budget advocacy despite having a clear framework for public participation at county level. While 37% responded with No, 10.5% were not sure when responding to the statement that “As a child protection actor, participation in the budgeting process is beyond your control as that is a

county authority led initiative and should be limited to members of county assembly who are the experts”.

3.4.2.6. Knowledge of service providers on child protection service delivery

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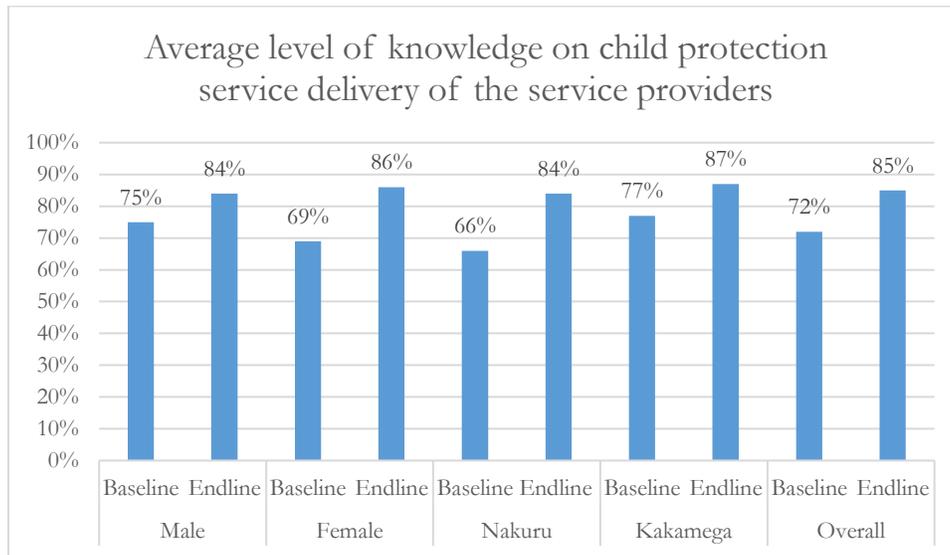


Figure 12: Average level of knowledge on child protection service delivery of the service providers

Sexual and reproductive health education and services

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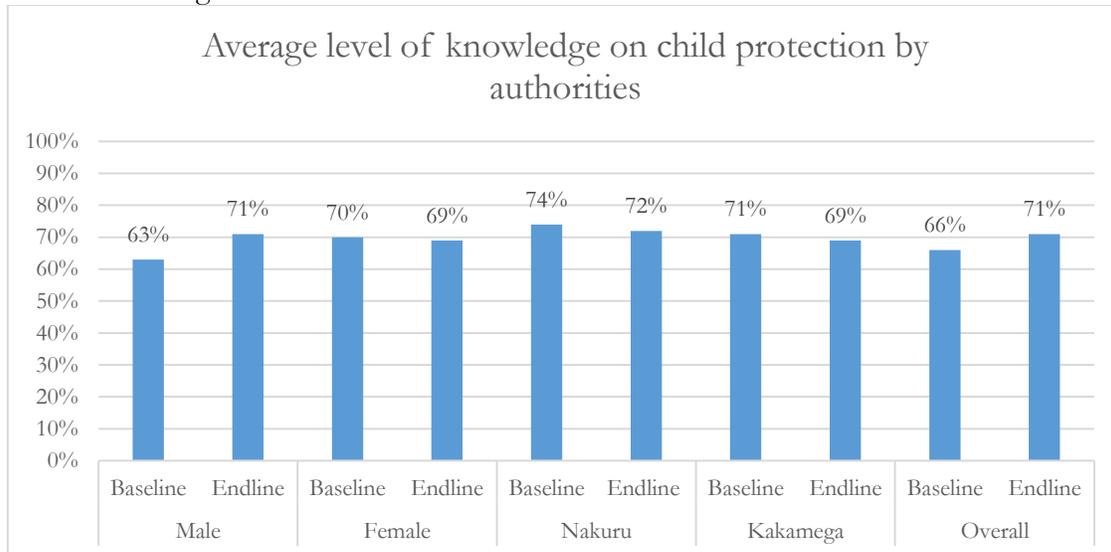


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3.4.3. Personal beliefs and adherence of children and community members to social norms that justify violence against children

3.4.3.1. Children’s beliefs

Adherence to children rights by school children

Children interviewed in the targeted school were asked questions focused on rights to education, rights to play and rights to participate in school, at home and in the community.

On rights to education, 4% (down from 39%) of children (3% in Nakuru and 5% in Kakamega county) feel it's correct for a child to be given food but not a must to go to school if parents cannot afford fees. More boys (4%) compared to girls (3%) held the same view.

While all children have the right to play; however, a proportion of 8% (down from 45% at baseline) of the children hold a different view. 11% of boys and 6% of girl's believed that children didn't have a right to play. Nakuru still had 9% while Kakamega had 7% of children who held on to this belief. This implies they felt it was in order to be denied the opportunity to play which is contrary to their rights.

When matters touching a child are being discussed by adults, the child has the right to participate in making a decision that concerns them. From the interviewed sample, it is worrying that 25% (down from 43% at baseline) still held the view that a child should not sit with the adults when discussing matters that concern children.

Below are the statements that were asked to the school children and the proportion of interviewees who adhere to the harmful beliefs are illustrated in figure 14.

