IMPACT EVALUATION REPORT (2016-2022)

Selected Area Programmes, Ilaramatak in Narok, Orwa in West Pokot and Lokis in Baringo - World Vision Kenya

CHILD PROTECTION PROGRAMME

World Vision Kenya

February 2023

Acknowledgements: Our sincere thanks to all those who took part in the research and gave their time and insights to contribute to these findings.

"In our school [Kolowa secondary], we have anti-FGM clubs where both boys and girls are taught and discuss the negative effects of the practice in the community…in fact, boys have come to appreciate girls who show no interest in undergoing FGM" (Stakeholder forum, Lokis, 2023).

Disclaimer

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ABBREVIATIONS

AACs	Area Advisory Council
AGD	Age, Gender and Diversity
AP	Area Programme
CBIM	Coaching Boys into Men
CBOs	Community Based Organizations
CEDAW	Coalition for Elimination of all forms of Discrimination Against Women
CHATs	Congregational Hope Action Teams
COVID-19	Corona Virus Disease of 2019
CP & A	Child Protection Approach
CP	Child Protection
CPA	Child Protection and Advocacy
CPP TP	Child Protection and Participation Technical Programme
D2D	Dare to Discover
ECM	Early Child Marriage
EWW	Empowered World View
FBOs	Faith Based Organizations
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
GESI	Gender Equality and Social Inclusion
GOK	Government of Kenya
KII	Key Informant Interview
M & E	Monitoring and Evaluation
MS	Microsoft
NCCS	National Council of Children Services
ODK	Open Data Kit
OECD-DAC	Organization for Economic Co-operation and Development's Development Assistance Committee
PDOs	Persons with Disability Organizations
PPE	Probability Proportional of Size
TOC	Theory of Change
TOR	Teams of Reference
UNCRC	United Nations Convention on the Rights of the Child
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UoN	University of Nairobi
VAC	Violence Against Children
VCO	Voluntary Children Officer's
WHO	World Health Organization
WV	World Vision
WVG	World Vision German
WVK	World Vision Kenya

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1.0 ACKNOWLEDGEMENT

This impact evaluation report has been made possible with valuable support and inputs from World Vision Kenya and World Vision Germany, and especially of Alex Kariuki (Technical Manager Child Protection Participation and Safeguarding), Paul Titomet (M&E Specialist/Planning Monitoring & IS Coordinator), Naemi Heimerdinger, Stefan Sengstmann, Gabriela Degen and Vaclav Prusa (Technical Advisor Design Monitoring & Evaluation) and other technical staff who engaged with the researchers from inception to report writing stages. Without their commitment and support, this report would not have been produced.

We would also like to express our appreciations and acknowledge the enthusiasm, support, and openness of World Vision staff in the three programme locations of Ilaramatak in Narok, Orwa in West Pokot and Lokis in Baringo, Kenya and the Child Protection stakeholders from those three counties whom the Research Team talked to during data collection. Thank you, National and County Government officials, NGO and CBO representatives, parents, children, teachers, religious leaders, and the Police Units. Without giving the required information, this report could not have been produced. Appreciation also goes to the members of the local communities who participated in this study.

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2.0 EXECUTIVE SUMMARY

Introduction

This impact evaluation for child protection programme in Kenya was commissioned by World Vision Kenya and World Vision Germany in 2022**.** The goal of the evaluation was to contribute to organizational learning in the area of child protection by assessing World Vision's child protection activities in selected programmes and selected locations in Kenya between 2016 and 2022. The Kenya case study adds to the fourth impact evaluation that World Vision Germany is conducting. The review will also be applied to future Country Programming in Kenya and, where appropriate, to World Vision Field Offices and other partners.

Within the context of the thematic focus on child protection, the scope of the impact evaluation assessed the OECD/DAC criteria, generated systematic lessons learned and assessed the extent to which the projects integrated gender equality and social inclusion principles. The projects in selected three areas and their background documentation were extensively studied to examine the design, planning and the implementation of selected projects within the observed period 2016-2022. All those directly participating and impacted by the child protection programme were targeted in the study, namely adolescents aged 13-17 years and their parents and/or caregivers. Program implementers and their partners, formal and non-formal, were also reached in the evaluation process. A range of stakeholders have been reached including national and local government officials, faith leaders, community leaders, NGOs, and other implementing partners of World Vision Kenya.

Methodology

The study used a mixed-method, OECD-DAC criteria-based methodology for the Country Programme (CP) of World Vision Kenya. The WV pathway of change was used as the basis for a specific Theory of Change (ToC) which has been used as the background for the evaluation design. Based on actual implementation of activities and focus on child protection with the focus on Female Genital Mutilation (FGM) and child marriage, specific ToC was constructed as a foundation for the creation of indicators and an analytical framework for evaluation design. Data were gathered in the three study locations via a desk review, survey, focus group discussions, stakeholder consultative forums, and key informant interviews. The limited compatibility of baseline data from 2016 and end-term evaluation from 2020 with impact evaluation indicators from 2023 study is a drawback by making comparison of indicator values across the three time points possible only in limited instances. Specific Theory of Change and indicators for the programme were developed specifically for this evaluation as pointers at the time of impact evaluation.

Key evaluation findings

The evaluation findings showed that the CP programme has made some important impacts in the target communities. Top among impact level changes contributed to by the programme include a reduction in FGM and early child marriage practices across the three programme locations. According to survey results, 86% of parents and caregivers felt that FGM and early child marriage had reduced while 54% of the adolescents (boys and girls) aged 13-17 years reported that they are safe from child rights violations. Out of the three programme locations, Orwa in West Pokot was leading with 96% male and 97% female parents/caregivers expressing that FGM and early child marriage has reduced followed by Lokis in Baringo (84% male and 87% female) and lastly Ilaramatak in Narok (48% male and 45% female). These indicators are above the national average in Kenya. Findings also indicated that there was an improved safe environment for children as 65% the adolescents (55% female and 53% male) said that their communities are safe from FGM and early child marriage. Despite the gradual reduction in these practices, sustained campaigns against these cultural practices resulted in some unintended consequences. These include cutting the girls when they are too young to resist and sending the girls away to their distant relatives where they are subjected to FGM before they return home. Evaluation results also indicated that the CP programme through child rights awareness campaigns and life skills training enhanced empowerment for girls as it has given them courage, confidence, and voice to challenge the cultural norms hence child-parents relationship at family level has been altered for the better. Improved policy and regulatory environment were also realized as the programme worked with other actors at county level to develop anti FGM and gender laws and policies.

In terms of sustainability, the evaluation established that the knowledge acquired by parents and children on child rights will continue to play a big role in sustaining efforts to eradicate the retrogressive cultural practices. A critical mass of agents and advocates have been trained in the programme and these will continue advocating against FGM

and early marriages at community level. Further boosting sustainability of the interventions are the laws that have been formulated at county and national level such as the Prohibition of Female Genital Mutilation Act 2011 which will continue to guide actors and law enforcement authorities as they strive to eliminate FGM and early child marriages.

Conclusion

We conclude that Channel of Hope was successfully adapted and put into practice in the three programme areas. In particular, religious leaders and church platforms played a significant role in inspiring Christian-based values that anchored the need to stop harmful customs like female genital mutilation and early marriage, while also promoting equality for boys and girls in the community. Religion plays a significant socialization role in the target areas, and parents and children both embraced the church as a channel for intervention. In a similar way, the life skills model has proven to be so pertinent to children's needs that it has improved children's self-esteem, given adolescents more agency to organize into collectives against FGM and early marriages, and called on duty-bearers with responsibility for child protection to be held accountable. This model has not only resulted in active citizenship and the children's voices as capable decision-makers, but it has also given both boys and girls the opportunity to acquire lifelong skills.

The CP&A has made sure that the needs of both children and parents are met within the parameters of intervention design by adopting a participatory approach that engages with the formal, community, and religious leaders as well as working through non-formal structures like community-based child protection committees. In keeping with this idea, the alliance formed by the aforementioned actors working together anchors efficiency by ensuring that mobilization, awareness-raising, and the delivery of CP activities are carried out in a more efficient manner. From the perspective of coherence, the deeper collaboration has made sure that the program design and activities are implemented and shared ownership achieved. Through the sharing of best practices, cooperating agencies have strengthened their roles in CP. For example, the police have become more proactive in spotting and responding to child abuse cases, and the adolescents, through their collectives, raise awareness of abuses while also bridging the reporting gaps to appropriate authorities. Similar to how schools have increased discussions on children's rights, fair treatment of children, and mentoring of females, the health sector has increased clinical responses to rape cases and the supply of medico-legal evidence.

The CP & A has been successful in establishing and bolstering informal CP systems, such as the child protection committee. It has also established a functional system for reporting and receiving feedback on child abuse that connects various actors within the program areas, elevated children's agency, and voice through groups like clubs, and triggered discussions about gender equality among teenagers via school platforms and parents/caregivers via religious institutions and community awareness-raising forums. With the tools and identification forms capturing information such as gender, age, and disability beyond the socioeconomic evaluation of children to be enrolled for help in the WVK programme, gender equality and inclusion have remained a central theme of the programming. The inclusion practices of WVK would be strengthened if they were expanded to include focused interventions for kids with disabilities instead of just meeting their general needs, as well as the creation of instruments to track and record the results of such interventions.

Recommendations

Embracing the cultural corpus of the community in program interventions: Given that WVK has gained traction with the community and deepened partnership through use of local structures, it might consider embracing Alternative Rights of Passage (ARP) that would ensure girls graduate into womanhood without necessarily going through FGM initiation. Such ceremonies should be graced and receive blessings from community elders and young men as part of inspiring the social norms transformation.

Adopt a twin-track approach in targeting children with disabilities in child protection. The current approach is deemed inclusive due to its emphasis on the most vulnerable children, including those with disabilities which are reflected in the tools and checklists for data collection. To be twin-tracked, targeted programs for children with disabilities should be developed to address their unique needs and vulnerabilities.

Strengthen the civil society organisations on their technical monitoring and evaluation fronts to hold the County Government accountable for implementing plans that benefit children and ensure the children’s safety within the project areas.

Continuously engage parents and religious leaders as strategic partners to sustain gains already made on social norms transformation. The program needs to be packaged as protecting the future of the children to deepen community ownership of the same.

3.0 INTRODUCTION

3.1 Child Protection Situation in Kenya

Globally, children's rights are fundamental human rights, and every child should be able to access them without limitation**.** The rights of children include the right to protection for children and adolescents from violence, exploitation, and abuse, as well as harmful cultural practices. In addition, children need to access prevention, care, support, and justice services required for their physical, mental, and social well-being. Many children throughout the world are still victims of abuse and exploitation at home, schools, or in their neighborhoods and in institutions that are intended to safeguard them. Kinuthia & Komen (2021) found that threats to children's rights to protection remain increased while facilities to handle those threats remain limited and nations continue to face the social and economic consequences of the problem. Child protection is a multi-sectoral and multi-disciplinary endeavor, and it is undoubtedly complicated, involving several actors. To deal with the numerous reasons and safeguard all children, there is an urgent need for leadership and collaboration among stakeholders to encourage and reinforce the coordinated functioning of the multiple elements of child protection avenues, both at international, national and local levels (Shumba, et al., 2020).

In Kenya, the rights of children are fundamental to the development agenda. In essence, addressing child protection issues in Kenya is everyone's responsibility, including national and regional governments, civil society organizations, communities, families, and children. The United Nations Convention on the Rights of the Child (1989), together with other national laws and human rights, seeks to protect children against all forms of abuse and promote their welfare. Most of the laws, treaties and conventions recognize the vulnerability of children to various forms of neglect, abuse, violence, and exploitation. They thus seek to put in place preventive and responsive mechanisms of policy and legal nature.

The Government of Kenya[1] has over the years developed a strong legal and policy framework to protect children. The 2010 Constitution of Kenya (Article 53) recognizes the right of all children to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhumane treatment and punishment, and hazardous or exploitative labour (Kenya Constitution , 2010). In the recently enacted Children's Rights act (2022)[2], the government of Kenya has put in place safeguards to ensure the realization of the rights of children; the survival and development of all children; recognition of every child's right to a name and nationality for their identity; and that the best interests of every child are prioritized in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies (Kenya Law Reform Commission, n.d).

Kenya is among the states that have ratified the United Nations Convention on the Rights of the Child (UNCRC) and have undertaken to pursue policies aimed at the progressive realization of those rights. Despite global and national recognition of children's rights, Kenya still faces many challenges such as poverty, limited access to drinking water, access to healthcare, violence against children, child marriage and female genital mutilation (FGM). Around one in two young adults in Kenya experienced violence as a child, according to the 2019 Violence Against Children (VAC) Survey (UNICEF, 2019). This found that 49% of 18 to 24-year-olds faced at least one type of violence – physical, emotional, or sexual – during their childhood. Access to safe drinking water in Kenya is 59% but basic sanitation is just 29%.

World Vision Kenya and partners acknowledge persistently high levels of violence against children. The Child Protection, and Participation Technical Programme Design, FY 2021-2025 (2020) states that some counties and some communities have higher levels of child violence than others. Girls remain the most vulnerable. For instance, on child pregnancy, Narok County stands at 40%, Homa Bay 33%, West Pokot 29%. On child marriage, prevalence of girls married before 18 years stands at 28% in Kajiado Central, 58% in Habaswein. Among boys, approximately 30% of boys aged 20–24 got married before reaching the age of 18 with Kajiado Central at 3%, and Laisamis at 38%.

[1] Constitution-of-Kenya-2010-min.pdf (kdc.go.ke)
[2] (judiciary.go.ke)

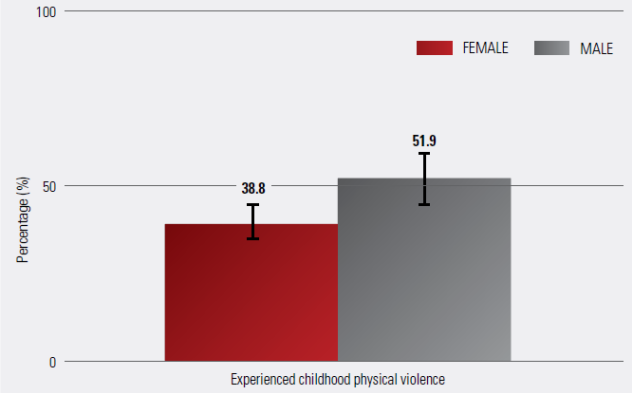


Figure 1: Prevalence of Physical Violence prior to Age 18, among 18–24-year-old, source: UNICEF/ VACS 2019, p.38

Kenya like many countries around the world is grappling with the COVID-19 pandemic, including the strategies necessary to contain it. The social isolation resultant of the pandemics is beginning to emerge, with the urgency to find a 'new normal' that mitigates them. While children have not suffered as much from the direct effects of COVID-19 infection as older adults, a growing body of evidence suggests that their health and welfare are being adversely affected. For children, social isolation was marked by the abrupt and extended closure of schools but has a far broader impact than the diminution of educational opportunities. In 2020, school closures in Kenya interrupted learning for over 17 million children, who missed six to nine months of formal education. They also faced increased risks of violence, child labour and child marriage, and to their mental well-being (UNICEF, 2020). The reopening of schools came as a necessary mitigation measure though with challenges around the extended academic years, limited breaks, and unfinished curriculum that learners and students have to recover within their academic progress timeliness.

Focus on FGM and child marriage in Kenya

Child marriage

In Kenya, marriage is illegal before the age of 18. However, child marriage is in practice accepted and recognized in many communities. According to the last available Situation analysis of Children and Women in Kenya, the national average of child marriage prevalence has reduced slightly, from 26.4% of 20-24-year-old females married by the age of 18 (2008/9) to 22.9% in 2014. Prevalence is highest in northern Kenya (56%), and the coast (41%). However, there is growing evidence that the Covid 19 pandemic and the protracted school closures in Kenya have forced many young women and girls into forced and child marriage (UNICEF, 2023).

The causes of child marriage include social economic factors, such as poverty, low education, and the treatment of girls as economic assets (UNICEF, 2017). In parts of East Africa, the number of children affected by the severe drought has increased by more than 40% in the first two months of 2022. Child marriage continues to be adversely influenced by cultural and social norms, such as intergenerational sex between young women and older men, poverty and gender-based violence (IOM, 2017). Common reasons for practicing child marriage include personal choice of girls themselves, better bride price, existing poverty and hardship, traditional requirements, social pressure ("other girls are doing it"), and pressure from the father.

According to the Kenya Demographic and Health Survey (2014) child marriage in Kenya occurs relatively early. Among women aged 25–49, 29% were married by age 18 and 9% were married by age15, while among women aged 20–49, 7% were married by age 15, while 27% were married by age 18. Of the girls and women aged 15–19, approximately 2% were married by age 15. Thus, the 2014 prevalence rate of child marriage in Kenya was approximately 23 per cent (KDH, 2014).

Female Genital Mutilation in Kenya

Female genital mutilation (FGM), also known as female circumcision, is defined as any procedure that involves partial or total removal of the external genitalia and/or injury to the female genital organs. FGM is widely

recognized as a violation of human rights and is deeply rooted in beliefs and perceptions over generations. It is estimated that about 9.3 million girls and women have undergone FGM as of 2019 (MPC, 2019).

The proportion of women undergoing FGM in Kenya has been in steady decline. However, 15% of women as of 2022 aged between 15-49 suffered from FGM. Since 2014, the percentage of circumcised women who were cut and had flesh removed declined from 87% to 70%, while the percentage of circumcised women sewn closed increased from 9% to 12%. The prevalence of FGM generally increases with age; 9% of women aged 15–19 have been circumcised, compared with 23% of women aged 45–49 (KDHS, 2022).

Background characteristic	Percentage of women circumcised	Number of women	Type of circumcision				Total
			Cut, no flesh removed	Cut, flesh removed	Sewn closed	Don't know	
Age							
15–19	9.1	3,125	11.9	67.3	12.6	8.1	100.0
20–24	9.9	3,063	13.9	63.3	13.0	9.9	100.0
25–29	13.2	2,916	12.0	69.5	12.0	6.4	100.0
30–34	16.1	2,364	11.3	69.8	12.7	6.2	100.0
35–39	18.7	2,288	12.3	70.1	11.6	6.0	100.0
40–44	23.8	1,615	11.1	72.9	10.9	5.1	100.0
45–49	23.1	1,346	10.9	76.6	7.9	4.5	100.0

Table 1 Prevalence of female circumcision, source: KDHS 2022

The 2010 Constitution of Kenya protects children and women from abuse, harmful cultural practices, and all forms of violence. The Government of Kenya has enacted legislation prohibiting FGM, including the Prohibition of Female Genital Mutilation Act, 2011[3] and the Children's Act, 2022[4]. Kenya has also been implementing the National Policy for the Eradication of Female Genital Mutilation (2019).[5]

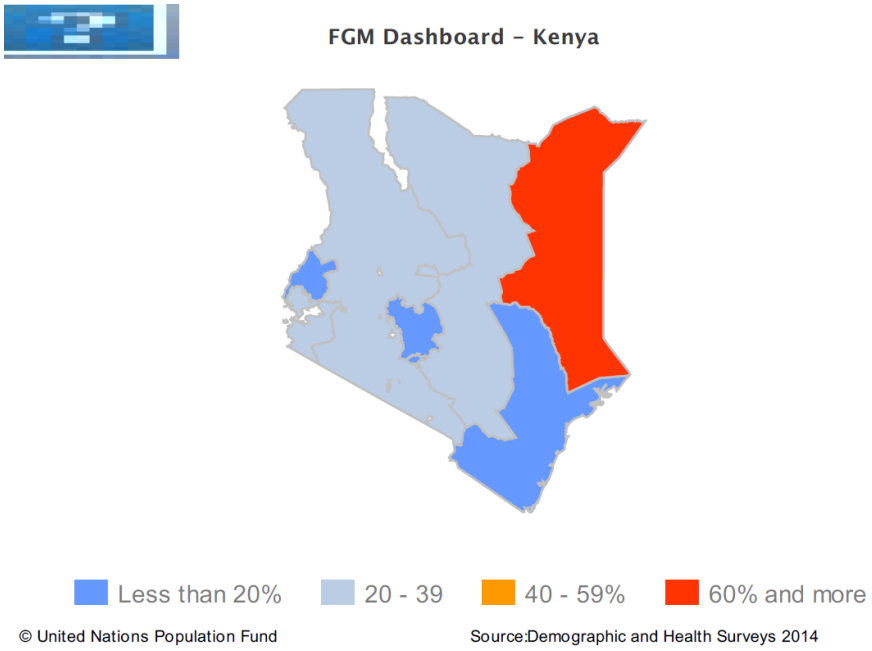


Figure 2 Prevalence of FGM in Kenya, source: UNFPA 2015

Reasons for performing FGM vary depending on community. FGM is perpetuated for family pride, prestige, community acceptance or marriageability. Rejecting FGM has within communities social, cultural,

[3] Microsoft Word - Paged_Prohibition of Female Genital Mutilation Act_No. 32 of 2011_.doc (kenyalaw.org)
[4] ChildrenAct29of2022.pdf (kenyalaw.org)
[5] NATIONAL POLICY FOR THE ERADICATION OF FEMALE GENITAL MUTILATION (gender.go.ke)

economic, and political consequences including stigmatization and discrimination. In Kenya, FGM is also considered a cultural identifier among the practicing communities distinguishing their daughters from neighboring communities who do not circumcise girls and women. The cutting of girls still remains a norm in some communities so that there is acceptance and support for the practice, especially in economically and culturally secluded habitats.

3.2 World Vision Kenya Child Protection Programme Description

In Kenya, child protection programs have come to embrace the existing policy and legal platforms put in place to promote child welfare and remove the vulnerabilities that children face. Although children, across all groups, are at risk of abuse- violence and exploitation there are notable differences based on contexts and other considerations. Geographical location, gender, and education status including education, and migrant and family status substantially influence vulnerability to abuse, violence and exploitation.

Nationally, persons under the age of 18 constitute more than 50% of the Kenyan population (KNBS, 2023). Like elsewhere in the developing world, the rationale for Child Protection programs is founded on the risk of abuse that children are exposed to. There are notable differences in the prevalence and incidence of violation of children's rights in Kenya according to the form of abuse, gender, and geographical location. Key issues at the center of child protection include prevention and response to early child marriages, female genital mutilation, poor access to early childhood education, and child labor.

In responding to child protection issues in Kenya, World Vision Kenya (WVK) launched intervention programmes in selected counties with a high prevalence of child rights violations. WVK has as of 2023 been active in 37 counties with 212 active projects across Kenya. In 2021, the total number of direct beneficiaries reached 2,814,780 people. 1,208,849 children benefited from the projects together with 1,605,931 adults. In terms of allocated budgets for the last available financial year 2021-2022, 65,556,527 USD were invested (WVK, 2022). In 2022, most projects had a thematic focus on water and sanitation (27 million USD) and livelihoods (30 million USD). Child protection comes fourth with 18 million USD after Covid-19 response (17 million USD, FY22)[6].

Progress Results	2021
Number of children aged 12-18 years that participated in community meetings	40,250
Number of children participating in decision making	27,536
Proportion of local child protection groups with a shared plan	3,782
Proportion of children or adolescents that have completed a life skills curriculum training (9 months or longer)	2,314
Number of children supported with child protection programming	69,420
Number of faith leaders participating in programming that contributes to improving child well-being	1,406
Proportion of trained community members who know how to respond to child protection incidents	2,886
Number of communities with a functioning reporting and referral system in place	543
Number of frontline actors reached/trained on child protection programming	3,368
Number of partners, coalitions, champions or key influencers working with the Citizen, Voice and Action (CVA) Working Group to collectively pressure local and higher levels of government on child protection	724
Number of Children and Youth (CAY) who meaningfully participate in actions that support ending violence against children, by sex and age	4,434
Number of participants that attended World Vision's Celebrating Families model workshops (by sex, parents/caregivers, faith leaders). The course seeks to ensure that families, especially the most vulnerable ones, enjoy positive and loving relationships and are able to have hope and vision for the future.	5,377
Number of parents trained in courses/workshops that tackle positive discipline	3,981

Table 2 Key Child Protection Performance Indicators, source: Kenya Annual Report 2021, p.14

Across the WV implementation localities, more than 40 thousand of children participated in community meetings in 2021. Almost 70 thousand of children were supported in child protection programming. There has been a mass involvement of faith leaders through the WV core implementing models. 1,406 participated in 2021 in programming that contributes to the improving of child being at various levels. The biggest country donor to World Vision Kenya

[6] Source: WVK, financial data 2022-2023

has been the United States with 24% annual funding totaling over 16 million USD in 2021. World Vision Germany channeled support of over 7million USD or over 9% of the annual budget in 2021 (WVK, 2022). From the analysis of the last available financial report 2020-2021, child protection and participation programming ranks in terms of budget allocation behind Disaster Management, WASH and Sponsorship and Programme Management with 14% of allocated budget.

Funding by Sector

Sector	Approved Commitment	Percentage %
Child Protection and Participation	9,206,786	14.0
Disaster Management	25,387,851	38.7
Education and Household Resilience	7,829,703	11.9
Sponsorship and Programme Management	10,238,773	15.6
Water, Sanitation & Hygiene (WASH) and Health	12,893,414	19.7
Sub-total	**65,556,527**	**100.0**

Table 3 WV Kenya Allocated Budget 2021, source: WVK Annual Report 2021

Child protection is an integral element in AP implementation disregarding thematic or sectoral focus. Some APs address more specifically child protection whereas others aim at tackling root cause of the lack of child protection such as livelihoods support, disaster risk management, etc. The current FY 2021-2025 Community Engagement and Sponsorship Plan (CESP) enhances the capacity of children and communities to identify and report cases of abuse, as well as build protective assets for children. Within the APs, this is done through strengthening of existing structures such as the Area Advisory Council (AACs), the Child Protection and Advocacy (CPA) committees, Faith Based Organizations (FBOs) as well as other community committees. This organization aims to improve the collaboration and reporting mechanisms of child protection structures. WVK promotes child friendly structures to encourage girls and boys to utilize available reporting and referral systems. These include children clubs, children's groups, and child friendly desks. The active child participation and voice, and community led care, and protection is implemented by all APs (WVK, 2021).

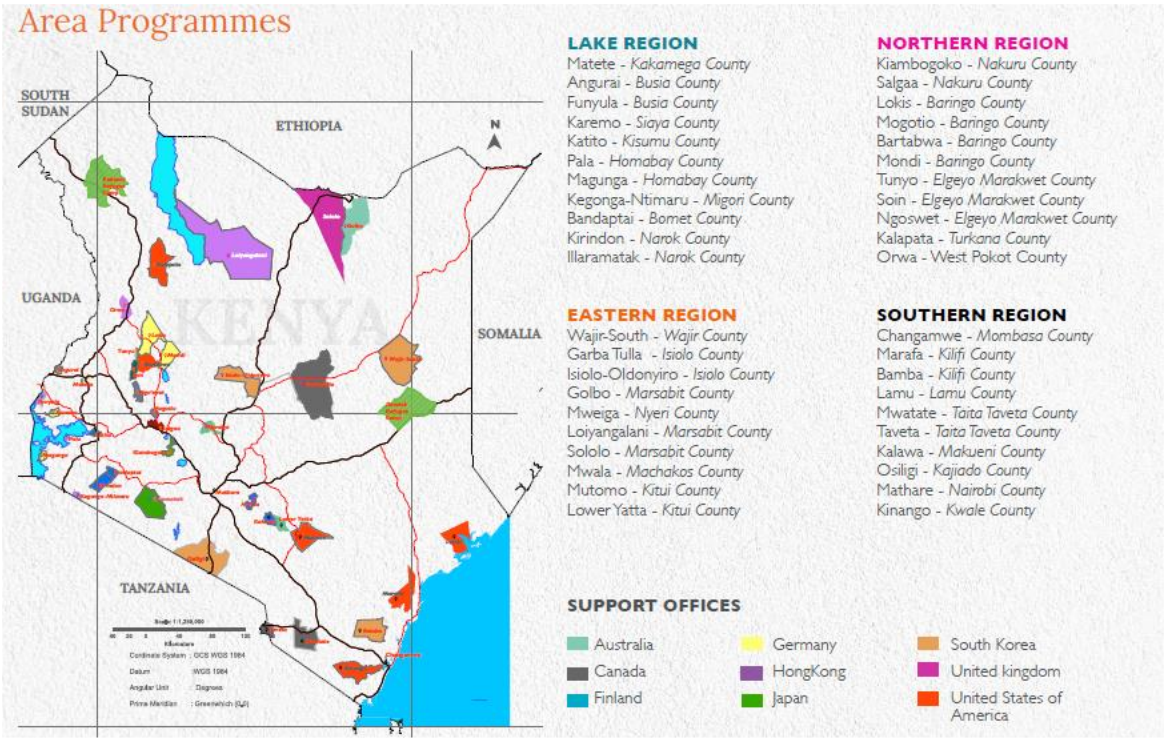


Figure 3 World Vision Kenya, Area Programmes, Support Offices, source: World Vision Kenya 2021 Annual Report, p.8

This impact evaluation focuses specifically on three selected Area Programmes (APs). Ilaramatak Area Program in Narok County, Orwa Area Programme in West Pokot and Lokis Area Programme in Baringo County are some of the programme locations that benefitted from multi-year child protection interventions from 2016 to 2022. In these locations, salient child protection issues include lack of birth registration, child labour, FGM and early pregnancies and early marriages which also affect the education of the children, especially girls and child neglect, especially for persons living with disabilities. Illiteracy, moranism, poor parenting skills, drug and substance abuse, lack of employable skills, unemployment, prostitution, school drop-out and marginalization of women in decision-making processes are also to blame. Finally, conflicts, the negative influence of social media and poverty also account for most of the child rights abuses in the three programme locations.

World Vision Kenya has positioned itself as a partner in the development process and this has given it impetus and attracted cooperation from a diversity of stakeholders in its areas of operation. Since 2016, the three locations have spent a total budget of USD 1,397,110 across the Orwa Area, Ilaramatak Area and Lokis Area within the scope of this evaluation.

Orwa Arae Programme Context: Geographic location, infrastructure, physical, social, economic, and political characteristics

Orwa Area Program is located about 570 Km Northwest of Nairobi through the Nairobi Eldoret Kitale-Lodwar road. The program is in Sook and Sigor Divisions of West Pokot and Pokot Central sub-counties. It covers three locations namely Endough location of Sook Division, Sekerr and Parkoyo Locations of Sigor Division. The program covers an area of 634 sq. km, with steep and rugged terrain being the big part of this area and with a small part being a rolling semi-arid plain. The nearest international Airport is Eldoret, which is about 230 Km away. Regular morning and evening passenger flights are available from Eldoret to Nairobi. The Turkwel Gorge hydropower project is within the programme area. The highest point in the region that is Mtelo hill is also within the programme area.

As of 2020, the program area had a population of approximately 41,225 persons with an annual growth rate of 3.1%. The sub-county of West Pokot in which the AP is located has much higher poverty and deprivation rates than the national average. In 2020, 8 out of 10 women suffered deprivation in education and 9 out of 10 women suffered deprivation of adequate housing. Around 42% of children suffer in the area of multidimensional poverty and 29% suffer from monetary poverty. Children in West Pokot are deprived 4.9 out of 7 basic needs and services examined, which is much above the national average (KNBS/ KIHBS, 2020).

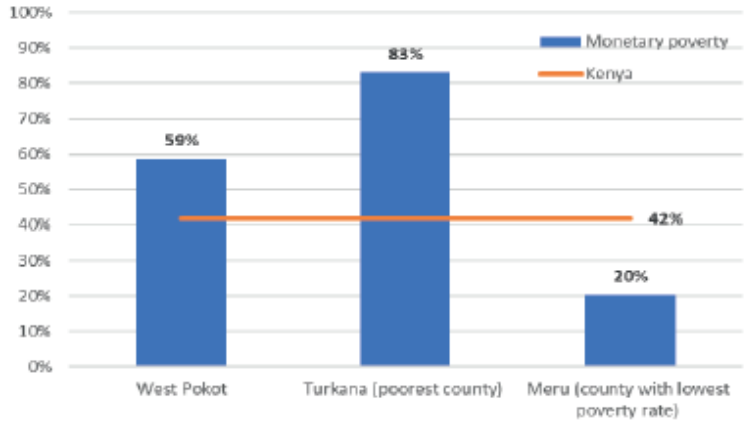


Figure 4 Monetary Poverty, Children under 18 years, West Pokot, Orwa AP, source: KNBS/KIHBS/ 2020-024

In terms of social dynamics, the community is socially cohesive with over 75% of it depending on pastoralism as a mainstay. They put a lot of emphasis on livestock numbers rather than the quality of the livestock, whereas 25% depend on agro-pastoralism. Women and girls are subjected to harmful traditional practices such as FGM and child marriage, besides being marginalized in decision-making and planning processes at the family and community levels.

To a large extent women are the beasts of burden in the home and in the community but own nothing as women are regarded as the property of their husbands. There are several traditional beliefs and practices revolving around Pastoralism such as cattle rustling, FGM, early and forced marriages and Traditional festivities such as sapana and edong'a dances and Moranism.

WVK has been implementing the Orwa Area Programme since 2007. It has been focusing on local value chains, emergency relief, WASH activities and child protection. Currently, the analysis of the Orwa AP shows that within the scope of child protection schemes the AP is implementing a two-pronged development program planed until 2024. The program focuses on the *Community Engagement and Sponsorship program (CESP)* to empower the community in terms of education, the program will run scholarship programs to reduce drop-out rates. The AP also implements the *Child Learning and Household Resilience* programme which seeks to support the child learning and household resilience to improve protection, access and quality through infrastructure improvement, awareness creation to the community amidst advocacy interventions in partnership with the Judiciary arm of Government and other partners (WV Kenya, AP Baseline Report, 2021). Improved value chains of different livestock and food crops as well as adoption of diverse nutrition options at household levels, are some of the interventions towards improved wellbeing of not only children, but also their families.

