Formative evaluation of child protection centres to prevent and respond to violence, abuse, exploitation and neglect

Department of Children's Services, Ministry of Labour and Social Protection, Government of Kenya & UNICEF Kenya Country Office

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Names and organisations of evaluators: This formative evaluation was undertaken by Padraig Quigley, Pia Vraalsen and Ken Ondoro of Child Frontiers for the Department of Children's Services and UNICEF Kenya. The opinions and statements presented in this report do not necessarily represent those of the department or UNICEF.

Evaluation duration: 6 months (spread over 16 months)[1]
Start Date: December 27th, 2018
End Date: April 10th, 2020

Location: Kenya Office, ESARO. Nairobi with field visits to Kilifi (Malindi), Nakuru, Garissa and Narok counties.

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[1] The evaluation schedule was revised several times due to challenges organising an ethical clearance process. The fieldwork was significantly delayed as a consequence.

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Executive summary

This report presents the findings of a formative evaluation of the Child Protection Centre (CPC) service model in Kenya. Its conclusions enable the Government of Kenya to reflect upon and assess whether the model should be scaled-up in the future and indicates the kinds of adaptations that will be required to sustain the model.

Introduction

This formative evaluation analyses discrepancies between the original intervention concept, the strategy and implementation plan, and the actual roll-out of services in the sub-counties of Malindi, Garissa, Nakuru as well as Nairobi. A control site, Narok, was also studied. Because Narok does not have a CPC, this generated a degree of comparability. The evaluation focuses on CPC supported by UNICEF Kenya, whose assistance was channelled through two INGOs, Terre des Hommes (TDH) and Comitato Internazionale per lo Sviluppo dei Popoli (CISP).

The evaluation explores how the model was adapted for the local context in each of the counties. It considers the barriers to implementation and how stakeholders addressed these. The quality of service delivery and evaluation of progress is assessed against the criteria of relevance, effectiveness, efficiency, sustainability and scalability, coordination, and partnership.

The evaluation's purpose is to generate valuable learning and recommendations to improve service delivery and, ultimately, improve protection outcomes for children and families in Kenya. The primary audience for the evaluation is the Department of Children Services (Ministry of Labour and Social Protection), the UNICEF Kenya Country Office and other child protection duty-bearers. UNICEF Kenya transitioned into a new Country Programme cycle which started in July 2018. The review will feed into the 2020 Country Programme Document mid-term review. Furthermore, at the national level, the conclusions will influence the new Prevention and Response Plan on Violence against Children and the new Children Bill. In developing these strategies, the Department of Children Services, UNICEF and other stakeholders are reviewing different models and approaches so that the design of the child protection system is fit for the Kenyan context. The findings also inform a more extensive set of stakeholders in sectors such as health, education, law enforcement and other social services.

To support the evaluation, the Department of Children's Services (DCS) formed a reference group of relevant stakeholders to oversee and input into all stages of the process. The reference group met periodically and provided inputs into the methodology and tools, the emerging findings, and the development of recommendations.

Child Protection Centres

The CPC model was conceived as a response to the limited reach and capacity of the child protection system to prevent and respond to violence against children. The premise was that the centres would provide children and families with greater access to welfare and protection services at the county level. Conceptualised as a holistic model for protecting children, the

CPC offer both prevention and response services. In terms of services, the CPC raise awareness on child rights and social norms and practices that expose children to harm (such as female genital mutilation and child marriage) and responds children at risk of abuse and other forms of violence. The 'one-stop-shop' or service hub ethos of the CPC reflects the partnership between children, parents and caregivers to a range of different service sectors including health, social protection, education, and legal support.

Evaluation scope, methodology and process

The principal objectives of this formative evaluation were to:

- Collect triangulated data on the effectiveness and relevance of the centres and assess the prevention and response strategies to meet the needs of girls and boys who have experienced violence, neglect and exploitation.
- Assess the extent to which the CPC are integrated into the broader child protection system and examine how the CPC contribute to strengthening the national child protection systems.
- Make recommendations on potential mechanisms which would make it possible to obtain a more systematic and regular impact assessment of end-users; and
- Assess the sustainability, efficiency and cost-effectiveness of the services provided through the CPC.

To ensure the credibility and utility of the findings and analysis, the review employed the OECD DAC evaluation criteria of relevance, effectiveness, efficiency, sustainability and scalability, coordination, and partnership. The methodology, guidelines and tools also reflected the UN Evaluation Group (UNEG) ethical guidelines, UNICEF's revised Evaluation Policy, UNICEF's Procedures for Ethical Standards in Research, Evaluation and Data Collection and UNICEF's Evaluation Reporting Standards.

The evaluation combined a range of participatory methodologies. This mixed-methods approach allowed for comparison and triangulation of data to identify trends, as well as contradictions for further exploration. The methods included: a comprehensive literature review; key informant interviews; focus group discussions; case stories/testimonials; a CPC audit tool; and a value for money too.

A Stakeholder Reference Group was established by the Department of Children's Services to oversee all aspects of the evaluation, including the approval of the methods, toolkit and sample.

Consultations with communities and children were conducted according to the ethical principles enshrined in UNICEF's Strategic Guidance Note which sets out minimum standards for ethical research with children (see http://childethics.com/ethical guidance). An ethical protocol was tailored for this process and shared with UNICEF Kenya and the Government as part of the data collection package and ethical clearance process.

Evaluation findings

1. Relevance

The overall objective of the CPC initiative was extremely relevant in the context of Kenya, where there is an urgent need to strengthen the child protection system. Although the services ceased or significantly diminished when funding ended, there is unanimity among local communities, government, and non-government actors that, when operational, the CPC played an essential role. Through its accessible and holistic model, the CPC initiative addressed a recognised gap for the fulfilment of the rights and needs of children. Most importantly, the model encouraged child protection stakeholders to improve collaboration and coordination with government agencies at the county-level, especially among health, education, law enforcement, and broader social service sectors. Each of the CPC demonstrated creativity to evolve and adapt their services to the socio-cultural context. For example, all CPC recognised the importance of conducting outreach in communities and building relationships with leaders, caregivers and children.

2. Appropriateness

The purpose and rationale for the programme were very appropriate in the Kenyan context. The Framework for the National Child Protection System in Kenya (2011) calls for a coordination mechanism to bring together government departments and key stakeholders at all levels. The model was designed to increase cohesion between existing structures and to fill gaps with complementary services in other sectors, avoiding duplication of services. When fully operational, the CPC increased the access of children and families to a range of essential support services as intended. However, the programme did not fully succeed in improving accountability in child protection systems and may have undermined the partnership by channelling funds through international agencies rather than government agencies.

3. Effectiveness

As a result of their preventative and response interventions, the CPC report significant impact in positively promoting child rights and addressing child protection concerns. This success is partly because the strategy targets not only children but also their parents, caregivers and community leaders. The outreach component was perceived as critical in mobilising the community to prevent, identify, report, and respond to child protection issues. In this way, the CPC contributes to changes in deep-rooted social norms that put children at risk of harm. The CPC also target both girls and boys and seek to provide response and prevention interventions in a gender-sensitive and equitable manner. Evaluators observed community members appearing to be entirely sold on the child protection agenda, using the language and messaging of the CPC, and indicating that they would actively seek help if they needed it.

However, mechanisms to measure, monitor, record and report quality and results were overall inadequate. The programme lacked a standard, structured monitoring, evaluation and learning framework, and data was mostly used for donor reporting rather than to inform decision-making about service provision or advocacy. Nevertheless, the Child Protection Information Management System was eventually used more effectively as staff became more familiar with it.

4. Efficiency

Both implementing partners reported that the projects supported by UNICEF generally achieved or overachieved on their expected outputs. This conclusion is undoubtedly a welcome success and, on the surface, shows that the CPC worked better than anticipated when in terms of reaching and providing services to children, families and communities. For example, by 2018, over 12,500 children in Kilifi and Nakuru had been supported. TDH reported that over 3,560 children's cases had been managed during the project. Concerning prevention initiatives, CISP reported that over 42,000 children had participated in different activities.

However, the centres were under-resourced from the beginning, which had implications for staffing and reach, as well as programme quality. A persistent challenge was that funding for CPC was never integrated into the child protection budget nor into broader national development plans or sector strategies. The one exception is the CPC in Garissa where the county government, for example, seconded its staff to provide counselling services.

A review of the professional capacity of CPC staff reveals that their skills and competencies were generally commensurate with the requirements of the services. The evaluation showed that the CPC succeeded in recruiting personnel who were passionate about children and their welfare. Many appear to have accomplished a lot with extremely limited resources and despite many structural impediments.

5. Partnership

County and sub-country officials and service providers stated that the CPC improved collaboration and coordination among different sectors such as health, education, law enforcement and broader social services. This collaboration facilitated a more holistic and predictable referral process for children, ensuring they received assistance from multi-disciplinary, inter-agency teams.

6. Sustainability

Considerations of sustainability (social, institutional and financial) were not articulated or integrated into the design and implementation phase of the CPC model. The evaluation did not uncover any evidence of initiatives or contingency planning to secure the kind of funding that would be required to maintain the existing CPC beyond the project agreements signed with implementing partners, let alone to expand the CPC across the country. Consequently, the CPC were mostly unable to operate once external funding ceased. To date, there has been no indication of a concrete or time-bound plan for scale-up and expansion of the model, nor does it appear that financial and other resources have been identified or committed.

Conclusions

Overall, the evaluation found that the CPC had a positive impact on child protection and, when fully operational, provide a model to improve service delivery in Kenya. Government officials, service providers and community members consistently described the CPC as a relevant, appropriate, efficient and effective contribution to the child protection system in Kenya. The

CPC demonstrate that they can strengthen referral pathways and networks, allowing for a more holistic and predictable response. Enhanced collaboration and coordination through the CPC initiative has allowed for a more standardised response, one that creates greater accountability to the beneficiary. The ability of the CPC to adapt led to outreach activities becoming a significant strength of the CPC model. Given the vast distances in the respective counties, outreach activities resulted in more comprehensive coverage and greater access to the CPC's services.

Stakeholders will need to give careful consideration to how to embed the CPC model within existing structures and systems. Decisions will need to avoid the tendency to establish 'parallel' structures and systems. One of the main advantages of improved collaboration and coordination was the ability to assume a multi-sector, holistic approach, working in a 'family-centred' way rather than a 'child-centred' way. This approach not only provides a more rounded and comprehensive package of both prevention and response services but encourages engagement with families and communities to identify and tackle the underlying causes of many child protection issues.

Although there was confusion about the roles and responsibilities of different government and non-government actors at the start of the initiative, the CPC gradually became vital support to the functions of the sub-country children's officer and vice versa. Respondents explained how the CPC model helped to maximise human resources at the local level. They consistently described this achievement; however, the impact on human resources of losing funding has been felt keenly. For example, legal aid and counselling services are not generally available at the county-level, but the centres ensured that people had regular access to these services.

Findings of this evaluation demonstrate the importance of strong government leadership in strategic decision-making and a commitment to ensuring that the CPC model will receive regular, multi-annual funding and is embedded in existing structures and systems. The CPC model is currently dependent upon donor funding. DCS does not have the financial resources to run the CPC at full capacity. Sustainability of the model remains the most significant challenge in moving forward. There was a great deal of confusion and frustration among respondents as to why there had not been a transition or exit strategy in place and how it was possible for a programme to just "*go off a cliff from one day to another*".

Despite the challenges in keeping the CPC operational, CPC staff demonstrated dedication and determination to maintain service provision. The evaluation found many positives and potential for the model to be scaled up, but the political commitment and level of resources required should not be underestimated.

Recommendations

The recommendations stem directly from the findings and conclusions presented in earlier sections and are intended to guide stakeholders as they deliberate the next steps. Throughout the evaluation process, the report authors presented the core findings and conclusions to the DCS, UNICEF and the Reference Group. In this way, national child protection experts have had an opportunity to reflect upon the implications of the review findings and have shaped and prioritised the recommendations.

1. Macro-level recommendations for the Government and development partners

- **Implement CPC as a "concept":** The concept of a "one-stop-shop" could be realised by building on the existing child protection structures and systems at national, county, sub-county, and community levels. In the future, the model should be reimagined more broadly as "enhancing service provision" than as a physical building or centre.

- **Develop an action plan for the nationwide roll-out of the CPC model:** Stakeholders, led by the Government, should work together to develop a coherent Theory of Change and achievable action plan, avoiding ad hoc processes and measures that have so far characterised the implementation of this model.

- **Embed the CPC in existing local child protection structures and systems:** The action plan should elaborate on how existing welfare structures and systems integrate the CPC. The most obvious solution would be to incorporate the CPC under the responsibilities and oversight of the sub-county children's officer.

- **Cost the action plan:** A costed model for the CPC should be developed at the county level. The county-level costing will likely determine the overall investment required to roll-out the model nationwide. Once the budgetary implications are clarified, a realistic timescale for the incremental roll-out of the CPC should be agreed.

- **Undertake fiscal space analysis to ensure the roll-out of the CPC model is based on a realistic and predictable assessment of resources:** To remain operational, a CPC requires predictable and sustained resourcing. Eventually, the Government will need to commit to assuming the costs associated with establishing and maintaining the centres.