1. **Right to education** - *A child needs to be given food but does not need to go to school if parents can't afford school fees (Answer YES).*
2. **Right to play** - *Children are not allowed to play at home, they should always help their parents with family chores (Answer YES).*
3. **Right to participation** - *You, as a child, should sit where adults are seated to discuss and solve a problem concerning you (Answer NO).*

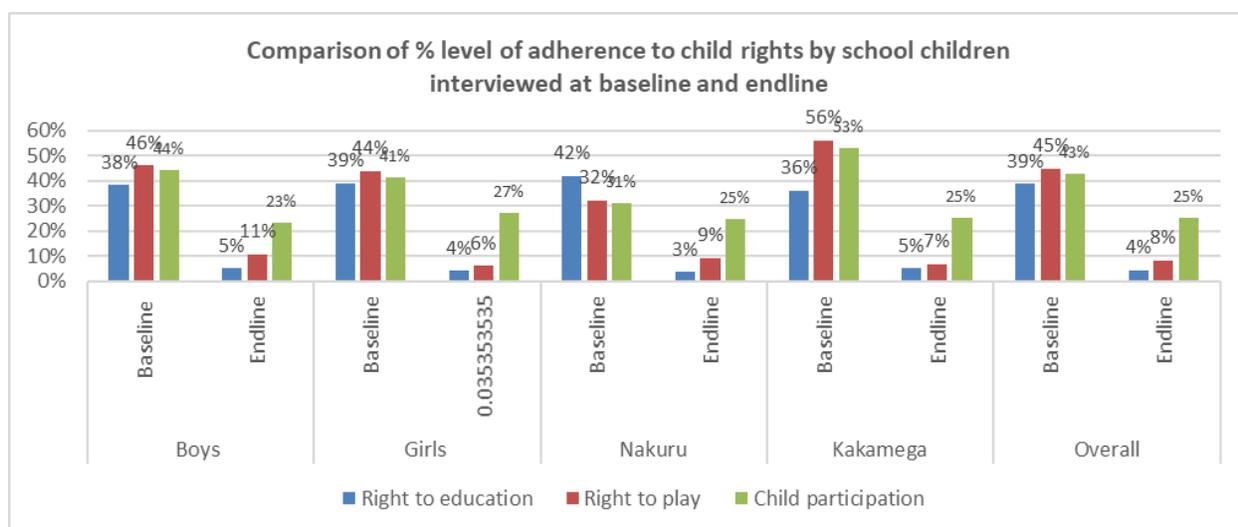


Figure 14: Adherence levels of children interviewed on different kinds of child rights abuses as per the statements asked.

Adherence to abuse in school by school children

The survey sought to find out the proportion of children who believe that the emotional and physical abuses they are subjected to in school are correct.

A smaller proportion of 5% (down from 17% recorded at baseline) of the respondents find it correct for a teacher to call children abusive names if they disturb in class. In addition, 13% (down from 40%) of children felt *it was okay for a teacher to ask a child to clean the toilets or stay up to late hours in schools if he/she has done something wrong*.

Despite significant changes in children's belief in physical violence, it is still worrying that 48% (down from 83% recorded at baseline) hold the belief that it is right for a teacher to punish a child if he/she does not do his/her homework. This points to one form of physical violence happening in schools and only 52% of children would realise this is a form of abuse.

Below are the statements that were asked to the school children and the proportion of interviewees who adhere to the harmful beliefs are illustrated in figure 15.

1. **Verbal Abuse** - *It is okay for a teacher to call children abusive names if they disturb them in class.* (Answer YES)
2. **Psychological abuse** - *It is okay for a teacher to ask a child to clean the toilets or stay up to late hours in schools if he/she has done something wrong* (Answer YES)
3. **Physical abuse:** *It is okay for a teacher to cane a child if he/she does not do his/her homework* (Answer YES).

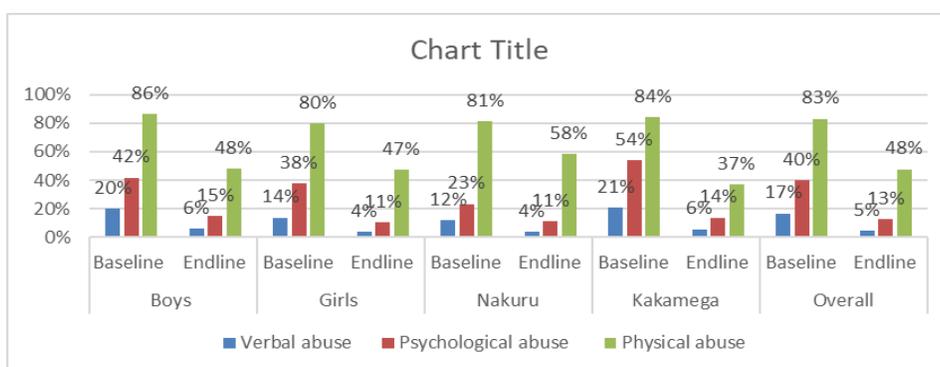


Figure 15: Levels of adherence to various child abuses at school according to the respondents as per the statements asked

In terms of gender, boys are more likely to tolerate all forms of abuse compared to girls. County analysis shows that 58% of Children in Nakuru and 37% of children in Kakamega would accept physical abuse when they have not done homework.

Adherence to abuse at home and in the community

Among children targeted by the survey, 6% (down from 27% recorded at baseline) of the respondents uphold that they find it acceptable for a girl to help her parents at home while the brother goes to school. While we had a significant difference between county data at baseline where 34% of Nakuru and 21% of Kakamega respondents believed the harmful practice of discriminating against girls, the study show similar results (6% adherence) at endline for the two counties.

Child labour remain the most acceptable harmful practice by many children at 33% (down from baseline value of 37%). This is a very high adherence level and almost a declaration by 4 out of 10 children who were in support of children working to earn his or her family a living.

Child marriage is prohibited by law in Kenya. However, this is practised in some families and communities.

From the survey, 1% of the respondents believe that it is correct to marry off a girl after she turns 14 years if she comes from a poverty-stricken family. There was a difference in position taken by children across gender and counties.

Below are the statements that were asked to the school children and the proportion of interviewees who adhere to the harmful beliefs. The results are illustrated in figure 16.