General Population (Tsds)			**AP Target Groups**			**Implementation Period**	**Goal (2022**
Impact Area Population	**Children**	**Adults**	**Direct Participants**	**Children**	**Adults**		
41	32	9.481	36	27	8.796	01.10.2007-30.09.2023	A stable community that sustains the well-being of 14,847 children within their families

Table 4 Orwa AP, Source: WVK, WV 2022

The WVK technical evaluation conducted in 2020 revealed that FGM and child marriage are the consequences of the lack of capital or resources, knowledge, job opportunities and role models in the community. Peer pressure, drug abuse, retrogressive cultural practices like FGM and early marriage also contribute to youth not thriving well. The results further indicate that early marriage has negative effect on ranking on the ladder of life addressed in AP programming. The evaluation revealed that 90% of children in early marriages are not thriving on the ladder of life. This is equally true of girls who have never been married before, as 71% are not thriving. The findings also reveal that more children who are married (90%) are not thriving at end line compared to baseline (87%). The evaluation revealed that child protection programming has to address employment creation and skills development. Furthermore, the findings revealed that socio-cultural issues like domestic violence/spousal abuse, drug abuse, early forced marriages, FGM, early circumcision initiation rites continue to hinder a healthy relationship between youth/adolescent and the caregiver/parents. Further programming is requested to design interventions such as conditional cash transfer and Hunger Safety Net Programme (HSNP) to protect and support chronically food insecure households that lack behind child protection indicators and children are prone to (WV Kenya, 2020).

In 2020, only 1% of caregivers reported direct involvement in child protection and only 5% had knowledge of functional or informal reporting and referral mechanisms in case of child abuse. There is little involvement of the community in child protection. With less than 1% of the households/caregivers reporting direct involvement. Only 5% reported having knowledge of functional or informal reporting and referral mechanism (WV Kenya, 2021).

Table below shows selected indicators in 2020 within the CESP and community engagement in the Orwa project area.

Indicator Description	**n**	**%**

C3B.25918	- Proportion of Celebrating Families direct participants - which means, CF workshop and/or Training of Facilitators (ToF) participants, especially parents and caregivers, as well as community level faith or lay leaders, congregation members, teachers, representatives of local agencies, etc. who took actions to spiritually nurture children.	903	9.3%
C4A.21415	- % of households able who know that the community has a vision for CWB and are able to recall it	903	20.8%
C3A.14816	- % of families where children get an opportunity to hear the word of God from their parents/ caregivers, children are taught how to pray, and allowed to participate in spiritual activities	903	73.5%
C3A.24687	- Percentage of boys and girls age of 12 to 18 years old who rate higher in index of 'experiencing God's love'	747	92.6%
C3A.24688	- Percentage of boys and girls age of 12 to 18 years old who rate higher in index of 'participate in Christian spiritual activities'	747	96.1%
C3B.24689	- Percentage of boys and girls of age 12 to 18 years old who rate higher in the index of trust and communication with their Parent(s)/Caregiver(s)	747	81.4%
C4A.21419	- % of respondents who score 'good' on the Participation/Self-efficacy questions of the Adapted Community Capacity questionnaire.	903	36.7%
C3B.0286	- Percent of adolescents aged 12-18 years who report that they feel a strong connection to their primary caregiver.	747	100.0%

Table 5 CESP Orwa, Child protection indicators, WVK, Horizont 2020

The 2016-2020 Area Programme found extensive evidence of sexual violence and use of physical violence and psychological aggression by caregivers and child labour. There was evidence of sexual violence as 6% of youth reported having experienced sexual violence 12 months preceding the baseline while 28% of caregivers with children between 0-18 years also indicated that they had used physical violence and or psychological aggression over the same period. An estimated proportion of 10% of children (6-11 years) were also engaged in more than age-specific number of hours and probably in activities not meant for their age. The same research found out that the Orwa community has a high willingness (82%) to report any form of child abuse (2020). Nonetheless, the community reported considerable willingness to report any form of child abuse. Of the caregivers, 82% indicated their willingness to report. However, for the 12-18 years of age more than 50% did not know where to turn to incase they faced a case of abuse. To tackle these foundational challenges, the AP designed a specific ToC that is used to address FGM and child marriage in the current programming (see below) (WV Kenya, 2020).

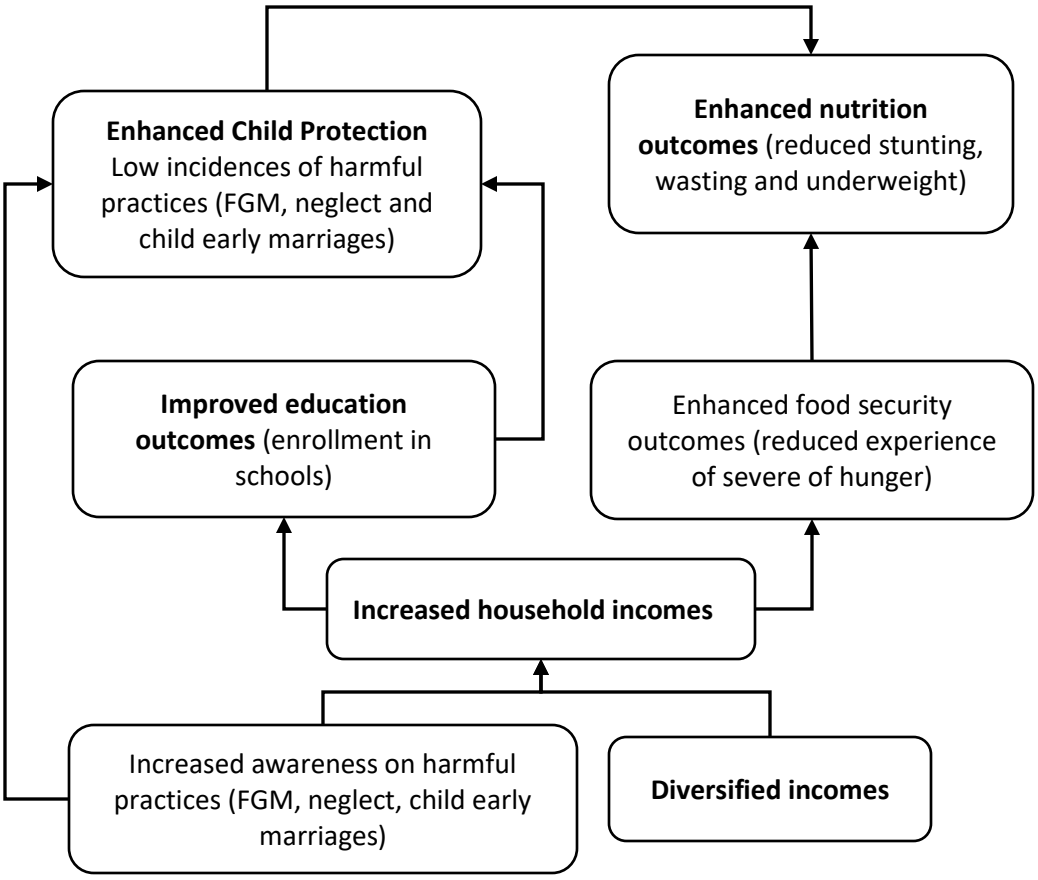


Figure 5 Conceptual interrelationship of interventions and outcomes; Source: CESP Baseline 2020, Orwa,

The analysis shows that as of 2020 there was little involvement of the community in child protection. A discussion with some of the key informants especially in the administration and children's office revealed that the community in Orwa were apprehensive to report some of the child abuses. Less than 1% of the community has been directly involved in child protection. Even when there existed clear structures of reporting and referral mechanisms for child abuse as gathered through qualitative interviews, the community had very little idea about the existence.

	Indicator Description	n	%
C4A.23442	- % of community members involved as direct participants in a child protection project who increase their score on the Gender Equitable Men Scale	903	0.7%
C4A.24019	- Functioning formal or informal reporting and referral mechanism for child protection incident including Safeguarding Incident Preparedness Plan, Child Protection Working Group, Community based Family Power, Community Change groups etc.	903	5.4%
C4D.032779	- Proportion of users reporting improved quality of child protection services. Services include outreach, temporary shelter, vocational training, reintegration, and referral to partners	903	4.3%

C4D.0094	- Percent of female and male adolescents aged 12-18 years who feel their ideas are valued by local government and they are able to influence decisions in their city.	747	4.4%
C3A.24692	- Percentage of boys and girls age of 12 to 18 years old who rate higher in index of 'hope for the future'	747	77.8%
C4D.0101	- Percent of adolescents aged 12-18 years who report that the level of child participation in children's groups is at the level of consultation or higher	747	0.0%

Table 6 Status of child protection and participation, WVK, Horizont, 2020

Ilaramatak AP Context: Geographic location, infrastructure, livelihoods, and other socio-economic characteristics

Ilaramatak AP is located in Narok county about 320 km from Nairobi. The child protection programme which started in 2006 is implemented in three sub-locations of Elangata Enterit, Enkutoto and Enaranatishoreki within Ilaramatak location, Narok South sub-County. World Vision Ilaramatak Area Development Programme was started on 1st October 2006 and is located in Narok County, Narok South Sub County. The programme is in its 3rd and final implementation phase with a target population of 16,126 (direct programme participants) and 33,372 as indirect programme participants (WVK, 2020). The projects are: Community Engagement & Sponsorship Program, Education and Child Protection (Education and Protection Technical Project and Gender Equality and Women Empowerment (UNFPA) and Project Non-Sponsorship (Mother 2 Mother Project (Health Grant) and Ilkimati Off Grid Panasonic Solar Lighting project (Health Grant).

The area is semi-arid, and pastoralism is the predominant economic activity and cultural identity for the Maasai people who are the natives of this county. Poor transport and road systems, lack of water, and limited coverage of social and other public services like hospitals and schools pose severe challenges to the inhabitants with serious effects like low levels of education, school dropouts, particularly among girls, and poor health, among others. Progress out of poverty among households in Ilaramatak is 60.5%, meaning that majority of the HHs are living below the national poverty line of USD1.90/day. Nomadism, lack of relevant skills, resource-based conflict, climatic change affecting rainfall intensity, socio-cultural/economic factors, involvement in vices such as drug abuse, alcoholism, dependency syndrome, illiteracy, and lack of diversification are the main causes of high poverty in the AP (WVK, 2020).

Narok county experiences disproportional levels of poverty. 8 in 10 children in Narok county are disproportionally poor compared to the Kenya national average of 5 in 10 children. The rate of poverty amongst children and their care givers is around 11 times higher than Nairobi. The monetary child poverty stands at 25% and is below the national average of 42%.

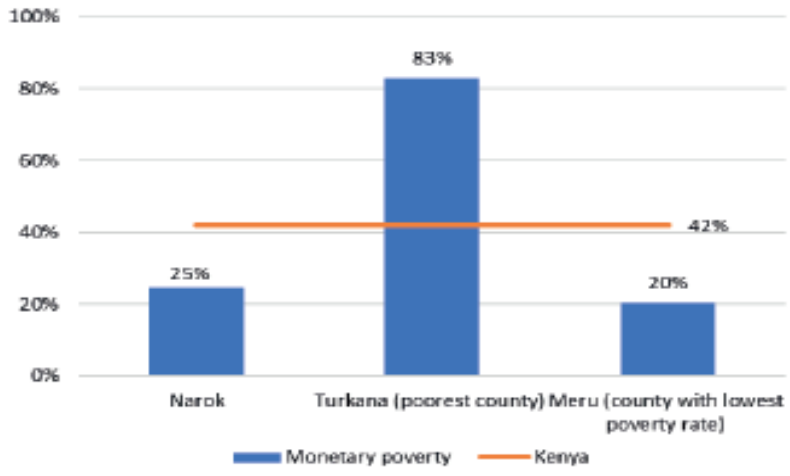


Figure 6 Monetary Poverty, Children under 18 years, West Pokot, Orwa AP, Source: KNBS/KIHBS/ 2020-024

The community is highly patriarchal, and men as opposed to women dominate decision-making structures and ownership of factors of production. Women suffer double vulnerability to poverty due to their high marginalized and the fact that they are women. Some of the child protection issues in Ilaramatak include neglect especially for persons living with disabilities, children without birth registration, child labour, harmful cultural practices like FGM, early pregnancies, and early marriages which also affect the education of children and especially girls.

The AP implements interventions in strong partnerships with National Government line ministries, County Government of Narok (line ministries and departments), FBOs, Civil Society Organizations as well as community level structures and organizations (both formal and informal). The programme also partners with other international development partners such as UNFPA and UNICEF in carrying out sustainable programmes and activities. The AP identified in 2020 several strategic stakeholders that are vital for the implementation of the child protection components of the AP (see below).

Stakeholder	Intervention areas	How will WV works/ collaborates with this stakeholder
Anonymous	Support child rights, health, education and community development initiatives.	Joint implementation of child protection, education and health interventions
Ministry of Health	Provide Medication to the community development of health policies and guidelines	Partner with M.O.H in building capacity of CHVs and medical personnel in implementation of new policy directives. Partners to supports medical and nutritional outreaches
Ministry of education	Provide Education Policies, guideline, direction, teaching staff	Partner in provision of teaching and learning materials. Partners in capacity building of teaching staff on pedagogical skills. Partnership in conducting school supervision visits. Partnership in improving infrastructural development in the schools/ learning institutions.
Community Health Partners (CHP)	Support health and Child protection interventions in the community	Jointly support health system strengthening Jointly supports child protection interventions
Churches	Spiritual nourishment	Partner in spiritual growth of community, children, neighbours. (Spiritual Nurture of Children)
County government of Narok	Employ teachers-ECD Policy direction at ECD/Pre primary	Through partnership on ECD training and learning teaching resources Acquisition
Churches	Spiritual guidance	Support churches in spiritual nurture and linkages
Anonymous	Paying school fees for children in school.	Subsiding school fees payments to needy, orphan and Vulnerable students
Oloshaiki women	Support needy student with Fare, clothing to enable them attend schools	Linking them with Micro finance company like Vision Fund
Department of Children Services	Support social protection of children	Jointly support child protection initiatives
Department of Gender Affairs	Supports protection of children, men and women	Jointly undertake interventions aimed at addressing harmful cultural practices
Department of livestock, Agriculture and Trade	Supports production, markets and Agricultural activities	Jointly support livelihood interventions within the AP
Department of Water	Supports WASH	Jointly support community access to water

Table 7 Child protection critical stakeholders, Ilamatarak, WVK 2020

The Ilaramatak AP was started on 1st October 2006 and was scheduled to transition by 30th September 2020. However, it has been extended to 2027 and is now on its 3rd and final implementation with a target population of 16,126 (direct programme participants) and 33,372 as indirect programme participants. Presently, the area program implements most of the key sectors of focus by World Vision.

Projects being implemented (data as of 2020):	**Source**
Community Engagement & Sponsorship Program	WV
Education and Child Protection	WV
• *Education and Protection Technical Project*	WV
• *Gender Equality and Women Empowerment*	UNFPA
3 Project Non-Sponsorship (PNS)	PNS

Mother 2 Mother Project (Health Grant)	Health Grant
Ilkimati Off Grid Panasonic Solar Lighting project	Health Grant
Elangata Enterit Community Water Project	WASH Grant

Table 8 Ilaramatak, projects implemented, WV 2020

The program operates an annual average budget of USD 715,494 (WVK, 2020).

Subsequent evaluations and progress reports indicate the of lack of strategic focus on strengthening relationships at family and community levels. Specifically, high prevalence of entrenched harmful cultural practices such as FGM and Child Marriage has been posing a great challenge to program implementation in the AP. The lack of performance of child-protection, education and empowerment indicators has been attributed to lack of strategic focus on strengthening relationships at family and community levels. Specifically, high prevalence of entrenched harmful cultural practices such as FGM and Child Marriage has posed a great challenge to program implementation in the AP (WVK, 2015, 2020).

Thematic areas and Indicators	**Evaluation 2020)**	**Baseline (2016)**	**Remarks**
Protection & Education; Project goal: Goal: Improve protection, access, and quality education for children in Ilaramatak by 2020			
Proportion of youth aged 12 to 18 years who considered themselves as thriving in the ladder of life	22%	19%	Steady increase due to concerted efforts of the AP and partners
Proportion of youth aged 12 to 18 years who had strong connections with their parents or caregivers	42.3%	35.2%	Steady increase due to concerted efforts of the AP and partners
Proportion of adolescents aged 12–18 years who report that they have a birth certificate or other birth registration documents	43.9%	35%	Steady increase due to concerted efforts of the AP and partners
Proportion of children aged 3 to 5 years who had enrolled in ECD	43.7%	38.5%	Steady increase due to support of the AP to ECDE centers
What Proportion of pupils aged 11 to 13 years who could read with comprehension?	68.6%	30%	Steady increase due to efforts of the AP and partners
Proportion of girls and women aged 10-49 years who have undergone female genital mutilation/cutting by age	66.3%	21%	Steady increase due to concerted efforts of the AP and partners

Table 9 Ilaramatak Child Protection and Education Thematic Indicators, 2016-2020, source: Ilaramatak AP Management Reports 2017-2020

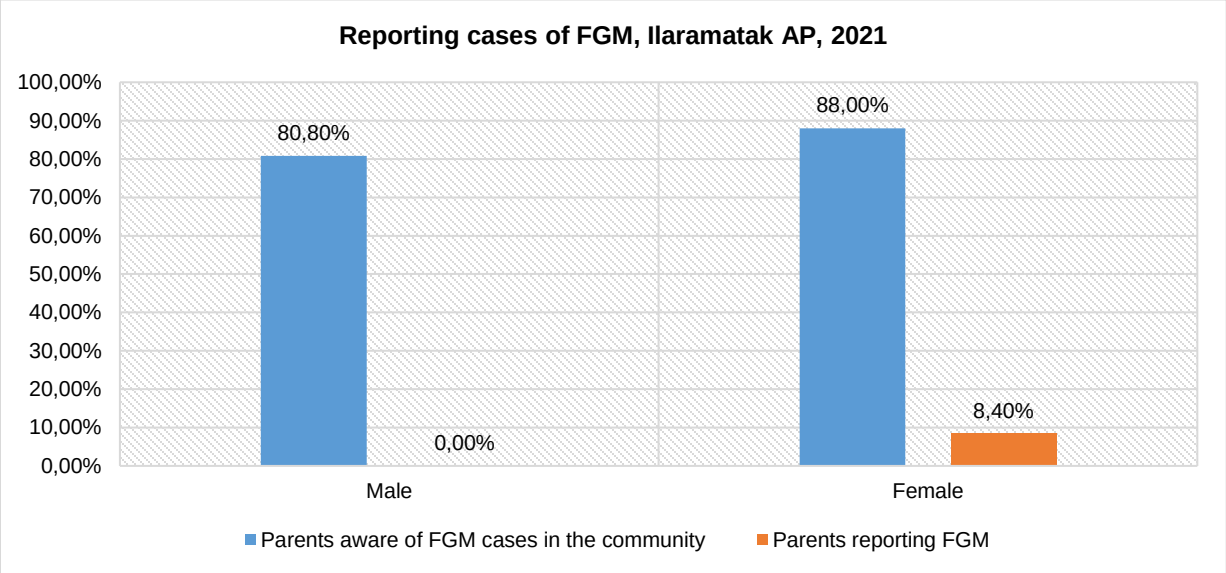


Figure 7 Ilaramatak AP, reporting cases of FGM, AP Baseline Survey, 2021

The Ilaramatak AP Baseline Survey Report (2021) further proves that FGM and child marriage continue to be serious impediment for the community progress. The majority (84.4%) of the parents reported that they are aware of cases of FGM in the Community but only 8.4% of them admitted that their daughters have undergone FGM as compared to the country's average of 21%. According to the key informants, FGM continuous to be social norm in the communities. Even those who acknowledge the harm of FGM do not immediately abandon for fear of negative social consequences. Peer pressure, including a desire for inclusion in social groups, seems to be a potential enabler of FGM in this area. Discussions with the faith-based organizations revealed that the Community has deeply rooted myths on FGM and women's sexuality. All these are sustained by low levels of knowledge and silence in a community whose educational attainment is very low. Most of the discussions in focus groups admitted that almost half of the girls in the area undergo FGM and is mostly carried out on young girls, sometimes between infancy and age 15. The report further concludes that there is a need for locally-led initiative to fight FGM. Providing education about FGM to communities, particularly young men, and keeping girls in school will help fight against FGM. The church is also particularly crucial in challenging the practice of FGM. Places of worship such as churches are powerful organizations that can reduce FGM, both as respected institutions providing moral guidance and as sites of education for the public (WV Kenya , 2021).

The AP has invested since the start in 2007 considerable resources into the establishment and promotion of child protection services. According to data from 2021, only 27% of the respondents are aware of the functioning formal or informal reporting and referral mechanism for child protection incident including Child Protection Working Group, Community based Family Power, Community Change groups. The proportion of child protection cases being followed up by the community child protection committee was 15%.

Child protection services	Proportion (%)
Aware of presence of Child Protection Working Groups in the area	30.7
Members of Child Protection Working Groups	31.8
Availability of Community Change groups	25.7
Are members of the Community Change Groups	36.3
Direct participants in a child protection project	36
Aware of child protection services	30.6
Availability of improved quality of child protection services.	29.9

Table 10 Ilaramatak AP, child protection services, AP Baseline Survey 2021

General Population (Tsds)			AP Target Groups			Implementation Period	Goal (2022
Impact Area Population	**Children**	**Adults**	**Direct Participants**	**Children**	**Adults**		
33	20	13	16	8.522	7.604	01.10.2006-30.09.2027	To contribute to enhanced community engagement, community led care and protection, child participation for improved wellbeing of 8500 children within their families, co…

Table 11 Ilaramatak AP, Source: WVK, WV 2022

Lokis AP Context: Geographic location, infrastructure, livelihoods, and other socio-economic characteristics

Lokis AP is located in Baringo County, East Pokot Sub County Kolowa division. It covers both Kolowa and Ngoron divisions. Lokis comprises the Northern end of the East Pokot sub-county consisting of eight Primary Focal Areas these are: Kolowa, Kaisakat, Ng'oron, Mirkissi, Lokis, Ng'aina, Kapunyany and Ang'oritiang where the program was implemented. The sub-locations population size is 30,826, 15,695 males, 15,131 females. Geographically, the area of

the program can be described as a gradually sloping flat land divided by seasonal rivers and streams all discharging their water to the Kerio River to the West.

The area is arid, and nomadic pastoralism is the mainstay of economic activity of the Pokot people inhabiting this land. They keep donkeys, goats, cows, and camels and partially beekeeping. Poor infrastructure, lack of water, poor marketing and lack of market information and raise in the capital are major limitations to improved livelihood in the AP. This contributes to extreme challenges such as fewer economic resources, children not accessing early childhood development services, Children dropping out of school, an increase in illiteracy level, Child Marriage, living with the elderly, or with parents with severe disabilities and experiencing harmful cultural practices like FGM and restrictive cultural practices (where fathers cannot advise daughters). The Pokot community is patriarchal as women cannot take part in decision-making, even though they are the ones that 'carry' the family burdens at the household and community levels.

The AP has been implemented in a county with significantly higher poverty level than the national average. 6 out of 10 women in the district are deprived. As of 2020 data, 6 out of 10 children in the county are multidimensionally poor. The monetary poverty is slightly above the national average of 42%. Women have similar poverty level to the national average.

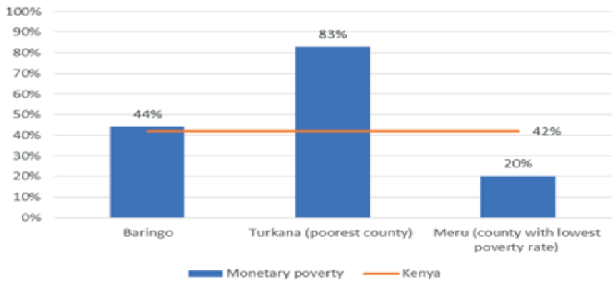


Figure 8 Monetary poverty, children under 18 years, source: KNBS/ KIHBS/2020-030

In the observed period 2016-2022 Lokis AP is in the third phase of implementation. The AP has been implementing three projects: Community Engagement and Sponsorship Project (CESP), Child Protection and Education TP and Girl Child Promotion Project (PNS). In the AP in 2020 direct participants of the programme were 19,110 (3,319 adult males, 3,064 adult females, 6,560 children males & 6,167 children females). The key partners for the AP are National government line ministries, Baringo County Government, local FBOs, local CBO, children and community members, educational institutions, and community health units. The WV Kenya Evaluation Report (2020) found out that child violance is relatively high in the area. Sexual abuse was reported at 69.7% of the sample, physical 89.7% and emotional 43.5%. In the context of Lokis community, part of physical and/or emotional hurt is considered as correctional disciplining. The caregiver survey findings showed that the proportion of girls and women aged 10-49 years who have undergone FGM by age was 13.3%. However, observation during survey and notes from elders suggest much higher incidences. The low percentage reported could be because the community is aware that FGM as a practice is outlawed, and the participants may have given skewed responses to protect themselves.

The baseline and evaluation surveys conducted in 2020 and 2021 have shown mixed results in achieving WV programmatic targets within the child protection and education field and within other programmatic areas. For instance, when measuring the Proportion of households which are able to recall the community vision for child well-being only 7.2% of the caregivers were able to recall the community vision for child well-being. Higher proportions of female (9.6%) compared to male (4.1%) were able to recall the community vision for child well-being. Only 11.5% of the female and 5.5% of the male were aware of the community vision for child well-being. This was an indication of low level of awareness that require intervention in terms of community capacity building (WVK Technical Programme, 2020).

General Population (Tsds)	AP Target Groups		Implementation Period	Goal (2022

Impact Area Population	Children	Adults	Direct Participants	Children	Adults		
40	27	13	19	13	6883	10.01.2014-30.09.2028	Empowered Lokis community that contributes to the wellbeing of more than 9254 children by 2029.

Table 12 Lokis AP, Source: WVK, WV 2022

3.3 Child Protection Principles and Programme Models used in WV Kenya APs

Child protection principles

World Vision Kenya is guided by World Vision Partnership principles as they roll out its interventions to vulnerable families and communities including those in fragile settings. These are;

1. Child participation: Children stay actively engaged and aware of what happens around them in terms of programme activities. There are free to articulate their issues, and their voices are heard and used to align the programme to respond to their needs.
2. Best interest of the child: Whatever World Vision does is in the best interest of the child to help realize meaningful socio-economic development of the child.
3. Survival and development which focusses on child learning and household resilience and offers the basic needs of the child. The child is facilitated to grow and develop spiritually, economically, and socially.
4. Do no harm: This ensures the safety of the child at all times (WVK, 2022).

Analysis of the AP Programme models.

Child protection interventions in the three programme locations are implemented as models targeting children and other key influencers in the community such as religious leaders and teachers. These models include Channels of Hope, Gender and Child Protection which helps to nurture children spiritually, Empowered World View Models, Dare to Discover, and life skills. All these models underpin programme design, implementation, and evaluation.

AP sample	WV core models used - child protection focus/ component (2016-2022)
Orwa AP	Celebrating Families Channels of Hope Citizen Voice and Action Community Health Volunteers
Ilaramatak AP	Channels of Hope Citizen Voice and Action Positive Deviance Savings for Transformation Timed and Targeted Counseling Community Health Volunteers
Lokis AP	Celebrating Families Channels of Hope Citizen Voice and Action

Table 13 Project models used in selected APs (2016-2022), source: WVK/ WV

Channels of Hope: The model taps the potential of gate keepers- the community leaders, including the religious leaders. It seeks to mobilize and build on existing competencies to be responsive to issues in their communities. Child protection issues such as Female Genital Mutilation/Cut, child marriage, and education are common in select locations. Faith leaders and teams are particularly significant in being custodians or facilitators of e.g., safe spaces. They could also be educators and agents of change against harmful practices. This way, they can use their religious

influence to spark change and spread messages related to behavior and attitude change. In addition, in churches, mosques, and social spaces, they can be vessels of sensitization messages on the registration of births and deaths particularly because they are involved in rituals around birth and death. They would be crucial conduits linking communities with civil registration services. However, careful attention needs to be paid to mapping the religious, and faith leaders in the locations and establishing common grounds and potential conflicts while addressing them.

Gender Equality and Child Protection: This model recognizes the impact of existing gender inequalities in yielding multiple vulnerabilities. It presupposes that narrowing gender inequalities would work towards eliminating gender-based oppression, violence, and exploitation as in SGBV. The model fits well within the aspirations of promoting the welfare of children and women by sealing loopholes for abuse that are caused inequality. The model serves to dismantle the traditional gender inequalities that serve to justify and even promote socioeconomic inequalities. By empowering communities and bridging their resource inadequacy, they can advance child protection. Although this model seems promising and yields sustainable outcomes, its implementation is long-term as it calls for a systematic understanding of existing inequalities and their historical precedents. It is also resource- intensive and demanding, involving other stakeholders such as schools, individuals, families, and faith-based groups.

Empowered World View: Empowered World View (EWV) Model takes a dimension of behavior-thought change and seeks to alter people's way of thinking and doing things. It instills elements of self-esteem, home, and resilience and sets individuals on the path to being change agents that can go beyond individuals to communities and families. In the implementation, EWV seeks to change beliefs, practices, and approaches that keep them enmeshed in poverty. By introducing a new way of doing things in the locations, the model can help alter for example the mindset of circumcisers from depending on resources and gifts obtained to other income-generating activities. The model also fits in well with the Channels of Hope as it uses biblical principles to instill new identities and self-esteem. The two models can thus be used with great synergy in the locations.

Dare to Discover: The model encourages individuals to move out of their comfort zones and tap into their fullest potential by helping unravel the purpose of being. In the three locations, this model applies to individuals to become the best versions of themselves, for example in being champions of anti-FGM practice. The model however looks more applicable in contexts of economic empowerment (e.g., Youth and Women economic empowerment) than child protection. Nevertheless, it can be used to motivate individuals to abandon practices such as FGM and discover health and welfare for girls.

Life skills: This model seeks to impart practical skills to individuals to build/strengthen their capacity to act in social and economic spaces. This model is particularly useful among children as they grow and inculcate various skills to help them become better in life. In children, these skills get honed, and others acquired as they grow hence more time to practice, learn and unlearn. In child protection in the locations, imparting children and young people with life skills is sustainable because of the skills gained. Enabling children to think critically, have self-control and have good communication (as life skills) would enable them to articulate what they want in the future. It would equip them with the know-how to recognize and avoid abuse and channel this to appropriate authorities. In other child protection programs, children are taught e.g., martial arts and other subtle ways to ward off abusers. In the locations, this model is promising especially considering an inter-generational transfer of these skills. The skills can be taught in safe spaces, churches, homes, and even schools.

The models espoused are effective in different circumstances and contexts. They are not a 'one-size-fits-all' because of changing dynamics and need to be adaptable to specific contexts and times. In the context of child protection in the three locations, a combination of Channels of Hope, EWV, and Life Skills was found to be more adaptable and supported the intended outcome to strengthen child protection. This is particularly applicable in areas of FGM, child marriage, child labor, and registration of births. In the long term, Gender Equality and Child Protection Model can be adopted for sustainability.

4.0 EVALUATION RATIONALE, PURPOSE, OBJECTIVES, AND THEORY OF CHANGE

Rationale

World Vision in its programming works to realize the sustainable well-being of children through an increase in the numbers of girls and boys who are protected from violence. In Kenya and other developing countries, World Vision has developed several project models with a systems-based approach for its fieldwork to address child protection issues and specific approaches for humanitarian action. In this regard, World Vision Germany (WVG) contributes with several grants and sponsorship projects to child protection throughout the world including Kenya and conducts impact evaluations every three years for learning to improve future programming. This is a report of the 2022/ 2023 impact evaluation of World Vision Kenya child protection programming.

Child protection is the focus of this year's impact studies to support and contribute to organizational learning as well as to assess results, effects, impact, and sustainability of fieldwork activities. The impact study on child protection will strengthen data quality to obtain an overview of the state of child protection field work in projects of WVG and its partners. The evaluation results will be synthesized and published in World Vision Germany's 4th impact report in 2023. The report will help WVG to learn about strengths and weaknesses regarding child protection field work and approaches in its projects to improve programming for ongoing and future interventions. It's against this background that WVK and WVG commissioned this impact evaluation in Kenya in the three WV project implementation locations. The study was designed to explore the component of the practice of child protection programming and assess evidence of the impact of WV interventions for child protection and their likelihood of sustainability, good practices, and challenges in the project design and implementation within the context of child protection.

Purpose

The purpose of this evaluation is to contribute to organizational learning in the field of child protection and to assess the impact of World Vision CP and AP interventions in Kenya in the selected three locations in the time frame of project implementation limited to the period 2016-2022. The Kenya case study contributes to the 4th impact evaluation conducted by World Vision Germany. Besides, the evaluation shall be used to inform future Country Programming in Kenya and, whenever relevant, World Vision Field Offices and other partners.

Specific purpose

The specific purpose of the impact evaluation is to assess selected projects for systematic lessons learned, organizational learning, and accountability within the thematic scope of child protection. The evaluation will inform World Vision Germany's 4th impact report to show WV's work for child protection and evidence of its impact.

General Objective

The objective of this evaluation is to capture the results, effects, impact, and likelihood of sustainability of child protection interventions in 3 locations in Kenya and to identify good practices and challenges. The complete Terms of Reference can be accessed in Annex 1.

Specific Objectives

1) Evaluate with OECD-DAC criteria the relevance, coherence, effectiveness, impact, and sustainability of pre-selected projects from the child protection perspective,
2) Explore the integration of the essential elements of WV's Child Protection Approach (CP&A),
3) Focus specifically on interventions about combating early marriage and FGM, including their effects and impacts,
4) Assess the Gender Equality and Social Inclusion (GESI) dimensions in the relevant project programming.

Theory of Change Analysis (ToC)

Figure 9 visualizes the specific ToC constructed for this assignment. The constructed ToC departs from the overall WV Kenya ToC (Pathway to Change), which guides Kenya national programming and WV Kenya National Strategic Plan 2021-2025 (WVK, 2021).