- **Develop a national human resource strategy to accompany the NPA:** Human resource issues will feature as a component of the cost NPA to roll-out the CPC model, but it is also advisable to elaborate a detailed human resource development strategy to accompany the NPA.

- **Engage allied sectors in the roll-out of the model:** If the CPC model is reoriented to promote broader child and family wellbeing, this should increase the number of government departments, civil society organisations, and other development partners which are willing to support the national roll-out.

- **Ensure that existing CPC remain operational:** Efforts to generate support for and expand the roll-out of the model will be enhanced if the current CPC remain functional and are strengthened in line with the findings and recommendations of this report.

2. Operational considerations for the Government and non-government stakeholders

- **Establish a National Steering Committee and technical working group:** The Government should create a ministerial-level Steering Committee and a supporting technical working group to facilitate the roll-out of the CPC. These bodies should

comprise government staff, civil society organisations, NGO partners and others with the required decision-making powers and skills to guide stakeholders on how to establish, manage, monitor and coordinate the operations and activities of the CPC.

- **Improve monitoring, evaluation and information management systems:** To ensure a more efficient flow of information, the Government should introduce or strengthen more effective monitoring and evaluation systems.

- **Develop a costed CPC model:** A costed model would give actors at different levels an insight into the kinds of investment that would be required to establish and maintain a county-level CPC. In this way, decisions could be made about how to adapt the model to fit the resource context of each county.

3. Local-level implementation and roll-out of the CPC

- **Adopt a participatory and collaborative approach to designing the CPC:** The CPC model is more likely to be successful if county-level stakeholders and potential beneficiaries are consulted about the kinds of services they require, as well as the best way to deliver that assistance.

- **Expand outreach capacity and link it to local level resources:** Because the outreach services appeared to be successful and appreciated, the model should generally integrate outreach activities into their operations. The CPC should be embedded within the existing community and sub-county structures and systems rather than operating in isolation.

- **Review and update the National Standards of Operations for Children Officers-NSOP-CO:** The Standards of Operations for Children Officers-NSOP-CO should be up-dated to reflect more recent developments in the child protection system and the findings and learning of this evaluation.

- **Build upon existing staff at the county level:** For the CPC model to function effectively, staff from government agencies and partner organisations should work in a more complementary way. Capacity-building initiatives should be conducted jointly with other sector staff.

- **Develop a 'community of practice' related to the CPC model:** Child protection actors connected with the CPC should be encouraged to form county and inter-county communities of practice. They should be encouraged to share their experiences and learning and identify ways to support efforts at different levels of the child protection system.

Acronyms

AAC	Area Advisory Council
AIDS	Acquired Immune Deficiency Syndrome
CISP	Comitato Internazionale per lo Sviluppo dei Popoli
CPC	Child Protection Centre
CPU	Child Protection Unit
CPD	Country Programme Document
CPIMS	Child Protection Information Management System
DCS	Department of Children's Services
FGD	Focus Group Discussions
FGM	Female Genital Mutilation
HIV	Human Immunodeficiency Virus
INGO	International non-governmental organisation
KCO	Kenya Country Office
KES	Kenyan shilling
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
NCCS	National Council of Children's Services
NGO	Non-governmental organisations
OECD DAC	Organisation for Economic Cooperation and Development - Development Assistance Committee
SCCO	Sub-County Children's Officer
SOP	Standard Operating Procedures
TDH	Terre des Hommes
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Emergency Fund
VAC	Violence against Children
VfM	Value for Money

Introduction

This report presents the findings of a formative evaluation of the Child Protection Centre (CPC) service model in Kenya. As the global donor community continues to invest resources in piloting and refining models of service delivery to prevent and respond to violence against children, this formative evaluation is timely. Not only will it enable the Government of Kenya to assess, reflect upon and adapt the model, but the learning generated from this evaluation will be valuable for child protection duty-bearers in the region and globally.

As an implementation-focused analysis, the evaluation assesses discrepancies between the original concept, the strategy and implementation plan, and the actual roll-out of services in Malindi, Garissa, Nakuru and Nairobi. A control site, Narok, was also studied. Because Narok does not have a CPC, this generated a degree of comparability. The researchers tested the evaluation methodology and tools in Kilifi, near Malindi, and then further contextualised the approach.

The evaluation explores how the model was adapted for the local context in each of the counties. It considers the barriers to implementation and how stakeholders addressed these. The quality of service delivery and evaluation of progress is assessed against the criteria of relevance, effectiveness, efficiency, sustainability and scalability, coordination, and partnership.

As a formative evaluation, its purpose is to generate valuable learning and recommendations to improve service delivery and, ultimately, improve protection outcomes for children and families in Kenya. The primary audience for the evaluation is the Department of Children Services (Ministry of Labour and Social Protection) and the UNICEF Kenya Country Office. However, the findings also inform a more extensive set of stakeholders in sectors such as health, education, law enforcement and other social services. Child protection duty-bearers, including civil society agencies and donors, will also benefit from the results of this evaluation. Furthermore, at the national level, the conclusions will influence the new Response Plan on Violence against Children and inform programmes. The authors of this report also developed an advocacy brief and dissemination plan to ensure the evaluation's findings reach a broader audience.

To support the evaluation, the Department of Children's Services (DCS) formed a reference group of relevant stakeholders to oversee and input into all stages of the process. The reference group met periodically and provided inputs into the methodology and tools, the emerging findings, and the development of recommendations.

The evaluation report is divided into the following sections:

- Object of the evaluation
- Evaluation purpose, objectives, and scope
- Evaluation Methodology
- Findings
- Conclusions and lessons learned
- Recommendations

The report includes annexes that provide additional information and background. These annexes include the terms of reference, the time frame of work, roles and responsibilities of different stakeholders, the ethical clearance document and a manual containing the research tools used throughout the data collection process.

1. Object of the evaluation

Child protection stakeholders (government, non-government organisations and donors) have long considered the CPC model as having the potential to become a core component of the child protection system in Kenya. The evaluation identifies the strengths, weaknesses and opportunities of the model for protecting children from violence, abuse, neglect and exploitation. The review explores how the CPC service model has been integrated into broader efforts to strengthen the Kenyan child protection system.

This section begins with a review of the social and cultural context in which the CPC have been established and are expected to function. To rigorously assess the success and sustainability of the CPC, it is essential to understand the socio-cultural dynamic, including the child welfare and protection challenges that children experience. In addition, the section provides background information on Kenya's economic and governance status and explains how the CPC were conceptualised and managed in this environment.

1.1. Implementation context

This sub-section describes the context within which the CPC are operating and how they contribute to the national child protection system. Understanding the relationship between the broader socio-economic context of Kenya and the kinds of violence that children experience is essential for situating and assessing the work of the CPC. A significant contribution of this evaluation is to generate learning and recommendations for the strengthening of the national child protection system.

1.1.1. Country context

In recent years, Kenya has achieved steady economic growth, with GDP rising to an expected rate of 6.1 per cent in 2018. The country achieved lower-middle-income status in 2015. While overseas development assistance is falling, the Government of Kenya is working with the private sector to see how it can help the achievement of national development goals. Despite this growth, poverty, the impact of natural disasters, and conflict in neighbouring countries remain challenges to the Government's efforts to realising child rights.[2]

Population growth and migration from rural to urban areas also pose ongoing challenges, with many people living in informal settlements with inadequate infrastructure and services to support child wellbeing and healthy development. The population is expected to grow to 75

[2] UNICEF (2018) Situation Analysis of Children and Women in Kenya 2017, UNICEF, Nairobi, Kenya.

million by 2050 from an estimated level of 49.6 million in 2017.[3] Recent data suggests "that children aged 0-18 years accounted for 49 per cent of the total population and12 adolescents aged 10-19 years make up about 24 per cent (9.2 million: 49 per cent male; 51 per cent female)".[4]

A UNICEF study, conducted in 2016, estimates that approximately 45 per cent of children are deprived in more than three basic rights areas.[5] Development indicators and access to services vary significantly across the country. Across Kenya, the figures for "poverty, education and healthcare are particularly low in the arid and semi-arid counties, especially in Mandera, Wajir and Turkana Counties, which are affected both by security concerns and by the ongoing drought. Groups of children in other areas of the country also face acute vulnerabilities".[6]

Although gender equality is enshrined in the Constitution of 2010, women and girls still face barriers to realising equal rights. Obstacles to equality are perceived to include a lack of participation in leadership and decision-making, economic vulnerability, gender-based violence, the harmful effects of traditional practices, the impact of HIV and AIDS, access to justice, land ownership and inheritance rights.[7]

Box 1: Equity in Child Protection[8]

As demonstrated by provisions in the legal and policy framework, the Government of Kenya is committed to ensuring equitable outcomes for the most marginalised citizens, especially women and girls. Examples of such provisions can be found in the Gender Policy in Education (2016), the HIV and AIDS Education Sector Policy (2013), the Policy Framework for Nomadic Education (2015), as well as in aspects of policies and interventions relating to emergencies, services for persons with disabilities, and social protection initiatives.[9] These provisions strengthen the enabling environment for both girls and boys, seek to mitigate the reduce deep-rooted drivers that perpetuate vulnerability and which put children at risk of harm. Improvements are also being made to the information management system for child protection.

There is also progress in the development and implementation of the child protection system. However, a sharper focus on ensuring equitable outcomes for children would ensure that children have access to higher quality services. The Cash Transfer for Orphans and Vulnerable Children Programme has been successful in reducing poverty, improving diet and increased secondary school enrolment. Nevertheless, the programme could be further adapted to ensure more equitable geographic targeting and ensuring a more uniform level of transfer for households of all sizes. It could also broaden its mandated target group of orphans and chronically sick children to incorporate children living in poverty.[10]

[3] National Council for Population and Development, Population Policy for National Development, July 2013, via http://ncpd-ke.org/ncpdweb/Main_policies and UNICEF, UNICEF – KCO MTR Report, 2016.
[4] UNICEF, UNICEF – KCO MTR Report, 2016.
[5] UNICEF, Multidimensional Child Poverty in Kenya, Draft, November 2016.
[6] UNICEF (2018) Situation Analysis of Children and Women in Kenya 2017, UNICEF, Nairobi, Kenya.
[7] Ibid.
[8] Government of Kenya and UNICEF. Situation Analysis of Children and Adolescents in Kenya: Our children, our future, 2014.
[9] UNICEF (2018) Situation Analysis of Children and Women in Kenya 2017. UNICEF, Nairobi, Kenya.
[10] Government of Kenya and UNICEF. Situation Analysis of Children and Adolescents in Kenya: Our children, our future, 2014.

The Government of Kenya continues to invest heavily in social services, with 40 per cent of expenditure in 2015-2016 directed to sectors such as education, health and social protection. Additional investment is required in the areas of nutrition, access to water, sanitation and child protection. The devolution of powers to county-level government is a principal strategy for improving access to and enhancing the quality of social services. Approved in 2013, the devolution process is ongoing with counties now undertaking integrated development plans and putting systems in place to use resources more effectively and to improve monitoring systems to promote more evidence-based policymaking.[11]

1.1.2. Commitment to international standards

The Government of Kenya ratified "the Convention on the Rights of the Child in 1990. In 2000, the Government became a signatory to the Optional Protocol on the sale of children, child prostitution and child pornography and, in 2002, acceded to the Optional Protocol on the involvement of children in armed conflict. In 2000, Kenya ratified the African Charter on the Rights and Welfare of the Child, the Hague Convention on Inter-Country Adoption, the Palermo Protocol, and the Millennium Declaration 2000. To date, Kenya has ratified seven of the eight labour-related conventions, including International Labour Organisation Convention No. 138 (on minimum age) and No. 182 (on the worst forms of child labour)".[12]

Kenya is a signatory to other international human rights instruments that "promote equity and non-discrimination in the development process. These include the Convention on the Elimination of All Forms of Discrimination against Women, the Beijing Platform of Action, and other regional and sub-regional instruments such as the African Charter of Human and Peoples Rights of 1981 and the African Union Protocol on the Rights of Women in Africa".[13] In domestic legislation, the Kenyan Children's Bill provides that every child has a right to freedom from violence, abuse and exploitation. The Bill also provides for the establishment of Child Protection Centres in each of the forty-seven counties in Kenya".[14]

1.1.3. Child protection issues

Although both boys and girls are victims of child protection violations, "due to socio-cultural factors, cultural practices and economic constraints, girls are particularly vulnerable to violence, sexual abuse and harmful practices".[15] Some of the most pressing child protection concerns to be addressed through the CPC or other similar models include:

- **Violence against children:** Violence affects children from all backgrounds in Kenya. Although the last major national survey was concluded in 2010, qualitative research and other reports from service providers, indicate that rates remain high.[16] The national survey found an estimated 79 per cent of boys and 76 per cent of girls experienced some form of violence before the age of 18 years. Perpetrators of violence are usually known to children

[11] UNICEF (2018) Situation Analysis of Children and Women in Kenya 2017. UNICEF, Nairobi, Kenya.
[12] Government of Kenya, UNICEF, and Global Affairs Canada (2015). Taking child protection to the next level in Kenya.
[13] Ibid.
[14] Concept Note- Investing in Child Protection Centres in Kenya, UNICEF, 2018.
[15] Government of Kenya, UNICEF, and Global Affairs Canada (2015). Taking child protection to the next level in Kenya.
[16] UNICEF (2018) Situation Analysis of Children and Women in Kenya 2017, UNICEF, Nairobi, Kenya.

and include parents, relatives, and teachers. Corporal punishment is prohibited in the legislation but remains prevalent in family homes and schools. Socio-cultural practices still justify violence as a means of promoting discipline and good behaviour. In 2014, a study of parental views on the use of corporal punishment in pre-primary setting found that over 70 per cent of parents reported still using corporal punishment.[17] Children report high levels of violence at all levels of the justice system with over 70 per cent of children reporting having witnessed (79 per cent) or experienced some form of violence (72 per cent).[18]

Girls are at risk of experiencing gender-based violence in a range of settings, despite efforts to strengthen the legal and regulatory framework and the capacity of service providers to prevent and respond to incidences. The 2014 Kenya Demographic and Health Survey found that 14 per cent of women and 6 per cent of men aged 15 to 49 years had experienced sexual violence, with 39 per cent of women and nine 9 per cent of men experiencing physical or sexual violence perpetrated by their spouse. Of those who experienced violence, 44 per cent of women and 27 per cent of men sought some form of assistance.[19] Cases of gender-based violence are often under-reported. Very few reports lead to an investigation, let alone prosecution.