1. **Gender discrimination:** *If it is necessary, a girl should help her parents at home even if her brother goes to school (Answer YES)*
2. **Child labour:** *Children should not work to earn a living to support their family (Answer NO)*
3. **Child marriage:** *A girl from a poverty-stricken family can be married off after she turns 14 years (Answer YES)*
4. **Sexual abuse:** *You should immediately inform a responsible adult if someone has touched you in a sexual way (Answer NO)*

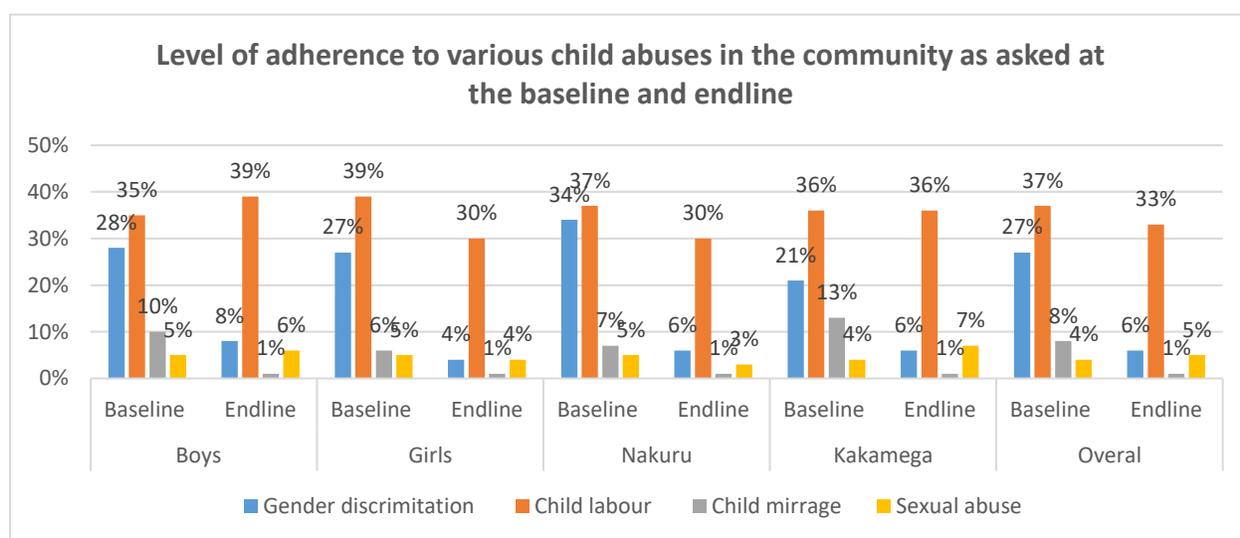


Figure 16: Levels of adherence to various child abuses in the community according to the responses as per the statements asked

3.4.3.2. Social norms on sexual and reproductive health among adolescents

The survey administered intends to understand the norms among the pregnant adolescents and teenage mothers regarding their sexual and reproductive health. A set of questions were presented to the pregnant adolescent and teenage mothers in different contexts to share their beliefs.

Figure 17: Summarizes the views of pregnant adolescents and teenage mothers on social norms on sexual health according to the following statements:

Contraceptives use: *Majority of young people (13 years -18 years) do not use contraceptives correctly when engaging in sex*

Adolescent: *Adolescence is the time when a person undergoes body changes to transition them from childhood to adulthood.*

Provision of sanitary towels: *When girls are not provided with sanitary towels by their parents or guardians, they can get them from their boyfriends.*

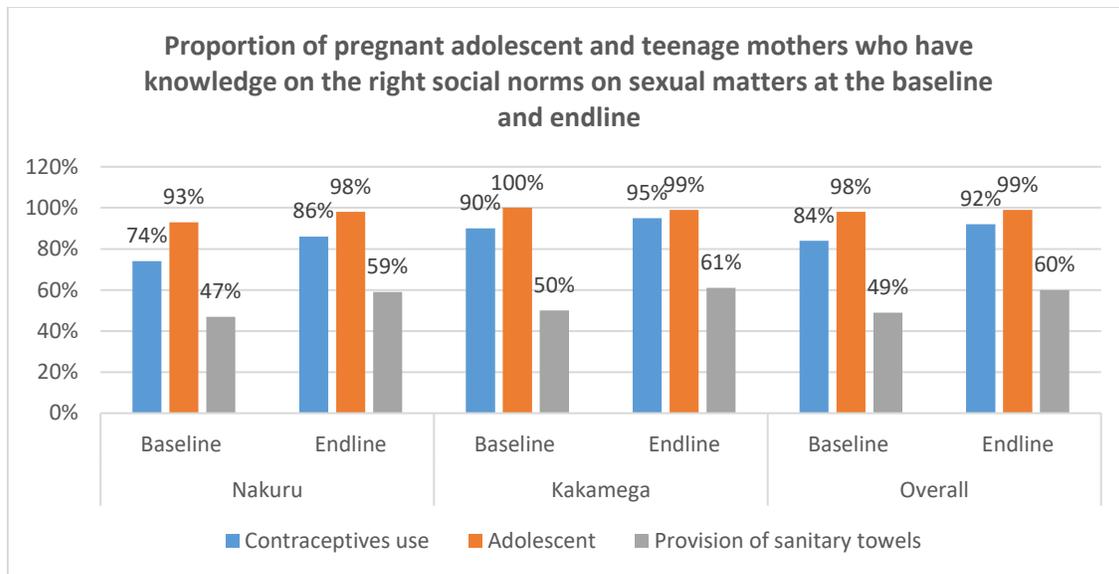


Figure 17: Proportion of pregnant adolescents and teenage mothers who have knowledge on the right social norm on sexual as per the statements asked.

On use of contraceptives, Majority of the respondents 92% (90% in Nakuru and 95% in Kakamega) agree with the statement that “Majority of the young people (13 – 18 years) do not use contraceptives correctly when engaging in sex”. This is a significant improvement from the baseline where we had 84% agreeing with this statement.

An impressive 99% (up from 98%) of the respondents (98% in Nakuru and 99% in Kakamega) are aware of who an adolescent is as per the statement “Adolescence is the time when a person undergoes body changes to transition them from childhood to adulthood”.

A worrying small proportion of 60% (worsened situation bearing in mind baseline was 49%) of the respondents who indicated that it's not right for girls to get the sanitary towels from their boyfriends when their parents or guardians do not provide for them.