At the base of deployed ToC, the ToC has at its core vision *Improved child protection where all children live life in all its fullness*. Derived from this vision is the impact statement *Children are safe, enjoying their rights and fulfilling their potentials,* which aims at creating conducive environment at the level of individuals, families, communities and at the national level.

The outcomes are implemented through outputs (Leading to the following change) and main activities (Working with children, institutions, families & communities). The problem statement is formulated as *Inadequate and nonfunctional child protection formal & informal systems*. The evaluation investigated the impact in this framework taking the three APs as a sample.

The main target group are vulnerable children and their caregivers. Based on the selected APs and while focusing on FGM and child marriage, 4 outcome statements have been identified as relevant: outcome 1) *Enhanced participation of parents and communities in child protection*, outcome 2) *Improved planning, coordination and partnership on child protection*, outcome 3) *Reduced child rights violations* and outcome 4) Improved regulatory and policy environment for child protection.

The second layer of the ToC, working with children, institutions, families, and communities, are the activities implemented across the three study contexts in lieu of the designed intervention models, namely; channels of hope, gender and children protection, empowered world, dare to discover and life skills, all of which, were applied in the three study contexts. Consequently, men and women in their diversity were empowered to offer child protection, capacity building was carried out for the formal and informal institutions at the local level to offer effective child protection services, lobbying for effective development, review, and implementation of child protection laws and policies built the capacity of adolescent boys and girls in life skills and strengthened families to nurture children.

The third layer, outputs, describes the changes anticipated and/or realized following the implementation of layer two activities. This includes increased awareness of communities, families, and parents on child protection, formal and informal institutions offering effective protection services, the capacity of adolescent boys and girls building in life skills, and families strengthening to nurture children.

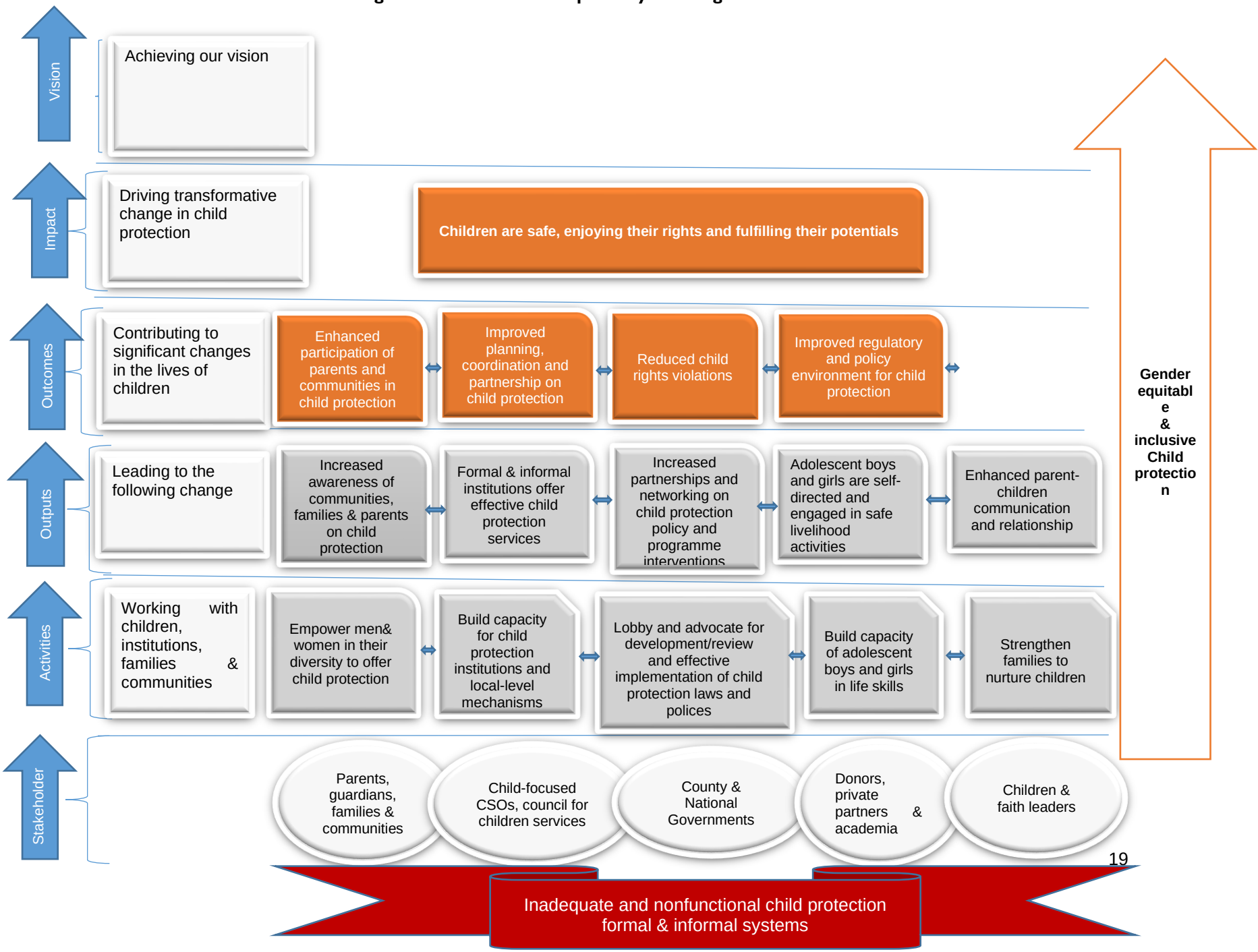
The fourth layer, contributing to significant changes in the lives of children, lists the intermediate outcomes of the interventions, for example, enhanced participation of parents and communities in child protection, improved planning and coordination and partnership on child protection, reduced child rights violation, improved regulatory and policy environment for child protection, and cultural practices are transformed to become supportive on child protection.

The fifth layer, driving transformative change in child protection, envisages a situation where children are safe, enjoy their rights, and fulfilling their potential.

The sixth layer, achieving our vision, where the impact sees improved child protection where children live life in all its fullness.

The ToC emphasis working with partners and networks is the collaboration with local actors to strengthen visioning, planning, and shared implementation and evaluation. These actors are drawn from the formal (for instance, County government; Department of children services; child-focused- CSOs; Department of Health; Security; faith-based organizations; funders; schools) and informal (for instance, parents and caregivers; child volunteers organizations; religious/faith leaders; informal clan leadership; children/youth collectives) sectors. The collaboration is premised on the level of interest and influence posed by these actors on child protection, the complementarity of roles performed, a strategy for co-ownership of child protection interventions, and continuity of the CP beyond the current intervention WV supported intervention.

Figure 9 Child Protection pathway of change



Underlying assumptions

The analysis of the ToC and the selected Area Programmes within the child protection focus is based on a range of assumptions that have been taken into cognizance in this impact evaluation and have been tested throughout the assignment.

Assumption #1: There is an adequate implementation of child safeguarding protocol by all the partnering organizations and networks.

It is assumed that all formal stakeholders in direct contact with children in the Project Areas do everything to ensure the child's safety. That there is adequate training of staff, understanding among staff, and practice by staff on child protection principles while there is also a deliberate effort to mitigate risks for children at the potential harm. It is believed that World Vision Kenya adequately influences partners to be safe for children through awareness raising and sharing the protocol for child engagement with the partners.

Assumption #2: Gender equality and child protection are key to the identification of the most vulnerable children in the community. This approach also allows the WVK to select the often marginalized and invisible children in society including but limited to orphans, those who have previously experienced abuses, those living with disability, and in-school and out-of-school children to benefit from the intended impact. Such an inclusive approach is integrated into the monitoring and evaluation tools of WVK and its partners.

Assumption #3: World Vision child protection activities and approach are in sync with the local/ County Government plans and the National Government policy and legal frameworks, hence, viewed as a complementary effort. Therefore, child protection will be more impactful through improved coordination of efforts on the implementation of existing laws as well as a review of those undercutting progress.

Assumption #4: Children are active co-producers of culture, have an agency in society, and need to be valued and respected and allowed to express their opinions. That children should have the capacity built to fulfil their potential in society.

Assumption #5: Child protection takes place within unique socio-cultural settings, for lasting impact, there is a need to transform families, communities, and cultural practices to become supportive of child protection.

In assessing the relevance of the above elaborated ToC in CP Programme delivery, the evaluation has shown deliberate efforts by staff to align the design of projects to the ToC by formulating activities that not only lead to planned outputs, outcomes and goal but also ensuring these levels of results align to the broader ToC activities, outputs, outcomes and eventually contributing to the WVK impact "Children are safe, enjoying their rights and fulfilling their potentials". To attest to this, taking a sample of Lokis Girls Promotion Project, one would clearly see the intervention logic how the designed activities such as training of children in advocacy clubs on child rights and protection and mentorship of girls to equip them with the necessary life skills led to the project output "increased knowledge of children in child rights and protection including issues around FGM, early marriage and moranism". This output then fed into the outcome "strengthened capacity of households and institutions to nurture and protect children from abuse and all forms of violence" eventually contributing to the project goal of "reduced incidences of FGM and improved child protection". Whereas the ToC allows for innovative projects, and this is what it should be as its role is to give guidance to pathway of change for the programme and organization, the Logframe for this girl child project aligned and drew meaning from the ToC in all levels:

1) The project activities were in line with the ToC activity-build capacity of adolescent girls and boys in life skills
2) The project outputs were in line with the ToC output: Increased awareness of communities, families, and parents on child protection
3) The project outcome was in line with the ToC Outcome: Reduced child rights violations
4) The project goal was aligned to ToC impact: Children are safe, enjoying their rights and fulfilling their potential

Therefore, evaluation found that the project logframe was consistent with the ToC and this is commendable and should be encouraged across programme during design and planning.

Moreover, the geographic boundaries for the projects were carefully selected and clearly delineated to give focus to the Most Vulnerable as is the case with Tiaty West sub-county in the girls' project where the project location is characterised by unreliable rains, drought, lack of drinking water, famine and other poor conditions. The programme also outlined changes regarding root cause analysis to ensure that the interventions address commonly felt needs in the community, in this example, issues such as patriarchy, low value of the girl, school dropout, moranism and FGM among others were captured in the design as required by the ToC. Furthermore, drawing from the ToC target groups were well defined and gender disaggregated; 5,000 girls and 2,000 boys were directly targeted of which 1,124 girls and 1,293 boys were registered children.

Despite the above positive findings on the ToC and how it directs CP projects, some gaps were found;
1. Roles and capacities of key partners within the ToC were not articulated
2. The project documents do not articulate how partners and stakeholders were involved in the project design
3. Most staff do not make reference to ToC while designing projects.
4. All WVK staff were unaware of the ToC crafted for the impact evaluation.

5.0 METHODOLOGY

5.1 Design

The nature of this impact evaluation called for the use of a cross-sectional and mixed method design infused with a reflective approach to enable for where possible, a backward comparison of indicator values at baseline and end-term with those of impact evaluation. This reflective approach was deemed relevant and useful to enable the researchers to tease out the changes that had occurred on the lives of the adolescents and parents/caregivers across the evaluation periods. Even though the ideal would have been to use the same set of indicators and survey tools at baseline, end line and impact evaluations to document the changes, the researchers endeavored to make a comparison on the values for indicators that were similar in the newly designed Theory of Change (ToC) for this impact study and those of previous evaluations. The evaluation hence used both quantitative and qualitative data from both secondary and primary sources. Survey questionnaires (for both parents/caregivers and adolescents), key informants' interviews, stakeholders' consultations and focus group discussions techniques were used to mine data from the three study locations. Triangulation and analysis of evidence from various sources was also done.

5.2 Evaluation questions

DAC/OECD Evaluation Criteria	Evaluation Questions
Relevance: The extent to which the intervention objectives and design respond to beneficiaries,' global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.	• Have the selected APs contextualized the project models for child protection according to the specific needs, root causes, and challenges of their local context? • Do the AP CP program designs respond to the needs and priorities of the beneficiaries? • Are the most vulnerable children targeted at the AP level and does the project apply an intersectional lens? • Does the intervention logic allow the achievement of the project's objectives (Quality of ToC)? • Were the targets set realistically? • To which extent do the community and stakeholders participate in the planning and implementation of project interventions? • To which extent are children, adolescents, and youth active agents of change, with a voice to participate and influence interventions (please disaggregate per age group)? was there a platform for participation, and was their voice reflected in the final proposal? • To what extent is the impact logic of CP project models adopted in the AP Plan (e.g., only selected outputs or outcome(s) with related outputs)? Can it be expected that the intended results, effects, and impacts will be reached? Have been included essential and core CP indicators?
Efficiency	• To what extent was the project at the AP level efficient in terms of institutional capacity, staffing, local knowledge, and experience to implement the project's targets? • To which extent budget was properly planned/allocated to implement the activities?
Coherence The compatibility of the intervention with other interventions in a country, sector, or institution.	• Within the scope of the consultancy, are there any concrete examples of successful models of collaboration of World Vision with other partners on a local/ national level, not just in terms of avoiding duplication but increasing complementarity and integrated programs affecting the reach and impact on beneficiaries? • What are the barriers and/or enablers to this? • To what extent were the activities of the project complemented to the work of other stakeholders, i.e., prevented duplication and contributed to the larger response activities in Kenya?
Effectiveness The extent to which the intervention achieved, or is	• To what extent have the CP interventions achieved its objectives at output, outcome, and goal levels? • How effective are the CP interventions in the four domains of change at the AP level?

expected to achieve, its objectives, and its results, including any differential results across groups.	• How effective are especially child protection committees? Have those been established in the selected APs, are they functioning and linked with formal actors of child protection? • Using a systems-based approach in child protection, how does WV intervene in the micro (children/families), meso (community), and macro level (district/ national level)? • To what extent does the programming in gender reflect work with men and boys, especially regarding masculinity? • To what extent is the project inclusive and free of discrimination (e.g., gender, disability inclusion, racism)
Impact The extent to which the intervention has generated or is expected to generate significant positive or negative, intended, or unintended, higher-level effects	• What are the positive and negative, intended, and unintended, changes produced by the CP interventions, especially regarding early marriage and FGM5? • Analyze the contribution of the APs to any observed effects and impact and analyze what other actors and factors contributed to it. What real difference has the intervention made to the beneficiaries (disaggregated by girls, boys, women, and men) and especially to the target groups regarding early marriage and FGM? • were actual changes made in the local child protection services or action plans, because of local-level advocacy/ of CVA collaboration? Do the result show reduction of barriers and a transformation of prevailing norms?
Sustainability The extent to which the net benefits of the intervention are likely to continue.	• What is the likelihood of sustainability of CP interventions outcomes and benefits after the completion of the project? • To what extent has local ownership been created in the targeted communities? • To what extent have the capacities of local CP actors been strengthened? Do they have the capacity to sustain positive effects and impacts? • To what extent have been transformed prevailing norms, beliefs, and traditions harmful to child protection? • Did the AP partner with relevant local stakeholders for child protection? Is there an exit strategy planned, including the gradual transfer of responsibilities to local stakeholders? • Accountability of quality and quantity of services, including recommendations for stronger cooperation with stakeholders: Do citizens and local groups hold duty bearers accountable for the quality and quantity of child protection services? • Is there evidence of replicability by partners on skills/ knowledge gained to strengthen CP?

Table 14 Evaluation Criteria and Questions

5.3 The quantitative methodology

The quantitative data were obtained via **Caregiver or parents survey:** The caregiver/parents' survey was used to collect data from multiple indicators for the impact evaluation study. The survey targeting caregivers and/or parents was one data collection instrument divided into sections to accommodate respective evaluation questions. It included general information about the household on key indicators.

Adolescents survey: This was conducted with the randomly sampled project adolescent boys and girls aged between 13 and 17 years old and who are in and out of school. The survey questionnaires were administered to capture issues that were of concern to the study as outlined in the themes.

The respondents were interviewed using a structured questionnaire programmed in a mobile-based open data kit (ODK) data collection system segmented across themes as indicated in the TOR. Well-trained enumerators were deployed to collect the data. The survey data was captured and secured through KOBO Collect and thereafter downloaded for analysis to inform the evaluation objectives.

5.4 Limitations of the evaluation approach

Spill-over effects resulting from partners' duplication of activities and blurred attribution effect of WVK interventions: In the three locations, collaborating partners continue to implement related child protection in silos which complicates the attribution effect of the observed changes purely to WVK interventions. A baseline data on stakeholder mapping and analysis for their unique roles in the context of child protection versus the WVK proposed activities would have sufficed.

Results comparability at different points: Since the baseline, endline and impact evaluations used different methodologies including sampling technique and tools, not all indicators could be compared over these 3 points of time.

Bias from other sources. Other relevant sources of bias include measurement error and inaccuracy of self-reported data, as is often the case in large household surveys. Selection bias may have played a role whereby respondents to either the quantitative or the qualitative survey were identified based on the accessibility. To minimize or defray this limitation, the researchers undertook triangulation of data from different sources.

5.5 The qualitative design

The qualitative research provided further insights into captured beneficiary and project stakeholders' impressions, attitudes, knowledge, practices, and perceptions of the intervention impacts. The main activities for the qualitative research included focus group discussions, stakeholder forums and key informant interviews.

The study conducted a total of 12 focus group discussions (FGDs) with beneficiaries in the program area. These were 4 FGDs per study site which include 2 for caregivers/parents and 2 for adolescents. The groups were segregated by sex and age where there was male-only and female-only caregivers/parents discussions and boys-only and girls-only in each of the study sites. Every FGD comprised 10 (men, women, girls, and boys) purposively selected from the project area and having benefited from the intervention activities.

There was a total of 20 key informants (drawn from WVK field offices, child protection officers, community/County/National gov't officers, legal and law enforcement representatives, county and national policy representatives, and partner organization representatives. Similarly, three stakeholder forums were carried out with among other actors child protection officers in the sub-counties, local administrators such as chiefs, community child protection committee representatives, legal and law enforcement representatives, county and national policy representatives, religious leaders and faith-based organizations, and partner organization representatives (local, county and national).

5.6 Quantitative sampling techniques

In order to calculate the sample size (see sample calculation below) for each location, World Vision Kenya provided the list (sample frame) of direct beneficiaries from the three sites disaggregated by sex and age. Stratification was based on counties where data was collected and the respondent's category which were parents/caregivers and adolescents. Using the Probability Proportional to Size (PPE), the respondents were thereafter selected using simple random sampling from the beneficiary communities. The sampling incorporated gender, age, and diversity considerations where the study achieved a balance between male and female caregivers and adolescent boys and girls (Table 15).

S/No	Location	Gender of Respondents				Total Achieved	Total Target
		Parents/Caregivers		Adolescents			
		Men	Women	Boys	Girls		
1.	Lokis, Baringo	44	47	52	47	190	200
2.	Orwa, West Pokot	53	59	50	51	213	202
3.	Illaramatak, Narok	51	47	57	29	184	200
	Grand Total	**301**		**286**		**587**	**602**

Table 15 Distribution of respondents by gender, category, and location

The sample size for this evaluation was calculated based on the number of direct beneficiaries reached by WVK in the three study sites (Ilaramatek, Lokis, and Orwa) using the area program list across parents/guardians/caregivers and adolescents. Following the stratification, the sample size for this evaluation was calculated as follows.

Ilaramatak	Lokis	Orwa
Adolescents= 3300 Parents/Caregivers =7604 N=10904 N/ 1+N ()^2 10904/ 1+10904 (0.7)^2 10904/ 54.43 = 200	Adolescents=2545 Parents/Caregivers=6983 N= 9528 9528/ 1+9528 (0.07)^2 9528/47.69 = 199.7 =200	Adolescents=8115 Parents/Caregivers=8796 N=16911 N=16911/ 1+16911 (0.07)^2 16911/83.86 = 202

Table 16 Sample size calculation

5.7 Qualitative sampling approach

A purposive sampling strategy was used to identify participants for the study and to ensure adequate representation of important subpopulations. The sample included different categories of participants at the programme communities, partners, local government, and organization levels, to ensure that the perspectives and views of key stakeholders are included. The sampling paid attention to gender and age considerations where interviews were grouped by boys, girls, women, and men. Determination of the actual sample was guided by several criteria including (a) adequate coverage of project stakeholders at both organizational and community levels (b) adequate coverage of program area (c) balanced representation of informants informed by age, gender, and diversity (AGD) considerations.

5.8 Secondary data/ literature

An important part of the analysis has been the secondary data and literature including the background CP and AP documentation and programme and project steering documents. The secondary data included but were not limited to the systematic review of planning documents and monitoring reports and other relevant documents, including the WV Standards and policies on child protection/ safeguarding, WV project models of child protection, former studies on child protection, especially the child protection desk study from 2021, WV global strategy "Our promise" and country strategies regarding child protection, design of TPs and the Community Engagement and Sponsorship Plan, including logframes/theory of change, AP Plans, including logframes, AP monitoring reports, former TP and AP evaluation reports and the budgets A few of the Annual Management Reports were also reviewed.

5.9 Data processing and analysis

Quantitative data from the survey questionnaires were downloaded from the KOBO Collect and saved in MS Excel format and coded in STATA for analysis to inform the evaluation objectives. The information has been analyzed for indicators related to the analysis, as required by the TOR, in a statistically sound and robust manner. The analysis protocols, a clean copy of the finalized data set, and a data dictionary were provided for future report replication and monitoring purposes.

Findings derived through the qualitative research activities were collated according to the multi-level framework. Through this multi-level approach, it was ensured that comprehensive information was captured during the research activities and conveyed through writing. At the first level of analysis, the researchers developed the initial basis of an analytical framework for the structuring of qualitative data, by discussing the issues and themes that are emerging from the interviews. The researchers also recorded any challenges encountered during the fieldwork and drew lessons learned from the research with vulnerable communities, especially the children. Subsequently, at the second level of analysis, all project team members – including remote participation of the team leader and qualitative leads – collectively reviewed the findings through in-depth participatory discussions. Conducting this level of analysis as a collective unit was essential for quality assurance and validation of findings from the three different study sites and for identifying issues of convergence and divergence. It allowed the team to identify a grounded analytical framework for the subsequent third level of analysis, which included the processing of interview notes and writing of reports to summarize key findings. The above-mentioned levels of analysis have culminated in the writing of this report.

5.10 Data Triangulation

Collection and analysis of both quantitative and qualitative data allowed the team to draw a more comprehensive picture in relation to the impacts of the programme. Even though only programme beneficiaries participated in the study, findings from the interviews and focus groups complemented the quantitative analysis, providing a more meaningful interpretation of the numerical findings, and improving the validity of the research. To this end, for each impact area investigated, Chapters 6 intertwine results from the quantitative survey and from the qualitative interviews.

5.11 Ethical Considerations and Quality Assurance

The study team took steps to ensure no harm to participants. Measures were taken to ensure the protection of minors during the field data collection process. The study applied ethical consideration ensuring the voluntary participation of minors was enabled without coercion whatsoever. Ethical considerations that ensure respect for persons, justice, anonymity, privacy, and confidentiality of respondents were adhered to during data collection and analysis. All study participants were engaged in a voluntary informed consent process by investigators who explained to them about the study in detail, the purpose, and the procedures that were involved stressing that participation is

entirely voluntary. In the case of children assent and parental/ guardian consent were obtained, as necessary. The research protocols included steps to address participant distress or risks to participants and immediate communication between interviewers and the WVK in case of a problem.

We note that confidentiality is closely linked to the safety of respondents and ensuring confidentiality protects participants, builds trust, and creates a positive environment, creating a greater likelihood of collecting reliable data. Facilitators and organizations involved were made to understand that participants only shared this kind of information based on trust between the facilitators and the organization responsible for the session. In addition, before the sessions, facilitators were mandated to guarantee the participants that the information they record would be kept strictly anonymous and confidential. Informed consent from all participants was requested prior to data collection.

Special considerations for interviewing women or girls were observed as they are paramount in this analysis. The study took cognizance of the aspect that many women and girls would be reluctant to disclose details to interviewers for well-founded reasons. In these circumstances, careful attention to ethical and safety issues was imperative, and the research team collecting the information must take steps to ensure that the information collected was neither harmful nor potentially resulted in harmful consequences, to anyone who participated. Ensuring that all interviewers were familiar with, and abide by, the ethical and safety recommendations included in the WHO guide: *Putting women first: Ethical and safety recommendations for research on domestic violence against women*[7], when carrying out field research and recent guidelines on ethical considerations when researching ending violence against women and girls[8].

6.0 EVALUATION FINDINGS

6.1 Introduction

This section presents quantitative and qualitative findings of the impact evaluation of World Vision Kenya Child Protection Programme in Narok, West Pokot and Baringo Counties in Kenya. The findings are organized into thematic areas beginning with a presentation of demographics of respondents before delving into the perceptions of study participants on child protection services in the three APs. These are followed by findings on the OECD/DAC criteria of impact, effectiveness, relevance, efficiency, and sustainability of the CP programs. Finally, lessons learnt, innovations and recommendations have also been captured under this section. These findings have resulted from a triangulation of different data sources both primary and secondary for reliability purposes.

6.1.1. Socio-demographics of respondents

The socio-demographics and household characteristics captured in the survey include gender, age, education, religion, ethnicity, sources of income and marital status. The survey also captured data relating to the number of children born by adolescents, the number of children with birth certificates or birth registration documents, heads of the households and relationships to heads of the household.

Gender

[7] World Health Organization. 2007. *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women.*

[8] Global Women's Institute (2018). *Ethical Considerations for Research and Evaluation on Ending Violence Against Women and Girls. Guidance Paper*. Australian Aid.

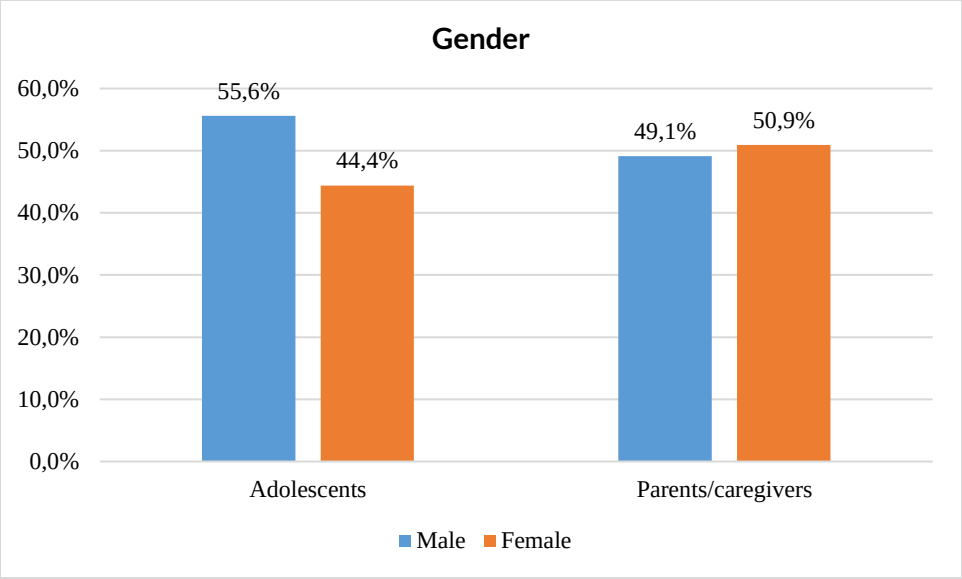


Figure 10 Gender of respondents

As shown in the figure above, 44.4% of the adolescents were female while 55.6% were male. Among the parents and caregivers, 50.9% were female while 49.1% were male.

Age

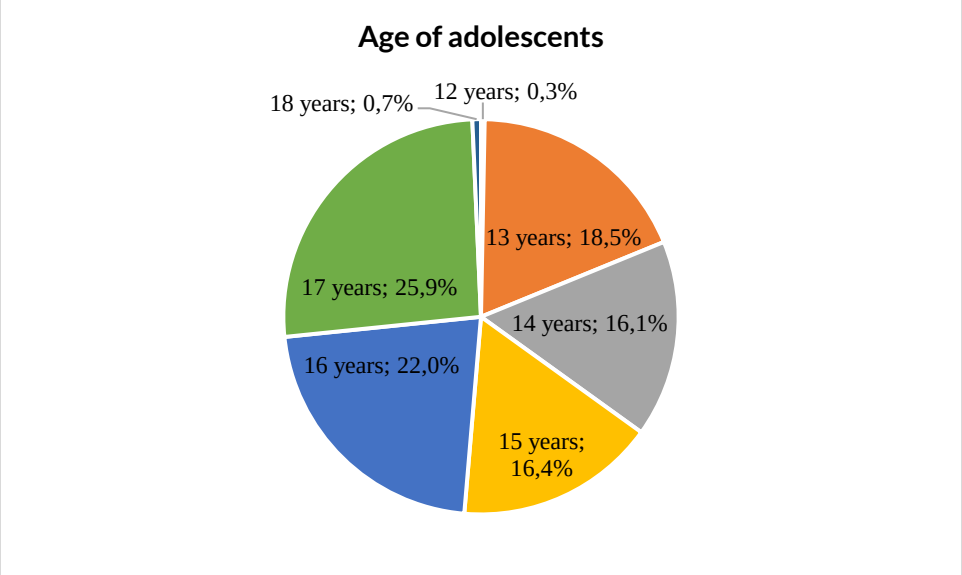


Figure 11 Age of adolescents

From the survey, it was established that adolescents who were aged 17 years constituted the highest number of participants in the survey. Those who were aged 17 years were 25.9%, those aged 16 years were 22%, those aged 13 years were 18.5%, those aged 15 years were 16.4% and 16.1% were aged 14 years. Furthermore, those aged 18 years were 0.7% while 0.3% were aged 12 years. From the foregoing, the survey achieved its target population among the cohort of adolescents who were objectively represented in the entire study population.

Education

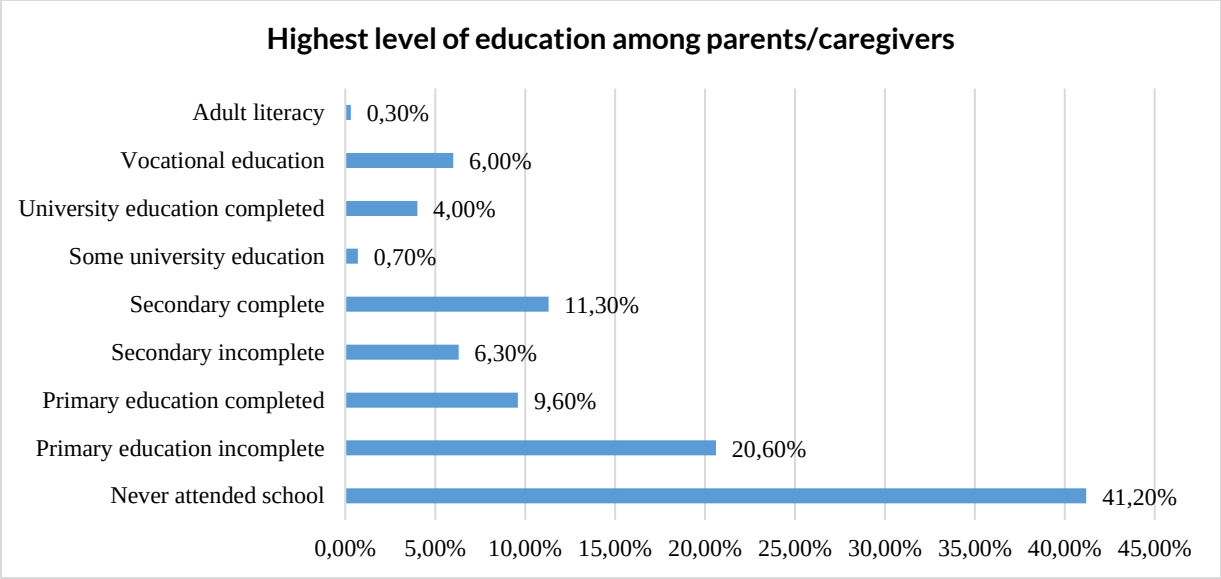


Figure 12 Highest level of education among caregivers

The survey established that among the parents/caregivers, a majority had never attended school. This was noted among 41.2% of the respondents. Those who completed primary education were 9.6% while 20.6% had not completed primary education. Those who had completed secondary education were 11.3% while 6.3% had not completed secondary education. Further, it was established that 0.7% had some university education while 4% had completed a university education. While 6% had vocational education, 0.35 had adult literacy. A considerable number of parents (62%) never attended school and did not complete primary schooling, a fact that may be accounting for the higher poverty levels observed across the three locations.

In the same vein, as shown in the table below, the survey established that 91.6% of the adolescents had never gone to school or went to school regularly while 8.2% had never or did not go to school regularly. Among those who had ever gone to school, it was observed that 39.5% had pre-primary or some primary education, 15.7% had completed primary education, 30.8% had not completed secondary education and 4.2% had completed secondary education. Those who had vocational training were 0.3% while 9.4% did not respond. The results suggest that while most of the adolescents had either attended or were still attending school regularly, the small group that was not attending school needed much more attention in terms of establishing the issues behind their lack of attendance in school.

Ever been to school or gone to school regularly		
	Yes	**No**
	262 (91.6%)	24 (8.2%)
Highest grade or class you have completed		
Pre-primary or some primary education	113 (39.5%)	
Primary education completed	45 (15.7%)	
Secondary incomplete	88 (30.8%)	
Secondary complete	12 (4.2%)	
Vocational Training	1 (0.3%)	
No Response	27 (8.7%)	

Table 17 School attendance

Additionally, the survey sought to establish whether the adolescents who had attended school or were attending school regularly had been to school since the beginning of the school year. As shown in the figure below, 76% had attended school since the beginning of the school year while 24% had not attended school since the beginning of the school year.