- **Harmful practices:** Harmful practices persist in Kenya despite efforts to create awareness about their impact on children's wellbeing, especially girls. These practices include female genital mutilation (FGM), child marriage, and child beading in the Samburu community.[20] The most recent Kenya Demographic and Health Survey (2014) revealed that 21 per cent of women aged 15 to 49 years were subjected to FGM. However, the report showed that, since 2008, the prevalence of FGM among girls aged 15 to 19 years fell from nearly 15 per cent to 11 per cent. Although rates are falling overall, among some ethnic groups, the practices are significantly more widespread than among the general population.[21] The Government has acted to constrain these practices. For example, it passed the Prohibition of Female Genital Mutilation Act (2011) and established the Anti-FGM Boards (2013).

- **Child marriage:** Following the Marriage Act (2014), marriage is illegal before the age of 18 years, and the Protection Against Domestic Violence Act (2015) prohibits child and forced marriages. The National Policy for Prevention and Response to Gender-based Violence protect children from gender-based violence, including the elimination of child marriage. Recent years have seen a reduction in the rates of child marriage, but it is still widely practised and accepted in many communities in Kenya. Areas with the highest prevalence include Northern Kenya (56 per cent), coastal regions (41 per cent), Nyanza (32 per cent) and the Rift Valley (30 per cent). A study by the National Bureau of Statistics

[17] Kimengi, I.N. & Mwai B.K. (2014), "Perceptions of parents on the use of corporal punishment in pre-primary institutions in Kenya", International Journal of Education and Research, 2(10), 663-680. Cited in Global Campaign to End Corporal Punishment, Kenya Country Report, 2016, at: http://www.endcorporalpunishment.org/assets/pdfs/states-reports/Kenya.pdf.
[18] CESVI, Violence Does Not Fall on One Roof Alone, 2015, at http://www.cefaonlus.it/uploads/files/2061it-vac_in_the_kenya_jjs_survey.pdf
[19] Kenya National Bureau of Statistics et al, Kenya Demographic and Health Survey 2014, 2015 at https://dhsprogram.com/pubs/pdf/fr308fr308.pdf
[20] UNICEF (2018) Situation Analysis of Children and Women in Kenya 2017, UNICEF, Nairobi, Kenya.
[21] Information Research Solutions, A Draft Baseline Study Report on Female Genital Mutilation or Cutting and Child Marriage among the Rendille, Maasai, Pokot, Samburu and Somali communities in Kenya, UNICEF, March 2017.

revealed a decline in child marriage (defined as below eighteen years of age) from just over 25 per cent of girls in 2008/9 to 22.9 per cent in 2014.[22]

There are many drivers of child marriage in Kenya, including socio-economic factors such as poverty, the stigma of pregnancy outside of marriage and teenage pregnancy, as well as discriminatory attitudes that consider girls as either economic burdens or assets. One of the most pressing challenges is to raise awareness of the harmful effects of the practice on girls. This lack of knowledge is not confined to communities; many child protection actors need to know how to respond to cases as they arise.[23]

- **Children without parental care:** Children in Kenya are living without parental care because of the death of one or both parents (primarily due to HIV and AIDS), family breakdown, abandonment, displacement, migration, conflict, and the effects of natural disasters. Research indicates that approximately 3.6 million children are orphans or classified as vulnerable.[24]

  Traditionally, children without parental care live in informal kinship care arrangements. However, this arrangement is typically unregistered and undocumented, so it is difficult to ascertain the full extent of this practice. However, with "increasing socio-economic pressures and weakening family structures, this kinship care mechanism is under threat, and many children are at risk of maltreatment".[25] As a result, there is a need for the child protection system to both recognise and seek ways to support these informal arrangements, especially kinship care and kafaalah.[26]

  On the formal side of the system, there is still an over-reliance on institutional care arrangements. However, child-headed households, where one of the children is 14 years or older, are considered as beneficiaries under social protection interventions. Official estimates of children living in either government or non-government institutions are likely to be under-estimated, as many of these are unregistered or inadequately monitored.[27]

- **Commercial sexual exploitation:** A study conducted in 2015 found that children are involved in a sex trade that caters for both Kenyan and foreign tourists. Growing tourism in areas such as Nairobi, Mombasa, Lissumu, among other counties is driving the increased levels of trafficking and sexual exploitation of children. Children are "also exploited in sex trafficking by people working in *khat* cultivation areas, near Nyanza's gold mines, along the coast by lorry drivers transporting stones from quarries, and by fishermen

[22] Kenya National Bureau of Statistics et al, Kenya Demographic and Health Survey 2014, 2015 at https://dhsprogram.com/pubs/pdf/fr308fr308.pdf
[23] Ministry of Public Service, Youth and Gender Affairs, Draft National Plan of Action for Ending Child Marriage in Kenya, 2016-2025.
[24] Government of Kenya, Ministry for Planning, National Development and Vision 2030, Kenya Social Protection Sector Review, June 2012. The exact figure for orphans and vulnerable children is 3,612,679. Cited in Government of Kenya, UNICEF, and Global Affairs Canada, Taking child protection to the next level in Kenya, 2015, at https://www. unicef.org/protection/files/Kenya_CP_system_case_study.pdf.
[25] UNICEF (2018) Situation Analysis of Children and Women in Kenya 2017, UNICEF, Nairobi, Kenya.
[26] UNICEF and the Government of Kenya, Guidelines for the Alternative Care of Children in Kenya, October 2014, at:
http://www.bettercarenetwork.org/sites/default/files/Guidelines%20for%20the%20Alternative%20Family%20Care%20of%20Children%20in%20Kenya.pdf
[27] UNICEF (2018) Situation Analysis of Children and Women in Kenya 2017, UNICEF, Nairobi, Kenya.

on Lake Victoria".[28] Although there is an increased level of awareness, there are few organisations providing services. In response to the situation, the Government, supported by development partners, has formulated national action plans for combatting trafficking and strengthened legislation to combat the sexual exploitation of children under violence against children (VAC) interventions.[29]

- **Child justice:** The rights of children in contact with the law are protected under the Constitution and the Children's Act.[30] Children should only be detained as a measure of last resort. Detention should be for as short a time as possible and in conditions that do not expose them to risk of harm. Children should not be detained with adults, and their sex and age should also be considered. Legal assistance and contact with family or caregivers should always be facilitated. Under the Children's Act also stipulates that alternatives to remand should be used if possible, including "close supervision or placement with a Counsellor or fit person determined by the Court on the recommendation of a Probation Officer or Children's Officer".[31]

  The age of criminal responsibility is eight years. This age is significantly lower than the international standards. There are few child-friendly measures to deal with children, and children may be detained with adult prisoners. Capacity-building continues across the justice system, and some child courts are now in operation. The Government has also established Child Protection Units (CPU) and a Gender Desk in some police stations.[32]

  Child victims of violence and other crimes also face challenges accessing justice, especially for cases involving sexual violence and harmful practices. These challenges stem from weakness within the justice system, low investigation rates, lack of safe homes, delays in proceedings, but also from social pressure within families and communities, stigma, fear of secondary harm and other 'opportunity costs' associated with reporting a case.[33]

- **Children living in refugee settlements:** Kenya is host to significant numbers of children living in refugee camps. These children are exposed to, or at risk of, a range of child protection concerns, including gender-based violence, physical abuse, psychosocial distress, harmful traditional practices, family separation, among other issues. Child refugees are involved in economic activities to support their families or caregivers financially. Even though local authorities and non-government organisations provide child protection services, the environment is challenging, and many child protection issues go unreported. For example, the Somali refugee community uses a 'traditional Maslaha justice system, in which a group of mainly male elders may resolve the case by forcing the

[28] US Department of State, 2016 Trafficking in Persons Report, 2017, at https://www.state.gov/j/tip/rls/tiprpt/countries/2016/258795.htm
[29] UNICEF, UNICEF Kenya Country Office Annual Report 2016, 20 January 2017.
[30] UNICEF (2018) Situation Analysis of Children and Women in Kenya 2017, UNICEF, Nairobi, Kenya.
[31] National Council on the Administration of Justice, Criminal Justice System in Kenya: An Audit, pp. 46-47.
[32] UN Committee on the Rights of the Child, Concluding Observations on the combined third to fifth periodic reports of Kenya, 21 March 2016, UN Document CRC/C/KEN/ CO/3/5. Interview, UNICEF, 21 March 2017.
[33] UN Committee on the Rights of the Child, Concluding Observations on the combined third to fifth periodic reports of Kenya, 21 March 2016, UN Document CRC/C/KEN/CO/3/5.

victim to marry the perpetrator or paying male members of the victim's family compensation while ignoring the needs of the child survivor".[34]

Children living in the Dadaab refugee camps face a series of risks due to 'voluntary repatriation' to Somalia. These risks include forced recruitment into armed groups[35], family separation, forced marriage, as well as limited access to education and other social services.[36] The views of children and adolescents are rarely considered when their families decide to resettle.[37]

- **Children in street situations:** The estimated number of children either living or working on the streets is 250,000, or higher. Rapid urbanisation exacerbates the case, and urban areas such as Nairobi, Mombasa, Kisumu, Eldoret, Lodwar and Nanyuk have seen a rapid increase in the number of children on the streets.[38] The Ministry of Devolution and Planning and the Street Family Rehabilitation Trust Fund lead responses for children in street situations. Interventions are varied and include returning children to school, reintegration with families and the provision of essential social services.

- **Child online protection:** As Kenya develops, an emerging issue facing children (especially adolescents), is child safety in the virtual world, where children face exposure to sexually explicit content, online grooming and cyber-bullying.[39] Statistics from 2016 indicate that over 90 per cent of the population had some form of internet access.[40] Increasing internet access is not matched by an awareness of the risks that children face online. Children also tend to be more 'internet literate' than their parents, making it difficult for adults to monitor their children's online activities. The Government, internet and mobile phone providers, and other service providers are taking action. For example, the Communications Authority of Kenya has led campaigns about online safety. To promote better coordination among stakeholders, the Government has developed a draft national framework for action. This process was initiated during a multi-stakeholder conference, held in 2015, focused on protecting children online.[41]

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[34] Maryam Hassan Abdi, Assessment of Sexual and Gender Based Violence Reporting Procedures among Refugees in Camps in Dadaab, Kenya, Master's Thesis, University of Nairobi, November 2016, at http://erepository.uonbi.ac.ke:8080/xmlui/bitstream/handle/11295/99932/Abdi_AssessmenT%20of%20sexual%20anD%20gender%20baseD%20violence%20reporting%20procedures%20among%20refugees%20in%20camps%20in%20Dadaab%2C%20Kenya.pdf?sequence=1&isAllowed=y.

[35] Save the Children, Thousands of Vulnerable Children at Risk as Closure of World's Largest Refugee Camp Looms, 21 October 2016, at http://www.savethechildren.org/site/apps/nlnet/content2.aspx?c=8rKLIXMGIpI4E&b=9357111&ct=14927489.

[36] UNICEF, EU humanitarian aid of €800,000 for education and protection of refugee children in Kenya, 20 June 2017, at https://www.unicef.org/kenya/media_20131.html.

[37] Jennie Taylor and Boniface Karanja, Report on Joint Education Mission to Dadaab Refugee Camps, UNHCR and UNICEF, 2016, at https://www.humanitarianresponse.info/system/files/documents/files/report_on_joint_education_mission_to_dadaab_refugee_camps_20160930.pdf.

[38] UNICEF (2018) Situation Analysis of Children and Women in Kenya 2017, UNICEF, Nairobi, Kenya.

[39] Intermedia, A (Private) Public Space: Examining the Use and Impact of Digital and Social Media Among Adolescents in Kenya, UNICEF, 2013, at http://www.voicesofyouth.org/files/A%20Private%20Public_Voices%20of%20Youth%20Kenya%20study_54b5689adc61f.pdf.

[40] Communications Authority of Kenya, Quarterly Sector Statistics Report, October to December 2016, at http://www.ca.go.ke/images/downloads/STATISTICS/Sector%20 Statistics%20ReporT%20Q2%20FY%202016-17.pdf.

[41] UNICEF (2018) Situation Analysis of Children and Women in Kenya 2017, UNICEF, Nairobi, Kenya.