Figure 18: Summarises the views of pregnant adolescents and married teenage on social norms on reproductive health services, pre and postnatal care and services according to the following statements

Right to access ante/postnatal care: *When adolescents get pregnant, they do not have the right to access ante/postnatal care or reproductive health services.*

Access to reproductive health services: *Girls who access reproductive health services are sexually immoral*

Right to reproductive health: *Reproductive health rights are one of the key rights entitled to all citizens including teenage girls.*

Exclusive breast feeding: *A baby should be exclusively breastfed for the first six months*

Balance diet: *Balanced diet is necessary for both the mother and baby*

Prenatal clinic: *A pregnant girl should not attend prenatal clinics since the mother did not attend*

Immunisation: *Immunisation for children is not necessary if long as the child is healthy*

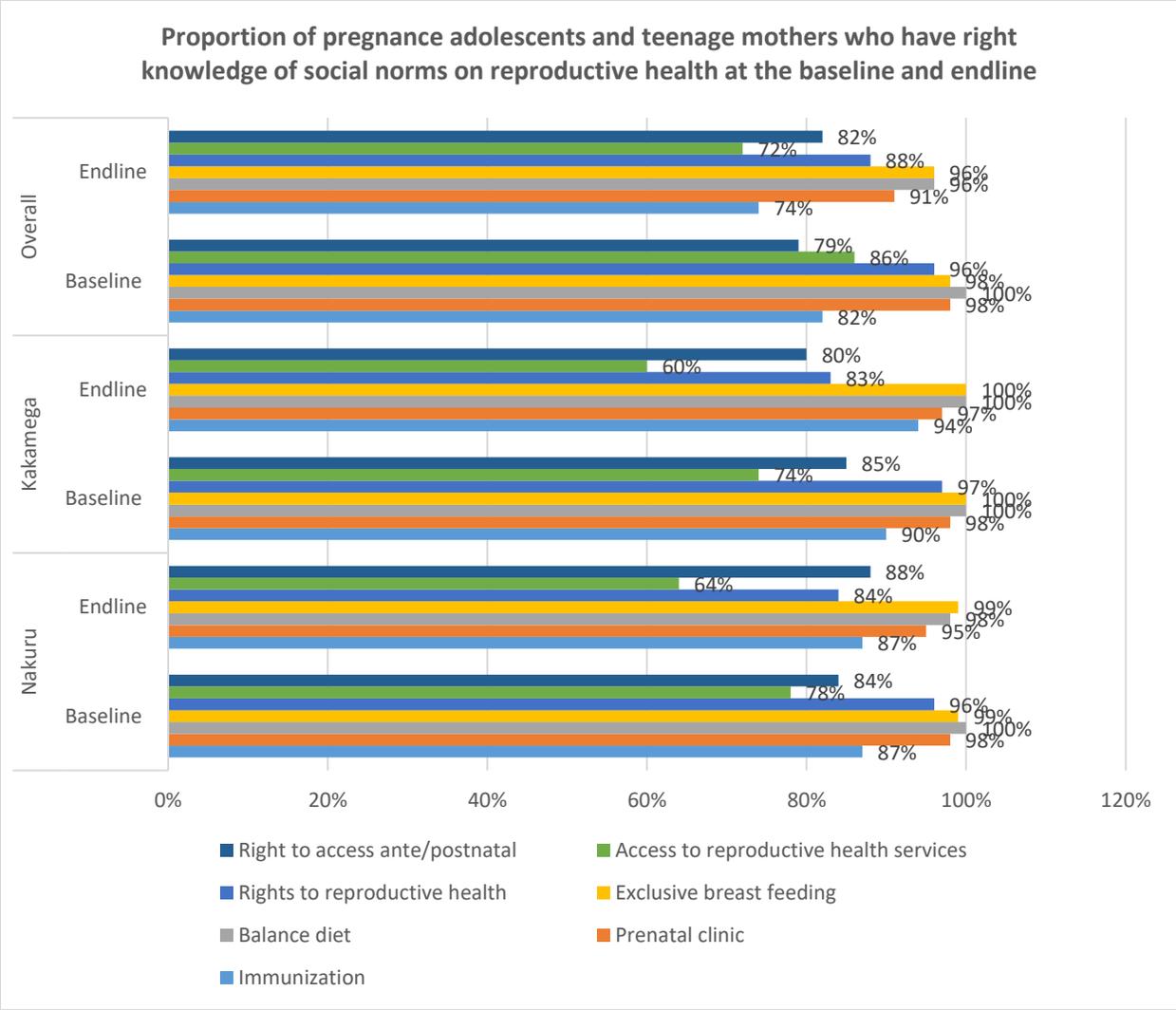


Figure 18: Proportion of pregnant adolescents and teenage mothers who have knowledge on the right social norm on reproductive health as per the statements asked.

Generally the adolescent’s adherence to access to reproductive health services, pre and postnatal care and services improved at endline compared to baseline.

3.4.3.3. Community members’ beliefs

The study intended to analyse the attitude of community members and their adherence to harmful beliefs that contribute to violence against children, and their prevalence. As a result, it appears 50% adherence to physical violence, 22% on discrimination, 27% on psychological violence and 10% on sexual violence by community members.

Adherence by community members was generally higher in Nakuru County compared to Kakamega across all forms of violence.

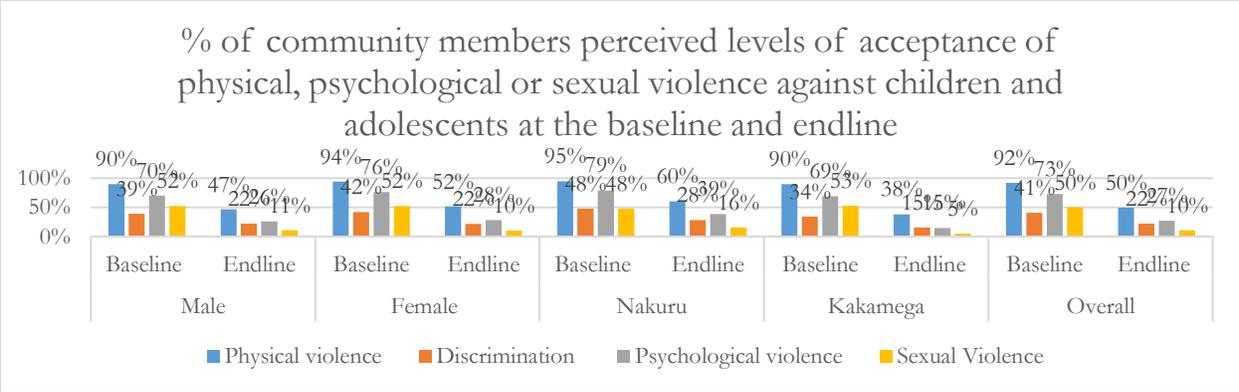


Figure 19: Percentage of community members perceived levels of acceptance of physical, psychological or sexual violence against children and adolescents at the baseline and endline

3.4.4. Occurrence of Child Exploitation, Violence and Abuse according to Children

Children in Kakamega and Nakuru Counties continue to experience physical punishment and psychosocial abuse, although the incidences have significantly decreased from the very high levels observed during the baseline assessment.