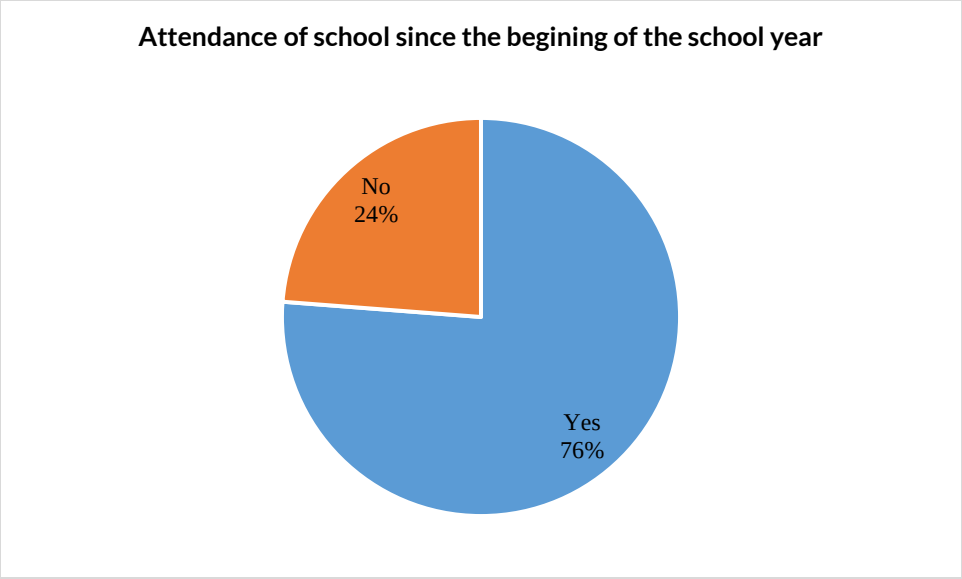


Figure 13 School attendance

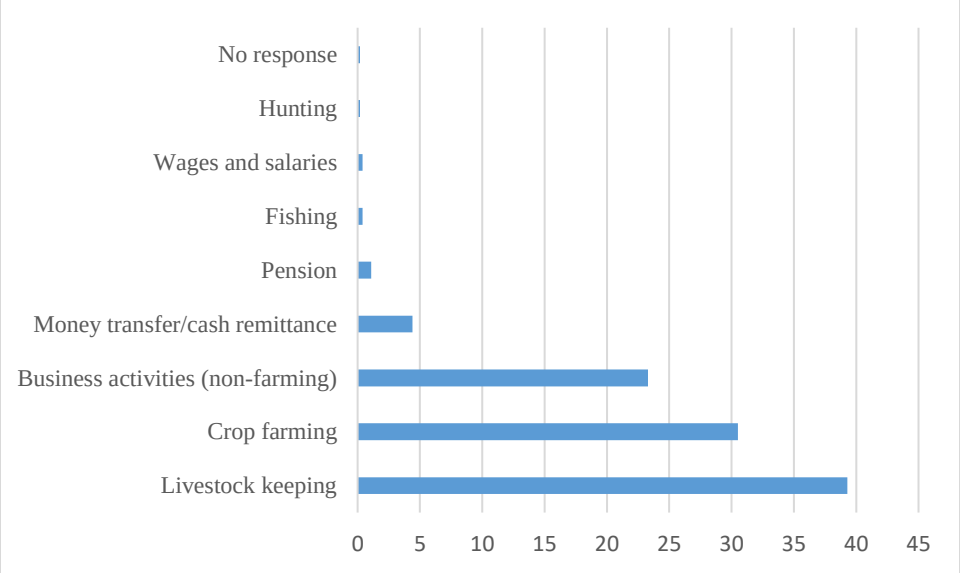


Figure 14 Income generating activities

Among the 24% (68 adolescents) who indicated that they had not been going to school since the beginning of the school year, 11.76% noted that they had been sick, 2.94% noted that they had to work, 1.47% had to go and stay with family friends in another area, 29.41% had no money for school fees, uniforms, books and transportation while 5.88% were pregnant. Further, 7.35% noted that they did not want to go to school, 4.41% noted that the school was far, 20.59% noted that the school was not open. The findings as shown in the table below indicate that adolescents face various individual and structural challenges that limit or hinder their regular school attendance.

Reason	Percentage
I was sick	11.76
I had to work	2.94
I had to go and stay with family and friends in another area	1.47

No money for fees, uniforms, books, or transportation	29.41
I was pregnant	5.88
I did not want to go	7.35
The school is too far	4.41
School not open	20.59
No response	16.18
Total	**100%**

Table 18 Reasons for not going to school

Marital status/marriage

In the quest to understand the marital status of the parents/caregivers as well as understand whether the adolescents were married, the survey established that most of the parents/caregivers were married. Of these, 62.5% were in monogamous marriages, 32.9% were in polygamous marriages, 0.3% were divorced, 0.3% were separated, 3% were single, 0.3% living together (cohabiting) as boyfriend and girlfriend and 0.7% were widowed.

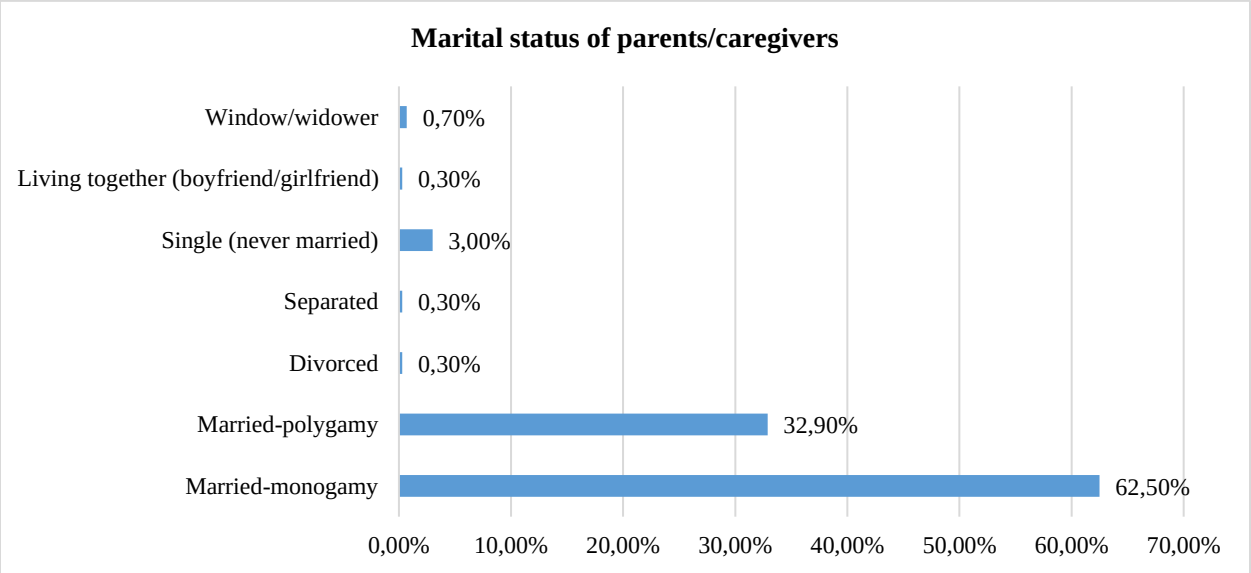


Figure 15 Marital status

Furthermore, among the adolescents as indicated in the figure below, it was established that 95% were single and had never married, 4% were in monogamous marriages while 1% were in a relationship but not living together. At such a young age where these adolescents are still considered as children, it was noted with concern that some were already married and in perspective, it could be held that their education, growth and social lives as children had been interfered with.

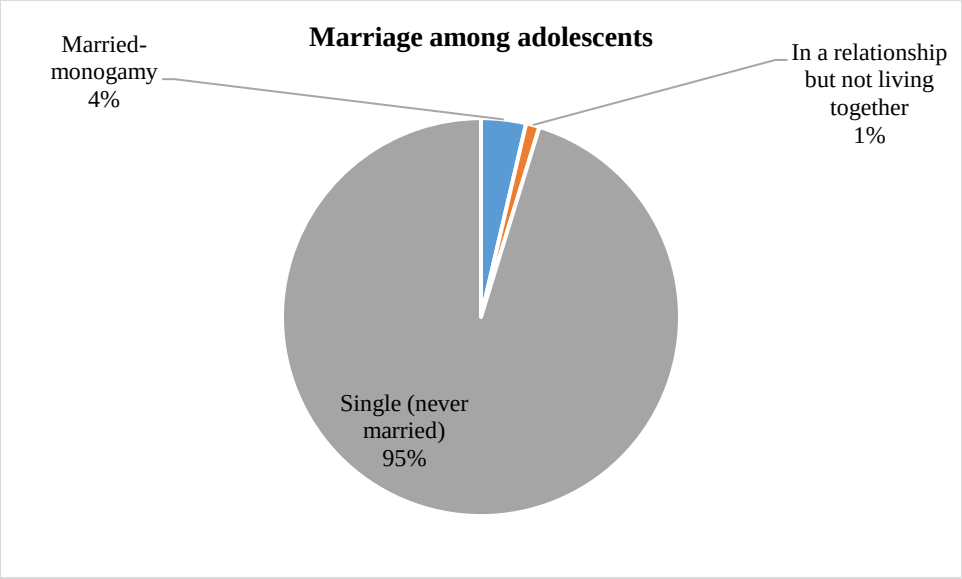


Figure 16 Marriage among adolescents

Further cross-tabulation analysis revealed that of the 4% of adolescents who were married, 4 were male and 6 were female. Of the 15 who were in a relationship but not living together, 1 was male and 2 were female. The survey further established that among those female adolescents who were married, only 2.1% said that the husband had other wives 66.7% said that their husbands did not have other wives with 4.2% of adolescents reported that they did not know.

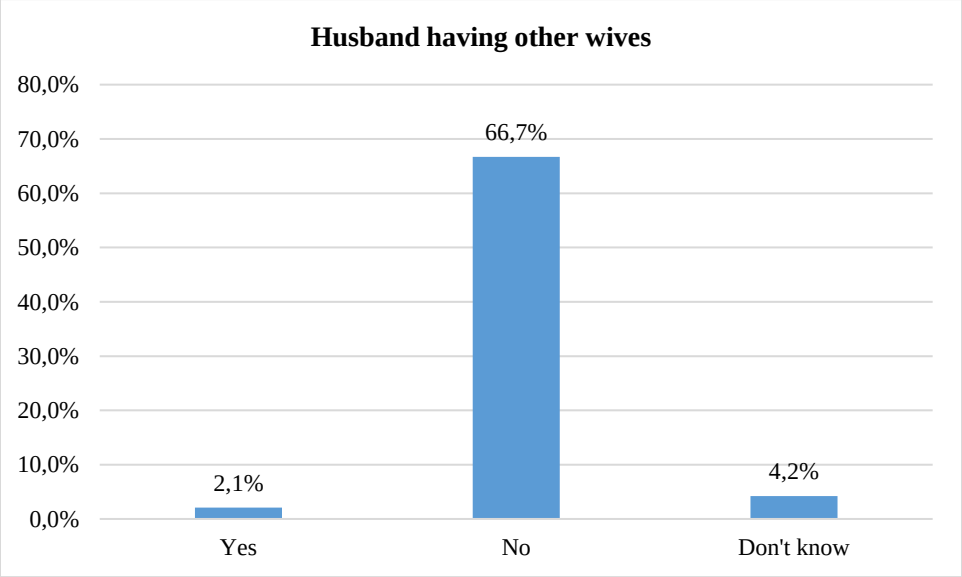


Figure 17 Husbands having other wives

The foregoing observation here is that among the population surveyed, polygamy is common, and the man may have disclosed or not disclose his relationship with other wives. This does not spare even the adolescents who get married and realize that their husbands have other wives.

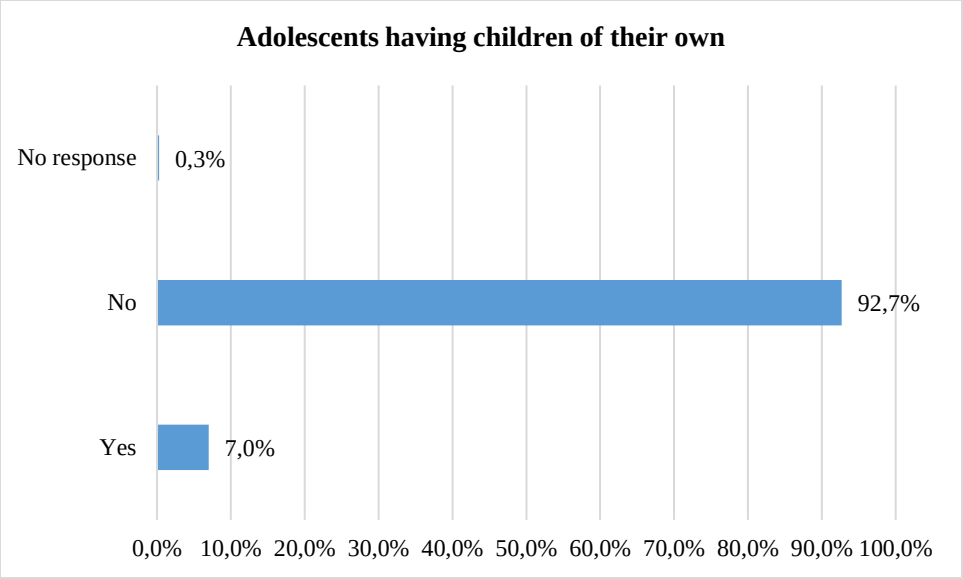


Figure 18 Adolescents children

In the same context, the survey established that among the adolescents, 92.7% did not have children of their own with 7% having children of their own and 0.3% not responding. Further cross-tabulation analysis revealed that of the 20 (7%) who noted that they have children of their own, 8 were male while 12 were female. Early marriages or child marriages beget a burden of early motherhood/fatherhood and child mothers/fathers upon society, with adolescents getting to be mothers/fathers at very young ages. This, as noted above, has grave ramifications on their education and growth.

Religion

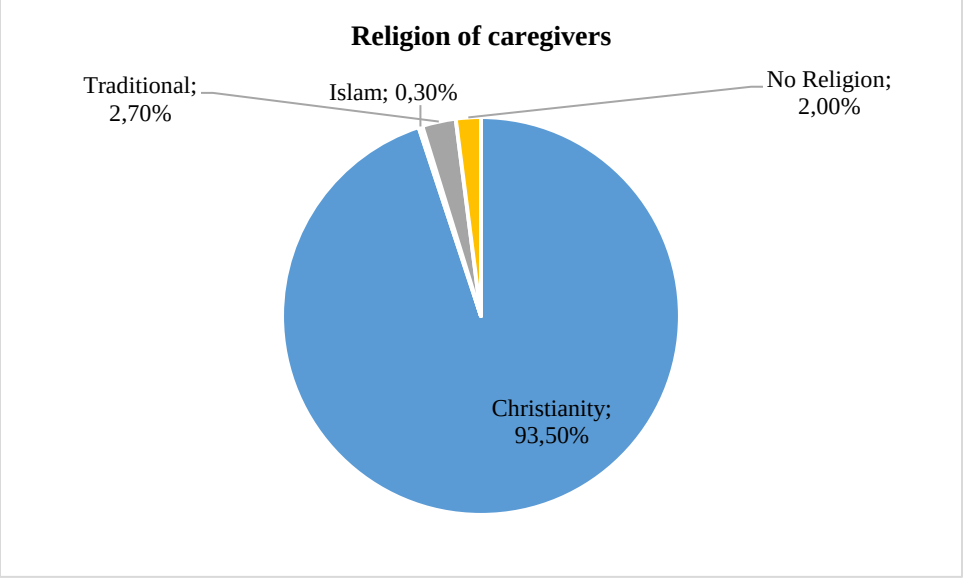


Figure 19 Religion

The findings obtained in this survey showed that the majority of the parents/caregivers were Christians. This was noted among 93.5% of the parents/caregivers with 2.7% professing traditional religion, 0.3% professing the Islam faith and 2% having no religion.

Ethnicity

As shown in the figure below and in relation to the ethnicity of the parents/caregivers, 65.8% of the parents/caregivers were Pokot, 32.6% were Maasai, 0.3% were Kelenjin, 0.3% were Kipsigis while 1% were Samburu.

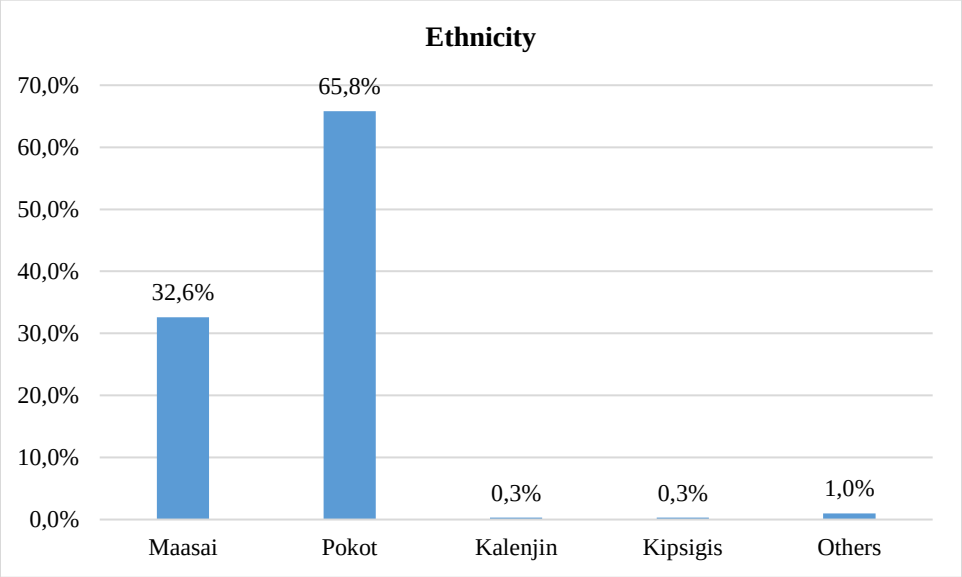


Figure 20 Ethnicity

Household leadership is key in terms of decision-making and as such, the survey established that among the parents/caregivers, 41.2% of the respondents were not the heads of their households with 58.8% reporting that they were the heads of their households. Among those who were not the heads of their households, it was noted that in terms of their relationship with the head of the household, 92% were their husband/wife/boyfriend/girlfriend, 6.4% were son/daughter, 0.8% were sister/brother-in-law while 0.8% noted that they were relatives including uncles, aunts or grandparents.

Are you the head of the household		
	No	**Yes**
	124 (41.2%)	177 (58.8%)
Relationship to the head of the household		
Husband/wife or boyfriend/girlfriend	115 (92%)	
Son/daughter	8 (6.4%)	
Sister/brother-in-law	1 (0.8%)	
Other (specify)	1 (0.8%)	

Table 19 Household head

On the other hand, among the adolescents, it was established that 86.9% were sons/daughters of the household head, 0.4% were not family related, 0.7% were grandson/granddaughter, 4.2% were niece/nephew, 1.8% were brother/sister, 4.9% were husband/wife/girlfriend/boyfriend while 1.1% of the adolescents noted that they were the household heads.

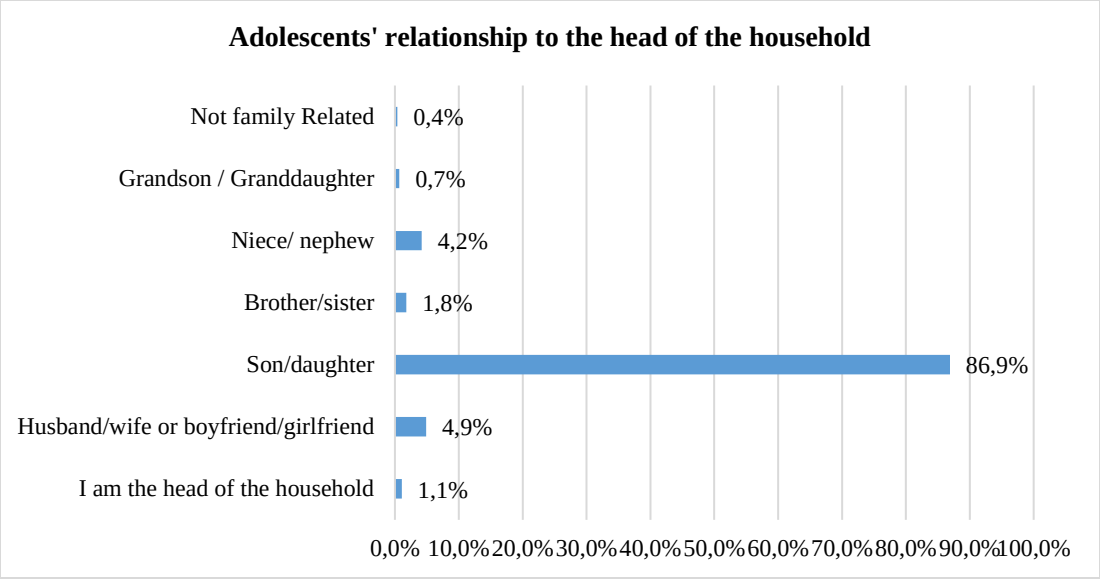


Table 20 Household head

Additionally, the survey established that most of the adolescents were living with their father and mother. This was noted among 78.8% of adolescents with 13.8% noting that they were living with one parent, 6.7% not living with either parent and 0.7% did not respond.

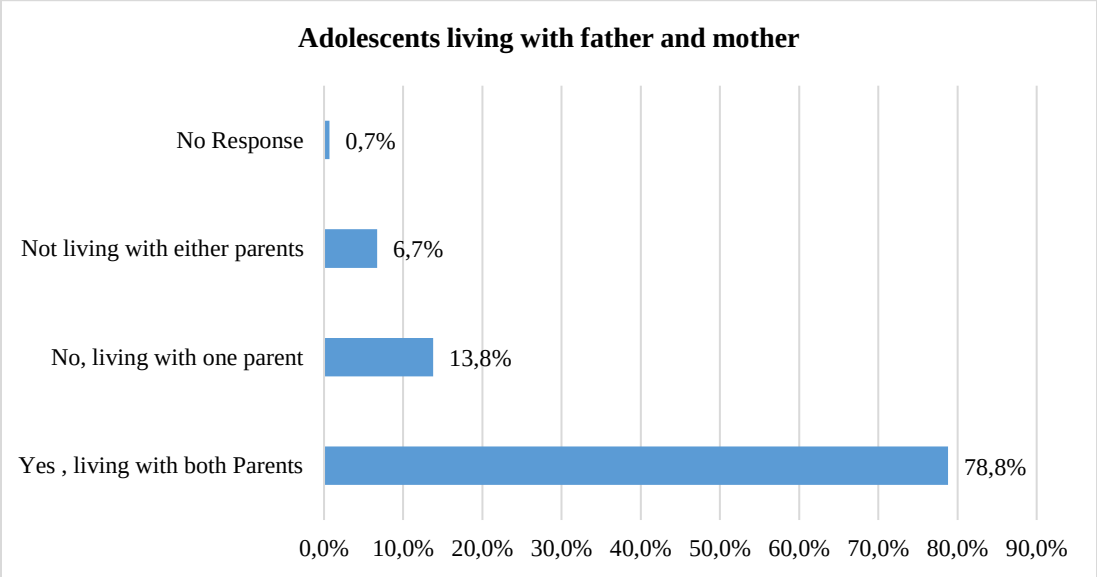


Table 21 Adolescents living with parents

The survey also sought to establish whether adolescents had birth certificates or any other birth registration documents. From the findings as shown in the figure below, 79% noted that they had birth certificates or other birth registration documents with 21% noting that they did not have birth certificates or any other birth registration documents. This result has implications for programming since as late as 13 years without birth registration certificate, more awareness creation is needed for the children to acquire the documents.

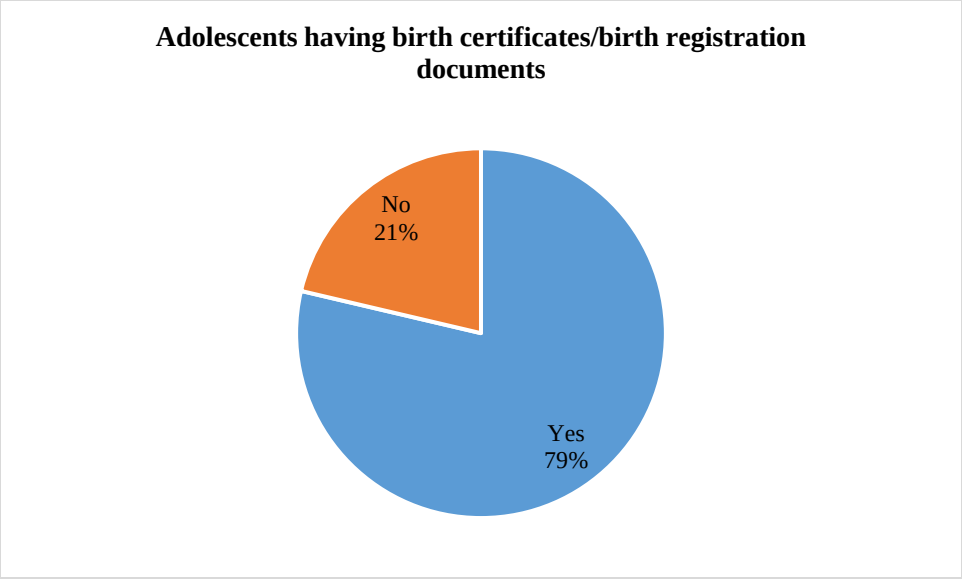


Figure 21 Birth registration

6.1.2 Situations that put children in danger in the community

The survey interrogated the situations and issues that put children at risk or in danger within the community as shown in the table below.

Situation	Percent of cases
Basic needs not met (food, shelter, clothing)	23.58
No access to school or health care	14.54
Teenage pregnancy	19.16
Giving children to other people	4.13
Abuse and exploitation of children	7.07
Forced or under-age marriage	12.38
FGM/C	11.10
Abandonment by parent or guardian	2.46
No response	5.60
Total	**100%**

Table 22 Situations that put children in danger in the community

The results indicated that the unmet basic needs (such as food, shelter, and clothing) were the most common risk or situation that put children in danger. This was pointed out by a summative 23.58% of the cases. Other situations that were prominent include teenage pregnancy (19.16%), lack of access to schools or health care (14.54%), forced or under-age marriages (12.38%), FGM/C (11.10%), abuse and exploitation of children (7.07%), giving children to other people (4.13%) and abandonment by parent or guardian (2.46%). The survey results indicate that while some of the situations are structural in nature and out of control of the children or their parents/caregivers (such as no access to school or healthcare), most of the situations are at household level and community level.

6.1.3 Parents' and Adolescents' perceptions on child protection issues in the Area Programmes

Safety of children in the household and community

The survey enquired on the safety of children within the households and parents/caregivers responded by rating their level of agreement or disagreement with various statements relating to the safety of children in the households as shown in the figure below.

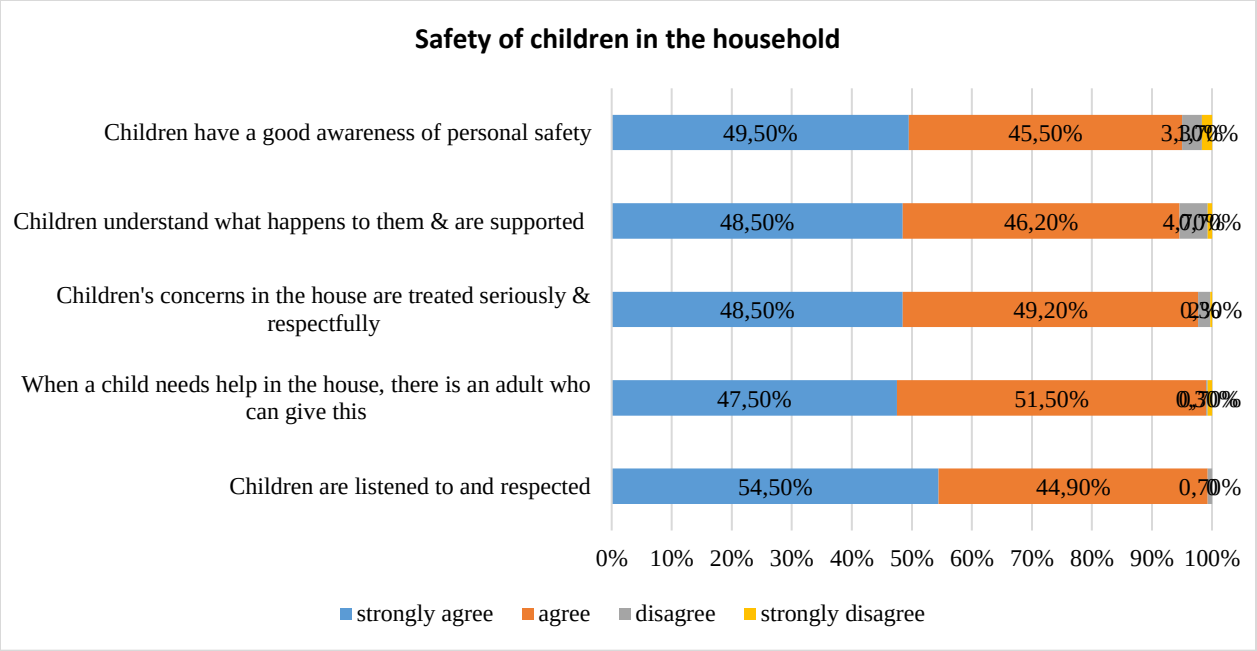


Figure 22 Safety of children in the household

The survey also interrogated the child protection situation within the community as one of the measures of the safety of children. Parents/caregivers responded by rating their level of agreement or disagreement with various statements relating to the safety of children in the community as shown in the table below.

Safety of children in the community	SA	A	D	SD	DN	NR
Children are generally protected from risks by the actions of professionals	45.5%	49.5%	3.7%	1.3%	0	0
Children understand what happens to them and are supported	45.2%	49.8%	4.0%	1.0%	0	0
Members of the public know whom to contact if concerned about a child's safety	51.8%	42.2%	4.3%	1.0%	0.7%	0
Agencies with child protection responsibilities always have professional staff who can be easily contacted	50.2%	38.5%	9.6%	1.3%	0.3%	0
Professionals listen and record the views of children and their families	47.2%	48.5%	3.3%	0.3%	0.7%	0
Professionals know what information to share and when	47.2%	46.8%	4.7%	0.7%	0.7%	0
Management and recording of information are known and procedures followed	49.5%	37.2%	8.3%	3.0%	2.0%	0
Members of the public are confident that local services protect children	50.2%	38.5%	9.6%	1.3%	0.3%	0
Professionals help children and their families express their views	49.2%	45.2%	4.0%	0.7%	1.0%	0
Those in contact with children know the signs of a possible need for help	51.5%	42.2%	3.0%	2.7%	0.7%	0
All professionals take action to prevent continued harm	55.5%	37.9%	4.0%	2.0%	0.7%	0
There is a consistent response to concerns about child protection	51.2%	40.9%	5.0%	1.7%	1.3%	0

There is always feedback to whoever raised the concern	50.5%	41.9%	3.3%	1.7%	2.7%	0

Where SA = strongly agree, A = agree, D = disagree, SD = strongly disagree, DN = don't know, NR = no response

Table 23 Safety of children

Source of knowledge about Female Genital Mutilation/Cutting (FGM/C)

One of the key concerns relating to the safety of children is FGM/C hence the survey sought to understand the sources of knowledge/information regarding FGM/C, the beliefs held by the people and the attitudes towards FGM/C.

Table 24 Sources of knowledge about female genital mutilation/ cutting

Source	**Percent of cases**
Family	35.23
Friends	23.32
Community health education	28.02
Doctors/nurses	2.68
Television	2.01
Radio	4.36
Newspaper	3.86
Others	0.50
Total	100%

The results in the table 24 above indicate that family was the most prominent source of knowledge and information regarding FGM/C for parents/caregivers. This was pointed out in a summative 35.23% of the cases. Other sources included the health system such as community health education (28.02%) and doctors and nurses (2.68%), friends (23.32%), the media which included radio (4.36%), television (2.01%) and newspapers (3.86%). Other sources of information (0.50%) mentioned by the participants included religious leaders, local administrators and leaders and community safety and health champions and advocators working with civil societies and NGOs.

Knowledge, perceptions, and attitude around FGM/C

The study also sought understand the beliefs and perceptions surrounding FGM/C. Parents/caregivers responded by rating their level of agreement or disagreement with various statements relating to beliefs on FGM/C as shown in the table below.

	SA	**A**	**D**	**SD**	**DN**	**NR**
There are laws against female genital circumcision in Kenya	68.1%	31.2%	0.3%	0.3%	0	0
Uncircumcised women are most likely to get sexual infections	4.0%	3.7%	22.9%	53.5%	13.6%	2.3%
There are different types of female genital circumcision	7.3%	10.3%	16.3%	46.2%	17.3%	2.7%
Female Genital Circumcision is not dangerous	3.3%	5.3%	17.6%	71.1%	2.3%	0.3%
Being circumcised makes no difference during childbirth	7.6%	7.6%	17.9%	57.5%	7.6%	1.7%
If the clitoris is not removed, it will grow large like a penis	6.3%	0.3%	12.6%	61.1%	18.3%	1.3%
If the clitoris is not removed the baby will die during delivery	0.7%	1.0%	18.9%	61.5%	17.3%	0.7%
Circumcised women are less likely to catch sexually transmitted infections	3.3%	2.3%	22.3%	59.5%	10.3%	2.3%
Infants of uncircumcised mothers are more likely to die than those of circumcised mothers	1.7%	3.0%	19.6%	62.5%	12.0%	1.3%
Female Genital Circumcision improves fertility	2.3%	3.3%	19.9%	59.5%	13.6%	1.3%

Female Genital Circumcision can prolong labor during childbirth	44.5%	20.6%	13.6%	14.6%	5.0%	1.6%

Where SA = strongly agree, A = agree, D = disagree, SD = strongly disagree, DN = don't know, NR = no response

Table 25 Knowledge and perceptions surrounding FGM/C

The survey sought to understand the attitudes towards FGM/C by parents/caregivers. Parents/caregivers responded by rating their level of agreement or disagreement with various statements relating to attitudes towards FGM/C as shown in the table below.