1.1.4. Status of the child protection system

Initiatives to strengthen the child protection system in Kenya have progressed incrementally over recent decades. Several key reference documents have guided child protection stakeholders in their decision-making. These documents include the Framework for the National Child Protection System (2011), County Child Protection System Guidelines and the Guidelines for Case Management and Referral (2017). In 2013, child protection stakeholders developed the costed Response Plan to Violence against Children (2013-2018). Collectively, these documents promote greater cooperation and complementarity between child protection agencies in both the formal and non-formal sectors.[42]

Child protection was also included as an area of intervention in the Second Medium-Term Plan (2014-2018) under the objectives for gender, youth and vulnerable groups in Kenya's Vision 2030. This achievement is significant because Vision 2030 is the long-term national strategy for investing in people and reducing poverty and vulnerability.

In 2015, a case study affirmed that the Government of Kenya 'recognizes that child protection is a multisectoral, multidisciplinary issue that requires the involvement of everyone."[43] The paper also suggests that an incremental approach, led by the Government, would be required. Stakeholders proposed ways to advance the system strengthening agenda and, ultimately, improve the child protection outcomes in Kenya. These steps include:

- Galvanize greater commitment through the Violence against Children Response Plan.[44]
- Enact a new Children's Act. A robust legislative framework is required to underpin a range of child protection interventions, including the CPC model.
- Review child protection strategy documents and frameworks. Many of the guiding strategies and frameworks are outdated and would benefit from review and updating.
- Enhance the coordination of services at all levels.[45] Coordinating "services at the national, country and sub-country level will be necessary to ensure the mainstreaming of child protection services within a devolved county-level government".[46]
- Strengthen the quality of services. It is "essential that relevant ministries, departments and agencies have standard operating procedures in this regard'.[47]
- Build capacity and expanding the skills and knowledge of those engaged in child protection is critical to enhancing service delivery and must be given higher priority.
- Mitigate the circumstances that promote violence against children. The Violence against Children Response Plan focuses on the "social acceptance of violence by addressing negative social norms and promoting behaviour change".[48]

[42] UNICEF (2018) Situation Analysis of Children and Women in Kenya 2017, UNICEF, Nairobi, Kenya.
[43] Ibid.
[44] Ibid.
[45] Ibid.
[46] Ibid.
[47] Ibid.
[48] Government of Kenya, UNICEF, and Global Affairs Canada (2015). Taking child protection to the next level in Kenya. https://www.unicef.org/protection/files/Kenya_CP_system_case_study.pdf

The limited size and capacity of the social service workforce hamper the ability to effectively address child protection issues. The lack of skilled personnel and weak infrastructure hinders the provision of essential services to children and their families. Currently, officers working with children are not subject to minimum standards in terms of experience and education.[49] Over the years, there has been insufficient investment in capacity building and training to develop the human resources required by the child protection system.

1.2. Conceptualisation of CPC

The CPC model was conceived as a response to the limited reach and capacity of the child protection system to prevent and respond to violence against children. The premise was that the centres would provide children and families with greater access to welfare and protection services at the county level. At the same time, the Government expected that the CPC would generate relevant child protection data to inform future programmes and services. Four CPC were established by the DCS with financial and technical support from UNICEF and NGO implementing partners. In addition to the CPC in the capital, Nairobi, CPC were founded in the towns of Malindi (2012), Garissa (2014) and Nakuru (2015). Another CPC (which was not studied as part of this evaluation) was established even earlier by AMREF Health Africa in Nairobi and has been run independently by the NGO for several years.

The CPC model operates across sectors, engaging multiple branches of local government as well as civil society organisations. This multi-agency approach encourages agencies with roles to promote the welfare of children to work in a more coordinated and complementary manner. The CPC aim to encourage the application of articles relating to violence, abuse, and exploitation of children in the Convention of the Rights of the Child (CRC). The interventions of the CPC also contribute to the Sustainable Development Goals, including targets 5.2, 5.3, 16.1 and 16.2.

Conceptualised as a holistic model for protecting children, the CPC offer both prevention and response services. The original operational standards state that, in terms of **preventive services**, 'personnel from the centre reach out to the surrounding communities to raise awareness on general child rights and engage them in discussing and challenging social norms and practices that expose children to harm such as FGM, child marriage, and hinders them from achieving their potential".[50] The model conceptualises **response services** to include: the rescue of abused children or those at risk of abuse and other forms of violence; family assessment; counselling of individual children and their families; provision of legal aid; medical assistance; and referral to other services. Services for lost or abandoned children include family tracing and reintegration, or placement in alternative family care as appropriate.

UNICEF Kenya channelled its support for the operation of the CPC through two NGOs, Terre des Hommes (TDH) and Comitato Internazionale per lo Sviluppo dei Popoli (CISP). The TDH project received a total budget of KES 49,441,655.[51] Of this amount, UNICEF's total contribution was KES 36,249,583, with a TDH contribution of KES 13,192,072. Project reports

[49] Taken from Government of Kenya and UNICEF, Situation Analysis of Children and Adolescents in Kenya: Our children, our future, 2014.
[50] Operational Standards for Child Protection Centres, DCS, 2017.
[51] Refer to Annex I.

indicate that CISP spent a total amount of KES 39,819,615.72 on project implementation between December 2014 and 31st July 2016.[52] Records also suggest that UNICEF gave a further KES 90,875,572 between January 2017 and June 2018, with CISP providing an additional KES 18,112,900.

Furthermore, UNICEF provided support to the DCS, including for the development of draft standard operating procedures for the CPC. Stakeholder workshops were held to link the model to national system strengthening efforts.

Table 1: Expected results/outputs of the CPC as per the project documentation[53]

<table>
<tr><th>CPC supported by CISP</th><th>CPC supported by TDH</th></tr>
<tr><td>Expected Result 1: Nakuru CPC facilities, management and referral system established.</td><td>Output 1: 3,480 girls and boys with urgent child protection needs are identified and receive comprehensive and individualised care and follow up support within Garissa Township.</td></tr>
<tr><td>Expected Result 2: Strengthened capacity of CPC duty bearers in Kilifi and Nakuru counties to prevent and respond to violence, abuse, and exploitation of children.</td><td>Output 2: 220 identified vulnerable children and 220 parents have improved psychological wellbeing and knowledge on child rights and participation.</td></tr>
<tr><td>Expected Result 3: At least 20,000 child survivors of violence, abuse, and exploitation and those at risk in Kilifi and Nakuru counties received quality child protection preventive and response services.</td><td rowspan="2">Output 3: Relevant and responsible authorities, humanitarian agencies, civil society organisations, parents, and children have improved capacity to participate in and coordinate their child protection efforts in Garissa County to ensure an efficient and timely response.</td></tr>
<tr><td>Expected Result 4: Increased community knowledge/awareness of child protection issues at sub-location level in Kilifi county.</td></tr>
</table>

[52] It is not clear from the documents received so far if support was extended beyond this date.
[53] Table 1 is based on the respective project documents of the two implementing partners. It is noted that different terminologies are used and that there is some confusion over application the terms, results outputs, outcomes.

1.2.1 Promoting child rights and equitable approaches to service delivery

The 'one-stop' or service hub ethos of the CPC reflects rights-based approaches to children's services. Although focused on child protection, the centres link children, parents and caregivers to services in a range of other sectors including health, social protection, education, and legal support. Both CISP and TDH reported that the CPC model provides a great opportunity in terms of increasing community awareness about child rights and child protection issues. For example, "practices such as child marriage and corporal punishment have long been widely accepted in many cultures, and it is difficult for people to see that they violate child rights. As a result, educating communities about children's rights and raising awareness about what constitutes violations of them is a crucial part of establishing a child protection system".[54]

Awareness-raising initiatives have taken many forms and demonstrate a degree of innovation on the part of CPC staff. For example, the CPC have organised open days for community networks, parents' groups and school-based child rights clubs to learn about the services offered by the CPC. Staff have arranged recreational activities at the centres to increase the knowledge of children and caregivers about child rights and local protection issues. Reports contain examples of the outreach work undertaken by CPC staff to raise awareness of child rights, often targeting community leaders, teachers, and other influential people. In some counties, such as Malindi, CPC staff also work with trained volunteer children's officers. These volunteers help to spread messages in their villages about child rights and the role of protection services to adults and children alike.

Box 2: How the CPC are creating awareness about protection and child rights

In Malindi, the CPC counsellor runs discussion groups for parents to help them improve childcare practices. The topics are diverse, covering health, protection, hygiene, birth registration, and the importance of families caring for children. Working in collaboration with local chiefs, the staff undertake 'mobile CPC' outreach visits to rural communities to raise awareness about child rights and the services provided by the CPC.

Supported by TDH, CPC staff in Garissa conduct community training on child rights and participation, focused on the consequences for improved child wellbeing. The CPC team has developed links with Community-Based Child Protection Committees in different locations and civil society organisations to improve information sharing and reporting. In turn, these committee members build the capacity of other community members on child rights, child protection and disaster risk reduction, thereby working as monitors of abuse, exploitation, and violence against children.

[54] CISP (2019)- Comitato Internazionale per lo Sviluppo dei Popoli (International Committee for the Development of People) – CISP Approach to Child Protection; Models, Promising Practices and Success Stories from Kenya. http://www.developmentofpeoples.org/uploads/analysis/analysisCISP_Child_Protection_Strategy_-_Models_and_Practices_from_Kenya.pdf

1.2.2. CPC services

In 2017, after the CPC had been operating for several years, the DCS convened a workshop to review progress. A consensus emerged from this workshop about the importance of developing a more uniform, standardised approach to the functioning of the centres.[55] As a result of this workshop, stakeholders drafted Standard Operational Procedures (SOP) to guide the work of the CPC. The SOP states that services may vary according to the context and location of the centre, and the provision of services may include the following: [56]

- Assessment and reintegration of separated children to their families.
- Support for parents, including counselling on parenting, local childcare options, and access to specialised services for families.
- Referrals to child and family health services.
- Help for young parents (especially families in the streets) to get back into work, linking them to local support and training opportunities.
- Linkages for parents to local agencies to access services not offered by CPC.
- Provision of information on alternative care arrangements for orphaned or abandoned children.
- Information and advice on legal services regarding adoption, fostering, guardianship and family-based care.
- Support for parents with children with special needs and disabilities.
- Flexible and quality services and assistance to children and families daily (with service access during evenings and weekends).
- Each centre will hold a list of all registered Charitable Children's Institutions (CCIs) in its area and that of registered/approved foster carers (for emergency use only).
- Drop-in sessions which offer support to foster carers and prospective adopters.
- Capacity building of parents and the community on child rights and protection.

Based on these assumptions, a series of strategies and interventions were designed and initiated. Through these strategies and interventions, the CPC would impact a wide range of different duty-bearers and beneficiaries, including:

- Community groups and leaders: through capacity building and awareness-raising.
- Children: by providing services in a child-friendly, accessible, and free manner.
- Parents and other caregivers/guardians: by involving them in activities where possible, seeking their views and learning about the most critical issues that children experience.
- Service providers: by creating linkages and referral pathways in aligned sectors with responsibilities for children, including health, education, justice, and social protection.
- Decision-makers at local and national level: through involvement in coordination, networking and learning platforms and sharing practical experience on managing different aspects of service provision.

[55] Operational Standards for Child Protection Centres, DCS, 2017.
[56] Ibid.

1.3. Constructing a Theory of Change

Assistance for the implementation of the CPC model did not come through a single project. For example, three implementing partners supported the four CPC under review, in collaboration with the Department of Child Services, under the Ministry of Labour and Social Protection, which is leading the process to strengthen the child protection system. Over the years, an array of external technical assistance was also provided to child protection stakeholders in Kenya. As a result, the evolution of the CPC model has not been linear and has adapted over the years. It has not been based on a single comprehensive Theory of Change.

During the evaluation process, UNICEF's internal Reference Group recommended that the evaluation team retroactively construct a Theory of Change. Considering a range of sources, including a recently developed concept note on the CPC model by the DCS, and in consultation with UNICEF, the evaluation team drafted a Theory of Change for the CPC model. This Theory of Change was then incorporated into and used to inform the methodological approach and the data collection tools.[57]

The adoption of the CPC model was based on several assumptions, including:

- A holistic child and family-centred service would encourage families and communities to seek support for addressing child protection concerns.
- Situating this service at county level meant that it was more accessible and would help to reduce blockages and delays in service delivery.
- Ease of access and involvement in the response process would encourage more children and community members to report child protection issues.
- The CPC can refer cases and work with others to ensure the most appropriate course of action.
- Being closer to communities, the CPC staff would be able to engage in more outreach work and encourage communities to play a more active role in building protective environments for children.
- The CPC provides a 'lens' through which communities can see the child protection system in action.
- As communities come to understand more about child rights and child protection, there would be changes in beliefs and practices, contributing to breaking the culture of silence and impunity.

1.3.1. Causality – the relationship between inputs and outcomes

A range of inputs was provided for the establishment of the CPC. The contributions sought to create conditions in which the CPC could operate effectively, promoting the intended holistic and family-centred ethos and strengthening linkages between formal and non-formal service providers. The inputs and their expected outcomes are summarised as follows:

- **Infrastructure:** The CPC provided both a physical location for child protection services and help to develop synergies and relationships at the county level. The infrastructure of

[57] The concept note referenced was not shared until after the initial rapid review exercise.

the CPC reflected the philosophy of the model with public and private spaces to support the delivery of services. The inclusion of recreational facilities and areas for children and families to gather demonstrates the supportive service orientation of the centres. This infrastructure created a link between the CPC and communities and increase demand for the services on offer.