The figure 20 below illustrates study finding based consolidated results:

- 1. Corporal punishment 1:** Is corporal punishment (caning, kneeling on the ground) in your school permitted? (Answer YES)
- 2. Corporal punishment 2:** Have teachers in your school administered corporal punishment during the current school term? (Answer YES)
- 3. Emotional violence:** Has any teacher administered any humiliating punishments (cleaning toilets, calling abusive names, etc.) on you in the current school term? (Answer YES)

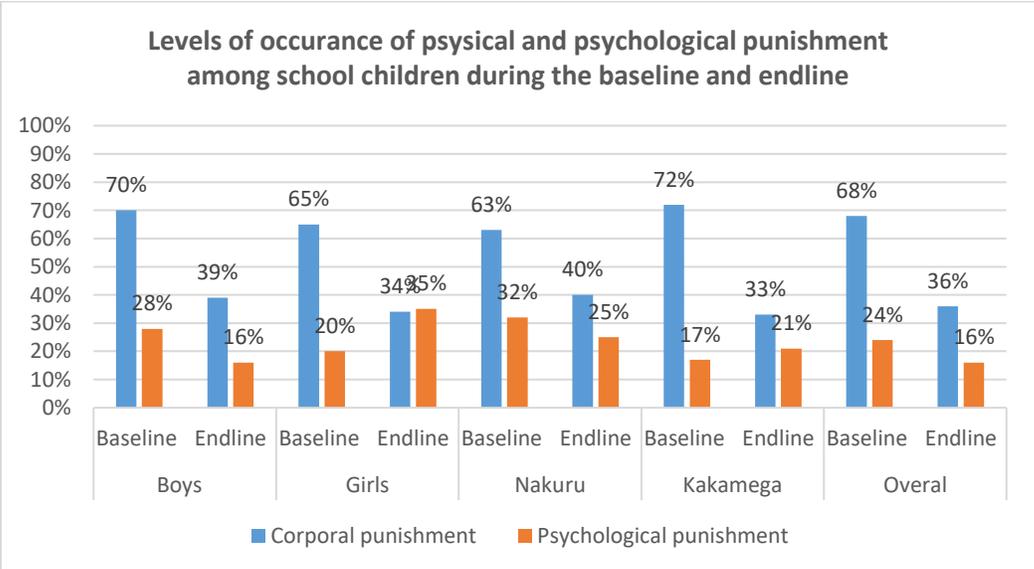


Figure 20: Level of occurrence of physical and psychological punishment among school children

Physical punishment

While we have improved at the end line, we clearly still have a big number of children who still suffer from physical violence as analysed below. At baseline, 68% of the children indicate that corporal punishment (caning, kneeling on the ground) was permitted in their school. While we had a big improvement, it is still worrying that 36% (39% were boys and 34% girls) of children still believed corporal punishment is permitted which points to fact that it is a normalized form of punishment in schools. County level data show more likelihood of physical violence in Nakuru at 40% compared to Kakamega 33%.

Psychological abuse

Overall, 16% (down from 24% at baseline) of the respondents indicate that they have experienced a teacher administering a humiliating punishment on them or on their peers in the school's current term. This is more in Nakuru at 25% compared to 21% in Kakamega County. It is also observed more by girls at 35% compared to boys 16%.

3.4.5. Level of physical, psychological, sexual abuse and violence experienced by girls and boys from community members, service providers and authorities

The survey measures the proportion of community members who adopt harmful behaviours towards children and practice physical, psychological, and sexual violence. Children were asked if they had been survivors of violence/abusive behaviours at home or in the community in the past three months; they had the possibility to answer Not at all, A bit or A lot. According to the statements below, figure 21 illustrates the percentage of children who affirm that violence occurs in their home and community.

1. **Physical violence:** Have your parents/guardians/community members administered corporal punishment on you during the last three months? (Answer YES)
2. **Psychological violence:** Have your parents/guardians/community members call you abusive names in the last three months? (Answer YES)
3. **Sexual violence:** Do you know any child in your community who has been sexually abused in the last three months? (Answer YES)

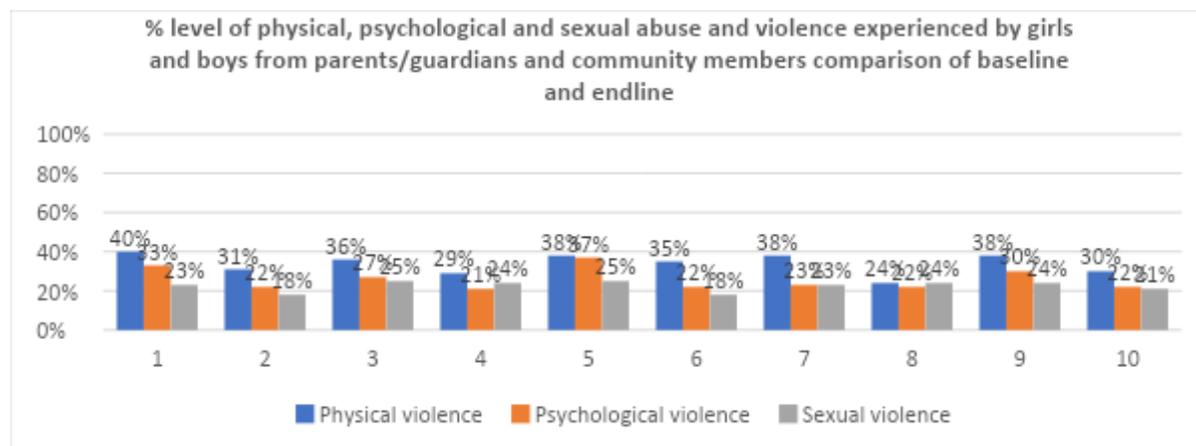


Figure 21: According to the statements asked, the level of physical, psychological and sexual abuse and violence experienced by girls and boys from parents/guardians and community members.