	SA	A	D	SD	DN	NR
Girls and women in our community will get cut now and, in the future	5.3%	4.7%	18.3%	62.5%	9.3%	0
I would circumcise my daughters	0.3%	1.7%	23.6%	65.8%	8.6%	0
I respect the people that perform circumcisions on women.	10.3%	17.9%	12.3%	56.8%	2.3%	0.3%
I talk to my friends/family to abandon Female Genital Circumcision	3.3%	7.6%	27.9%	58.5%	1.3%	1.3%
A circumcised woman is no longer a whole woman	53.2%	31.9%	8.3%	6.0%	0.7%	0
Without circumcision, a woman is unable to fulfil her intended role in marriage	6.6%	11.6%	30.2%	45.5%	3.7%	2.3%
It is important to talk about Female Genital Circumcision	50.2%	31.9%	5.0%	12.3%	0.7%	0
I respect uncircumcised and circumcised women equally	51.5%	32.2%	3.0%	12.6%	0.3%	0.3%
Many people talk about Female Genital Circumcision	48.8%	34.9%	8.3%	7.3%	0.7%	0

Where SA = strongly agree, A = agree, D = disagree, SD = strongly disagree, DN = don't know, NR = no response

Table 26 Attitudes surrounding FGM/C

From the foregoing, the survey finds that there is great knowledge about FGM/C within the surveyed locations with most of the sources of this knowledge being within the community. Further, the use of media as a source of knowledge and information is an indication that the knowledge obtained is authentic and verifiable. The survey finds that beliefs do not support the perpetration of FGM/C. While traditions and beliefs are meant to support and uphold cultural practices, in the current age, beliefs do not support any aspect of FGM/C. The findings highlight the overwhelming agreement by the parents/caregivers that there are laws in Kenyan against FGM/C and this should be the backbone of all efforts to ensure safety of children against FGM/C within communities. Furthermore, FGM/C receives negative attitude from the people who at this time, are better informed and not driven by myths and misconceptions to blindly embrace a practice that is a safety concern in relation to children and especially girls.

Nature of the circumcision

The survey went ahead to enquire about the nature of female circumcision from the girls who were enjoined in the survey. First, it was established that 92.1% of the girls had been circumcised while 7.9% had not been circumcised. Secondly, 90.9% noted that during female circumcision, flesh is removed from the genital area while 54.5% noted that genitals are just nicked, and flesh is not removed. Finally, it was noted in 0.3% of the cases that the genital area was sown or closed.

The survey observed that the different experiences of the girls in relation to female circumcision indicate that the scope and nature of female circumcision varies from one community to another based on culture and traditions.

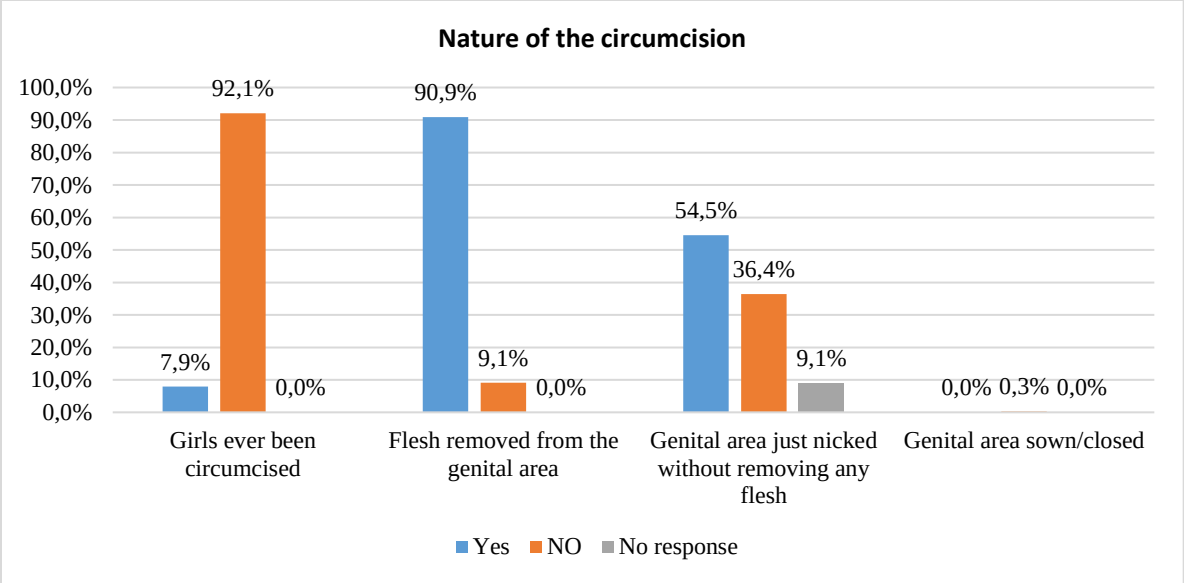


Figure 23 Nature of Circumcision

Early marriage

To understand the nature of early marriages from the perspective of parents/caregivers, parents/caregivers responded by rating their level of agreement or disagreement with various statements relating to early marriages as shown in the table below.

	SA	A	D	SD	DN	NR
Early marriage is a common practice in my community	17.4%	29.1%	25.4%	20.1%	8.0%	0
Has anyone in my household ever been married before the age of 18	7.0%	10.7%	22.1%	60.3%		0
If I had a daughter, would I allow her to get married before the age of 18	0.7%	3.7%	19.6%	71.8%	4.0%	0.3%
I am aware of the risks that girls face due to early marriage	54.3%	28.0%	5.0%	11.0%	0.7%	1%
A girl has a right to resist early marriage	62.5%	27.6%	4.0%	5.6%	0.3%	
A girl can decide on whether or not to get married, or can a girl decide on whom to marry	58.2%	25.8%	5.7%	10.4%	0	0

Where SA = strongly agree, A = agree, D = disagree, SD = strongly disagree, DN = don't know, NR = no response

Table 27 Early marriages from parents and caregivers' perspectives

Beneficiaries' and local stakeholders' knowledge of WVK Child Protection Interventions in the programme locations

World Vision Kenya has implemented child protection (CP) interventions in Narok, West Pokot, and Baringo Counties since 2016. To gauge their knowledge of WVK activities in their localities and set the ground for evaluative questions, the evaluators asked the study participants questions about WVK child protection interventions and most of them expressed awareness creation on child rights, sensitizing children on child protection issues such as FGM and early marriages and training of parents and community on child protection and life skills as some of the key activities that are implemented in the three locations.

Response	Narok (%)		West Pokot (%)		Baringo (%)		Subtotal
	m	f	m	f	m	F	

Awareness creation on child protection issues	18.1	16.7	18.4	17.7	14.5	14.5	29.9
Training of parents and community members on child protection and life skills	15.8	12.4	20.3	29.3	15.4	15.8	25.6
Sensitizing children on child protection issues (ECFM, FGM)	19.7	18.4	16.8	18	12.3	14.8	25.9
Formation /Strengthening of child protection committees and structures at the community level	18.6	11.5	18.6	21.2	11.5	18.6	12
Strengthening referral mechanisms for child rights abuses	20.6	12.7	30	23.8	7.9	7.9	6.7
Total							100

Table 28 Child protection interventions in Narok, Baringo, and West Pokot

Findings from the qualitative interviews expanded the above child protection intervention activities to include the establishment of platforms for child protection activities and the provision and/or construction of social and physical infrastructure like classrooms and water tanks as summarized in figure 24 below. Furthermore, FGDs with adolescent girls and boys revealed immense knowledge of WVK activities in the three communities which corroborated data from secondary materials as captured in the following quote:

> *"World Vision does a lot of work for our community. They build schools for example Enkimati, Enkutoto, and Elangata high schools. They provide water to the community as in Muwuarak and they sponsor children to school. Moreover, they have distributed water tanks to schools, provided solar energy, and built toilets. Most importantly for us, they have educated us on life skills in schools which include self-awareness, believing in oneself and having confidence. They have also urged us to refuse and abandon early marriages and FGM and avoid peer pressure."* (Source: FGD with girls in Ilaramatak, Enlangata sub-location.)

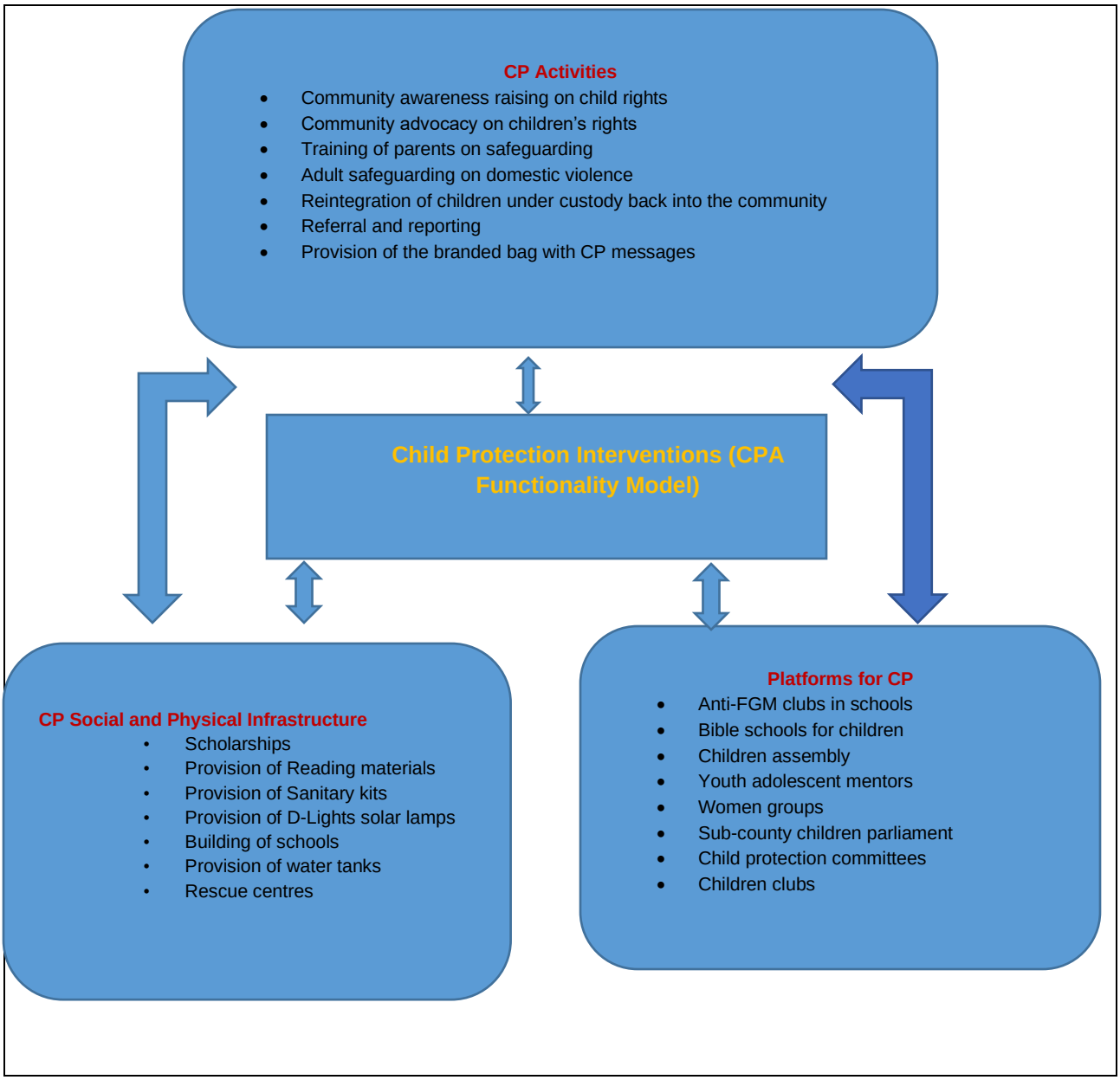


Figure 24 Summary of WVK child protection activities in Narok, West Pokot and Baringo Counties

A review and triangulation of WVK project documents with data from the study participants unpacked additional activities that WVK has implemented in the period under evaluation (2016-2022). For Example, under the Girl Child Promotion Project in Lokis, the organization implemented a raft of activities under one of the three project outcomes feeding directly to child protection; **Outcome 1:** Strengthened capacity of households and institutions to nurture and protect children from abuse and all forms of violence. These activities are captured in the table below:

LF Number	Activity*
01.01.01	Training of children in advocacy clubs on child rights and protection including issues around FGM, EM, Moranism
01.01.02	Support children's assemblies at Sub County, County and National level
01.01.03	Facilitate boys and girls to participate in community, county and national events for marking international calendar events (Day of African child, zero tolerance against FGM, International Day for Persons with Disability, 16 days of activism against GBV)
01.01.04	Facilitate Alternative Rite of Passage (ARP) for girls and Mentorship programmes for both boys and girls, including CWDs
01.01.07	Provide accessible and child-friendly information, education and communication materials on individual wellbeing
1.02.02	Facilitate community dialogues to address gaps in the reporting, monitoring, referral and reintegration mechanism for children abused or violated in diverse ways, including harmful cultural practices and discrimination of CWDs.
01.02.06	Train communities on celebrating families and positive parenting including addressing gender disparities and inclusion of CWD in the community
01.02.09	Support network and reflection forums for departments and institutions addressing protection of children.
01.02.10	Support income generating activities for community level structures that promote rescue, protection, care and re-integration of boys and girls
01.03.01	Training of law enforcers (provincial administration, Police, Office of the DPP, Children Officers, and Magistrates) on Protection and their roles.
01.03.05	Support interventions aimed at attaining universal birth registration
01.04.01	Equip boys and girls, including CWDs, with skills for utilising the Child help line
01.04.02	Establish and strengthen help desks in accessible points like police stations or chief's offices for addressing child abuse cases including GBV
01.04.03	Conduct Psychological First Aid (PFA) Training of Trainers (ToT) for front-line child caregivers who provide emergency psychosocial care, including: Volunteer Children Officers (VCOs), Sub-County Children's Officers (SCOs), chiefs, teachers, and pastors (CoH-CP CHATT leaders). (1 ToT event (3 days). 30 participants--10 participants per project location)
01.04.10	Organise the End Violence Against Children campaign
03.03.03	Support provision of assistive devices for pupils with special needs

03.03.04	Set up temporary learning spaces for children in emergency context
03.03.05	Support acquisition of basic requirements for learning for children in emergency contexts (including sanitary towels for girls)
03.03.06	Empower children and youth as peace builders through formation/strengthening peace clubs.
03.04.05	Facilitate Alternative Provision of Basic Education and Training and Technical and Vocational Education and Training for adolescent learners
03.05.01	Representatives of community members and BoMs to train in and out of school boys and girls including CWD on life skills programmes
03.05.02	Facilitate mentorship programmes for boys and girls
03.05.04	Facilitate children to participate in commemoration of Calendar Events e.g. International Literacy Day, Global Week of Action, Sub County Days etc.
03.05.05	Support children transformation groups including peer groups and other school clubs undertake life skills activities

Table 29 WVK CP Activities- Source: Final Narrative for Lokis Girl Child Promotion Project (1st October 2019-30th September 2020

6.2 Impact Criteria

The impact criteria focus on the extent to which the intervention has generated or is expected to generate significant positive or negative, intended, or unintended, higher-level effects. This evaluation has unveiled higher level changes in the three Area Programme of Ilaramatak, Lokis and Orwa and presented and discussed hereunder.

6.2.1 Reduction of FGM and early marriage practices in the community

Across the three study sites, results indicate that FGM practice and early marriage in the three communities have reduced to a small extent over the last five years. This long-term change as evaluation participants reported was contributed to by WVK alongside other partners like the government, among others. World Vision mounted interventions focused on the areas of child rights awareness, life skills training, and sensitizing and training the children and community on child protection issues to discourage retrogressive cultural norms like FGM and early marriages. The quote below reveals this change at the impact level.

> *"I think FGM has reduced slightly because now, contrary to before when it was done openly with public ceremonies, it is rare to hear about it and the ceremonies. This is because World Vision, the government, and (others) are on it advocating against it. WVK is also partnering with the church. So, this issue has attracted so many stakeholders that have made those still practicing it do it undercover. Many watchdogs have made the community to be fearful."* (Source: Interview with stakeholders in a stakeholders' forum at one of the locations).

> *"In my opinion, it has reduced although to a small extent reason being that WVK and other NGOs have been training their Community Health Volunteers who are on the ground training local people on the dangers of FGM and early marriages so that people know so they become enlightened. As a Maasai from this area to be sincere it has reduced. For instance, I have three girls, one has completed form four, the other form one, and the last born is in class eight. When you have a range of people like that who have hidden to the clarion call of NGOs, creating awareness on the dangers of FGM, it has reduced. In addition, the church particularly the Full Gospel Church has also helped. Most of the people have gone to church and it has greatly assisted in reducing the FGM prevalence".* (Source: Interview with stakeholders in a stakeholders' forum in Narok County).

> *FGM and early marriage has reduced in our community since World Vision has brought about education opportunities. Also, laws have been put in place to ensure that those who still practice them are arrested and punished. Girls are encouraged to go back to school even after delivery.* (FGD with adolescent girls).

According to interviewees in all three project locations, apart from the contribution of WVK and other actors, other factors have contributed to the reduction of FGM and early marriage practices. In terms of the legal framework, especially the enactment and enforcement of the Prohibition of Female Genital Mutilation Act of 2011 has made a substantial difference during the observed period. This has resulted in the increasing number of people who are abandoning cultural traditions and joining the Christian churches, and the government's declaration of Free Primary Education. The Prohibition of Female Genital Mutilation Act of 2011 criminalizes FGM with very punitive provisions should one be found culpable. This has discouraged the practice for fear of arrest and jail. Those joining the church embrace the bible teachings and church campaigns against FGM and early marriages while the enforcement of free primary education has meant that school-going children become subjects of school and government monitoring machinery hence the parents are held liable should a child fail to report or drop out of school for having undergone FGM and/or early marriage. The Channels of Hope project model has been highlighted by the participants as a practical platform that addresses deeply entrenched, long-lasting beliefs, convictions, and culture that counter child marriage and FGM in the observed communities. Through the model, the faith leaders have promoted relevant legal and policy frameworks that ban the practices. They yield a considerable influence over culture and the behaviors in all the three project locations.

Confirming the qualitative data above, survey data on impact level indicators show that generally across the study sites, FGM and early marriages have reduced and there is a perception that children and the community have begun to feel safe from these forms of child rights violations. However, the rates of FGM and early marriages have reduced in the period of observation 2016-2020 nationally. The attribution gap of the WV Kenya contribution is thus difficult to assess.

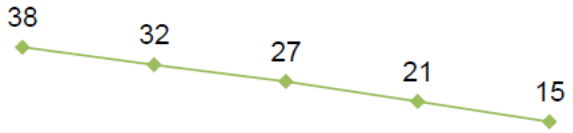


Figure 25 Trends in FGM, % of women 15-49 circumcised, source: KDHS 1998-2022

Survey findings has established that 86% of parents/caregivers sampled across the three programme locations felt that FGM and early child marriage has reduced in their communities. Most importantly also is the result that 90% of female parents/caregivers said that the practices had reduced compared to their male counterparts (83%). Further supporting these findings is that over half (54%) of the adolescents (boys and girls) aged 13-17 years (58% female and 51% male) reported that they are safe from child rights violations. Similarly, 65% of the adolescents (55% female and 53% male) said their communities are safe from FGM and early marriages. The perception of safety by the girls is a critical impact level change attesting to the reduction of these two forms of violations in the WV programme areas.

Out of the three WV programme areas, Orwa in West Pokot was leading with 96% male and 97% female parents/caregivers expressing that FGM and early marriages have reduced in their community. It is then followed by Lokis in Baringo (84% male and 87% female) and Ilamatak (67% male and 83% female) suggesting more campaign is still needed in Narok County. In Lokis Baringo County, this impact study unveiled that 48% male and 45% female feel that their community is safe from FGM and early child marriages. Similarly, 97% of the adolescents (both boys and girls) felt that the two practices had reduced in Lokis as captured in the end term evaluation report of 2020. The end term evaluation data on this indicator for Lokis seems to be higher than that of impact evaluation for all the three locations which is at 65%. This difference could be attributed perhaps to the fact that the end term evaluation 2020 for Lokis could have focused more on areas with a concentration of CP interventions.

The proportion of adolescents reporting/experiencing physical attacks in the past 12 months was at 10% in the three locations implying that close to 90% had not encountered physical attacks in the period. This compares closely with the end term evaluation findings of 2020 for Lokis which posted 94% on the proportion of adolescents who had not experienced any form of violence. Moreover, survey revealed that 77% of parents/caregivers across the study locations believed that early marriage had reduced in their communities. Disaggregated by gender, over half (50%) of female parents and caregivers and close to half (50%) of male parents said that early and forced child marriage has reduced in the three locations.

While the above survey results indicate positive progress, interviewees were quick to point out that poverty, high dependency ratio at the family level (a function of polygamy), child negligence, high value of dowry paid for young girls, poor parenting skills, and boy-child preference as the main persistent drivers of early and forced marriages for the girls.

2023 IMPACT EVALUATION INDICATOR DATA									
Indicators for impact evaluation (2023)	**Narok/ Ilaramatak**		**West Pokot/Orwa**		**Baringo/Lokis**		**All 3 Locations**		**All 3 Locations Male+Female Combined**
	Male (%)	**Female (%)**	**Male (%)**	**Female (%)**	**Male (%)**	**Female (%)**	**Male (%)**	**Female (%)**	**M+F (%)**
% of boys and girls of age 17 and below who report that they are safe from child rights violations in their communities	31.5	51.7	80	66.7	44.2	51.1	50.9	57.5	53.8
% of boys and girls of age 17 and below who report that they are enjoying their rights and fulfilling their potentials	20	11.8	66	72.5	46.1	33.3	42.1	48.8	45.1
% of boys and girls of age 17 and below who feel that their community is safe from all forms of child rights violations (FGM/C,ECFM etc.)	35.1	34.5	80	76.4	48.1	44.7	53.4	55.1	64.6
% of parents/caregivers who think that child marriage and FGM has reduced	66.7	82.9	96.2	96.7	84.1	87.2	83.1	89.5	86.4
% of parents/ caregivers who feel that their community is a safe place for children	98	97.9	100	89.8	100	95.7	99.3	94.1	96.7
Proportion of adolescents reporting physical attacks in the past 12 months	12.2	13.8	8	4	6	17	8.8	11	9.8
% of children of 17 years and below who express that protection services during emergency situations (physical attack etc..) are accessible	43.8	41.3	92	82.3	67.3	72.3	66.7	69.3	67.8
% of adolescents aged 12–18 years who report that they have a birth certificate or other birth registration documents.	64.9	69	80	86.3	84.6	85.1	76.1	81.9	78.7

Table 30 Primary Data collection, 2023

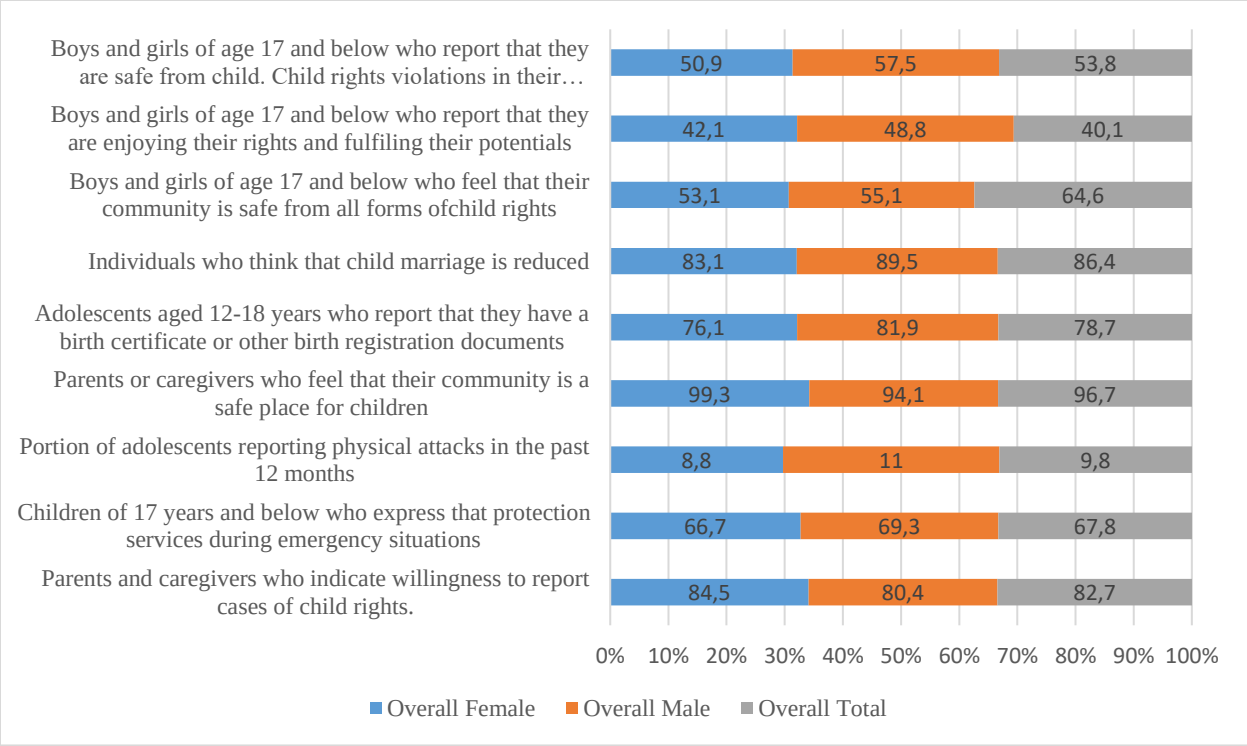


Figure 26 Percentage of 2023 Impact evaluation indicators –Overall by Gender, 2023

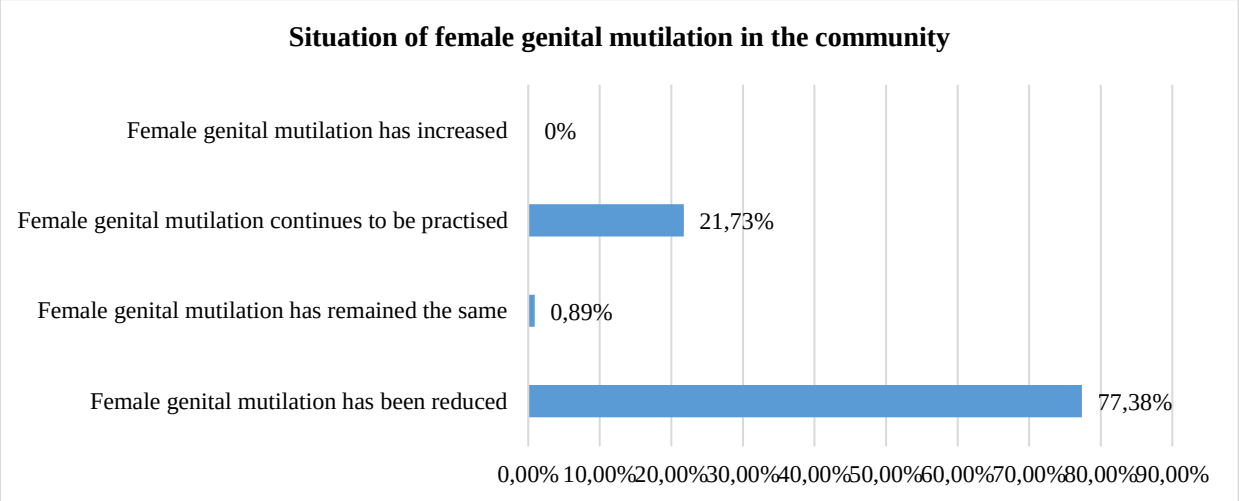


Figure 27 Situation of female genital mutilation in the community

Data in the above table and figures (see table 30, figure 26 and 27) were compared with those from the WV evaluation studies of 2021 (baseline and endline). According to this impact study, on average 96.7% of parents/caregivers in the three locations felt that their communities were safe for children which was the same as that of End line TP&CESP evaluation (2020) in Lokis (96.7%) while in Orwa it was lower at 60.5% at the end line evaluation of 2020 suggesting an increase of 36.2% at impact. In Ilaramatek, those who felt that the community was safe for children was slightly lower at 72.3% at baseline suggesting an increase of 24.4% at impact (96.7).

On birth certificate/registration documents, 78.7% of the adolescents (83.1 female and 81.9% male) from the three locations said they had the documents which was almost equal to that of Orwa (81%) and higher than Lokis which was 63.5% (54.6% male and 45.4 female) at end term evaluations of the two APs. Similarly, as found in Lokis, there was no significant association of gender in getting birth registration documents.

Female Genital Mutilation which is one of the threats to girls' safety, dignity and advancement was said to have reduced across the three study locations according to 77.4% of the respondents. On whether girls and women will be cut now, and, in the future, table below shows the results that further support those of qualitative above. A majority of those who strongly agreed were found in Narok (male 50%) and female (25%). However, those who disagreed and strongly disagreed with the statement were more at 18.3% and 62.5 % across all gender and target locations suggesting that the practice may be on the decline (table 31 below).

Response	Narok		West Pokot		Baringo		Subtotal
	M	F	m	f	M	F	
Strongly Agree	50	25	6.3	6.3	6.2	6.2	5.3
Agree	21.4	7.1	14.3	28.6	14.3	14.3	4.7
Disagree	34.5	21.8	5.5	0	21.8	16.4	18.3
Strongly Disagree	11.2	15.9	5.9	23.3	15.4	23.9	62.5
Don't Know	57.1	42.9	0	0	0	0	9.3
Total							100

Table 31 Caregivers' responses on whether girls and women in our community will get cut now and, in the future, 2023

6.2.2 Parents/Caregivers' knowledge of structures to report cases of child rights violations

Still on average, 82.7% of the parents/caregivers were willing to report any suspected cases of child rights violations across the three locations compared to 97%, 91% and 82% at Ilaramatak, Lokis and Orwa respectively at baseline of 2020.

In further interrogation of the channels for reporting cases and experiences of child abuse, the survey established that in most of the parents (93%), knew existence of safe spaces and structures for children to report experiences of abuse of any nature. This finding is slightly below with 5% to that of Ilaramatak which stood at 97% at baseline of 2020 but almost double that of Orwa (50%) at baseline of 2020. This awareness on these safe spaces and structures could be attributed to WVK interventions amongst other actors in the communities.

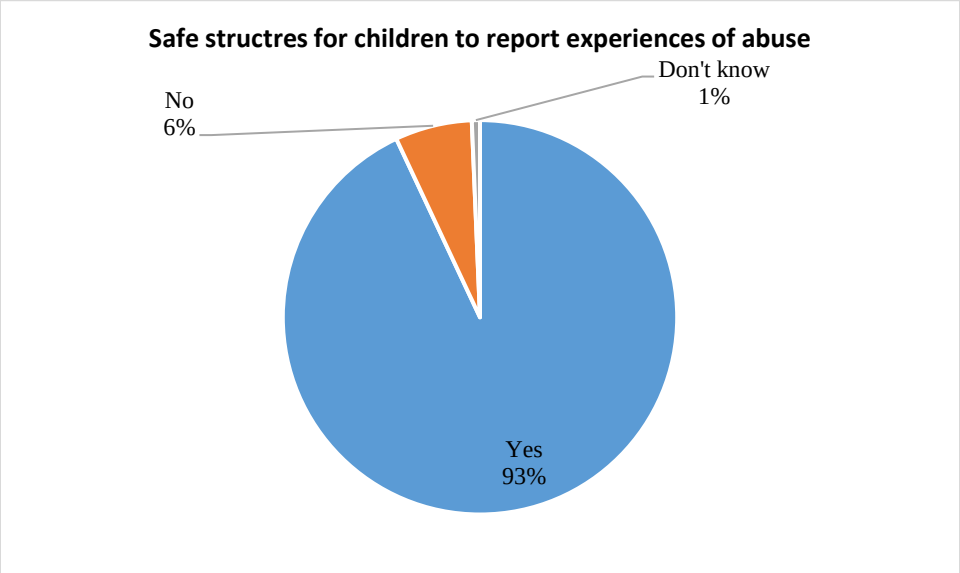


Figure 28 Safe spaces and structures of children to report experiences of abuse

The survey sought to understand from the perspective of parents/caregivers, the reporting channels when there is a serious problem with adolescents in the household and the community, mechanisms used to address these problems, the safety of adolescents in the households and safety of adolescents within the community.

Reporting point	Per cent of cases
Parents	42.40
Family member	16.82

Husband/Wife's family	6.91
Friends/Neighbors	7.14
Community elder/Chief	20.28
Religious leader (Pastor, Priest)	3.46
Teacher	0.23
Health worker	0.92
Police	0.23
Nobody	1.38
I don't need assistance	0.23
Total	**100%**

Table 32 Points of reporting in case of serious problems with children in the household

Evaluation results showed that reporting to the parents (father and mother) was the most commonly used reporting point. This was pointed out in 42.4% of the cases. Other channels pointed out by the parents/caregivers included reporting to the community elder/chief (20.28%), reporting to family members (16.82%), reporting to friends or neighbors (7.14%) and reporting to the husband's/wife's family (6.91%).

6.2.3 Adolescents' knowledge of structures for reporting in case of abuse

Adolescents were further asked to indicate the structures they considered safe for them to report any experiences or cases of abuse in their households or in the community. As shown in the table below, the community elder or chief was cited as the most prominent place to report cases of abuse. This was noted among a summative 25.7% of the cases. Other reporting spaces included father and mother (17.5%), grandparents (10.3%), sister or brother (12.7%), teacher or health worker (6.8%), aunt or uncle (2.4%), social worker or community worker (6.5%), friends or neighbors (6.2%) and religious leaders (5.5%).