- **Political leadership and commitment:** As a local-level hub for service provision, the CPC required both national-level and county-level support and ownership. Action was taken to increase awareness of the model and the potential benefits for protection and other child-related outcomes. Involving decision-makers was seen not only as a means of helping the CPC to operate effectively but as essential for securing the resources required for the model to function.

- **Participation of stakeholders and community:** The CPC management and staff adopted an open and inclusive approach to engaging with communities. Different stakeholders were encouraged to visit the centres and to participate in outreach initiatives. Involving community leaders in activities also built trust and strengthened referral pathways. This in turn had a positive impact on attitudes and behaviours relating to child protection. The participatory approach used by the CPC fostered effective linkages between formal and non-formal child protection actors.

- **Financial resources:** The CPC required financial support – both direct and in-kind. Support from UNICEF, through NGO partners, helped to meet cost relating to staff, centre establishment and operations and service provision. The Government also made direct and in-kind contributions. The model has intensive start-up costs, and sustainability and effectiveness are dependent upon predictable multi-annual funding.

- **Networking and coordination among different actors:** The CPC model requires child protection and service providers from aligned sectors to work together in a complementary and mutually supportive manner. Networking and coordination were necessary to promote joint actions, make more effective use of available resources and improve strategic planning at the local level.

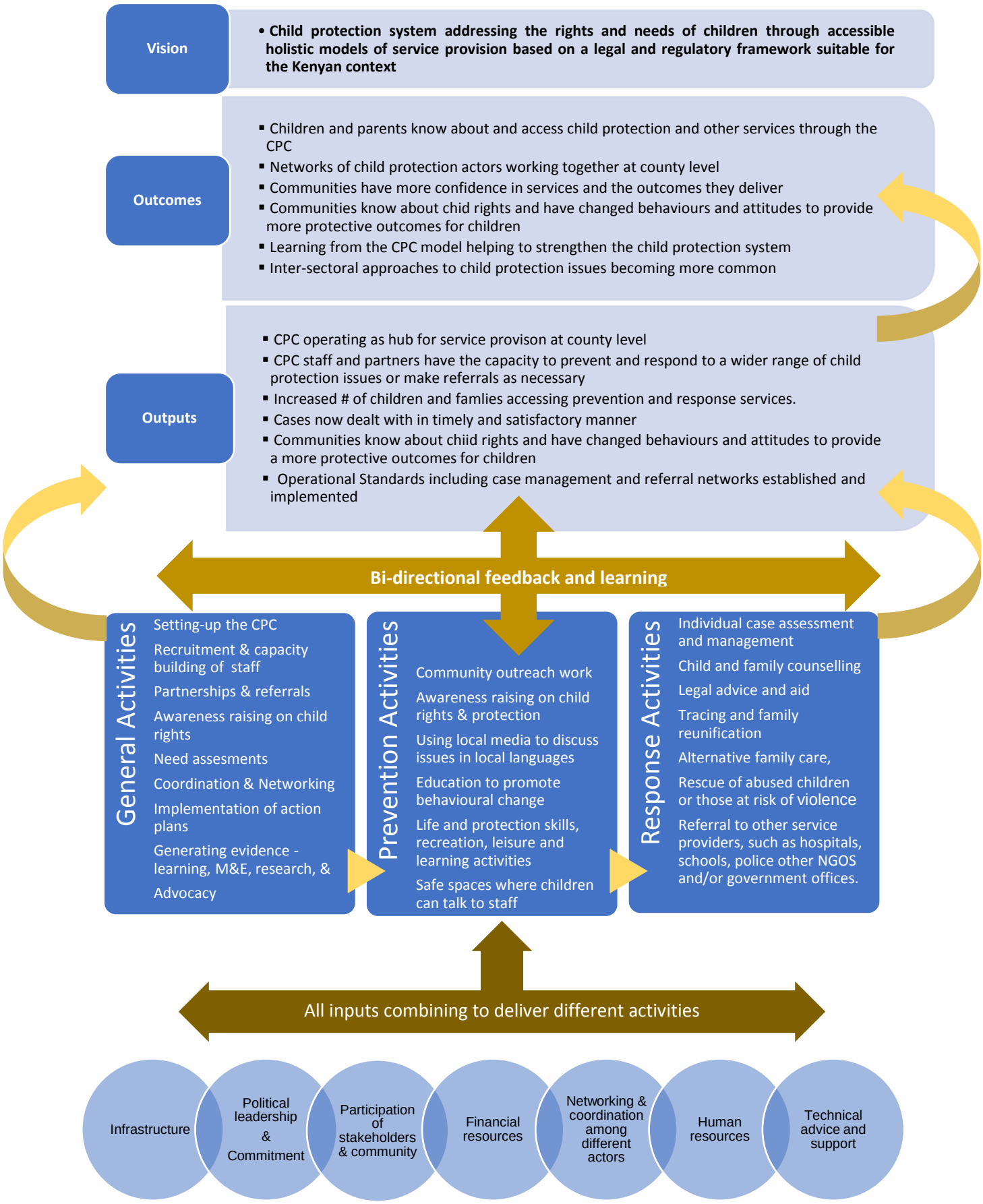
- **Human resources:** The CPC model adopted a broad-based approach to strengthening human resources. Under the CPC model, human resources include not only the management and staff of the actual CPC but also a wider network of staff and volunteers with responsibilities for child protection including, for example, health professionals, teachers, police and lawyers.

- **Technical advice and support:** External technical support was provided by NGO and government officers to support the CPC staff in a range of different areas, including case management, referrals, adherence to laws and standards, and managing and sharing data. This support enabled the CPC to continually review, revise and adapt prevention and response activities. Government officers and NGO workers were able to use their connections and networks to build linkages between the CPC and other service providers. Technical support also assisted the CPC to share learning locally as well as across the child protection system. This supported the development of case studies, operating standards and guidelines.

Table 2: Linking inputs to outcomes

Input areas	Outputs/intended results
▪ **Infrastructure**	▪ Established a physical presence and focus for service provision at the county level ▪ Improved the visibility of child protection services ▪ Created a safe space for those seeking assistance ▪ Recreational facilities helped to improve how community members perceive child protection services and created a 'positive' space for awareness-raising, prevention work and early identification of cases where response services required.
▪ **Political leadership and commitment**	▪ Involvement of local decision-makers in action plan development buildt ownership ▪ Advocacy and awareness-raising helped local leaders to appreciate the benefits of the CPC model ▪ Use of local media and other public awareness activity increased the profile of child protection and creates platforms for decision-makers to engage with service providers and communities.
▪ **Participation of stakeholders and community:**	▪ Increased awareness on and understanding of child protection services ▪ Helped service providers to understand more about child protection issues at the county level ▪ Built relationships and trust between formal and on-formal actors ▪ Established the platform for launching outreach work
▪ **Financial resources**	▪ Established the CPC and provision of services (using resources from NGO, UNICEF, and central government) supports CPC management to advocate for resources at the county level ▪ The cross-sectoral way of working maximised value for money or develop synergies across different service providers (e.g. joint assessments, community outreach, awareness-raising).
▪ **Networking and coordination among different actors**	▪ Brought staff from child protection and aligned services together and improves their knowledge of the services available ▪ Encouraged information sharing and data management ▪ Strengthened referral pathways and case management
▪ **Human resources**	▪ Capacity building for a range of different actors improved service provision ▪ Allowed different actors to share skills and expertise in a complementary manner (by understanding their relative competencies, roles and responsibilities). ▪ Linkages created between different fields and sectors ▪ Acknowledged the vital contribution of non-formal and formal actors and encourages them to work together
▪ Technical advice and support	▪ Led to strengthening the social service workforce (formal and non-formal) at the county level ▪ Improved case management and referral processes ▪ Supports compliance with relevant national laws, policies and operating procedures ▪ Supported data management and usage and generation of learning for the child protection system.

Figure 1: Draft reconstructed Theory of Change



2. Evaluation purpose, objectives and scope

2.1. Purpose of the evaluation

The purpose of this formative evaluation is to generate learning and recommendations to improve service delivery and protection outcomes for children and families in Kenya. The review examined the factors that influence the success of the model (what worked), as well as the factors that hinder progress (what didn't work). The evaluation assesses the modifications required to make the model function better in the Kenyan context and how it fits into the broader system strengthening agenda.

The evaluation is timely: UNICEF Kenya transitioned into a new Country Programme cycle which started in July 2018. The review will feed into the 2020 Country Programme Document mid-term review. Furthermore, at the national level, the conclusions will influence the new Prevention and Response Plan on Violence against Children and the new Children Bill. In developing these strategies, the Department of Children Services, UNICEF and other stakeholders are reviewing different models and approaches so that the design of the child protection system is fit for the Kenyan context.

The intended audience of this review is the Ministry of Labour and Social Protection, specifically policymakers within the DCS, the UNICEF Kenya Country Office, and other national and international stakeholders and partners working in child protection.

2.2. Objectives of the evaluation

The CPC had been established for several years before, in 2017, the DCS and UNICEF developed guidance about how to design and deliver standardised services. Because the model has evolved over the years, this retro-active evaluation documents a range of perspectives and concludes whether and how the CPC model might be adapted and scaled-up to serve as the hub for child protection services at the county level. To this end, the evaluation aims to strike a balance between retrospective analysis and a more forward-looking set of recommendations.

The principal objectives of this formative evaluation were to:

- Collect triangulated data on the effectiveness and relevance of the centres and assess the prevention and response strategies to meet the needs of girls and boys who have experienced violence, neglect and exploitation.
- Assess the extent to which the CPC are integrated into the broader child protection system and examine how the CPC contribute to strengthening the national child protection systems.
- Make recommendations on potential mechanisms which would make it possible to obtain a more systematic and regular impact assessment of end-users; and
- Assess the sustainability, efficiency and cost-effectiveness of the services provided through the CPC.

These four objectives guide the evaluation methodology and tools. The results and conclusions presented in the report are formulated to assist stakeholders in making decisions about the future of the CPC model within the context of the Kenyan child protection system.

2.3. Scope of the evaluation

The evaluation explores the structure and functioning of CPC in four sites, namely Malindi, Garissa, Mombasa, and Nairobi. Following consultations with the DCS and UNICEF, a control site, Narok, was added. The control site – where there is no CPC - allows for comparative analysis with child protection services delivered through the CPC. Narok has a relatively high prevalence of child protection cases, typically managed through the sub-county children's officers (SCCO). This comparison enabled the evaluation team to understand the differences between counties with CPC and a county that relied on more 'traditional' DCS structures. Also, the evaluation collected primary data with child protection stakeholders working at both the national and county levels.

The evaluation assessed how the services provided by the CPC have evolved since UNICEF initiated its support in 2012. Specifically, the review examined:

- The design of the service model, exploring the extent of integration into the national vision for child protection and how it was conceptualised within broader social services for children and families.
- The different components of the CPC, assessing their contribution to the overall package of support for children and families, with a particular focus on gender equity and inclusion of marginalised groups.
- The relevance of the CPC given the types of welfare and protection issues that children, families, and communities face.
- The effectiveness of the CPC in meeting the needs of children at risk, being accountable to beneficiaries and addressing specific protection issues.
- The efficiency of the CPC, focusing on the extent to which it represents 'value for money' and whether it is being implemented in a cost-efficient way.
- The sustainability of the existing CPC and the viability of scaling-up the model throughout the country.
- The extent to which services have been designed through a gender lens, reflected in the type and accessibility of service, as well as the proportion and skills of female service providers; and
- The extent to which the success of the CPC is dependent upon wider efforts by the Department of Children's Services and other government services and sectors working to strengthening the child protection system.

The evaluation was not designed to assess the level of impact of the CPC on children's protection outcomes. However, during the inception mission, it was agreed to document, if possible, the perceptions of children, families and communities about the benefits or impact (positive or negative) of the CPC. This additional focus was integrated into the overall analysis. It will assist stakeholders in deciding the future role of the CPC and the kinds of adaptations that need to be made before the further roll-out of the model.

2.4 Evaluation criteria

To ensure the credibility and utility of the findings and analysis, the review employed the OECD DAC evaluation criteria of relevance, effectiveness, efficiency, sustainability and scalability, coordination, and partnership. The methodology, guidelines and tools also reflected the UN Evaluation Group (UNEG) ethical guidelines, UNICEF's revised Evaluation Policy, UNICEF's Procedures for Ethical Standards in Research, Evaluation and Data Collection and UNICEF's Evaluation Reporting Standards.