As to whether the parents/guardians/community members had administered corporal punishment in previous three months, 30% of children confirmed having undergone corporal punishment at end line compared to 38% at baseline. More violence had been administered in Nakuru at 35% and Kakamega at 24%. More boys (31%) had witnessed violence compared to girls (29%).

Psychological violence still ranks second at 22% showing a reduction from 30% reported at baseline. More boys (22%) compared to girls (21%) had experienced psychological abuse.

In addition, 21% of children confirmed having knowledge of a child who had sexually been violated (24% in Kakamega and 18% in Nakuru).

According to the statements below, figure 22 illustrates the percentage of children who affirm that child labour/discrimination occurs in their home and community.

1. **Child labour:** Are you been forced to work (selling at the market, working on the farm for many hours, etc.) to earn a living to support your family. (Answer YES)
2. **Child discrimination:** Have you seen in your community a child being discriminated because they are poor, taboo children, children living with disabilities, children born out of wedlock. (Answer YES)
3. **Equality:** In your family/ community do boys and girls have equal opportunities. (Answer NO)

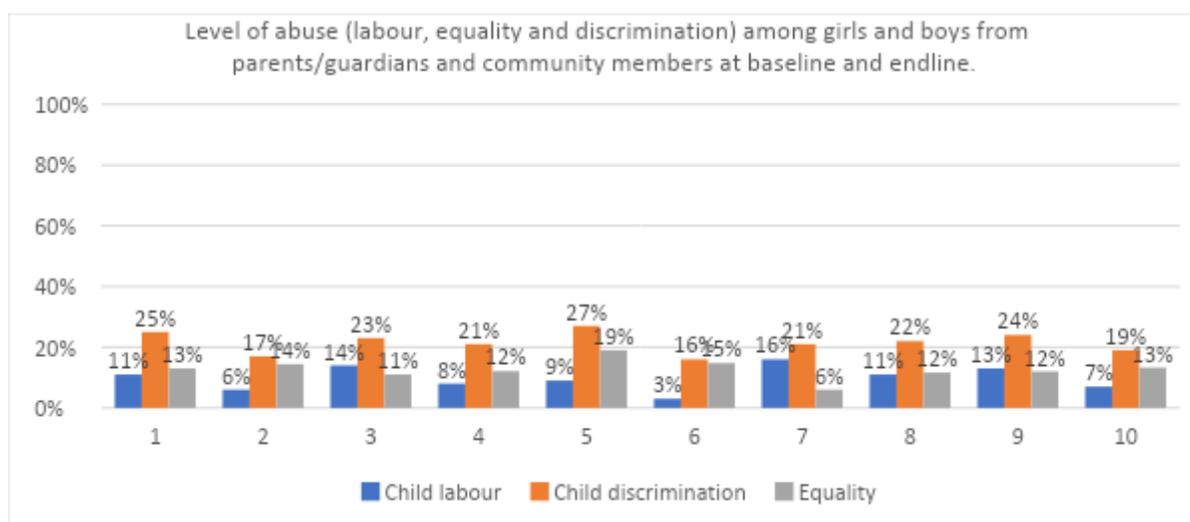


Figure 22: According to the statements asked, the level of abuse (labour, equality and discrimination) among girls and boys from parents/guardians and community members.

The survey sought to find the proportion of children in the community who undergo forced work, including but not limited to selling at the market, working on the farm for many hours, among others to support their families to earn a living. Child labour is still practiced at 7% (down from 13% reported at baseline). Kakamega county children experience more Child labour at 11% while Nakuru was at 3% with more girls experiencing at 8% compared to boys (6%).

Regarding Child discrimination, 19% (down from 24%) of respondents confirmed having experienced discrimination of children because of being poor, taboo children, children living with disabilities, children born out of wedlock in communities. More Kakamega participants had experience discrimination (22%) compared to Nakuru (16%).

The study also sought to establish the level of gender inequality in the target communities. Findings show an increase (13%) compared to baseline value of 12%. While less inequalities would be reported in Nakuru at 15%, Kakamega reported an increase in Kakamega at 12% from baseline of 6%.

3.4.6. Perception of the level of occurrence and acceptance of physical, psychological or sexual violence against children and adolescents in the targeted communities according to adults

The adult’s perception of harmful practices on discipline including physical violence in school and community with community members rating it at 20%, service providers (25%) and local authorities at 26%.



Figure 23: Percentage of community members, service providers and authority who believe that harmful practices on discipline, including physical violence still happen in school and community

Occurrence of gender discrimination and child labour were also confirmed by community members at 6% (down from 11%), service providers at 5% (down from 6%) and Authorities increased to 27% (up from 4% reported at baseline).