	Percent of cases
Father/mother	17.5
Employer	0.7
Aunt/Uncle	2.4
Teacher or health worker	6.8
Grandparent	10.3
Social worker or community worker	6.5
Sister/brother	12.7
Other relatives	1.7
Friends/neighbors	6.2
Community elder/chief	25.7
Religious leader (Pastor, Priest)	5.5
I don't need assistance	0.3
Nobody	1.7
Police	2.1
Total	**100%**

Table 33 Structures for reporting child abuse- Adolescent perspectives

6.2.4 Extent to which children (boys and girls) in the community are enjoying their rights and fulfilling their potential

The survey also unveiled data on the extent to which children (boys and girls) in the community were enjoying their full rights and fulfilling their full potential. The findings are as shown below.

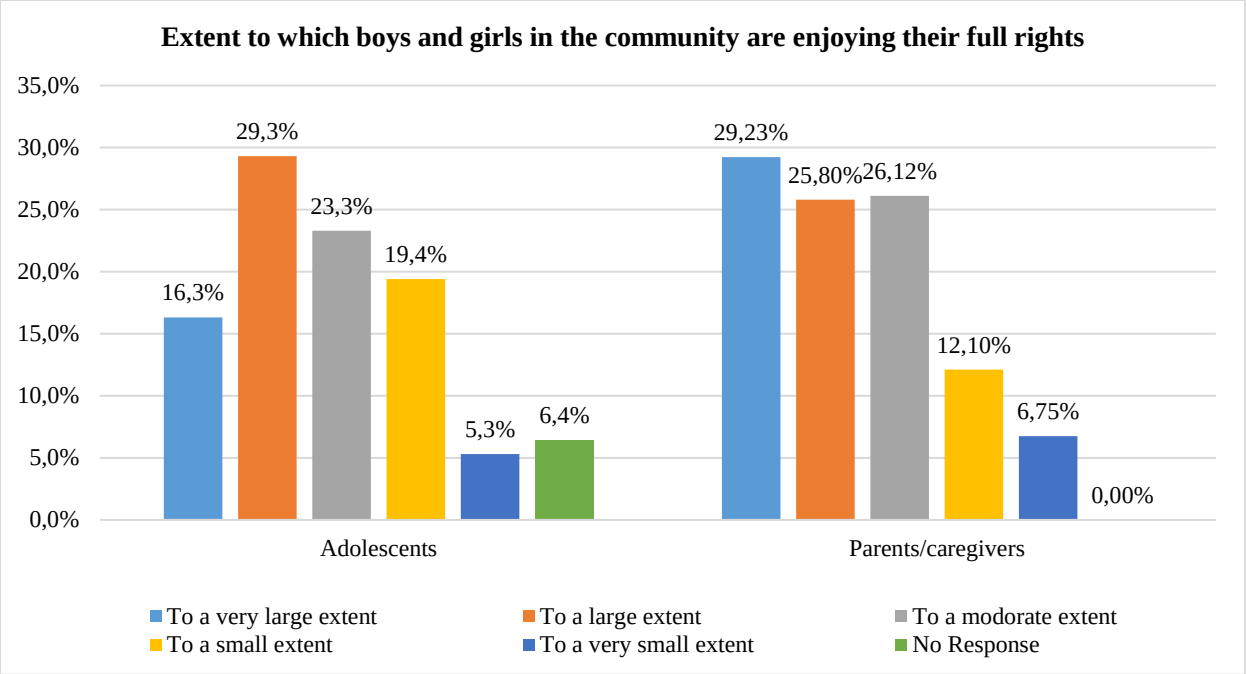


Figure 29 Extent to which boys and girls in the community are enjoying their full rights

The findings indicate that from the perspective of the adolescents, boys and girls in the community are enjoying their full rights and fulfilling their full potential to a large extent. This was noted by 29.3% with 16.3% noting that boys and girls were enjoying their rights to a very large extent. On the other hand, parents/caregivers noted that boys and girls in the community are enjoying their full rights and fulfilling their full potential to a very large extent. This was noted among 29.23% with 25.8% noting that boys and girls were enjoying their rights to a large extent.
The above findings support the fact that the current state of affairs in relation to the safety of children in the community is gradually improving with the rights violations having reduced and children being able to enjoy their full rights and realize their full potential. It is worth noting that interventions in the area of child rights and safety have progressed well despite the deep-seated cultural norms to ensure that early and forced child marriages, FGM/C and other forms of child rights violations are reduced or eliminated in totality.

6.2.5 Unintended consequences of the child protection programme

Sustained campaigns against FGM and early marriage and fear of arrest have resulted in some unintended consequences in the study locations. Data from FGDs and interviews with key informants and stakeholders were unanimous that conservative community members have changed tact and are continuing to cut the girls undercover. The verbatim quote below unveils these unintended consequences vividly:

> *"Some of the community members have decided to change tactics such that they practice it late at night or when the child is very young. In the past, they used to circumcise the girls and boys on the same day and have a common ceremony. But today, they circumcise the boy first and have the ceremony and after that is done, they come to circumcise the girl when she is very young and doesn't know how to speak for herself. Another thing is that they do not put a mark on the girl as they used to do. You will see a girl weak for two days as if she is sick but in the real sense, she has been circumcised. They use these tactics to maintain their secrecy. They also use a tactic where a child is taken to a distant relative to be circumcised, so FGM has only reduced slightly. Another way is that they cut a smaller part of the clitoris, compared to the past when the whole was cut.* (Source: Stakeholders Interview.)

From the above quote, the unintended consequences that have emerged in the locations include cutting the girls at night or when the child is too young to object, leaving the girl without a mark or decoration to signify circumcision as was done in the past while others take the girls to their distant relatives where the cut is executed before she rejoins her family. Although this phenomenon is not specific to World Vision impact areas, while sustained WV and other partners' advocacy activities and public campaigns may reinforce this negative development, they may have also helped to reduce it following the growing awareness that it is criminalized and dehumanizing to the girls.

6.2.6 Improved safe environment for children

Consistent with the impact statement in the theory of change for the programme, the evaluators collected data on the perception of the parents and caregivers regarding the safety of girls in the community as a result of programme interventions. Survey results indicated that over half (50%) of male respondents across the three locations reported that girls of age 17 and below were safe from child rights violations closely followed by females at slightly less than half (50%) (table 34 below). In another related question for the indicator, findings showed that overall, 65% of the adolescents (55% female and 53% male) said that their communities are safe from FGM and early marriages hence attesting to the gradual reduction of these two forms of violations in the WV programme areas. These findings seem to support those at the national level which show that FGM trend has been reducing from 38% in 1998 to 15% in 2022 (KDHS 1998-2022).

S/No.	Location	Respondents				Total
		Male		Female		
		F	%	F	%	
Yes	Narok	20	66.7	10	33.3	30
	West Pokot	40	50.6	39	49.4	79
	Baringo	25	54.3	21	45.7	46
Sub Total		85		70		155
No	Narok	36	54.5	19	45.5	55
	West Pokot	6	42.9	8	57.1	14
	Baringo	26	52	24	48	50
Sub Total		68		51		119
Don't know	Narok	0	0	0	0	0
	West Pokot	3	60	2	40	5
	Baringo	0	0	2	100	2
Sub Total		3		4		7
No Response	Narok	1	100	0	0	1
	West Pokot	1	50	1	50	2
	Baringo	1	100	0	0	1
Sub Total		3	75	1	25	4
	Narok	57	66.3	29	33.7	86
	West Pokot	50	50	50	50	100
	Baringo	52	52.5	47	47.5	99
Grand Total		159	55.8	126	44.2	285

Table 34 Caregivers responses on the forms of child rights violations are experienced in this community in the last three months, 2023

Response	Narok		West Pokot		Baringo		Subtotal
	M	F	m	f	m	F	
Early child marriage	38.3	23	2.5	10.5	10.5	16	17.6
Female Genital mutilation	41.7	23.6	1.4	2.8	11.1	19.4	15.7
Physical attacks	40.5	10.9	8.1	8.1	6.9	9.7	8.1
Child neglect	30.5	19	10.1	6.3	17.7	16.5	17.2
Child labour	46.3	17.1	2.4	2.4	17.1	14.6	8.9
Others	30	0	30	0	20	20	2.2
No-response	15.8	5.8	27.3	25.2	11.5	14.4	30,3
Total							100

Table 35 Caregivers responses on the forms of child rights violations are experienced in this community in the last three months, 2023

6.2.7 Enhanced empowerment for children

Data from across the programme areas show that WVK child protection programme has significantly empowered the children and the community thereby transforming the relationships not only between the children and their parents/caregivers at the family level but also their relationship with the community and local institutions.

> *"Since WVK came in, many children have been enlightened. Children have had an awareness of their rights and how to protect themselves. WVK has gone deep into the villages and when children are at risk of FGM without their will, they are capable of looking for help from relevant institutions like WVK, the chief, and church leaders. This is because in the past, there were no places where children could find help and most of them were also ignorant. But now, with the training, World Vision has been doing in the community, the children now know that FGM is something bad that*

> *affects their bodies. Children can now say that they don't want it and when they are at risk, they now know where to run to report the case. Additionally, children with special needs have now gained recognition as opposed to the past. Today, children's rights are now recognized as human rights."* (Source: A female key informant working as a teacher in one of the locations).

The above voice is poignant with transformative changes that have happened in the lives of the children who have been impacted by WVK programme. Empowered with rights awareness and life skills training among others, they are using the acquired knowledge to challenge the demands of the cultural norm by their parents for FGM and early marriage, and should they find themselves at risk, they use their agency and knowledge to report the matter to the relevant authorities.

The quote above from a key informant is corroborated by data from FGDs with adolescent children. Asked whether they thought that FGM and early marriage had reduced in the community, the girls had this to say:

> *"FGM and early marriage have reduced in the neighborhood because girls are aware of their rights. Chiefs help with ensuring the girls continue with their schooling even after delivery. Role models are also available who we see have studied, completed school, and yet have not undergone the cut. We have the power to say no if a parent may demand to cut one of us. We also know where to report the matter."* (Source: FGD with Adolescent girls in Ilaramatak.)

6.2.8 Improved policy and regulatory framework for child protection

> *"We have participated in advocacy issues from the local level. We have strengthened the capacity of local advocacy groups like Citizen Voice and Action and upscaled it to cover the entire Narok county. We participated in and supported County Anti-FGM Policy in May 2022 and took it through validation at the community level. We have also supported Narok County to formulate Anti FGM Surveillance Framework where chiefs have been tasked to report FGM cases. This has contributed to the reduction of the practice in this community. We have also supported the national level Children Act 2022 by working with county-level actors to develop a plan to train the actors on the act".* (Source: World Vision staff in Ilaramatak AP).

The voice above clearly brings to the fore the important role played by WVK in establishing a conducive legal and policy environment for child protection at county and national. This role has not been only limited to financial and material support but also inputting and influencing the contents of the policies and laws. For example, in 2022 alone, WVK in Narok supported and influenced one national law-the Children's Act 2022 and two regulative frameworks-the County Anti-FGM Policy and County Anti-FGM Surveillance Framework. These policy initiatives demonstrate that the county government of Narok because of its engagement with local actors like WVK has recognized and prioritized FGM as an issue requiring intervention. This is a strategic impact area as once enacted and operationalized, there will be a sustained reduction of FGM practice that will directly contribute to the realization of WV dimensions of change and the long-lasting well-being of the children in the county.

Correspondingly, the high-level national engagement of WV has been essential for the AP implementation and has directly contributed to the real changes for the beneficiaries, especially vulnerable children, and young girls. In the time period between 2019-2021, WV advocated at the national level for the implementation of the National Prevention and Response Plan on Violence Against Children. This was conducted through the regular engagement with the National Council for Children Services, the Department of Children Services, national networks of religious leaders and other CSOs. Quantitative and qualitative data from the project locations were indispensable for national advocacy according to the stakeholders (WVK, 2022).

Another example of a successful national advocacy has been the promotion of child-responsive budgeting at the national and county level including the three counties within this sample. For example, in 2020-2021 WV Kenya conducted a review of the Government of Kenya's 2021 National Budget Policy Statement, and the Programme Based Budget as was proposed to the National Assembly by the Executive. Engagement sessions were held with the Parliamentary Caucus on Sustainable Development with a view of convincing them to prioritize child responsive budgets as they engage, within the budget approval process in the National Assembly. At the county level including the AP selected areas, WV Kenya has been engaging since 2020 in back-to-school campaigns and identifying children who had not reported back to school after the long period of school closure due to COVID-19 prevention

restrictions. Such initiatives contributed to increased enrolment in various schools across the three AP areas. Other activities with the local authorities included Child Protection publicity campaigns and sensitization forums. The campaigns specifically focused on ending Sexual and Gender Based Violence (SGBV), ending teenage pregnancies, ending FGM and ending child marriages. These community campaigns included collaboration with religious leaders who were empowered and supported as well as local authorities (WVK, 2022; interviews 2023).

6.2.9 Strengthened child protection systems and structures.

In the strategy period under review, study participants were unanimous that WV has worked with line government ministries especially the ministry of education and the department of children services to push for the child protection agenda. Of importance is the programme engagement with Children Advisory Committees from the ward, and sub-county to the county level to monitor, report and refer cases of child abuse. The programme has supported and even strengthened the capacity of these committees together with Child Protection Volunteers through training and material support. Similarly, in schools, children's clubs have been revitalized to play their roles effectively. Apart from government structures, WVK is also working with local advocacy groups such as Citizen Voice and Action just to mention a few.

To demonstrate the functionality of these committees, pictorials in WVK in Narok showed that just around the time of the evaluation, the Citizen Voice and Action group had engaged Kenya Power and Lighting Company to demand justice for a child who had been electrocuted due negligence on the part of the company. The Group received immense recognition and publicity when child was duly compensated and resumed schooling. Further attesting to the work of Child Advisory Committees was the filed minutes of meetings with action points for tackling child rights violation issues in the community and most importantly the Quarterly Actions Plans and a Memo on children services and budget which it presented to the county government of Narok for integration into the County Integrated Development Plan.

6.2.10 Conclusions

This section has presented the long-lasting effects/results on the target community and children (boys and girls). Top among them is the perception that FGM and early marriage have reduced in the community courtesy of WVK interventions and other players. Similarly, the study participants both adolescents and parents/caregivers expressed that the communities are safe for children as child rights violations are effectively responded to by the programme. Apart from the work of WVK, these changes may have also been contributed to by other partners which are also running similar projects in the area. The enactment of Anti FGM law is also playing a big role in the reduction of these practices as communities become aware of and observe the law. Other long-term changes include the empowerment of children whereas opposed to the past, girls who have acquired rights awareness and life skills education can now challenge parents by saying no to those who may want them to be cut. Finally, the programme has contributed to the strengthening of child protection structures and systems at the county level through its capacity building efforts which have seen them engage the county government on budgeting for child protection services and development of county level laws and frameworks against FGM among others. Despite the changes, some unintended negative effects have emerged according to study data. Some of the conservative parents still practice FGM undercover by cutting the girls at a very young age when they cannot resist while others clandestinely cut the girls deliberately avoid holding celebrations which would otherwise attract public attention. Still others send the young girls to distant relatives where they are cut before they return back to their families.

6.3 Relevance

The evaluation criteria of relevance focus on how the AP CP program designs respond to the needs and priorities of the beneficiaries. These are detailed in the section below.

Qualitative interviews (FGDs and KIIs) unveiled that the CP programme and the implemented APs are very relevant to the needs of the local community. This stems from the problems experienced in the community like the prevalence of FGM, early and forced child marriages, high school drop-out rates among children, early teenage pregnancies and high poverty levels in the community. All these indicators are much below the Kenya national average (KDHS, 2022). WVK interventions have been responding to these issues as already presented in the section above. Hailing from a background where cultural norms and patriarchy underpin male dominance in all spheres of life, girls and women

have started breaking these glass ceilings by challenging the norms, especially around FGM and early marriages, and attending school courtesy of WV work. The following quote captures this change more vividly:

> *"In the field of education, that is where World Vision has had the most impact. Since they came in, I think they have built more than 10 nursery schools, they have also constructed many buildings in schools like in Enkurusoi they constructed around 6 classes and the population has grown up from 54 children to 500 currently. And also, they have been following up on the children to ensure that they reach the tertiary level. I see that, in the education sector, World Vision has brought a big change. On issues of FGM and early marriages, in the past, for a girl to reach class 8 was a miracle since she would be circumcised very early and married off as a wife to someone. Through World Vision, some of them are now, teachers, and doctors and that is due to World Vision interventions. There are so many changes due to the interventions of World Vision."* (Source: A)

Data from the FGDs and stakeholder forums showed that WVK child protection interventions responded to the needs of the community and that of their children. Community leaders noted that they have been part of and continue to participate in all activities conducted by WVK under child protection. Many community members were involved in project scoping activities which saw many of them present their views on the felt needs associated with the interventions. These views according to information from WV staff are incorporated into the programme designs, plans, and budgets which are again brought back for validation by the community before being signed off. One of the KII noted that even before the intervention by WVK, they had numerously presented proposals to WV and other organizations on the need for them to focus on issues affecting their children in the area. This demonstrates the relevance of the intervention to the local community and national/county goals on child protection.

All the APs under review in the 2016-2022 have been using WV Development Programme Approach (DPA) to engage and involve community in the selection of local priorities and the target direct beneficiaries in the APs. The DPA process facilitates the formation, empowerment and strengthening of planning and monitoring committees. The committee is typically composed of children representatives, development partners, government sector representatives and local community duty bearers. There has been evidence that the committees are trained and use Most Vulnerable Children (MVC) data management to identify the MVCs. In this way, local ownership is greatly supported throughout the AP programming and monitoring.

For example in Lokis AP in the current AP, following MVCs and priority groups have been identified as target beneficiaries: Children without access to enough food, Children from poor HHs, Children of alcoholic parents, Children who walk long distances to get to school, Girls at risk of FGM and ECM, Children with poor access to medical services, Children without access to water, Disabled children-deaf, autism, Children with chronic illnesses-epilepsy, Orphaned children, Girls at risk of sexual abuse and early pregnancies, Children not going to school, Children exposed to epidemics –malaria typhoid, Children exposed to violence, Children at risk of death due to abortions, Children exposed to alcohol, Children without school fees, Children undergoing child labour.

The CP programme as designed set out to try to balance the scale of power between the two genders through its multi-faceted response to the situation. These include rolling out campaigns on the rights of the girl child, life skills education for adolescents, campaigns against retrogressive cultural norms, promotion, and support to girls' education, and strengthening of local level structures and referral pathways dealing with child protection issues such as Area Children Councils (ACCs). The ACC is a local structure that brings together heads of government departments, particularly the Departments of Children, Social Services and Gender, the Police, and other child-focused stakeholders. It is headed and convened by the director of children at sub-county and county level. Its responsibility is to monitor, follow up, refer, and address cases of child rights violations at the local level. WVK is a member of ACC in all three APs and according to WV staff, they have been pivotal in strengthening its capacity through training its members and financing some of its strategic meetings to enable it to realize its mandate.

With the national government's (GoK) introduction of free primary school education in 2003 and 100% transition to secondary school in 2019, advocacy efforts such as those of WV that seek to dismantle cultural practices that block the realization of these policy pronouncements can only be seen to be fully aligned with both county and national government priorities. The Narok County Anti-FGM Policy and FGM Surveillance Framework are just two examples of advocacy initiatives that have been supported by WV in the form of financing policy engagement meetings and consultative processes at the county level. Moreover, the Early Childhood Education that is offered by the county governments and the Prohibition of FGM Act 2011 that is enforced by the national government agencies continue

to receive immense support from WV child protection interventions. WV constructs ECD classrooms in ECD learning centers and most importantly it has introduced a model called "Let's Play and Learn" and provided relevant equipment to be used by teachers as a methodology that brings joy to learning by incorporating learning content and games. Moreover, last year in 2022, WV used a similar support model (mobilizing stakeholder groups and financing consultative forums and training on the provisions of the policies) while working with the Narok county government, local advocacy groups, and other partners to formulate a gender policy and the new Children Act 2022 (whose prototype is Children's Act 2001). At the international level, the CP was found to be aligned fully with international frameworks and instruments such as the UNCREC and CEDAW.

WV Kenya clearly prioritizes most vulnerable children in its programming. According to the last Most Vulnerable Children (MVC)[9] mapping done by WVK in 2019, it shows that approximately 59% children within the WV Programme areas are categorized as MVCs (WV Kenya, 2020). The last MVC mapping done by WVK in 2019 shows that approximately 59% children within the WV APs are MVC. Orwa in West Pokot and Lokis in Baringo are according to WV areas with the highest proportion of MVCs, partly due to FGM and child marriage hot spots.

County	Extreme Deprivation	Abusive or Exploitative Relationships	Vulnerability to Negative Impact from a Catastrophe or Disaster		Serious Discrimination	Proportion of children 0-17 years living in extremely poor HH (KNBS March 2018 page 68)	
	Poverty Headcount (KNBS March 2018 page 68)	FGM and Child Marriage Hotspot areas	Areas affected by prolonged drought	Counties Worst affected by Floods	Areas of serious Religious Discrimination	Percent of MVC	Number
Baringo	39.6	50	Arid x			43.9%	159357
Busia	69.3		Semi-arid			73%	332880
Garissa	65.5	94	Arid x	X		67.7%	174666
Isiolo	51.9	27	Arid x	X		55.5%	45510
Kajiado	40.7	78	Semi-Arid			48.3%	187887
Kilifi	46.4		Semi-Arid			53.2%	380380
Kitui	47.5		Semi-Arid			49%	273420
Kwale	47.4		Semi-Arid			51.3%	220590
Mandera	77.6	94	Arid x	X		78.7%	343919
Marsabit	63.7		Arid x	X		66.6%	119880
Samburu	75.8	86	Arid x	X		80.2%	135538
Tana river	62.2		Arid x	X		65.1%	110019
Turkana	79.4		Arid x	X		82.7%	506951
Wajir	62.6	94	Arid x	X		62%	176080
West Pokot	57.4	85	Arid x	X		58.7%	220125

Table 36 WV Kenya, Most Vulnerable Children (MVC) Mapping Report 2019

From this estimation, considering the current Programme areas and projected growth sites WVK estimates to contribute to the improved wellbeing of 2,521,600 (1,092,800 Boys and 1,428,800 girls) considered as MVC during the 2021-2025 period. In the phase running FY16-20 implemented World Vision Kenya up to a maximum of 42 Area Programmes and 71 grants. Almost all the programmes and projects were located in areas with high MVC numbers. Most of these areas are compounded by multiple child vulnerabilities because of high fragility of the contexts.

Technical Programme	Number of MVC	Total

[9] World Vision Kenya uses the World Vision adopted definition of Most Vulnerable Children (MVC). A child is considered MVC when she/ he is affected by at least 2 vulnerability factors such as extreme deprivation, serious discrimination, abusive relationship and/ or Catastrophe/ disaster (WVI, 2018).

	MVC_RCs	MVCs_Boys	MVC_Girls	MVC<5 yrs	MVC-6-11 yrs	MVC-12-18 yrs	
Livelihood and Resilience	14780	36496	44556	27310	19721	12340	81052
Health	7800	28581	20214	19210	28918	11340	48795
WASH	15350	34670	32907	23128	18040	25670	67577
Protection and Education	17890	34500	25079	27403	13560	27890	59579

Table 37 MVC reached by WV Kenya Projects/Programmes, 2020

In an assessment conducted in 2019, of the total number of children mapped in the current projects and programs, a total of 59,579 (20%) MVC are reached by the current interventions (WV Kenya, 2019).

The core models and other WV instruments addressing child protection are clearly very relevant to the needs of the communities. FGM and child marriage has been identified and specifically addressed within the WV models. The WV approaches are usually linked to country programming and WV partnership models. Although some local flexibility is clearly promoted, there is a streamlined approach to the implementation of these models. This has been evident from the review of the AP models within the observed period 2016-2022.
To what extent is the impact logic of CP project models adopted in the AP Plan (e.g., only selected outputs or outcome(s) with related outputs)? Can it be expected that the intended results, effects, and impacts will be reached? Have been included essential and core CP indicators?

The AP goals, outcomes, outputs and objectives are pegged to the Child Protection, and Participation Technical Programme Designs. The national and APs staff are directly involved in the TP implementation and are trained on the TP deliverables including TP models and output targets in order to improve their competencies in spiritual nurture, protection and participation of children. The implementation of the TP will be coordinated at the National Office through the TP Lead. This ensures that the local priorities are reflected in the national planning.

The CP and the APs set programme, projects and annual specific targets. The targets seem to be set realistically. However, there are frequent revisions due to internal and external effects and risks. For example, the revision of the country strategy 2016-2020 shows that Community Engagement and Sponsorship key indicators' targets are only partly met (WV Kenya FO, 2021).

CESP/TP	Indicator (Stated as Proportion)	Baseline FY16 (%)	Target FY20 (%)	End line[28] FY19/20 (%)
Community Engagement and Sponsorship	• Households able to recall community vision for child wellbeing	34.6	59.6	35
	• Households reporting good participation and self-efficacy in community child wellbeing activities	26	56	26
	• Parents or caregivers who feel that their community is a safe place for children	74.4	95.4	77
	• Adolescents who report that their views are sought and incorporated into the decision-making of local government	11.3	46.3	12

Table 38 Performance on MI Indicators, across the Technical Programmes and Community Engagement and Sponsorship, Source: WV Kenya Strategic Plan, 2021-2025

There has been evidence in the AP progress reports that evaluations from subsequent AP circles are utilised in the national TP and fed into the subsequent programming. The implementation of the TP is pegged on relevant project models and contributing models. All the three APs clearly include Child Protection and Advocacy (CP&A) and its components, Celebrating Families, CoH Gender and CP, and CVA. The supporting models and approaches will entail; EWV and BSL, Dare to Discover, Impact + and Peace Roads, EcaP, and Community Change. According to the interviews, all implementing staff are trained on these models and supported through regular refresher training and monitoring support visits. The implementing staff is encouraged to refer to the TP PDD and log frame appendices to stay on track regarding implementation of various aspects of the TP. Furthermore, study data indicated that the three APs have contextualised the project models according to local needs, root causes and challenges of their local contexts. To support this, interviews with WVK staff showed that community trainings on the models are scheduled

on non-market days and mid-morning to allow the people to participate in local economy for their livelihoods continuation as well traverse the expansive terrains with poor transport network. Moreover, because of the expansive terrains and dispersed settlements within emergency setting, the programme has effectively trained community resource persons including faith leaders who are facilitated to cascade the information to local levels. Through the community resource persons, the models have simplified for ease of understanding by the community whose majority members are less educated. Finally, being patriarchal communities where decision-making rest on men, the programme has not only targeted the marginalised women but also endeavoured to also involve men during trainings and sensitizations on the models to ensure that both genders have the transformations required.

There is evidence that the data obtained from end of FY16-20 strategy evaluation report (2020) inform the TP indicators baseline values and they in turn inform the AP programming. Annual outcome monitoring is conducted in order to ascertain the progress of realization of the TP indicators in all the APs. All the APs under review currently use a mandatory set of indicators as set out in the Child Protection, and Participation Technical Programme Design for 2020-2025 (WVK 2020).

To which extent are children, adolescents, and youth active agents of change, with a voice to participate and influence interventions (please disaggregate per age group)? was there a platform for participation, and was their voice reflected in the final proposal?

There is limited evidence that children, adolescents, and youth are active agents of change. There are various platforms that have been established under the APs, but not all are optimally utilised. For example, data shows that in Lokis child protection committees in 2020 did not follow any active cases reported to them. Most of the cases were not reported and others handled at local level without involvement of authorities and children department (WVK Technical Programme, 2020). Equally, there is only limited evidence that adolescents can express views that are sought and incorporated into the decision-making of local government. In Lokis in 2020, only 4.6% of the adolescents indicated that they were given opportunity to share their views and only 4.08% felt that their ideas were put into practice (WVK Technical Programme, 2020). Equally low are findings from other AP locations under review. In 2020, only 15.1% of adolescents in Ilaramatak AP reported that their views are sought and incorporated into the decision-making of local government. This indicator even though improved slightly from baseline (9.5%) still had low performance implying that issues affecting children are still not incorporated into decision making by local government (WVK, 2020).

Data from various studies in the 2016-2022 observation period under the 3 APs indicate limited progress in providing effective agency to children, adolescents and youth to express their views and have their views incorporated into decision making at various levels. Discussions with children reveal that, there is a strong feeling among them that issues affecting them were not considered important or taken seriously by the local authorities especially the County governments. Interview with the Children's Officer reveal that the children feel their issues are ignored by the decision-making organs. The adolescents complain about persistently rampant nepotism, few youth groups, bad leadership, lack of public audience &lack of skills as some of the factors hindering effective youth participation in decision making (WVK, Child Protection, and Participation Technical Programme Design, 2020-2025; WVK, 2020; interviews 2023).

Qualitative analyses revealed that the various children/youth community groups were more aware of who their leaders were and noted the leaders as follows starting from the President, Deputy President, Governor, Senator, MCA, MP, Church leaders, the principal/Head teachers, the chiefs, the police, parents, older siblings. The youth/children in Ilaramatak AP were able to identify various fora where they can share their ideas with leaders including; 4k clubs, Scouts and girl guide clubs, Church meetings, Girls' forums, Environmental club, Guiding and counselling, Children's parliament, Pastoral Programmes (PPI), Debating club, Music club, Sports and Seminars.

6.5 Efficiency

Project efficiency is defined as the production of output in a qualified and competent way in terms of the agreed scope, cost, time, and quality. It seeks to answer questions around how the project means (staff, cost, and time) were combined to produce outputs. The work of WVK as highlighted in the earlier sections requires an efficient institutional capacity and staffing for the delivery of immediate results/outputs at set timelines and in a quality and cost-effective manner.

Evidence from The Child Protection and Participation Technical Programme (2020) and key informants' interviews with WV staff showed that efficiency in the programme was achieved through various means. First, the CP programme staff were found to be people knowledgeable and with experience in their area of work. At entry, the staff is given orientation and training on the tools they need to carry out their duties, particularly the WV CP models for child protection and Faith and Development. The Staff have been trained on these models and continuous capacity building and learning were factored in the TP design. For instance, in Ilamatak AP, two of the CP staff were new at the time of the impact evaluation but they said that after orientation and training at the national office, they were fully conversant and were competent in employing the CP models, approaches, and methodologies that include; celebrating families, Channels of Hope Gender and Child Protection, IMPACT+, Community Change, Child Protection and Advocacy, Savings for Transformation, Positive discipline methodology, Reporting, and referral mechanisms methodology, Dare to Discover (D2D) approach, Coaching Boys into Men (CBIM), Do No Harm, Psychological First AID and Empowered World View (EWV) approach.
Notably, there still exists few capacities and staff limitations in World Vision Kenya and in the implementation localities which are likely to impact the efficiency of programme implementation, and these include few staff at the AP level, a limited budget as a result of the prevailing global economic recession, fewer and weaker civil society formations within the implementation localities. To address these challenges, the TP should strive to build the capacity of more local organizations and structures to also ensure the sustainability of CP interventions.

According to WV staff, the CP Programme was able to achieve its targets because of good rapport with and capacity building targeting the community members. The targets were good capacity-building initiatives initiated. The project also achieved its targets because through the involvement of community members, relevant bodies, and children when doing annual planning and subsequently Mid-year and End year reporting so that it walks with the community throughout the project life cycle. Finally, the available budget was planned in conjunction with the relevant community stakeholders who also gave input. However, the recession of the economy and the function of the dollar were pointed out as some of the impediments to budgeting in the period under review according to the staff members.

Key informants reported that the programme has used several strategies to adapt to the local context which is semi-arid with rough terrains and poor road and transport systems among others. These include scheduling activities on non-market days to allow the people to engage in the market economy without interruptions, scheduling meetings at convenient times to enable participants to traverse the vast terrain to reach the meeting and attain the quorum, working with partners, resource persons (trained on CP modules) and respected leaders such as village elders, faith-based leaders, and teachers to mobilize the community.

Finally, evaluation findings indicate that the positioning of World Vision Kenya as a partner in the development process has immensely boosted its efficiency in programme delivery by giving it impetus and attracting cooperation from a diversity of stakeholders in its areas of operation (see list of WVK partners at the AP level). Furthermore, in reaching out to its target groups comprising children and the local community, World Vision uses a partnership model which works with local implementing partners as the direct implementers of programme activities. This model has promoted programme efficiency through its advantages of injecting local ownership and quality programme delivery.
The partners that WVK works within the three locations are grouped as those at the national, county, and community level entities as summarized in figure below.

Figure 30 Summary of WVK partners in Narok, West Pokot, and Baringo Counties.

The revision of the APs has shown that WVK relies in the planning and implementation on consultants. The AP in Ilaramatak concludes that there is a need to have national consultants overseeing the entire implementation as it is crucial for the success of the entire process (WVK Ilaramatak, 2017-2020). All APs urge for strong partnerships with the community and other stakeholders as the key for efficient resource mobilization and resources for successful implementation and adoption of projects interventions at community/household level. There is a clear emphasis to promote local ownership throughout the LEAP process and at the stage of planning and evaluation.

6.6 Effectiveness

Effectiveness is an evaluation criterion that assesses the extent to which a programme has met its goal and objectives. The broader WVK impact statement which is also captured in the ToC is to contribute to the creation and sustenance of an environment where Children are safe, enjoying their rights and fulfilling their potentials. There are four outcomes and 5 output level results and 5 broad activity areas which contribute to this broader impact statement. Some of the cross-cutting CP activities and strategies deployed by the organization and reported by the study participants are captured in the table below.