Table 3: Evaluation criteria[58]

Criteria	Explanation
Relevance / appropriateness *Is the CPC model / approach doing the right things?*	▪ The extent to which the CPC objectives and design responds to the protection needs of children, families and communities, and contributes to the development of the different components of the child protection system in Kenya. ▪ How appropriate is the CPC model within the context of the wider child protection system and other aligned systems (e.g. health, education, justice, social protection, etc.) in Kenya?
Effectiveness *Is the CPC model achieving its objectives?*	▪ The extent to which the CPC achieved, or is expected to achieve, its objectives and outcomes, including any differential results across groups or geographical areas. Beyond the immediate results, this criterion seeks to capture the indirect, secondary and potential consequences of the intervention for the child protection system by examining holistic and enduring changes in systems or norms, and possible effects on child wellbeing, rights and gender equality, etc.
Efficiency *How well are resources provided to the CPC being used?*	▪ The extent to which the intervention delivers, or is likely to deliver, results in an economical and timely way – value for money? How does the model compare in terms of 'timeliness' of interventions when compared to other child protection interventions?
Sustainability and scale-up *Will the benefits last?*	▪ The extent to which the net benefits of the intervention continue, or are likely to continue, both in terms of children already assisted and in terms of on-going/future service provision.
Partnerships, coordination and connections	▪ To what degree and how effectively have partnerships (Government, UN system, donors, INGOs, private sector, academia, media) been mobilised in a manner which contributes to CPC programme coverage, effectiveness, and efficiency?

[58] Adapted from https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm

2.5 Evaluation questions

The evaluation questions proposed in the original terms of reference were discussed during the inception mission with the Department of Children's Services, the Stakeholder Reference Group (established to oversee the overall process), UNICEF Kenya Child Protection Section, research advisors, and monitoring and evaluation (M&E) advisors from the UNICEF East and Southern Africa Regional Office. The questions were then revised and formatted into an analytical framework (see Annex V). This framework was included in the inception report and presented to the stakeholder und UNICEF Reference Groups for a final round of feedback.

Table 4: Summary of the main evaluation questions

Criteria	Questions	Sub- Questions
Relevance	▪ To what degree has the CPC model addressed the on-going and emerging protection needs of children against violence?	▪ How are the services provided relevant and appropriate for boys and girls of different ages and to parents and guardians? ▪ How do the programmes and services meet the long-term needs of beneficiaries? ▪ How has the model changed over time? What were the factors influencing these changes?
	▪ To what extent do the CPC strategies and interventions correspond to the global child protection frameworks and strategies, UNICEF Kenya child protection strategy, and the relevant goals set out in the Country Programme Document (CPD) of 2014-2018 and 2018-2022.	▪ How do the services align with international and national plans and priorities? ▪ How and to what extent does the CPC service model contribute to a) county-level service delivery; b) strengthening of the national child protection system? ▪ How do the CPC strategies respond to feedback from bodies monitoring international conventions relating to children? ▪ How did/do the CPC contribute to the aim and objectives of the CPD?

	▪ How are CPC programmes monitored, reviewed, and evaluated? How frequently does monitoring and review take place?	▪ What are the means of gathering feedback on the perspectives of beneficiary children, families, and the wider community? ▪ How are the CPC contributing to country data management systems relating to child protection? What kinds of data are they provided? ▪ How frequently do CPC tabulate data and share these with the Government? ▪ How often do monitoring visiting take place? Who conducts these visits? ▪ What types and how many evaluations of CPC have taken place? Were reports shared with the Government and how were recommendations addressed?
	▪ To what extent was child safeguarding considered in the programme design? What mechanisms or protocols exist to ensure children are safe?	▪ What types of training or capacity building on safeguarding was provided to staff? ▪ What measures have taken place to address safeguarding? Has a policy been developed and are staff required to sign this as part of their terms and conditions? ▪ What measures have the CPC taken to ensure that clients and community members know about the safeguarding policy and procedures?
Effectiveness	▪ How successful has the CPC model been in strengthening national child protection policies and systems to prevent and respond to violence against children?	▪ What are the specific examples of how the CPC have contributed to discussions or changes at the systemic level? ▪ What were the key contributing factors to effectiveness and why? ▪ What are the bottlenecks and barriers that need to be addressed and how?
	▪ What are the different perceptions of community members on the effectiveness of the services?	▪ How do community members make choices about accessing services – formal or informal? ▪ What influences these choices – previous experience, accounts from others, costs, access, etc.? ▪ Who influences choices about accessing services? ▪ What are the socio-cultural factors at play?
	▪ To what extent are services and interventions to prevent and respond to violence against children meeting required standards?	▪ Where services meet standards, what factors have contributed to this achievement? ▪ Where quality is poor, what are the key bottlenecks/constraints that need to be addressed to improve quality standards? ▪ When were different standards agreed and how were they rolled-out to service providers?

	▪ What outreach interventions have been undertaken? To what extent have these been effective in mobilising the community to prevent, identify, report, and respond to violence against children?	▪ How do CPC staff mobilize communities? ▪ How are communities involved in outreach activities? ▪ What are the specific outreach activities taking place? ▪ How often do these happen? ▪ How long do outreach activities typically last? ▪ Who supports the organisation of these – community leaders, civil society organisations, etc.?
	▪ Have the CPC used evidence on quality and results to reinforce success or address shortcomings? If not, why not? If yes, how?	▪ What mechanisms are in place to measure, monitor, record and report quality and results? ▪ How often is data collected and analysed? ▪ Who collects this data and who is it shared with? ▪ How is used to inform decision making about service provision, advocacy, etc.?
Efficiency	▪ How do the CPC perform in terms of delivering value for money?	▪ How cost-efficient have the CPC been in terms of programming and other costs? ▪ Are sufficient human resources available to provide child protection prevention and response services within the CPC? ▪ Are the capacities and competencies of staff at the CPC commensurate with the work that is and should be undertaken? ▪ How well have funds been used across various strategies and interventions?
	▪ How do the CPC compare with other centre and non-centre-based providers of similar service when it comes to cost?	▪ How do salary and operating costs compare? ▪ How does the provision of specific services (e.g. outreach work, counselling, etc.) compare? ▪ How does the % split between operational/recurrent and service provision compare?

	▪ How do the CPC supported by UNICEF compare in terms of their budget use and unit costs across different areas of operation?	▪ What % of CPC cost provided by the Government, NGOs, UNICEF or others? ▪ How effective is the current model of fiscal provision (% admin, recurrent costs, staffing, capacity building, service provision in different areas, etc.)? ▪ How do these compare to the CPC supported directly by the Government? ▪ What are the trends in terms of government support for the functioning of the child protection system in recent years?
Coordination & Partnerships	▪ How and to what extent does the CPC service model contribute to the strengthening of the national child protection system?	▪ How does collaboration with other district/county level service providers focusing on child and family welfare work in practice? ▪ What are the areas/types of interventions where collaboration is taking place? ▪ What are the areas where collaboration is the most effective? And the least effective? ▪ What factors have enabled effective coordination? ▪ What are the challenges in terms of promoting collaboration and working more effectively with others?
	▪ How effectively has the work of the CPC on preventing and responding to child protection issues been coordinated with other sectors and partners? (i.e. health, education, HIV/AIDS, law enforcement?)	▪ What platforms or processes help to facilitate multi-sectoral collaboration? ▪ How effective have these been, or what could be done to strengthen them? ▪ What have been the bottlenecks? Why? How have these been/could these be addressed? ▪ How has this collaboration made a difference in terms of reducing children's exposure to child protection issues (i.e. violence against children, abuse, exploitation, and neglect)?
	▪ How do the CPC work in conjunction with existing government and non-government structures/services?	▪ To what degree are different actors aware of the role and responsibilities of different service providers? ▪ What are the examples of areas service providers seem confused or unsure of who does what? ▪ What are the bottlenecks that negatively impact child protection actors working together? ▪ How effectively does the legal and regulatory framework outline the role of different actors?
	▪ To what degree and how effectively have partnerships (government, UN system, donors, INGOs, private sector, academia, media) been mobilised in a manner which contributes to CPC programme coverage, effectiveness, and efficiency?	▪ What are the types of partnerships that exist nationally and locally? ▪ What kinds of initiatives are undertaken through these partnerships? ▪ What have been the major successes of these partnerships? ▪ How did these partnerships come about? Are they formal (e.g. signed MOU /other agreement) or informal? ▪ How are the partnerships managed?

	▪ How does the work of other social service providers contribute to or influence the work of the CPC?	▪ What are the initiatives or learning from other service providers that have been taken on by the CPC? ▪ How have findings of research, assessment, etc., conducted by others been integrated into the CPC service? ▪ What are the means or mechanisms through which learning is shared?
Sustainability and scale-up	▪ Have considerations of sustainability (social, institutional, financial) been integrated into the design and implementation phase of the CPC model, including measurable criteria or indicators?	▪ Have the Government and other development partners committed to the CPC model in the long-term? ▪ How have the CPC been included in long-term development plans? ▪ What are the main risks or challenges facing the sustainability of the CPC model?
	▪ How will the CPC be able to operate once there is no longer any external funding?	▪ What level of support is the Government likely to provide to existing centres? ▪ What are the plans for scale-up and expansion of the model? ▪ Where will the financial and other resource come from? Are these already committed? Will resources come from the central ministry or decentralised funding mechanisms?
	▪ Do programmes within the CPC include exit strategies or other management strategies aimed towards sustainability? If not, why not? If yes, what are these strategies, and do they work?	▪ What preparations have been made in terms of exit strategies? ▪ Has a costed analysis of maintaining the existing CPC or national roll-out plan been conducted? If yes – what were the findings? If no, why has such analysis not taken place?
	▪ How are future human and other resource management issues being addressed?	▪ What actions have been taken to assess and plan for future resources requirements? ▪ How is the CPC trying to secure its funding base? ▪ What would happen if there is a ‘gap’ in funding? ▪ How would the CPC function in the absence of UNICEF and its implementing partners?

3. Evaluation Methodology

This section outlines the methodology employed for this formative evaluation, the sampling process, the participation of different respondent groups and how the review team addressed ethical considerations throughout the process. The report includes the full package of evaluation tools and guidance in Annex V.

3.1 Evaluation design and methods

As recommended by the UNICEF internal Reference Group, the evaluation methodology was developed after the construction of a Theory of Change. This framework was absent from the original project documents. Theory-based approaches seek to identify and assess any significant influencing factors (i.e. contextual factors) that may play a role in the causal chain and thus affect the contribution claim.[59] This approach was especially pertinent because the implications of the context in which the CPC are operating resonate with the evaluation criteria. The evaluation team worked through the Africa International University to secure ethical clearance and guarantee that the approach, methods, and tools complied with requirements for research in Kenya, as stipulated by the National Commission for Science Technology and Innovation.

Aspects of the evaluation design were quasi-experimental. This approach was appropriate given that the causal hypothesis of the benefits of the CPC model was analysed retrospectively. The projects supporting the CPC had different timeframes and, at the time of the evaluation, support to some of the CPC had ceased. In the case of the Nairobi CPC, support had already lapsed for several years. Given the absence of a theory of change or common baseline for the different strands of support to the CPC, an ex-ante evaluation design was not possible. As a result, the methodology included ex-post evaluation elements and focused on testing how the presence of the CPC impacted child protection interventions.[60]

The inclusion of the Narok control site provided a point of comparison with the CPC sites. Not only did they share similar underlying causes and incidences of child protection, but the services in Narok and the four CPC sites were all subject to the same national legal and regulatory framework. The CPC model was, therefore, the main point of difference through which child protection services were organised, administered and delivered.[61]

The evaluation combined a range of participatory methodologies. This mixed-methods approach allowed for comparison and triangulation of data to identify trends, as well as contradictions for further exploration. Research tools were pre-tested in a pilot site (in Kilifi) and then revised before the data collection phase. A one-day site visit to the CPC in Malindi was also conducted prior to the inception mission. The purpose of this visit was to give the evaluation team a better understanding of the context in which the CPC is operating, to see the work of a CPC up-close and to verify several outstanding issues relating to the evaluation methods and tools.

[59] https://www.canada.ca/en/treasury-board-secretariat/services/audit-evaluation/centre-excellence-evaluation/theory-based-approaches-evaluation-concepts-practices.html
[60] White, H., & S. Sabarwal (2014). Quasi-experimental Design and Methods, *Methodological Briefs: Impact Evaluation 8*, UNICEF Office of Research, Florence.
[61] White, H., & S. Sabarwal (2014). Quasi-experimental Design and Methods, *Methodological Briefs: Impact Evaluation 8*, UNICEF Office of Research, Florence.

The interview and focus group discussion (FGD) transcripts were entered into the Dedoose data analysis software package to assist with coding and content analysis by different demographic variables (for example, age, sex, location). Data collection methods included:

- **Literature review:** The review examined the rationale, the purpose and aspirations of the CPC (despite the absence of a formal Theory of Change), the allocated resources as well as the legal and policy framework for delivery of child welfare services. The literature review included:
    - Programme documentation and records
    - Relevant policies and guidance
    - Relevant research reports
    - Documentation about the national child protection system and strategy
    - Standard operating procedures
    - Partner reports submitted to UNICEF and the Department of Children's Services
    - Monitoring and evaluation reports to CPC
    - Child protection case studies reported by the CPC
    - Situation analysis and other research studies focused on child protection
    - Mapping and assessment reports.
- **Key informant interviews and small group interviews**: Key informant interviews (KII) were conducted with child protection duty-bearers, service providers, and beneficiaries to understand different perspectives. Interviews explored questions about the effectiveness of the CPC model, the quality of service provision, opportunities and challenges encountered, and recommendations for improving outcomes.

- **Focus group discussions**: Participatory discussions were organized with service beneficiaries, parents, and caregivers.