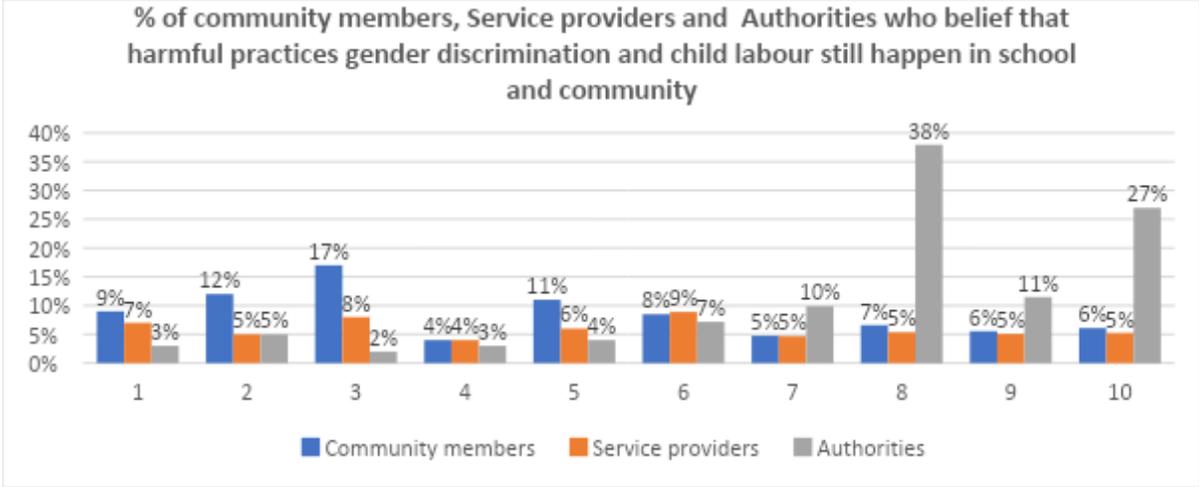


Figure 24: Percentage of community members, service providers, and Authorities who believe that harmful practices of gender discrimination and child labour still happen in school and community

SECTION 4: KNOWLEDGE GENERATIONS FROM LESSONS LEARNT AND BEST PRACTICES

4.1. Knowledge Generation

Knowledge Generation: has been defined as the knowledge generated being assets for the purpose of creating value and meeting tactical & strategic requirements. The below questions have been used to address this concern:

- a) What are the key lessons learned that can be shared with other practitioners and stakeholders working in child protection?
- b) Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects?
- c) What outstanding advocacy and implementation priorities still require action and commitment from Civil Society Organisations and county level stakeholders?

4.2. Key lessons learned and best practice

What are the key lessons learned that can be shared with other practitioners and stakeholders working in child protection?

The Key lessons learned include:

- a) **The School Talk Boxes** have won many hearts at their effectiveness in communicating the children's abusive cases and other social and economic issues that are not necessarily on rights. The CRC and Talk boxes committees are the strategies the project used to realise the children's participation.
- b) **The children-friendly rooms at the DCS and Health Facilities:** 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 children and teen mothers. The child-friendly environment encourages the children to feel wanted and easy to open up. The trained counsellor who understands children's approach technique was instrumental to the success of the project.
- c) **The Community Dialogue Leaders:** The investment done on the CDL as both community entry persons and champions of child's rights has created a dependable group of persons that can be used by other practitioners and stakeholders in CP matters
- d) **The SBCC strategies:** The community social behaviour changes have largely been influenced by the SBCC strategies. It's reported of improved parenting, swift responses by the community to report any abuse or exploitation and improved working relationship between the CP actors and community.
- e) **The LAAC, AAC and CCUC committees/Councils.** This community and service providers working committees have proved to lighten the coordination and management of cases. They have been positioned as among the best practices the project established. The fear of sustainability outside the financial support from the project remains real but any other stakeholders might wish to adapt or enhance them.
- f) **CPIMS:** Any computer aided system usually assists to get information easily and make decision making faster, the CPIMS which the project supported by training more CP

- actors and housed at DCS though not actively used will make case management easier and decisions making accurate when dealing with individual cases.
- g) **Spatial Database:** The database is a game changer in resource sharing and management. The SDB established by the project was highly talked of by the Safe houses and CCIs. It will assist by mapping more CP actors and ensure the information is accurate all the time.

4.3. Outstanding advocacy and implementation priorities

What outstanding advocacy and implementation priorities still require action and commitment from Civil Society Organisations and county-level stakeholders?

- a) The desire to harmonise the national and county child protection policies still needs to be championed by local actors.
- b) Budget allocation for child protection activities and establishment of a rescue centre where fronted as pending issues
- c) Domesticating other National laws to manage child labour, neglect other locally driven abuses need push by the Civil Society Organisations and county level stakeholders.

SECTION 5: CONCLUSION AND RECOMMENDATIONS

5.1. Conclusion

Globally, over one billion children experience violence every year, with devastating short term and long-term impact. While we have proven evidence-based solutions, lack of political commitment, ineffective implementation of legal framework and low financial investments have sustained violence against children in communities, schools and other institutions. The situation was worsened by Covid-19 which increased the risks across all countries. Pressure on government investments and donor communities clearly jeopardised the already limited investment in programs that would prevent violence against children.

While Kenya has made good progress in enacting policies which prohibits all forms of violence against children including prohibiting corporal punishment and enacting a new Children’s Act 2022. The harmful social norms, acceptance of violence and low level of knowledge among children, adolescents, communities, service providers and local authorities have for a long-time sustained violence against children in Kakamega and Nakuru counties.

The journey to attaining safe communities for children and adolescents in Kenya is on the right path from legal and behaviour change path. Evidence from this study confirms that law reforms alone cannot eliminate some forms of violence like use of corporal punishment and discrimination which are widely practiced. Evidence shows that improving community knowledge and challenging negative social norms are some of the most critical steps that must be taken to put prohibition into practice. We noted how children and communities accept some forms of violence which directly impacts their response and use of such forms of violence like physical abuse. In the long run, violence should no longer be seen as acceptable, and attitudes and behaviour across society shift towards positive, non-violent child rearing methods.

Child protection actors should scale up the already proven approaches and more importantly roll out positive discipline approaches as well as Parenting without violence. Harmful social norms, beliefs and acceptance of violence can only be countered by strengthening more non-violent forms of discipline.

5.2. Recommendation

The below recommendations have been based on the lessons learnt which could be considered for **Future similar projects** that are geared towards helping to improve knowledge gap and counter social norms. The evaluation findings confirmed significant improvement for all targeted groups (children, adolescents, community members, service providers and County authorities).