Initiative	Percentage of cases

Awareness creation on child protection issues	29.23%
Training of parents and community members on child protection	25.80%
Sensitizing children on child protection issues (ECFM, FGM etc.)	26.12%
Formation/ Strengthening of child protection committees and structures at the community level	12.10%
Strengthening referral mechanisms for child rights abuses	6.75%
Total	**100%**

Table 39 Some of the cross-cutting CP activities and strategies deployed by the organization and reported by the study participants

Although the programme ToC was modified at the time of the evaluation, it was not radically different from the Pathway of Change that had driven the projects. As such evaluation findings indicated that WVK projects were aligned to these broader results areas in the new ToC.

To demonstrate programme effectiveness, the researchers present a few sample projects to elucidate how they realized the panned objectives. Lokis Girl Child Promotion Project's goal wasto contribute towards reduced incidences of FGM and improved protection and access to education for 5,000 girls and 2,000 boys To realize this objective, the project deployed a number of activities and strategies such as training of children in advocacy clubs on child rights and protection including issues around FGM, EM, Moranism interventions, mentorship and training the girls on life skills, facilitating community dialogues to address gaps in the reporting , monitoring ,referral and reintegration mechanism for children abused or violated in diverse ways, including harmful cultural practices and discrimination of CWDs among others. These activities resulted in the realization outputs and outcomes detailed below.

Change in people's perceptions on the value of the girl

The project targeted the attitudes and practices of the communities around child rights violation in the three APs. Through the above strategies, the project has managed to change people's perception on values placed on girls and boys with a view to stop girls being seen as a source of wealth exchange and boys from the perspective of moranism. In the observed period, the activities implemented under the particular APs lined up with the standard WV models. Especially the combination of different models seemed to target the underlining causes to different child protection issues in the communities.

Increased community engagement on child protection and mentorship initiatives

Evidence from the evaluation unveiled that both girls and boys in WV interventions are put in a mentorship programme that seeks to equip them with necessary life skills that will better protect them and allow them to leave meaningful lives and explore their fullest potentials. For instance, in the Lokis Girl Child Project, the project conducted a mentorship workshop that targeted 60 children at risk of FGM and moranism in 15 villages that reached 900 children (600 girls and 300 boys) of adolescent age. It is worth noting that none of these young girls and boys underwent any retrogressive cultural practice in the year 2020 when the project was running (Lokis Girl Child Project-Final Report 2020). Faith leaders were at the forefront of protecting children while the local administration enforced laws that protect children.

The project also managed to target traditional circumcisers with a view of changing their mind set and joining anti-FGM campaigns. They were targeted with a number of interventions including channels of hope in child protection and empowered worldview. They were also provided with alternative livelihood interventions since FGM is also an economic activity for them. The project reported an increase of 55 reformed circumcisers up from 33 in FY 19 signifying 40% positive change. These women were reformed, attending church and supporting the AP together with faith leaders in promoting the rights of the girl child. (Lokis Area program monitoring report 2020). During Covid-19 pandemic, these women alongside other informal child protection actors and groups were instrumental in child protection monitoring and reporting. With children being at home as a result of schools' closure due to covid-19, the project managed to protect many girls from child marriage and FGM.

Strengthened capacity of households and institutions to nurture and protect children from abuse and all forms of violence.

The evaluation data from the three APs showed increased involvement of the community in understanding and responding to challenges and issues affecting child protection in the community. Boys and girls, particularly, were equipped with necessary life skills that are useful in protecting themselves and live a meaningful life. Parents attended various trainings on child rights, livelihoods and education related capacity building initiatives alongside child sponsorship meetings. For example, across the three locations, the targeted community members and children are viewed as change agents whose capacity is steadily being built to continue to transfer knowledge through empowered world view to the rest of community members even after phasing out of the project. In choosing empowerment as a preferred approach, the projects sought to avoid a paternalistic development approach which sees the poor simply as passive recipients of things and ideas provided to them by an external agency. The projects continue to empower Children, CBOs, school board of managements, and parents on education and FGM abandonment and child protection.

Improved access to quality Early Childhood Development

Data show that the WVK contributed to enhanced and sustained access to quality early childhood education for children in the three study sites. Through community dialogues targeted at the mindset of the community to not only allow girls to join school but remain in school, there is some evidence that the project models have contributed to the increase of the school enrolment of children, especially the girls. This single fact has been actively promoted through the AP implementation. Even though there have been also other factors outside of WV interventions that have constantly led to the increase of school enrolment in the AP locations, the quantitative and qualitative evidence as well as the project background documentation point at the direct contribution to school enrolments in the observed locations.

> *"In the field of education, that is where World Vision has had the most impact. Since they came in, I think they have built more than 10 nursery schools, they have also constructed many buildings in schools like in Enkurusoi they have constructed around 6 classrooms and the population has grown up from 54 children to 500 currently. And also, they have been following up on the children to ensure that they reach tertiary level. I see that, in the education sector, World Vision has brought a big change".* (Source: A KII interview with a teacher in one of the locations).

There has been tremendous change evidenced by the number of girls not only joining ECD but also completing primary education and transiting to secondary school. The table below demonstrates incremental enrolment of girls both in ECD and primary school. In ECD for example, girls access increased by 43% from FY19 to FY20.

Item	FY17	FY18	FY19	FY20
# of girls in primary school	1502	2667	3533	3252
# of girls in ECD	621	1391	1331	1777
# of girls in secondary school				619
# of girls sitting K.C.P.E	91	120	148	177

(Ministry of Education, Koloa Ng'oron and Kapunyany Education zones)

Table 40 Enrolment Data for Boys and Girls, Lokis AP FY 17 – FY20

In FY17, only 91 girls sat for national exams in grade 8. In FY 18, the number increased by 24%, in FY19 increased further by 19% and in FY20, the number further increased by 16%.%. The above data demonstrates that WV CP programme has led to increased enrolment of boys and girls in pre-primary and primary schools and eventually transition into secondary levels. This has mainly been attributed to its interventions as voiced by one of the beneficiaries below:

> *"I have learnt that it is possible to educate children. World Vision has helped me to educate my two children. One is ongoing with school but the other dropped out. World Vision talked to me and advised me to take my children to school for at first, my husband had refused to educate them. I have a girl in form one going to form two. World Vision is paying her school fees. They also buy her books and uniforms. Our children receive bursaries, especially those in secondary schools. We thank them for their support".* (Source: A female FGD participant who is also a beneficiary of the World Vision CP Programme)

Access to education has necessitated improved literacy and numeracy skills for boys and girls in the program areas. Data show that WVK has realised through promoting equitable access to quality education for all children in the study communities. This has also been achieved through integration with other projects in the AP. For instance, through CESP project, child participation in decision making including on education matters was enhanced. The child protection and education technical project continued to improve learning environment and experience e in schools through school infrastructure development, providing reading materials in schools and in service training of teachers hence promoting quality for children. Birthday gifts through CESP have supported acquisition and distribution of solar lamps to households to enable leaners study in the evening at home. These strategies cumulatively have increased the proportion of boys and girls able to read with comprehension from 21% to 59.4% (Lokis evaluation 2020).

Improved holistic development of target children and communities.
Evaluation findings have indicated that World vision interventions have addressed the four domains of change in the target individuals namely physical, social, emotional, and cognitive. In ECD, the "Let Us Learn and Play" model implemented in Ilaramatak not only made learning enjoyable for children but also realized child growth and development in the four domains of change. All the activities undertaken by the organization have centered on these domains of change through the deployment of peculiar models including, Celebrating Families, Channels of Hope, Citizen Voice and Action or Savings for Transformation.

The employment of ready-made models seems to have had advantages in shortening the planning and project design period. WV staff are also used to the project core models including management, steering, budgeting, and quality assurance. It is not evident how the different models take on board local knowledge and community specifics. The communities have been involved in the planning and implementation but only within the existing models. There is some evidence that the project model has increased the community capacity to recognize and address key health issues concerning children. It has also contributed in all AP locations to the identification of root causes of health illnesses affecting the community.

AP sample	WV core models used - child protection focus/ component (2016-2022)
Orwa AP	Celebrating Families Channels of Hope Citizen Voice and Action Community Health Volunteers
Ilaramatak AP	Channels of Hope Citizen Voice and Action Positive Deviance Savings for Transformation Timed and Targeted Counseling Community Health Volunteers
Lokis AP	Celebrating Families Channels of Hope Citizen Voice and Action

Table 41 APs, child protection models, 2016-2022

Increased community advocacy and reporting of cases of FGM and EFCM
Contrary to before when nobody could marshal the courage to speak negatively or report cases of FGM and EFCM for fear of isolation and rebuke, the study found out that those who have been empowered with knowledge against the two practices are going a step further to report the cases to the authorities. These people include Community Health Volunteers, faith leaders, children themselves, local advocacy groups, and teachers, among others. Supporting this finding survey data revealed that across the three locations, 83.7% of parents and caregivers are willing to report cases of child rights violations to the authorities compared to 97%, 91% and 82% at Ilaramatak, Lokis and Orwa respectively at baseline of 2020. Hence there is a laudable behavioral change that has been contributed to by the CP programme and the specific APs.

> *"…….from the training which they have got, a girl can now go somewhere and speak up to declare that I have not undergone FGM courtesy of the interventions of WVK. Through those training, World Vision has brought the changes together with others who have trained the people. As the church, we have seen it is World Vision who has been going to the villages and now we are seeing the fruits as we have a few girls who are saying that we will not be circumcised. They say no to their parents who demand that they be cut. The Community Health Volunteers (CHVs) are well-trained, and they have helped us a lot. Most of them are our informers. They report cases of FGM and early marriages to the authorities"* (Source: Community leader in one of the locations).

> *"One day a pastor called me that a girl had just been circumcised in the village. When I called the police, they informed me that they did not have vehicles or cash to hire a taxi to take them to the scene of the incident. So, our office (WVK office) had to organize transport for the police, and the perpetrator was apprehended"* (A male WV staff in Ilaramatak).

Even though according to the police the number of reports received per month is still far below the number of cases occurring in the community because of a deep-seated fear of rebuke or isolation by community members, this development including the growing willingness to report the cases is in the right direction. Apart from the cases reported by the community members, the police through their local information networks also swing into action whenever they hear of such happenings although they also face a few challenges that compromise their efficient response such as a lack of vehicles and petty cash to facilitate response among others.

The challenges also compromise the referral system by causing delays and impunity. To encourage reporting, WV has established a complaint-reporting mechanism as a way of ensuring its accountability to stakeholders. This mechanism involves the use of a complaint box which is placed at the gate to allow anonymous reporting of rights violation cases and other forms of complaints. They have also trained their CBO partner to have complaint-reporting mechanisms although the consultants could not find evidence that they are used.

Improved access and uptake of modern health services

Long distances and poor transport systems and terrain have affected access to and uptake of health services from the few health facilities. To bridge this gap and complement the work of county government, WV has constructed some health facilities in the three programme locations. For instance, health facilities have been constructed in Engutoto and Enlangata sub-locations in Narok county and this has made it possible for the people and children to receive modern healthcare services as another alternative healthcare system to the predominant folk medicine. Access to these facilities has improved the health status of the children thereby allowing them to regularly attend school and grow healthily.

Improved planning, coordination, and partnership in child protection

The evaluation findings have established that improved planning, coordination, and partnership in child protection have happened at different levels. Interviews with WV staff have indicated that internal planning and budgeting processes have been undertaken with the full participation of the local communities and partners. The resultant project designs and plans incorporating the views of the stakeholders pass through validation forums for local stakeholders at mid-year and end-year meetings during the project cycle.

Apart from this improved internal planning process, data has also shown that the organization partners with other actors in different spaces to realize its objectives. These include local implementing partners at the AP level, government departments, CSOs, and individuals (see relevance section on partners). Findings reveal that these partners converge at different platforms like Child Advisory Committees (CAC), Child Protection Committees, and Gender Technical Committees that meet regularly to plan and address child protection concerns. They also get involved in community dialogue and report/ refer to child-related abuses. The functional Child protection committees are linked with formal actors the leading being the Ward Children advisory committee. The committees have led campaigns and conversations forums to change the mind-set of the community on negative cultural practices such as child marriage and FGM. Data show that committees have played a critical role in ensuring child protection messages reach the different areas of programme coverage and feedback provided by the communities are considered or acted upon. Working with other stakeholders, like the government, the committees have been on the forefront in pushing for the arrest and prosecution of perpetrators of child rights violations.

Furthermore, members of these committees are also representatives of the Ward CAC. These joint platforms have reduced duplication and promoted networking and synergy. Findings further suggested that the interventions of WVK follow a systems approach that operates at different levels as explained by a key informant during the evaluation:

> *"Through the 2010 constitution; Chapter 4, Article 21 WV recognizes that the Government has the sole responsibility of protecting and providing a conducive environment for its citizen through various measures. Its role responsibility is to partner with the government in ensuring certain laws that address the needs of persons in need of care and protection are developed and implemented. It also partners with individuals in the community through churches, schools, and community by building their capacity to lobby government to take social accountability through budgeting, memoranda, briefs etc."* (Source: A key informant who is a WVK staff in one of the APs).

The WVK ability to strengthen child protection systems is variable and highly dependent on the maturity of the system in place and the extent to which it is resourced by national authorities. WVK also works in county governments, communities and individuals through schools, churches, among others. Strengthening of national systems is usually a long-term initiative. World Vision Kenya program works with multiple stakeholders including community health volunteers and children's officers within national systems. The reality is that interventions such as building capacity and knowledge on the specific needs of child protection and education not only take time but require continual investment as staff and leadership change within government departments and child protection services delivered by multiple actors. As such, the WVK approach in working with partners at all levels was iterative and ensured that knowledge and capacity are strengthened incrementally.

The current Child Protection, and Participation Technical Programme Design (2020) clearly identifies gender-specific responses to child marriage, FGM, child labor, child trafficking, drug and substance abuse, physical violence, sexual violence and other forms of violence affecting children to enable fulfillment of children's rights within families, schools, houses of worship, institutions and communities. There is evidence that the three AP areas within the scope of the impact evaluation have contributed to the identification of these priorities in areas where FGM and child marriage is still prevalent. The APs have made an effort to strengthen existing child protection structures such as Area Advisory Council (AACs), Voluntary Children Officer's (VCO), the Child Protection and Advocacy (CPA) committees, Congregational Hope Action Teams (CHATs) as well as other community committees. Capacity building of stakeholders on key models such as Cannels of Hope to equip faith leaders and other community members is being implemented throughout the APs. In order to respond to all child protection issues and gender-based violence, Celebrating families' model is rolled out to equip parents on upbringing and spiritual nurture of children. Other activity packages such as the roll out of the promotion of birth registration, strengthening of community-based surveillance including reporting and referral and Psychological First Aid and Legal support for children who have suffered from abuse, exploitation and all other forms of violence are continuously built in the programming of APs, where child protection is identified as a priority theme.
The newly adopted Technical Programme (2020) the inclusion of children with disability, children in slums, children in emergencies and conflict prone regions, orphans, an unaccompanied child, children subjected to child labor, FGM, child marriages, and all forms of child violence. However, the APs under review have had only limited outreach to persons with disabilities. In line with child and adult safeguarding standards, WVK implements throughout the APs child and adult safeguarding policy. All staff are trained on their safeguarding. The current Child Protection Technical Programme aims to integrate project activities that enhance community awareness on safeguarding protocols as well as reporting mechanisms. This has been already the case to various extent under the reviewed APs.

6.7 Sustainability

Data shows that sustainability has been an integral part of the Country- and Area Programmes. The core models and the WV implementation allows for the institutionalization of the capacity building partnership at the community and county level. The APs under review are implemented within the Child Protection Technical Program. This is aligned with the existing government policies both at the national and county level. Especially the FGM-related legal and policy framework and newly adopted child protection regulations have reinforced the sustainability and the impact of the APs within the 2016-2022 period.

WV Kenya implements drivers of sustainability that include Partnering, Local Ownership, Transformed relationship, Local and national level advocacy and household and family resilience (WVK, 2020). WV Kenya builds in the drivers

of sustainability into the national Theory of Change. The observed APs in the period 2016-2022 refer to the Child Protection Technical Program, which in turn reflects the drivers of sustainability (WVK, Child Protection, and Participation Technical Programme Design, 2020-2025).

Partnership with local stakeholders for child protection

The study shows that the main drivers of sustainability have been identified. Firstly, *sustainability through partnerships* at the national, county and community level is clearly marked as a signpost of the AP approach within the observed period. The analysis of Orwa and Ilaramatak annual plans and other programmatic documents points at systemic integration of annual programme priorities with their governmental and community counterparts. The AP level, WVK worked with local institutions like churches, local administration. The local partners were empowered and facilitated to roll out community-based project interventions with the expectation that the local partners will continue these interventions after phasing out of the projects.

Strategic engagement between WV and other actors in programme implementation are the trademark of WV Kenya. Previous evaluations (baseline and endline) noted that this partnership and strategic engagements contribute towards greater programme sustainability in terms of promoting the local ownership. The WV Kenya 2021-2025 Strategic Plan aims to sustain the partnerships at the national, county and community level through the FBOs.

The partnership aims at harnessing the Christian identity for better outcomes for girls and boys, scaling faith-based approaches to develop the WV and partners' staff, address spiritual root causes of poverty, and quantify how the Christian faith brings hope and encourages greater sustainability. This strategy is further enshrined in the current 2021-2025 Strategic Plan which states under Outcome 1.2.3. that *Organized Community Groups, Churches, Other Faith Led Groups and Government institutions provide sustainable equitable and quality child protection monitoring, reporting and referral services* (2021).

Secondly, *sustainability through community systems strengthening* is promoted in order to sustain motivation and continuing education for community vision. The development of trained starter groups with capacity and experience in visioning will ensure sustainability of CWB activities in the community. At the local level, WVK has been working with county governments to co-fund and implement AP activities. This partnership has ensured efficient service delivery especially in offering extension services to community initiatives for example through the CVA approach in Orwa and Baringo. The sustainability role of parents, caregivers and others within the addressing of FGM and child marriage is emphasized in the 2021-2025 WVK Strategy under the Child Wellbeing Outcome stating that *Parents, Caregivers and all Adult members of every household take daily sustainable actions for protecting children from Physical and Sexual violence, Child marriage, FGM and Child Labour* (2021).

To what extent has local ownership been created in the targeted communities?

The AP progress reports show activities that promote community engagements, involvement of local partners, children, parents, and caregivers throughout the implementation circle. In all the APs there is clear evidence of the community-led interventions that are a mandatory part of the pre-approved participatory models and methodologies. This is in line with the programme Theory of Change and fulfills objectives within the scope of child protection. Project beneficiaries seem to be meaningfully involved in all aspects of project implementation ranging from surveys, design, planning, implementation and monitoring and evaluation of the project deliverables.

The existing local community structures and committees are utilized to ensure sustainability, especially through the faith-based structures in order to improve their efficiency. These community groups and structures also provide the needed support to enhance continuity of interventions through open community dialogue, participation, and advocate for integration and scale-up into devolved government plans beyond the period of the APs. In all the APs under review, there is a clear sign that communities identify and prioritize child protection challenges and harmful practices and commit their local contributions towards addressing them through the core child protection models.

The APs promote through their activities, good relationships within the community. Harmful practices like FGM and early marriage are discussed and denounced through community structures that are created throughout the APs. The alignment of the country and area programming with the Sustainable Development Goals (SDGs) is underlined at all levels of the interventions. The studied activities, outputs and outcomes under the subsequent CP and APs

have included specific engagement at the community and county level to ensure buy-in and adoption of the programme interventions. Data shows that the core model approach and WV programme design and execution ensures that local WV offices share their annual programme priorities with their counterparts in the county government and involve them to some extent in programme implementation.

The analysis of the AP plans has not shown that local innovations are actively promoted. WV programming may tap into the creativity and resources of local communities by providing flexibility within or next to the core implementation models. Participation is also made mandatory, which may lead to mere tokenism instead of active participation in decision-making, plans and projects to empower them take full control of their situation. For example, the Orwa AP evaluation (2020) urges that activities should not be left to the AP supported starter groups alone but elicit the involvement of local development actors (government, CSOs and faith leaders, the CORPs, teachers, and adolescent/youth leaders). Equally, some of primary and secondary data underline that the sustainability component of the AP programmes is not adequately entrenched. For example, in the end line evaluation of the Orwa AP (2020), most of the survey respondents feared that they would not be able to cope if their children were no longer in the programme and hoped that sponsorship remains in the community forever.

In addition, there is need for capacity building for resource person on visioning to complement starter groups' activities in the community in disseminating information on child well-being vision. Furthermore, the Evaluation underlines the sustaining of awareness creation through public and faith-based forums, schools, IEC materials, home visits, mobile phone technology and local media should be encouraged to reinforce vision recall. WV Kenya is also invited to promote participation in community activities by community members regardless of their education status. Participation in community activities increases community members' awareness of their community.

Is there an exit strategy planned, including the gradual transfer of responsibilities to local stakeholders?

The APs under review have been implemented on average over 15 years. Whares this has allowed for continuity of WV interventions in the area, there is no apparent exit strategy from the engaged communities. Building of community structures and various committees is assumed to ensure sustainability. It is however not clear how the AP-created community structures survive without the continuous involvement and incentives created by WV. The qualitative evidence shows that promising relationships have been created with local authorities including hospitals, police, and child protection offices. These activities promote capacity building and reportedly led to the trust in the communities under review. This created capital is likely one of the major impacts of the interventions under the studied APs. At the country level, the newly adopted 2021-2025 Strategic Plan clearly emphasizes the need for sustainability in child protection activities. For example, Outcome 1.2.1. under the Outcome Area 1.2. *Increase in girls and boys protected from violence* states that *Parents, Caregivers, and all adult members of every household take daily sustainable actions for protecting children from Physical and Sexual violence, Child marriage, FGM and Child Labour* (2021). The programme implements interventions by forging partnerships with National Government and County Government line ministries and departments, Faith Based Organizations (FBO), Civil Society Organizations as well as community-level structures and organizations (both formal and informal). These local-level partners are a big asset in the community, and they will continue to provide services to the public even after CP Programme comes to a close. The enactment of the Prohibition of FGM Act of 2011 is a great step that will continue to provide a legal framework for actors to operate to eradicate the retrogressive cultural norms as said by a key informant a Police Officer:

> *"Now that we have the Anti-FGM law, this vice will come to an end even without WVK. The police and other agencies and actors will take advantage of the law to act in different ways to end the problem*".

Study participants affirmed that the teenage girls who have received awareness of their rights, as well as life skill training, will continue to be good ambassadors in the community campaigning against the practices and even positively influencing more young girls and boys to eliminate these forms of violations.

Conclusion about the likelihood of sustainability

Results of this section demonstrate that WV Kenya CP programs implemented drivers of sustainability through partnership promotion of local ownership, local and national level advocacy and household and family resilience (WVK, 2020). Sustainability of the interventions was enhanced through partnerships at the national, county and

community level and through community systems strengthening. From the results intervention activities promoted community engagements and involvement of local partners, children, parents, and caregivers throughout the programme cycle as evidenced by the mandatory part of the pre-approved participatory models and methodologies. WVK CP programs cultivates good relationships within the community which have provided ground where harmful practices like FGM and early marriage are discussed and denounced through community structures. However, local innovations are not actively promoted by tapping into the creativity and resources of local communities by providing flexibility within or next to the core implementation models. The study concludes that while participation in project activities is critical and made mandatory, on the flipside, it may lead to mere tokenism instead of participation in decision-making, plans and projects to empower the communities to fully control of their situation. Further, there is need for capacity building for resource person on visioning to complement starter groups' activities in the community in disseminating information on child well-being vision.

7.0 LESSONS LEARNT, ADAPTATION, AND INNOVATIONS

7.1 Lessons learnt

Several key lessons have been identified by this impact evaluation:

Engaging informal institutions and communities transform social environments: The influence of the social environment has been significant in achieving expected impacts. Locally led and generated mechanisms for child protection are an important component of sustainability and effectiveness in national child programming. This is because most of the activities around advocacy, communication, reporting, and response are conducted by community members within the realm of community structures and leadership. For example, when violations occur, it is largely the family and community support systems that provide the first line of response.

The CPA implementers and partners concurred that leveraging on community-based organizations, the youth and women collectives, besides strengthening community-based structures e.g., Child Protection Committees have intensified the level of buy-in of the program activities. Additionally, the religious interventions based on transforming the mindsets of both the parents /caregivers and of children show great promise against retrogressive practices such as early marriage and female genital mutilation.

> "*The WVK is viewed as a pro-community, it has been working with women, youth, local administrators and support our children to school…we feel that we are being empowered and trusted to protect our children*" *(Chief, Lokis).*

Children collectives such as assemblies mediate the distance with policy and decisions makers**.** The children have been able to engage the County Government officers and present their grievances that border on their rights including community safety. This has elevated the visibility and the voices of children as co-creators of a child protection environment and advocates of a transformed society where every girl and boy in their diversity are respected. Working with children is a great will to open up when they have a problem relative to adults.

The multiplier effects of learning incentives: the provision of bursaries, school feeding programs, sanitary towels, and water access within schools not only serve the purpose of keeping girls in school but also delay their engagement in pre-marital sex and early marriage. The school environment through anti-FGM clubs, and counselling services serve to build the individual agency of the adolescents while at the same time deepening the community buy-in of the intervention models. This demonstrates the influence education has on early marriages.

> "*Children in school are government property, they are always protected and if they miss school, the officers and teachers will come for you, so being enrolled in school keeps them away from marriage…*" (Stakeholder forum, Narok).

> *"In our school [Kolowa secondary], we have anti-FGM clubs where both boys and girls are taught and discuss the negative effects of the practice in the community…in fact, boys have come to appreciate girls who show no interest in undergoing FGM"* (Stakeholder forum, Lokis).

Weaker and fewer civil society formations undercut effective collaboration. This is an institutional weakness common within the arid, infrastructure-poor, conflict-prone, and food-insecure areas where the project was being implemented.

Church as a socializing agent in the community: The church has a big role in the transformation of social norms: the Christian converts tend to easily abandon traditional practices such as early marriage and FGM in favor of the welfare of the children. The network and influence of churches can be used as an effective canvas for sustaining child protection advocacy and transforming the attitudes of the community into the equal treatment of boys and girls.

> "*Through partnership in this project, we have transformed the parents to role-model their children, inspired into these parents the value of educating their children and the response is good…I can say we are witnessing a production of new culture among the Pokot*" (Religious leader, Lokis).

Strategic partnership for mutual accountability: Deliberate stakeholder mapping and analysis helps to identify the level of influence and interest including specific areas of actions by partners to avoid duplication of efforts within the same setting. Further, where WVK enters into strategic agreements with these agencies, it gives room to account for among others the resources, human and material envelopes, and net transformations created in the space of child protection over a given period.

Alignment of the project interventions with the National and County Governments' priorities is key: the contextualization and alignment of project intervention areas with those of different levels of government enable seamless partnership with the state agencies.

> "*We have the goodwill of the government because we have as much as possible aligned to what the relevant Ministries, Departments, and Agencies do around child protection*" (WVK- staff).

Legislation alone is not sufficient in ending FGM as the evaluation has revealed defiance to the law and underground continuation of the practice but a multi-faceted approach that is anchored on effective coordination, planning and response by a diversity of actors is instrumental.

7.2 Innovations

Use of children's collectives: This recognizes children as important people who bring on board their own values to influence the circumstances around them. These collectives anchor the fundamental belief in children as having inherent rights to contribute to decision-making that affects their lives including in advocacy against the violation of their rights. Essentially, this innovation amounts to children's quest for being, belonging, and becoming.

8.0 RECOMMENDATIONS

The recommendations presented below are based on extensive research conducted specifically for this impact evaluation. In addition to an extensive documentary analysis and mapping of objectives, the evaluation team collected new data using a mix of quantitative and qualitative research methods, to provide a set of evidence-based policy recommendations able to inform the decision-making process. The recommendations are aimed to inform the WVG and other stakeholders on improving and strengthening child protection programming in Kenya and similar contexts.

Programming recommendations:

- Given the myths and misconceptions about FGM in the 3 locations, there is need to support changes in narratives and discourse related to FGM resulting in behaviour and value transformations in individuals and communities
- Adopt a twin-track approach in targeting children with disabilities in child protection. The current approach is deemed inclusive due to its emphasis on the most vulnerable children, including those with disabilities which are reflected in the tools and checklists for data collection. To be twin-tracked, targeted programs for children with disabilities should be developed to address their unique needs and vulnerabilities.

- Support coordination among national and county actors to not only amplify the voices from the grassroots on the essential child protection services locally but also development and or review of nationwide legislations and policies to help scale up national impact.
- Continuously engage parents and religious leaders as strategic partners to sustain gains already made on social norms transformation The programme needs to be packaged as protecting the future of the children to deepen community ownership of the same.
- Build staff capacity on monitoring and evaluation for better execution and tracking of the project progress.

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Annexes

ANNEX 1: SURVEY TOOL FOR PARENTS AND CAREGIVERS

IMPACT EVALUATION SURVEY ON WORLD VISION CHILD PROTECTION PROGRAMME

PARENTS/CAREGIVER QUESTIONNAIRE

Instructions
Please note that:

- Interviews should only be conducted in a private setting.
- Only children younger than 2 years are permitted to be present.
- Where necessary and appropriate and with the consent of the respondent, you may use locations outside the household to conduct the interview in private (such as in a nearby field or at a local clinic, church, or mosque).
- Interviewers should stop or change the subject of discussion if an interview is interrupted by anyone.
- If at any point the interview can no longer be continued in private, terminate the interview and record the reason above. Please ask the respondent's permission to return and arrange a day and time if they agree.
- Please **ensure you select responses** and if a respondent does not reply **select 99. no response.**

Respondent selection

Good morning/afternoon. My.name is _____, and I am working with the University of Nairobi. We are conducting a survey on child protection programs by World Vision Kenya in three Counties (West Pokot, Baringo and Narok) in Kenya. We wish to interview a person from this house. You have been selected because you are a resident of this community where WVK has been working over the last five years on issues of child protection, and we feel that you are an important stakeholder whose views matter in gauging the length to which this intervention has been effective.

Feel free to ask any questions about the purpose of the research, what happens if you participate in the study, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions to your satisfaction, you may decide to be in the study or not. This process is called 'informed consent. Once you understand and agree to be in the study, I will request you to sign your name on this form. You should understand the general principles which apply to all participants in research: i) Your decision to participate is entirely voluntary ii) You may withdraw from the study at any time without necessarily giving a reason for your withdrawal iii) Refusal to participate in the research will not affect the services you are entitled to in this community, project, or other engagements. We will give you a copy of this form for your records.

You will receive no direct benefit from your participation in this study; however, if you choose to participate, you will be helping us to understand child protection programming in this area. This interview is strictly confidential, and your name will at no time be associated with the information you are giving. In case there are terms you need to clarify, please do not hesitate to ask.

- **Do you have any questions?**

1. Yes 2. No

If YES, note them here:

_____

-**Do you understand how the research will be used?**

1. Yes 2. No

- **Do you agree that you are 18 years old or older? YES NO**

If the respondent answers NO, thank the person for their time and move on.

- **Are you willing to participate in this interview?**

1. Yes 2. No

If the respondent answers NO, thank the person for their time and move on.

Respondent Name: _____ Sign: _____ Date _____

Enumerator's Name: _____ Sign _____ Date _____

General information

	Questionnaire ID	
	Date of the interview	Dd/mm/yyyy
	Enumerator's Name/Code	[A 01; B 02; C 03; D 04; E 05; F 06]
	Location	[Orwa 01, Lokis 02; Ilamaratak 03]

For the Enumerator

Was the survey completed? Yes No

If NO, please record the reason:

1. Consent withdrawn
2. Could no longer continue in private
3. Respondent had to leave the house
4. Other

(specify)_____

Was consent gained to follow up another day? Yes No

Please record when you agreed to follow up (date and time):

_____

If a child interview is to be conducted in this house ask: **Does any child between 13-17 years live in this house?** **YES**

NO

Clarify to the respondent that children living in this house mean 'children who eat from the same pot.' That you are referring only to those who are now at home or will be at home later that day.

If the respondent answers YES, complete Sections 1 & 2 of the Child Questionnaire now. Ask if someone can go and get the child while you complete the caregiver interview. If a child is in school/not available until later, find out when s/he will be back and make a note (and announce) that you will come back later.

If the respondent answers NO, continue to the next first section of the questionnaire.