- **Case stories/testimonials**: Case stories or testimonials were collected to illustrate individual interactions and experiences with the service model. Using carefully crafted tools, informants had an opportunity to describe their experiences and, using real-life stories, explain the degree to which the CPC was relevant and helpful to them.

- **CPC audit tool:** In line with the observation described above, a simple tailor-made audit tool was developed to document and analyse different aspects of the CPC. Primarily a series of matrices based on the SOP of the CPC, this tool was intended to give an overview of the extent to which the four selected CPC complied with government standards. Unfortunately, the exercise proved hard to complete as the CPC were no longer operating with UNICEF funding and, therefore, some of the standards did not apply.

- **Value for money tool:** A value for money assessment was conducted using the 4 E framework. This analysis considers: Economy – getting the value inputs; Efficiency – maximising the outputs for a given level of inputs; Effectiveness – ensuring that the outputs deliver the desired outcome; and Equity – ensuring that the benefits were distributed fairly.[62]

[62] The approach to value for money assessment is influenced by the 3 Es applied by DFID and ICAI and an assessment of methods used by different NGOs conducted – see Assessing and Managing Value for Money: Lessons for NGOs (Summary Paper), Mango and the Value for Money learning Group of the PPA Learning Partnership, 2016.

3.2. Data sources and sampling

Purposive sampling techniques were employed to identify respondents in each of the research sites (or additional sub-sites for investigating the outreach component). This means of sampling can be especially useful for situations where a targeted number of respondents needs to be reached quickly and where sampling for proportionality is not the primary concern. Using a purposive sample meant that respondents were selected where there was the highest likelihood of learning about the specific issues under investigation. Following the testing of the tools in Kilifi and initial data collection in Malindi, focus groups of caregivers were split by gender. Similarly, children's groups were divided by age and gender to allow more freedom of expression and to draw out the specific views and experiences of boys and girls, and older and younger children.

3.3. Stakeholder participation

A Stakeholder Reference Group was established by the Department of Children's Services to oversee all aspects of the evaluation. This group was involved from the inception phase and was consulted about the expected outcomes, the methodological approach, sampling issues, the development of data collection tools, and the selection of the control site, among other topics. A series of meetings encouraged this group to share their views and ideas at different stages of the evaluation process. Initial findings were presented and discussed with stakeholders following data collection. In addition, an internal Reference Group, consisting of child protection, research, and M&E specialists, was established within UNICEF Kenya. This smaller group reviewed and provided detailed feedback on the inception report, methodology, research tools, ethical protocols and the draft report.

The choice of research tools ensured that the approach resonated with both beneficiaries (children and families) and service providers. The diversity of methods was essential to encourage honest feedback and input from local-level stakeholders about the bottlenecks and challenges to service implementation. This process helped to create the space for open and honest sharing of information and perspectives about the services provided by the CPC (see Table 4).

Table 5: Breakdown of evaluation respondents

Respondent group	Malindi	Nakuru	Garissa	Nairobi	Narok[63]	Total by group
Girls (8-12)	10	10	8	0	10	38
Girls (13-17)	10	10	8	12	10	50
Boys (8-12)	8	8	10	0	10	36
Boys (13-17)	10	14	10	12	9	55

[63] Narok was added as a control site.

Men	10	8	8	10	8	44
Women	10	10	10	10	10	50
Mixed group of men and women)[64]	18	0	0	0	0	30
KII	11	9	8	2	6	36
Total (overall)	87	69	62	46	63	**327**

The evaluation team examined the nature and perceived accessibility of services that each CPC delivers, but also focused on how the services connect and function together. The tools were designed to explore the overall service paradigm of the CPC, in line with the evaluation criteria but also with regard to the operational context of different counties. The data collection phase began with discussions in Nairobi with key stakeholders responsible for the implementation of the CPC. These discussions helped to provide historical perspective, locate the current service provision within a programmatic framework and resource strategy, and obtain initial views from government partners and UNICEF about the status of the CPC.

After the data collection phase, the evaluation team presented emerging findings to the Reference Group and stakeholders at a workshop in Naivasha. Participants included representatives from the DCS at the national, county and sub-county levels. This meeting brought together individuals currently involved in the CPC with those who had led at earlier stages. This participatory meeting was an opportunity to reflect on the findings (including historical perspectives) and to discuss options and agree on priorities for scaling up or adapting the service.

3.4. Ethical issues and consideration

Consultations with communities and children were conducted according to the ethical principles enshrined in UNICEF's Strategic Guidance Note which sets out minimum standards for ethical research with children (see http://childethics.com/ethical guidance). An ethical protocol was tailored for this process and shared with UNICEF Kenya and the Government as part of the data collection package and ethical clearance process. The evaluation also complied with UNICEF's revised Evaluation Policy, UNICEF Procedures for Ethical Standards in Research, Evaluation and Data Collection and UNICEF's Evaluation Reporting Standards. Data collectors were also orientated on ethical issues and required to sign a Code of Conduct before data collection. A more detailed description of ethical considerations is presented in Annex III. Approval was secured from the National Commission for Science Technology and Innovation to ensure that the evaluation met ethical standards for research in Kenya.

[64] The mixed group of men and women were only conducted in the test site in Kilifi and one site in Malindi at the onset of data collection. It was subsequently decided by the evaluation team that men and women's groups should be separate.

Key evaluation principles

The ethical principles that underlie this evaluation set high standards that promote trust between the evaluation team and respondents, thereby encouraging respondents to answer questions openly. Ultimately, this approach leads to higher accuracy of evaluation findings. The evaluation approach minimises the risk of adverse impact on respondents and maximises the potential benefits of participation. The principles were assured by:

a) Group and individual reflection among evaluation team members, scheduled daily throughout the data collection process.

b) The evaluation team debated language and literacy issues and devised strategies to ensure that participants clearly understood the questions that were being explored and the methods being used.

c) The team developed transparent and fair selection criteria to ensure that respondents represented different socio-economic statuses, age ranges, varying levels of exposure to explicitly defined vulnerability factors, and – when appropriate – a variety of religious, ethnic, and social factors.

d) The evaluation ensured that participants were protected from potential emotional or physical harm that might occur as a result of their involvement in the evaluation and to protect their rights and interests. Data collection activities were stopped immediately if the discussion became distressing or upsetting to participants.

e) At all times, the evaluators allowed participants to express their views and did not interrupt, make suggestions, or engage in personal debates about the opinions expressed.

g) Informed consent was obtained from all participants. The team explained who they are, the purpose of the evaluation, what would be done with the information and potential consequences of the review.

h) The evaluation team was expected to respect and adhere to local codes of dress and behaviour and to avoid criticising participants or acting as a teacher or instructor.

i) At the outset of data collection, all participants were informed that their answers would remain confidential. Responses are summarised in the evaluation report and respondents are not identified by name or any other identifying characteristics.

j) Respondents did not receive any monetary compensation for their participation in this review. However, in focus group discussions, refreshments were provided. Where appropriate and necessary, compensation for transport costs was provided, but the teams were guided by the standard procedures of the Department of Children's Services in this regard.

k) The team were clear with participants that the purpose of the evaluation was to inform the Government of Kenya about service provision through the CPC and obtain the views of children and adults about what they think needs to be done.

3.5. Limitations

The evaluation was subject to several limitations throughout the process, including:

- The Nairobi CPC had never been fully operational. At the time of the review, other CPC were operating on a minimal basis due to the timing-out of funding agreements with UNICEF.
- Project cooperation agreements with implementing partners had come to an end by the time of the review. This hampered the ability of the evaluation team to look at CPC implementation under optimal circumstances – i.e. when they were fully functional.
- In some sites, it was not possible to identify and bring together the full range of respondent groups.
- The SOP were developed as UNICEF's support was drawing to a close. As a result, the SOP did not have an opportunity to become fully implemented by the CPC.
- Due to funding shortages, some CPC staff were no longer working and, in some instances, this hampered the ability of the evaluation team to cross-check data.
- There was a general lack of a single comprehensive project document and Theory of Change for the intervention.
- M&E frameworks did not include longitudinal tracking of cases managed by the CPC. This fact significantly limited the depth of any retrospective analysis.
- Given the way UNICEF's support evolved, with different priorities and separate agreements with implementing partners, it was difficult to attribute the success of specific interventions to particular funding or assistance. Many other initiatives were running in parallel to the development of the CPC, and these may also have influenced the outcomes. Although the final project reports from implementing partners were reviewed, they only capture a part of the picture.
- The level of effort and time required to secure ethical clearance was higher than anticipated. As a consequence, the work plan had to be revised and created challenges for finalising the primary data collection.

4. Findings

The findings presented in Section 4 are derived from the data collection process and respond directly to the evaluation criteria and core questions detailed in the previous sections of this report.

At the time the evaluation criteria and questions were drafted, the evaluators were not aware that the CPC had almost ceased to operate. Therefore, it was not possible to answer some agreed questions, not least because the inquiry went beyond what the CPC could reasonably have been expected to accomplish in their short lifespan. Table 5 outlines the current status of individual CPC.

Table 6: Status of the CPC

CPC funding and operational status (at January 2020)		
Kilifi[65]	Not yet funded	Plan International supported the building infrastructure only. Some DCS staff have been seconded to the CPC, but the centre is currently not yet operational.
Malindi	UNICEF funded through CISP. Funding ended August 2018	Functioning at a significantly reduced capacity. Currently, no dedicated legal aid or counselling. Operating with one CPC manager from the DCS and two volunteers.
Nakuru	UNICEF funded through CISP. Funding ended August 2018	No longer operational, although there is still a CPC manager from the DCS.
Garissa	UNICEF funded through TDH. Funding ended December 2017	Functioning at a reduced capacity; unique structure situated next to a government-run rescue home and in part managed by the same manager from DCS. Has managed to secure some staff and resources from the county government
Nairobi	Never funded	Infrastructure exists but has never been operational

4.1. Relevance

The overall objective of the CPC initiative was extremely relevant in the context of Kenya, where there is an urgent need to strengthen the child protection system. Although the services ceased or significantly diminished when funding ended, there is unanimity among local communities, government, and non-government actors that, when operational, the CPC played an essential role. Through its accessible and holistic model, the CPC initiative addressed a recognised gap for the fulfilment of the rights and needs of children. Most importantly, the model encouraged child protection

[65] This site is in set-up phase so was not included for data collection in the evaluation.

stakeholders to improve collaboration and coordination with government agencies at the county-level, especially among health, education, law enforcement, and broader social service sectors.

Despite some variation in the structure and functioning of the CPC considered in the evaluation, the CPC model proved effective at addressing ongoing and emerging protection needs of children. In broad strokes, the three CPC are similar 'one-stop-shops' where child protection cases are managed holistically, and referrals are made to specialised services. The staff teams generally comprise of a manager, counsellors, legal aid specialist and social workers. However, CPC staff soon realised the importance of developing tailored strategies to meet the context-specific needs of children and families in their region. For this reason, each of the CPC gradually evolved and adapted their services. For example, recognizing that a static centre would not have an optimal impact on children, all three CPC employed a strategy of purposefully building relationships with communities, chiefs, elders, caregivers, as well as with professionals such as school principals, teachers and health workers. This intensive effort at building relationships and connections over time gradually bore fruit and, given more time, could have had further positive effects on service beneficiaries.

The CPC employed different methodologies for outreach work including "public Baraza/gathering, community-based theatre, community dialogue, use of radio (in the vernacular language), and parenting education, among others."[66] Children were reached through schools and open days at the CPC and events celebrating national/international days relating to human rights and child rights. In Nakuru, CPC staff focused on working in the community, engaging with stakeholders periodically to ask how they would like to address child protection concerns, a process of finding solutions together among local people and duty-bearers. In Malindi, the programme eventually prioritised a mobile CPC model, specifically targeting populations that could not overcome the barrier of distance.

Data collected at the control site revealed the importance of outreach work. The evaluation found that, despite best efforts, the current SCCO in Narok does not have the resources to undertake outreach. SCCO face overwhelming caseloads and do not have the time to build trusting relationships with communities and service providers in sectors such as health, education, law enforcement and social protection. By comparison, the CPC were more successful in working in a multi-sectoral manner and building connections with different services and managing cases in a more standardised and consistent way.

Services provided by the Garissa CPC intertwine with the work of the Government's rescue centre, which is situated next to the CPC. There is almost no distinction between the management of the CPC and the rescue centre – to the extent that CPC staff often assume the role of a rescue centre worker, and vice versa, depending on the work at hand. Similarly, the funds remitted by the Government to support the rescue centre indirectly benefits the CPC. For example, the DCS funds a total of seven staff. Furthermore, Garissa CPC has managed for almost eight years to retain the services of a lawyer through the long-term partnership with the Refugee Consortium of Kenya.

The CPC records show a wide range of child protection cases as well as general information on how they were resolved. Both TDH and CISP indicated that the vast majority of opened cases were managed and eventually closed. However, more detailed information on the exact steps and procedures taken and the level of follow-up was not readily available – possibly due to staff moving

[66] *What is a CPC?* UNICEF briefing note, undated.

on or services tapering off after funding ceased. Respondents formerly associated with the CPC mentioned dealing with a variety of different welfare and protection problems, including truancy, early pregnancy, sexual and physical abuse, child malnutrition, child labour, drug misuse, FGM, and, most notably, child neglect. Respondents consistently stated that the number of cases received by the CPC increased throughout the lifespan of the programme, primarily due to the outreach work undertaken in the community. As staff gradually built up trusting relationships with communities, children and families became more familiar with the functions of and services provided by the CPC. Ultimately, this meant that they were more likely to disclose information to and confide in staff.