Lessons learnt	Recommendation
<p>a) OVI/Activities that didn’t realise their projected targets</p> <p>✓ OVI 2. % of reduction of girls and boys who have experienced physical punishment and/or psychological abuse from teachers in the last 12 months in the project target</p>	<ul style="list-style-type: none"> It’s observed the targets set of 80% scores for most of these indicators had not been achieved. This evaluation recommends future projects to set realistic targets and keeping in mind who are the determinants for the project to realise the set indicators. It’s observed some of the indicators

Lessons learnt	Recommendation
<p>areas (ref. SDG 16, target 16.2, indicator 16.2.1): Target 80% reduction</p> <ul style="list-style-type: none"> ✓ OVI 3.1: % Increase of cases of violence, abuse and exploitation against boys and girls (0-18 years) which have received quality services and clients declare to be satisfied with the service in the target sub-counties. (ref. SDG 16, target 16.6, indicator 16.6.2): Target 80% Increase ✓ OVI 4.2: % of CSOs, public officials and local authorities trained within the project who demonstrate to have increased knowledge / skills in advocacy on child protection. Target 80% increase ✓ 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 care givers in need of support, including assessment, counselling, tracing, reunification, reintegration, rescue, legal advice and aid, and coordinated referral to other service providers. Target over 50% 	<p>are being implemented with by the implementing agents but have factors beyond their immediate control.</p>
<p>b) The School Talk Boxes and Committees</p>	<ul style="list-style-type: none"> • The talk boxes concept besides identifying abuse cases has turned out to be an information tool, which needs to be expanded in its use. Some of the recommendations in terms of its usage include: <ul style="list-style-type: none"> ✓ 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 ✓ Helped in designing CP related awareness and training
<p>c) The Children-friendly rooms and environments (e.g. At the DCS and Health Facilities)</p>	<ul style="list-style-type: none"> • The creation of the children friendly environment was instrumental especially in assisting abused children and Teen Mothers. They need an environment where they could share their experience and cases freely without feeling they are not in the right place. It's therefore recommended such facilities to be well equipped with the necessary staff to address the three crucial services of health, education and social protection which the children need • Further recommendations for the teen mothers groups include: <ul style="list-style-type: none"> ✓ Have CP volunteers amongst them

Lessons learnt	Recommendation
	<ul style="list-style-type: none"> ✓ Focus on income-generating activities as the need to support themselves and children was highly talked about. ✓ 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 ✓ By enrolling them to counselling before forming the groups
<p>d) The Community Dialogue Leaders</p>	<ul style="list-style-type: none"> • The CDL are the agents of change and Child Protection ambassadors. Being the interface with the community, they contributed towards ensuring the right message reaches out to the target groups. Ensuring the CDL understand the project deliverables helps to address the high expectations which has been sighted by some of the community members interviewed. Majority expected the project to have a livelihood component to support the school feeding program and teen mothers to be given some financial support. • Its therefore recommended similar project wishing to engage CDL to ensure they understand the project and get the right message out.
<p>e) The SBCC strategies (Using Magnet Theatre, Radio Talk Shows, Declaration events)</p>	<ul style="list-style-type: none"> • The SBCC strategies that were deployed by the project were contributed immensely in behaviour change at the community levels. Its recommended future similar interventions to consider adopting the same strategies to pass information in the community. <ul style="list-style-type: none"> ✓ Magnet Theatre: An effective way of passing messages to the community as it dramatizes and questions the negative social norms ✓ Radio Talk Shows: The coverage area is wide; thus, more people get to hear the message ✓ Declaration Events: It's driven by the community's self-driven and inner conviction on negating a social norm before declaration. The process and time taken to ensure the community has been adequately sensitized being crucial before the declaration.
<p>The LAAC, AAC and CCUC committees/Councils</p>	<ul style="list-style-type: none"> • The case referral and management have been enhanced by the use of the coordinating committees. These committees have been praised for fast tracking cases and increasing implementation through collaboration and partnership.

Lessons learnt	Recommendation
	<ul style="list-style-type: none"> • Such collaboration helps in resources management and improves CP actors to know what the other is doing hence reducing duplication of roles. • It's therefore recommended these committees to be maintained and encouraged to operate
CPIMS and SDB	<ul style="list-style-type: none"> • The proof of concept for CPIMS and SDB systems has been proved through the project both by training CP actors on CPIMS and rolling out of the SDB. • It's recommended to have the CPIMS embrace more players and be more actively used. • SDB to embrace more counties and have other options of service providers come on board. • 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
Policies and Advocacy	<ul style="list-style-type: none"> • Domesticating of national laws and policies will give room for advocacy issues under Child Neglect and Exploitation. • The project trained CSOs and county authorities as they established a child protection advocacy network. This network needs more support to create more space for play for CP actors. They need to push for more budget into the child protection and have more visibility among policy makers and implementers.

Specific recommendation:

Advocacy interventions can be improved further by:

- Enhancing advocacy skills among County authorities. Findings revealed glaring gaps in actor's knowledge on existing policy framework, their role in County budget process and more specifically Public participation aspect.
- Advocating for an increase in funded social welfare officers and resourcing case management committees at sub county level. Establishment and training of case management committees bringing together all key actors would ensure effective management of all reported cases. The case management committee should include the education department, children services department, police, probation office, judiciary representative, prosecutor among other key services for better support.

Address use of **corporal punishment** and use of humiliated forms of punishment by:

- Working with Ministry of education and local authorities to counter use of Corporal punishment and other forms of humiliating forms of discipline in schools. While this was reduced, a substantial number of children and adults still thought it was acceptable and did not know it was illegal.

- In order to improve communities and children knowledge on use of corporal punishment, CP actors can work with the ministry to design IEC materials including how this can be reported. Concrete examples of the effectiveness of such alternative disciplinary measures should be promoted by champions of change and community leaders.
- Integrate more evidence-based approaches to address negative discipline. For example, parenting without violence (PwV) training for parents would equip them so that they have greater capacity to reduce reliance on non-physical abuse (emotional, verbal, and psychological).
- Implementing positive discipline and PwV approaches should take into account cultural, gender and societal norms which may make it harder for caregivers to apply, talk about or recommend these approaches to families.

Implement strategies which work in contextually-sensitive ways to counter attitudes and practices which may make it harder for boys (and men) to communicate experiences of violence or vulnerability.

Promote awareness about the negative effects of what may be regarded by parents as “milder” forms of physical and emotional punishment, including smacks on the bottom, and shouting at children,

Assess the degree to which abuse cases are reported, and explore barriers/obstacles that cause cases to go unreported. Ensure that this learning informs future case management or alternative care projects.

ANNEXES

Annex 1: Field Photos



Teen Mothers FGD



School Children