SECTION 1: DEMOGRAPHIC AND HOUSEHOLD INFORMATION

First, I want to ask you some questions about yourself and the people you live with		
101	Please record the respondents' sex	1. Male 2. Female 99. No response
102	How old are you? [If the respondent cannot give precise information, ask for the year of birth]	1. Years _____ 2. 99: No response
103	What is your highest level of education?	1. Never attended school 2. Primary education incomplete 3. Primary education completed 4. Secondary incomplete 5. Secondary complete 6. Some university education 7. University education completed 8. Vocational education 9. Adult literacy 98. Other (specify) 99 No response
104	What is your marital status [Read out options]	1. Married – monogamy 2. Married – polygamy 3. Divorced 4. Separated 5. Single (never married) 6. Living together (boyfriend/girlfriend) 7. Widow/Widower 99 No Response
105	What is your religion?	1. Christianity 2. Islam 3. Traditional 4. No Religion 5. Other religion (specify) 99 No response
106	What is your ethnicity?	1.Masaai 2.Pokot 3. Kalenjin 4. Kipsigis 5. Other (specify) 99. No response
107	What is the main activity that you and your family do to get income/money?	1 Crop farming 2. Livestock keeping 3 Fishing 4 Hunting 5 Wages and salaries 6 Pension 7 Business activities (non-farming) 8 Money transfer/cash remittance 9. Other (specify): 99 No response
108	How many rooms does your household use for sleeping in this house? [Do not read aloud] [Select only one]	1 One 2 Two 3 Three or more 99 No response
109	Are you the head of the household?	1 Yes

	[This is the person making the important decisions for this home]	2 No 99 No response If YES Go to 112, If NO/NO RESPONSE Go to 110
110	What is your relationship with the head of the household?	1 Husband/wife or boyfriend/girlfriend 2 Son/daughter 3 Brother/sister 4 Parent 5 Stepchild 6 Sister/brother-in-law 7 Other (specify)
111	Who is the household head? Is it a man or a woman?	1. Man 2. Woman 99. No response
112	How many people under 17 years of age eat from the same pot in your home?	Number _____ 99. No response
113	How many of the people under 17 years of age in your household have birth certificates or other birth registration documents?	Number _____ 99 No response
SECTION II: COMMUNITY SAFETY FOR CHILDREN		
[Introduction] Now, I would like to ask you some questions about the protection of children from abuse, neglect and general care within the household and the community.		
201	When you have a serious problem with the children in the house, who do you go to? [Do not read the list (tick all that apply]	1. Husband/Wife 2. Family member 3. Husband/Wife's family 4. Friends/Neighbors 5. Community elder/Chief 6. Religious leader (Pastor, Priest) 7. Teacher 8. Health worker 9. Police 10. Nobody 11. I don't need assistance 12. Other (Specify) 99. No response
202	When you have a serious problem with the child in your household, what forms of punishment do you administer? (Tick all that apply)	1. Yelling/scolding/name-calling 2. Denying them access to food 3. Grounding/ Denying them playing time 4. Isolation from the rest 5. Reasoning with them 99. No response
203	To what extent do you agree with the following statements within the households? Do you strongly agree, agree, disagree, strongly disagree, or don't know that: a) Children are listened to and respected. b) When a child needs help in the house, there is an adult who can give this. c) Children's concerns in the house are treated seriously & respectfully. d) Children understand what happens to them & are supported	Entries 1. Strongly Agree 2. Agree 3. Disagree 4. Strongly Disagree 5. Don't know 99. No response

	e) Children have a good awareness of personal safety.	
204	To what extent do you agree with the following statements within the community? Do you strongly agree, agree, disagree, strongly disagree, or don't know that: a) Children are generally protected from risks by the actions of professionals b) Children understand what happens to them and are supported c) Members of the public know whom to contact if concerned about a child's safety d) Agencies with child protection responsibilities always have professional staff who can be easily contacted e) Professionals listen and record the views of children and their families f) Professionals know what information to share and when g) Management and recording of information are known and procedures followed h) Members of the public are confident that local services protect children i) Professionals help children and their families express their views j) Those in contact with children know the signs of a possible need for help k) All professionals take action to prevent continued harm l) There is a consistent response to concerns about child protection **m)** There is always feedback to whoever raised the concern	Entries 1. Strongly Agree 2. Agree 3. Disagree 4. Strongly Disagree 5. Don't know 99. No response
SECTION III: COMMUNITY KNOWLEDGE, BELIEFS AND ATTITUDES ON FGM/C		
Knowledge		
301	From where did you learn about Female Genital Mutilation? (Tick all that apply)	1. Family 2. Friends 3. Community health education 4. Doctors/nurses 5. Television 6. Newspapers 7. Radios 8 Others(specify) 99. No response
Beliefs		
302	To what extent do you agree with the following statements? Do you strongly agree, agree, disagree, strongly disagree, or don't know that: a) There are laws against Female genital circumcision in Kenya b) Uncircumcised women are most likely to get sexual infections	Entries 1. Strongly Agree 2. Agree 3. Disagree 4. Strongly Disagree

	c) There are different types of female genital circumcision d) Female Genital Circumcision is not dangerous e) Being circumcised makes no difference during childbirth f) If the clitoris is not removed, it will grow large like a penis g) If the clitoris is not removed the baby will die during delivery h) Circumcised women are less likely to catch sexually transmitted infections i) Infants of uncircumcised mothers are more likely to die than those of circumcised mothers j) Female Genital Circumcision improves fertility k) Female Genital Circumcision can prolong labor during childbirth	5. Don't know 99. No response
Attitudes		
303	To what extent do you agree with the following statements? Do you strongly agree, agree, disagree, strongly disagree, or don't know that a) Girls and women in our community will get cut now and, in the future, b) I would circumcise my daughters c) I respect the people that perform circumcisions on women d) Men only like circumcised women e) I talk to my friends/family to abandon Female Genital Circumcision f) A circumcised woman is no longer a whole woman g) Without circumcision, a woman is unable to fulfil her intended role in marriage h) It is important to talk about Female Genital Circumcision i) I respect uncircumcised and circumcised women equally j) I respect uncircumcised and circumcised women equally k) Many people talk about Female Genital Circumcision	Entries 1. Strongly Agree 2. Agree 3. Disagree 4. Strongly Disagree 5. Don't know 99. No response
SECTION IV: COMMUNITY UNDERSTANDING OF CHILD PROTECTION RISKS		
***[Introduction]* I am now going to ask you some questions about children and some issues that children face,and I would like you to think about those in your community**		
401	What are some of the situations that put children in danger in your community? (Tick all that apply)	1. Basic needs not met (food, shelter, clothing) 2. No access to school or health care 3. Teenage pregnancy 4. Giving children to other people 5. Abuse and exploitation of children

		6. Forced or under-age marriage 7. FGM/C 8.. Abandonment by parent or guardian 9. Other (specify) 99. No response
402	To what extent do you agree with the following statements on child marriage in your community? Do you strongly agree, agree, disagree, strongly disagree, or don't know that: a) Child and early marriage promise a healthy and happy life b) I talk to my friends and family to abandon the Child and early marriage c) Child and early marriage have higher possibilities of divorce d) Child and early marriage can handle their issues responsibly e) Child and early marriage promise a healthy and happy life f) I talk to my friends and family to abandon Child and early marriage g) Child and early marriage should be continued in my society h) Age in Child and early marriage does not matter so long as there is consent i) My culture supports Child and early marriage as soon as she reaches puberty	Entries 1. Strongly Agree 2. Agree 3. Disagree 4. Strongly Disagree 5. Don't know 99. No response
403	To what extent do you agree with the following statements on the practice of early marriage in your community? Do you strongly agree, agree, disagree, strongly disagree, or don't know that a) Early marriage is a common practice in my community b) Has anyone in my household ever been married before the age of 18? c) If I had a daughter, would I allow her to get married before the age of 18? d) I am aware of the risks that girls face due to early marriage e) A girl has a right to resist early marriage f) A girl can make the decision on whether or not to get married, or can a girl decide on whom to marry	Entries 1. Strongly Agree 2. Agree 3. Disagree 4. Strongly Disagree 5. Don't know 99. No response
404	a) Do you think that boys of age 17 and below are safe from child rights violations in this community? b) Give reasons for your answer above.	1. Yes 2. No 3. No response [If YES/No ask question B and If NO RESPONSE skip to 405 Reason(s); _____

405	a) Do you think that girls of age 17 and below are safe from child rights violations like FGM and Early Child and Forced Marriage in this community? b) Give reasons for your answer above.	1. Yes 2. No 3. No response [If YES/No ask question B and If NO RESPONSE skip to 405 Reasons(s) _____
406	a) What will you say is the situation of early and forced child marriage in this community? (Tick all that apply) b) Give reasons for your answer above	1. Early and Forced Child Marriage has reduced in this community 2. Early and Forced Child Marriage has remained the same in this community 3. Early and Forced Child Marriage continues to be practiced undercover in this community 4. Early and Forced Child Marriage has increased in this community Reason(s) _____
407	a) What will you say is the situation of female genital mutilation in this community? b) Give reasons for your answer above	1. Female genital mutilation has been reduced in this community 2. Female genital mutilation has remained the same in this community 3. Female genital mutilation continues to be practiced undercover in this community 4. Female genital mutilation has increased in this community Reason(s) _____
408	In your view to what extent do you think children (boys and girls) in this community are enjoying their rights and fulfilling their potential?	1. To a very large extent 2. To a large extent 3. To a moderate extent 4. To a small extent 5. To a very small extent 6. No response
SECTION V: EXPOSURE TO CHILD PROTECTION PROGRAMMING		
501	a) What child protection activities has World Vision Kenya implemented in this community?	1. Awareness creation on child protection issues 2. Training of parents and community members on child protection 3. Sensitizing children on child protection issues (ECFM, FGM etc.) 4. Formation/ Strengthening of child protection committees and structures at the community level 5. Strengthening referral mechanisms for child rights abuses 6. Other (Explain) 7. Don't know

		99. No response
	c) In your opinion what would you say is the Most Significant Change World Vision Kenya interventions have brought to this community?	Answers_____
502	a) In this community is there a place where children can go when they experience abuse of any nature	1. Yes 2. No 3. Don't know 99. No response
	b) If yes, tell me where they go.	Answer _____
503	a) What do you do when you see or hear of a child or children experiencing abuse at home or in the community?	1. I report 2. I confront the perpetrator 3. I comfort the child 4. I do not report 5. Other (specify) 99. No response
	b) If yes, whom do you normally report to?	Answer_____
	c) If do not report, what are the reasons for not reporting?	Answer_____
504	a) In the last six months how many cases/reports of child rights violations have you encountered/heard in this community?	Number of cases _____ Not heard If NOT HEARD move to 505
	b) Describe the nature of the cases/reports above	Answer (s) _____
	c) How were the reports/cases handled	Answer (s) _____
	d) In your view to what extent were you satisfied with the way the cases/reports were handled?	1. To a very large extent 2. To a large extent 3. To a moderate extent 4. To a small extent 5. To a very small extent 99. No response
	e) Give reasons for your answers above	Reason(s) _____
	f) What would you do if you encountered a case of child rights violation in this community?	1. Report to faith leaders 2. Report to elders 3. Report local leaders

		3. Report to the local administration (Chief and Assistant Chief) 4. Report to the police 5. Report to the local child protection committee 6. Keep quiet 7. Others…… 8. Don't know. 99 No response
	g) Have you ever reported cases of child rights violations to the authorities in the last one year?	1. Yes 2. No If NO skip to 311
	h) If yes above, how many cases did you report?	Number of cases_____
	i) To whom did you report?	Answer _____
	j) How were the cases handled?	Answer _____
	k) To what extent were you satisfied with the way the cases were handled?	1. To a very large extent 2. To a large extent 3. To a moderate extent 4. To a small extent 5. To a very small extent 99. No response If NO RESPONSE skip to 311
	l) Give reasons for your answers above	Reasons(s)_____
505	a) Do you think it is possible to fully protect children from any form of violation of their rights?	1. Yes 2. No 3. Don't know 99. No response
	b) What types of service would be needed to better help protect children in children in this community?	List if services_____ _____
	c) What lessons have you learnt regarding child protection interventions in this community? (Probe also lessons from World Vision interventions)	Lessons_____ _____ Recommendations _____ _____

	d) Give the top three recommendations on how child rights violations (FGM, EFCM) can be stopped in this community.	

We have now reached the end of our interview. I would like to thank you for taking the time to talk to me. Before we finish, do you have any questions for me

Note all questions below:

Thank the respondent again.

[Please record the time at which the interview ended on the first page]

END

Questions asked

_____

_____

ANNEX 2: SURVEY TOOL FOR ADOLESCENTS

IMPACT EVALUATION SURVEY ON WORLD VISION CHILD PROTECTION PROGRAMME

ADOLESCENTS QUESTIONNAIRE

Instructions
Please note that:

- Before beginning the interview with the chid, ask or talk to an adult respondent from the household.
- In households where a parent or caregiver questionnaire was conducted, remind them that you are back to interview the child you had mentioned.
- Interviews should only be conducted in a private setting.
- Only children aged 13 – 17 years should be selected as respondents.
- Where necessary and appropriate and with the consent of the respondent's parent or guardian you may use locations outside the household to conduct the interview in private (such as in a nearby field or at a local clinic, church, or mosque).
- Interviewers should stop or change the subject of discussion if an interview is interrupted by anyone.
- If at any point the interview can no longer be continued in private, terminate the interview and record the reason above. Please ask the respondent's permission to return and arrange a day and time if they agree.
- Please **ensure you select responses** and if a respondent does not reply **select 99. no response.**

Informed Assent

Good morning/afternoon. My.name is _____, and I am working with the University of Nairobi. We are conducting a survey on child protection programs by World Vision Kenya in three Counties (West Pokot, Baringo and Narok) in Kenya. We wish to interview a child from this house. You have been selected because you are a resident of this community where WVK has been working over the last five years on issues of child protection, and we feel that you are an important stakeholder whose views matter in gauging the length to which this intervention has been effective.

Feel free to ask any questions about the purpose of the research, what happens if you participate in the study, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions to your satisfaction, you may decide to be in the study or not. This process is called 'informed consent. Once you understand and agree to be in the study, I will request you to sign your name on this form. You should understand the general principles which apply to all participants in research: i) Your decision to participate is entirely voluntary ii) You may withdraw from the study at any time without necessarily giving a reason for your withdrawal iii) Refusal to participate in the research will not affect the services you are entitled to in this community, project, or other engagements. We will give you a copy of this form for your records.

You will receive no direct benefit from your participation in this study; however, if you choose to participate, you will be helping us to understand child protection programming in this area. This interview is strictly confidential, and your name will at no time be associated with the information you are giving. In case there are terms you need to clarify, please do not hesitate to ask.

- **Do you have any questions?**

1. Yes 2. No

If YES, note them here:

_____

Child Authorization:

Your mom or dad (or guardian) has given permission for you to be in this study if you decide you want to participate. If you would like to be in the study, you just have to tell me, and I will write it down.Do you have any questions for me at this time?

Do you want to

participate?

1 Yes 2 No

If the child answers NO, thank the person for their time and move on.

Person Obtaining Assent:

I have discussed this study with the child and answered all the child's questions in a languages/he understands. I have told the participant that s/he can stop and ask questions at any time. I believe the participant understood this explanation and assented to participate in this study.

Child Respondent Name: _____ Date _____

Enumerator's Name: _____ Sign _____ Date _____

NOTE: Make sure that the Informed Parental/Guardian Consent AND InformedAssent forms are signed before proceeding

If assent not obtained, end the interview by thanking the respondent for his/her cooperation.

General information

	Questionnaire ID	
	Date of the interview	Dd/mm/yyyy
	Enumerator's Name/Code	[A 01; B 02; C 03; D 04; E 05; F 06]
	Location	[Orwa 01, Lokis 02; Ilamaratak 03]

For the Enumerator

Was the survey completed? Yes No

If NO, please record the reason why:

1. Partially completed
2. Child absent at time of visit(s)
3. Refused
4. Other

(specify)_____

Was consent gained to follow up another day? Yes No

Please record when you agreed to follow up (date and time):

_____

SECTION 1: DEMOGRAPHIC AND HOUSEHOLD INFORMATION		
First, I want to ask you some questions about yourself		
101	Please record the sex of the child *[Mark without asking the respondent]*	3. Boy 4. Girl 99. No response
102	How old are you? [If the respondent cannot give precise information, ask for the year of birth]	3. Years _____ 4. 99: No response
103	a) Have you ever been to school, or do you go to school? b) If YES, what is your highest grade/class you have completed?	1. Yes 2. No 3. No response 1. Never attended school 2. Pre-primary or some primary education 3. Primary education completed 4. Secondary education incomplete 5. Secondary education completed 6. Vocational training 7. Other (specify 99. No response
104	a) Since the beginning of the school year, have been going to school? b) If NO/NO RESPONSE, why didn't you go to school when it was not a holiday?	1. Yes 2. No 3. No response 1. I was sick 2. I had to care for a sick relative 3. I had to work 4. I had to go and stay with family/friends in another area 5. I am mistreated in school 6. No money for fees, uniform, books, or transportation 7. I was pregnant 8. I did not want to go 9. The school is too far 10. School not open 11. Other (specify): 99. No response
104	a) Are you married?	1 Married – monogamy 2 Married – polygamy 3 Living together (boyfriend/girlfriend) 4 In a relationship but not living together 5 Single (never married) 99 No Response 1.Yes 2. No 3. Don't know

	b) [**For girls**] If married, apart from yourself, does your husband have any other wives?	99. No response
105	Do you have any children of your own? (Children may be living elsewhere)	1.Yes 2. No 99. No response
Now, I would like to ask you some questions about the people who live here with you, particularly children.		
106	What is your relationship to the head of the household? That is, the main person making decisions in this house?	1.I am the head of the household (child-headed household) 2 Husband/wife or boyfriend/girlfriend 3 Son/daughter 4 Brother/sister 5 Niece/nephew 6 Stepchild 7 Grandson/granddaughter 8 Not family-related 9 Other (specify) 99 No response
107	Are you living with your father and your mother?	1. Yes, living with both parents 2 No, living with one parent 3 Not living with either parent 99. No response If 3 or 99 ask the next questions and if response is 1 or 2 skip to 109
108	If child not living with both parents, are your biological parents alive?	1 Father dead/think dead 2 Mother dead/think dead 3 Both parents dead/think dead 4 Both parents alive/think both alive 5 Don't know 99 No response
109	a) Do you have birth certificates or other birth registration documents? b) How many of the people under 17 years of age in your household have birth certificate or other birth registration documents.	1 Yes 2 No 99 No response 1 Number _____ 2 Don't know 3 No response
SECTION II: THE PLACE OF THE CHILD IN THE HOUSEHOLD		
[Introduction] Now, I would like to ask you some questions about the water you as a child within the household and the community.		
201	What do you normally do in the daytime? Do not read aloud. (Tick all that apply).	1. Go to school 2. Work in the factory/garage 3. Take care of brothers and sisters 4. Work as street vendor 5. Help my mama to do housework

		6. Play/get together with friends 7. Help my papa in the farm/in his trade outside 8. Do nothing 9. Work as domestic worker 10. Work in other people's farm for money 11. Other (specify): 99. No response
202	When you have a serious problem with the child in your household, what forms of punishment do you administer? (Tick all that apply)	6. Yelling/scolding/name-calling 7. Denying them access to food 8. Grounding/ Denying them playing time 9. Isolation from the rest 10. Reasoning with them 99. No response
203	a) In many houses, there are different children—the biological children (of the head of the household), family children, and other children who are just living there. From what you see and hear around you in this community, are all children in the house treated the same way? b) [If NO/DEPENDS/NO RESPONSE] What children are treated better? Do not read aloud. Select only one.	1. Yes 2. No 3. It depends 4. Don't know 99 No response If YES skip to 204 1 Biological children 2 Family children 3 Other children 4 Don't know 99 No response
204	How are they treated better? Do not read aloud. Circle all that apply	1. Get more/better food 2. Get more/better clothes 3. Sent to better schools 4. Sent to school while other children work 5. Disciplined less harshly 6. Get more time for themselves (e.g., to play or study) 7. Get better sleeping place 8. Other (specify) 9. Don't know 99. No response
205	In case of abuse, to whom do you report? (Select all that apply)	1. Father/mother 2. Employer 3. Aunt/Uncle 4. Teacher or health worker 5. Grandparent 6. Social worker or community worker 7. Sister/brother 8. Other relative 9. Friends/neighbors 10. Community elder/chief 11. Religious leader (Pastor, Priest)

		12. I don't need assistance 13. Nobody 14. Don't know 15. Police 16. Other (specify): 99 No response
206	If you want to talk about something that nobody knows about or something that you know you were not supposed to do, to whom do you talk? Do not read the list. select up to 3. Probe once: "Anybody else?	1. Father/mother 2. Employer 3. Aunt/Uncle 4. Teacher or health worker 5. Grandparent 6. Social worker or community worker 7. Sister/brother 8. Other relative 9. Friends/neighbors 10. Community elder/chief 11. Religious leader (Pastor, Priest) 12. I don't need assistance 13. Nobody 14. Don't know 15. Police 16. Other (specify): 99 No response
207	a) In the last six months have you ever been involved in the following types of work? b) What reasons led you to do the above work	1. Domestic labor 2. Working on a neighbor's farm for money 3. Working in a factory for money 4. Working in a quarry for money 5. Working as a livestock herder for a neighbor/friend 6. Others (specify) 7. None. 99 No response Reason _____
SECTION III: UNDEERSTANDING OF WHAT CONSTITUTES VIOLENCE AGAINST CHILDREN		
301	I am going to read you a list of different situations; by using a scale from 1 to 5, whereas 1 means "totally disagree" and 5 means "totally agree", can you tell me to what extent do you agree if the given situations and forms of violence are meted against you (children)? a) Beating a child with hand, belt, stick or other hard object b) Spanking a child' rear c) Slapping a child's face, head, or ear d) Slapping a child on the arm or leg e) Pulling a child's ear f) Yelling or screaming at a child g) Threatening to leave or abandon a child	Entries 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree 5 Don't know 99 No response

	h) Taking away a child's privileges to teach them a lesson i) Calling a child stupid, lazy and similar j) Praising a child for good behavior	
302	What do you think is a good quality of a parent or a guardian?	List all. _____ _____
303	a). What forms of child rights violations are experienced in this community in the last 3 months?	1. Early child marriage 2. Female genital mutilation 3. Physical attacks 4. Child neglect 5. Child labour 6. Others 7. None 99 No response
	b) In the last 12 months have you faced the following forms of physical attacks?	1. Pulling a child's ear 2. Slapping a child on the arm or leg 3. Slapping a child's face, head, or ear 4. Spanking a child' rear 5. Beating a child with hand, belt, stick or other hard object 6. Others 7. None 99 No response
	c). What action did you take when you were physically attacked as above?	1 I reported 2 I did not report 3 I didn't know what to do 99 No response
304	a) Do you think that boys of age 17 and below are safe from child rights violations in this community?	1 Yes 2 No 3 Don't know 4 No response
	b) Give reasons for your answer above	Reason _____
305	a) Do you think that girls of age 17 and below are safe from child rights violations like FGM and Early Child and Forced Marriage in this community?	1 Yes 2 No 3 Don't know 4 No response
	b) Give reasons for your answer above	Reason _____

306	a) In your view to what extent do you think children (boys and girls) in this community are enjoying their rights and fulfilling their potentials? b) Please give reasons for your answer above	1. To a very large extent 2. To a large extent 2. To moderate extent 3. To a small extent 4. To a very small extent 99 No response Reasons _____
SECTION IV: CHILD PROGRAMMING DURING EMERGENCIES		
401	What are the major threats and concerns for children's security and well-being during conflicts or periods of extreme hunger? (Tick all that apply)	1. Separation for family 2. Going without food 3. Being forced out of school 4. Relocation and loss of social ties 5. Loss of life 6. Physical injuries 7. Other(s) (specify) 99. No response
402	a) Who provides essential services to children during this period of emergency? Tick all that apply b) Are emergency services accessible? c) If YES, explain	1. Parents/guardians 2. Relatives 3. Religious organizations 4. Local CBOs and NGOs 5. Administrative departments 6. Police 7. Other (specify) 99. No response 1 Yes 2 No 3 Don't know 99 No response If NO/DON'T KNOW/NO RESPONSE skip to 403 Reason_____
403	What coping mechanisms are provided to you during emergencies? Tick all that apply	1. Shelter 2. Food provision/ relief deliveries 3. Physical security 4. Temporary schooling
SECTION V: UNDERSTANDING ON PRACTICE OF FGM/C AND CHILD MARRIAGE		
501	Have you ever heard of female circumcision?	1.Yes 2 No 3 Don't Know 4 No response

502	In some counties, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice	1.Yes 2 No 3 Don't Know 4 No response If the respondent is a boy skip to 509
503	**[For Girls Only]** Have you yourself ever been circumcised?	1.Yes 2 No 3 No response
504	**[For Girls Only]** Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	1.Yes 2 No 3 Don't Know 4 No response
505	**[For Girls Only]** Was the genital area just nicked without removing any flesh?	1.Yes 2 No 3 Don't Know 4 No response
506	**[For Girls Only]** Was your genital area sown closed?	1.Yes 2 No 3 Don't Know 4 No response
507	**[For Girls Only]** How old were you when you were circumcised? If the respondent does not know the exact age, probe to get an estimate.	Years _____
508	**[For Girls Only]** Who performed the circumcision?	TRADITIONAL 1 Traditional circumciser 2.Traditiional birth attendant 3 Other (specify) HEALTH PROFESSIONAL 4. Doctor 5 Trained Nurse/ Midwife 6 Other (specify) 7 Don't know 00 No response
509	What benefits do girls themselves get if they are circumcised? Probe: Any other benefits? Record all mentioned	1.Cleanliness/hygiene 2 Social acceptance 3 Better marriage prospects 4 Preserve virginity/prevent premarital sex 5 More sexual pleasure for the man 6 Religious approval 7 Other (specify) 8 No benefits 9 Don't know 99 No response

510	Do you believe that this practice is required by your community?	1.Yes 2 No 3 Don't Know 4 No response
511	Do you think that this practice should be continued, or should it be stopped?	1.Yes 2 No 3 Don't Know 4 No response
512	a) What will you say is the situation of early child and forced marriage in this community? (Tick all that apply) b) Give reasons for your answer above	1. Early Child and Forced Marriage has reduced in this community 2. Early Child and Forced Marriage has remained the same in this community 3. Early Child and Forced Marriage continues to be practiced under cover in this community 4. Early Child and Forced Marriage has increased in this community Reasons _____ ___
513	a) What will you say is the situation of female genital mutilation in this community? b) Give reasons for your answer above	1. Female genital mutilation has reduced in this community 2. Female genital mutilation has remained the same in this community 3. Female genital mutilation continues to be practiced under cover in this community 4. Female genital mutilation has increased in this community. Reasons _____
SECTION VI: EXPOSURE TO CHILD PROTECTION PROGRAMMING		
601	a) What child protection activities has World Vision Kenya implemented in this community?	1. Awareness creation on child protection issues 2. Training of parents and community members on child protection 3. Sensitizing children on child protection issues (ECFM, FGM etc.) 4. Formation/ Strengthening of child protection committees and structures at the community level 5. Strengthening referral mechanisms for child rights abuses 6. Other (specify) _____ 7. Don't know 99 No response

	b) In your opinion what would you say in the Most Significant Change World Vision Kenya interventions have brought to this community?	Change_____ _____
	c) What would you do if somebody attempts or abuses your rights in this community	1. Report to faith leaders 2. Report to elders 3. Report local leaders 4. Report to the local administration (Chief and Assistant Chief) 5. Report to the police 6. Report to local child protection committee 7. Report to school 8. Keep quiet 9. Other (specify) 10. Don't know. 99 No response
	d) Have you ever reported cases of child rights violation to the authorities in the last one year?	1 Yes 2 No 3 No response
	e) If yes above, how many cases did you report?	Number of cases_____
	f) To whom did you report?	Answer _____
	g) How were the cases handled?	Answer _____
	h) To what extent were you satisfied with the way the cases were handled?	1. To a very large extent 2. To a large extent 3. To a moderate extent 4. To a small extent 5. To a very small extent
	i) Give reasons for your answers above	Reasons _____
602	a) What lessons have you learnt in regard to child protection interventions in this community? (Probe also lessons from World Vision interventions)	Lessons _____ _____ _____

	b) Give top three recommendations on how child rights violations (FGM, EFCM) can be stopped in this community	Recommendations _____ _____ ____

We have now reached the end of our interview. I would like to thank you for taking the time to talk to me. Before we finish, do you have any questions for me

Note all questions below:

_____

_____

ANNEX 3: KEY INFORMANTS INTERVIEW GUIDE

(WVK staff, relevant Government Departments at County and National levels, faith-based leaders, local leaders, members of local children committees etc)

1. Tell us a little about your work and how it has been linked to Child protection (CP) activities.
    a. How have you participated in WVK CP interventions?
2. How does WVK CP Programme align with county, national and international frameworks, policies and regulations?
3. How did WVK adapt CP models to the prevailing contexts in the programme localities of Orwa, Ilaramatek and Lokis?
4. How did the programme design respond to the needs of the target beneficiaries?
5. Did you adjust the programme design during the course of implementation? If yes, how and why?
6. How did you use the programme's Theory of Change during implementation? Was it adequate in allowing the accomplishment of objectives? What were the gaps in the ToC and solutions adopted?
7. Were programme targets realistically set? Were the targets met? What challenges were encountered in meeting targets?
8. How did different groups of beneficiaries involve in the programme? (Probe from planning and design, implementation, monitoring and evaluation)
9. What platforms were used to engage with different categories of beneficiaries during implementation process? (Probe for children (boys and girls), parents, youth, children with disabilities and the youth)
10. Were the CP interventions implemented on schedule? Did the programme have adequate staffing with relevant capacity? Was the budget allocated adequate? How about the quality of programme design? Was there need to change strategies of interventions midstream? What occasioned this and what new strategies did you adopt?
11. Do you think the CP interventions met their objectives? Explain your answer.
12. What systems and structures did the programme strengthen or establish in the 3 localities and how? (Probe for local children committees, Area child advisory councils, school committees and government departments.
13. How did the programme engage on advocacy for changes in laws, regulations and policies? What successes were achieved? What challenges were encountered?
14. Who did the WVK collaborate with in CP interventions and what were the effects of these collaborations? (probe on coherence implications)
15. What made the collaborations to work or not work? (probe for strengths and weaknesses of the partners as well as interests
16. How did programme activities compliment those of other actors within the localities?
17. What are the positive and negative, intended and unintended, changes produced by the CP interventions, especially regarding early marriage and FGM?
18. What factors contributed to the changes?
19. What capacities and systems have the programme created to ensure continuity of interventions beyond the funding phase?
20. Which are some of the key lessons learnt in CP interventions?
21. Are there any innovations that were produced within the programme?
22. What was the most significant change in the programme?

23. For scale up what are some of the recommendations if this program is to be replicated to other regions? How can the programme be replicated in other regions? Are there some things that should be considered for change or adoption?
24. What challenges did you encounter during the programme cycle (design/planning, implementation, monitoring and evaluation) and how did you resolve them.
25. Give three top recommendations that can increase results of a similar programme in future.

ANNEX 4: STAKEHOLDERS FORUM GUIDE

(Community leaders, faith leaders, representatives of Community-Based Organizations and NGOs, Government officials etc).

1. What child protection interventions are carried out by stakeholders in this community?
2. How were the various CP interventions by the stakeholders coordinated and managed in this county/location? (Probe for coordination platforms, leadership, joint action plans etc)
    a. Which are some of the interventions/ activities being done in collaboration with WVK?
3. How have the interventions by other players complemented those of WVK CP interventions?
4. What are the positive and negative, intended and unintended, changes produced by the CP interventions, especially regarding early marriage and FGM?
5. Do you think early marriage and FGM has reduced in this community/ Explain your answer.
6. Do you think children are now safe from rights violations in this community after the CP interventions? Explain your answer.
7. What systems and structures have been strengthened and /or established by the CP interventions in this community and county and how? (Probe Area Children Committees, department of children, community groups etc).
    a. What are some of the cases that have been handled by the children committees? (Probe for numbers? / Seek for secondary sources)
8. What advocacy initiatives have you engaged in at local, county and national levels (Probe for policies, laws and regulations)
9. How effective is reporting, referral and response to cases of early marriages and FGM in this community and county (Probe for cases that have been handled and how? Those currently being handled, by whom, time taken in handling the cases, functionality of referral system and whether response received address the needs and rights of the abused)
10. Do you think WVK CP Programme was well designed and implemented to address the needs of the community living in this context? Explain your answer.
11. What challenges do you still face to fully eradicate early marriages and FGM in this community? What new strategies/solutions do you suggest can help eradicate these forms of child rights violations in this community?
12. What systems and capacities have been built in the community to continue with interventions after funding phase?
13. What are the lessons that you have learnt from CP interventions?
14. What innovations have been developed in CP Programming and how have they affected the results of the interventions?
15. What are some of the good practices associated with WVK CP interventions in this locality?
16. How do you think this CP programme can be successfully replicated in other regions with similar settings?

17. Give top recommendations that you think can improve the delivery and results of a CP programme like this in future.

ANNEX 5: FGD INTERVIEW GUIDE FOR PARENTS (WOMEN AND MEN)

1. What Child Protection Interventions has World Vision implemented in this area (Probe for interventions for children, parents, and other stakeholders)?
2. What changes have the CP interventions created in the lives of children (boys and girls), parents and stakeholders? (Probe for both positive and negative changes, intended and unintended).
3. Describe how the changes affected other areas/levels such as;

i. Child protection services offered by the local level structures and government departments
ii. Local laws, regulations, and their enforcements
iii. Community advocacy initiatives
iv. Schools

4. What factors contributed to the changes on the beneficiaries?
5. Do you think early child marriage and female genital mutilation has reduced in this community? (Explain your answer)
6. How have the CP interventions changed the drivers of FGM and early child marriages in this community? Explain your answer. (Probe for changes in cultural norms, practices, gender socialization etc.).
7. How did the CP interventions involve children with disabilities, the youth, women, and the poor?
8. Do you think the CP interventions adequately responded to the needs of this community? Explain your answer.
9. Describe how you have been involved in the CP interventions from Planning/Design, Implementation, Monitoring and Evaluation.
10. If World Vision stopped CP interventions in this community, how would the positive changes realized continue?
11. In your opinion what was the most significant change that happened in the CP project?
12. What worked well for you in the project? (probe for strategies, partnerships, transformation of barriers and norms, participation of stakeholders and beneficiaries in the project etc.)
13. What lessons have you learnt in the project?
14. Give 3 top recommendations that you think are important in making a project like this to succeed in future.

ANNEX 6: FGD GUIDE FOR ADOLESCENTS (13-17 YEARS BOYS AND GIRLS)

1. What activities did you participate in in CP interventions in your community?
    a. What platforms were used to enable you to participate in the activities and were they adequate?
    b. Which of these activities have been supported by WVK?
    c. Are there other organizations / institutions that have involved you in CP activities?
2.
    a. Have there been experiences (positive / negative) of children in this community that you can talk about as a result of CP interventions
    b. What positive and negative changes have occurred in your life as a result of CP interventions? (Probe for changes in early marriages and FGM practices and their effects e.g. access, retention and completion of schooling, value for the girl etc)
3. Do you think your community is now safe for children both boys and girls after the CP interventions? Explain your answer.
4. What did you like most in the CP programme interventions in your locality and why?

5. How are you influencing or intend to influence other children to stop early marriages, FGM, child labour and other rights violations against children in your community?
6. What lessons have you learnt from the CP interventions in your community?
7. Give recommendations on how child protection can be improved in this community and beyond