> Interviewer: *"How did you learn about the services provided at [CPC]?"*
> Respondent 3: *"A friend told me."*
> Respondent 2: *"We were told by the officers from Kesho Kenya when they came to our school."*
> Respondent 4: *"They come to schools."*
>
> – FGD with boys, Malindi

> *"You know most of them are afraid [to report], you see…with this CPC, they took us to the radio, and that made us popular. So, after appearing on radio, so many people keep calling me whenever they have issues involving children that need to be addressed or if they want to report."*
>
> – Village elder, Malindi

Data from the Narok control site shows the challenges of following-up on cases. The SCCO have heavy caseloads and limited mobility; at the same time, they are expected to cover large geographical areas. In the intervention sites, the CPC staff were able to bolster and support the work of the SCCO by increasing access to services and resources. While the CPC provided specialist support from its own legal aid advisers, counsellors and social workers, staff created the referral linkages to other service providers in sectors such as health, law enforcement, education, social protection. An important consideration moving forward is how to better situate the CPC within existing structures, perhaps under the management of the SCCO.

4.2. Appropriateness

The purpose and rationale for the programme were very appropriate in the Kenyan context. The CPC design was broadly in line with the available evidence base, and the three CPC each adapted their services as appropriate for their social and cultural contexts. When fully operational, the CPC increased the access of children and families to a range of essential support services.

The CPC model was designed to increase cohesion between existing structures and to fill gaps with complementary services in other sectors. The CPC sought to use existing structures and services and deliberately avoided the establishment of parallel or stand-alone mechanisms. The CPC were well recognised and accepted by communities and the other sectors that it worked with, including the health system. For example, all three CPC had well-established relationships with the Gender-based Violence Units in the local hospitals – these were reciprocal relationships whereby the CPC would regularly refer cases to the hospital and vice versa. Officials from the Ministry of Education in each intervention site also acknowledged regular engagement with the CPC, both with regards to case referral and joint participation in school outreach activities. Representatives from both the Ministry of

Health and Ministry of Education regularly attended case management meetings at the CPC. The model appears to have given increased legitimacy and authority to the police by enhancing relationships with the Gender Desk. In Malindi and Nakuru, a designated police officer from the Gender Desks would regularly situate themselves at the centre to facilitate joint case management work and to be more engaged with the local community.

The introduction of the CPC was generally positive in terms of improving agency coordination. Nonetheless, there was some confusion, especially early on, about the roles and responsibilities between the different actors, including staff within the CPC and broader networks and structures. The model aimed to enhance collaboration between, for example, the CPU, the Area Advisory Council (AAC) and SCCO. However, in the absence of clear guidance, these stakeholders took some time to find their way with each other. In the CPC stakeholders' workshop and during discussions with DCS, participants mentioned the existence of a Memorandum of Understanding (MOU) between DCS and the implementing NGO. According to respondents, this MOU was not shared or understood by the various county-level implementing agencies.

In Narok, without a CPC, collaboration and coordination were described as more *ad hoc*. SCCO had relationships with other service providers (in health, social protection, probation), but they tended to be more personality-driven rather than based on formal agreements or shared procedures. The SCCO could and would refer cases to other service providers, but there was limited follow-up and a general lack of documentation about the process and outcome of the case.

While there was some confusion on roles and responsibilities during the initial roll-out of the CPC model, respondents in all three sites noted that this confusion dissipated over time. As a result, the CPC had a significant role in strengthening more predictable coordination and collaboration for child protection.

4.2.1 Relation with frameworks and strategies

The programme was broadly in line with Kenyan national standards and some international frameworks, although there are several important areas in which it fell short. The Framework for the National Child Protection System in Kenya (2011) calls for a central government coordination mechanism to bring together government departments and key stakeholders at all levels. It can be argued that the CPC was an effective county-level mechanism while it lasted. [67] The Framework calls for a "centralized management information system that ensures regular information on both prevalence and knowledge of child protection issues." The CPC did contribute to this effort, but there appears to have been no clear guidance from DCS and, as discussed below, there were many complications at the field level related to data management and coordination. Also, the centres were not meeting minimum standards for data storage; evaluators observed case records in piles on desks in the sight of anyone entering the office.

While the framework for the child protection system calls for "adequate and appropriate resource allocation", the CPC were under-resourced both in terms of financial and human resources from the

[67] Framework for the national child protection system Kenya, NCCS, 2011. Efforts towards a functional Child Protection System in Kenya. https://resourcecentre.savethechildren.net/sites/default/files/documents/5429.pdf

start. Although the CPC were mentioned in the Government's Mid-term Plans II and III, no budget was allocated. There appears to be a lack of clarity about how to secure the resources required to sustain the CPC or further roll-out the model. According to respondents, it was this lack of investment which ultimately led to their collapse. It is, of course, possible that stakeholders are awaiting the findings of this evaluation to define a resource mobilisation strategy.

The CPC attracted a "committed workforce with relevant competencies", as called for in the Framework. Still, staff numbers were too few, and their mandates were often unclear, leading to confusion between county stakeholders about roles and responsibilities. While the CPC staffing levels were identified as too limited to meet demands, including the critical outreach function, evaluation respondents recognised the CPC staffing structure as a step in the right direction. This perspective was further reinforced when considering the contrast with the control site. In Narok, it was evident that the SCCO - operating without the support of CPC staff - were overwhelmed and much less likely to meet demands effectively, especially concerning case management, referral to other services, and follow-up.

Finally, the Framework calls for "opportunities for children to express their views and be involved." The extent to which the CPC took child participation seriously as a programme strategy is unclear, although anecdotal evidence emerged in interviews.

> *"We used to call parents to come and listen to children's grievances through poems and music, not just talking. Then parents or community get some knowledge. We used to hold those activities...we called some schools to present some items such as poems to the community. Then we rewarded the children."*
>
> – CPC Board Member, Malindi

The CPC existed in a period spanning two UNICEF Country Programme Documents (CPD), those of 2014-2018 and 2018-2022. The CPD 2014-2018 calls for "building capacities within communities to protect children from violence, exploitation and abuse," and, in this regard, the CPC did play an important role. The design of the CPC was aligned with UNICEF's vision of "enhanced institutional structures with functional coordination and referral mechanisms," and "building capacities among responsible institutions and at the community level". However, once again, they had significant gaps in information management and monitoring systems, which were supposed to be strengthened under the CPD.

Furthermore, the programme did not fully succeed in "improving accountability in child protection systems," and may have undermined accountability through the funding arrangement. One of the frequent criticisms of the programme was the funding arrangement, with UNICEF channelling funds through selected INGOs. This approach was perceived to create a programme driven by international agencies, with the INGOs in a position to hold DCS accountable. The evaluation revealed the frustration of county-level government about the limited, sometimes subordinate role they were designated in the process, seemingly in the service of the INGOs. While the SCCO were very much linked to and involved in the functioning of the CPC (especially as implementation progressed over time), there was no direct mandate or funding allocated to the CPC at this level. Embedding the CPC in existing structures at both the county and sub-country level will be an essential consideration to ensure a continued sense of ownership and sustainability.

As discussed below under *Sustainability*, a limited effort was made toward the CPD 2014-2018 provision that "advocacy will be carried out to increase financing for child protection to support scalable models." The evaluation did not find any links to UNICEF's priorities of "emergencies and building resilience," or connecting people to social protection systems beyond referral to relevant authorities.

UNICEF Kenya's CPD 2018-2022 prioritised the protection of children and adolescents from exposure to HIV and AIDS, which was not a major component of the CPC services. CPC seem to have impacted service-seeking behaviour and life skills, as called for in this current CPD, and would have contributed to "social welfare and justice systems and schools in target counties with improved capacities." This contribution would have come through both the services offered in the CPC (i.e. legal aid, social work support and counselling) and referrals to specialised services in the health, education, and law enforcement sectors. The CPC strategies appear to have been broadly in line with the Convention on the Rights of the Child.

4.2.2 Safeguarding

The programme design did not sufficiently consider child safeguarding. However, because the CPC were linked to the DCS, they were - at least in theory - bound to adhere to all government policies and procedures. Workers should have been vetted and trained according to government standards. Besides, the implementing agencies seconding staff to the CPC should have had their own organisational safeguarding standards and training. Other than these necessary steps, there is no evidence of any specific capacity building courses on child safeguarding for CPC staff. It remains unclear whether a safeguarding policy was ever developed.

Safeguarding issues were rarely mentioned. However, reference was made to the case of a staff member who stripped a girl naked to inspect her wounds from alleged abuse. A CPC social worker mentioned that the team in Garissa had introduced feedback lockboxes in project locations, but that she had not had access to the keys. Given safeguarding policies and procedures adhere to all government standards, these remained the same in Narok under the SCCO structure. The operational standards for the CPC were drafted in 2017 but never formally approved. If these had come earlier in the project cycle, they would have provided more guidance on safeguarding.

4.3. Effectiveness

As a result of their preventative and response interventions, the CPC report significant impact in positively promoting child rights and addressing child protection concerns. This success is partly because the strategy targets not only children but also their parents, caregivers and community leaders. In this way, the CPC contributes to changes in deep-rooted social norms that put children at risk of harm. The CPC also target both girls and boys and seek to provide response and prevention interventions in a gender-sensitive and equitable manner.

Even with the more recent development of SOP, the CPC have had the flexibility to plan their interventions based on county-based priorities, thereby responding appropriately to local and individual needs. Progress reports submitted by TDH and CISP document how the CPC have been

able to craft their interventions to address a spectrum of issues experienced by boys and girls, young children and adolescents based. The reports show how the CPC reflected upon these different child protection concerns and risks, how they might differentially affect boys and girls, then adapted to provide appropriate and impactful preventative and response services. Table 6 highlights some of the CPC achievements supported by the two NGOs.

Table 7: CPC achievements as listed in reports to UNICEF[68]

TDH	CISP
▪ 3,560 children (2,163 boys & 1,397 girls) benefited from child protection services through the Garissa CPC. ▪ 99% of cases identified and supported have been closed. Cumulatively 99% - 3,528 (2,148 boys & 1,380 girls) out of 3,560 (2,163 boys & 1,397 girls) children - of cases identified and supported were finally closed. ▪ 100% of 3,560 (2,163 boys & 1,397 girls) cases identified and supported receive age and gender-appropriate services. 204 (all girls) cases of sexual violence reported and supported. ▪ 215 parents received psychosocial group support sessions through Garissa CPC and outreach services. ▪ 215 parents completed psychosocial group sessions training successfully. ▪ 13,471 (7,503 boys & 5,968 girls) children participated in child-friendly recreational and therapeutic play at the Garissa CPC ▪ 59 child rights trainings for 1,042 (468 male & 574 female) participants done in 35 sessions in Garissa Township. ▪ 24 CPWG coordination meetings conducted; 23 trainings conducted on child protection topics ▪ 1,416 (755 male & 661 female) parents and caregivers reached in Garissa Township.	▪ 5 key staff and 4 volunteers were hired and have been trained in several areas related to child protection. ▪ 15 organisations/institutions are actively involved in reporting and referral. ▪ 799 duty bearers (327 males, 472 female) were trained on child rights and protection. ▪ Tools for data collection supported by CISP M&E team. ▪ CPC management committees established in both CPC. ▪ 20 CPC staff and volunteers trained. ▪ CPC supported over 10,000 children (5,007 boys and 5,226 girls) and 153 adults. ▪ 24 CPC staff and volunteers - 11 from Nakuru and 13 from Kilifi) have been trained on issues relating to working with children. ▪ Capacity assessment of CPC staff conducted in the second last quarter of the project. ▪ 27,374 adults (16,022 female (58%), 11,352 male) and 24,188 children (12,586 girls (52%) girls), 11,602 boys) attended awareness-raising and information dissemination sessions. ▪ 100% increase in the number of cases reported through the CPC. ▪ Child Rights Clubs with 30 members established and trained in 4 schools. Clubs organised awareness-raising activities for 1,200 children (300 per school). ▪ 89 members (42 male, 47 females (53% of 89) from the 4 CBOs were trained and have been involved in awareness creation on children rights within the community.

[68] Figures based on final project reports to UNICEF for the periods of 2016-2017 for TDH and 2014-2016 for CISP (an additional agreement between CISP and UNICEF exists for 2017-2018).

4.3.1 County-level

The CPC model contributed much to service delivery in the counties where it operated. The key contributing factors to effectiveness seem to have been in building relationships and trust with communities, having consistent staffing, and creating a more predictable and coordinated response among the various sectors and agencies.

According to interviews and focus group discussions, the outreach component was effective in mobilising the community to prevent, identify, report, and respond to child protection issues. Evaluators observed community members appearing to be entirely sold on the child protection agenda, using the language and messaging of the CPC, and indicating that they would actively seek help if they needed it.

In Malindi, a social worker described the mobile model that was unique to that CPC.

> *"...we used to pick everyone in the office, the social workers, children officers, counsellors, we go to the field, and by then, the community would have been mobilised by the chief, and the chief has already informed the community people that his people are coming and the agenda... First [we sensitised] the community concerning child protection, then we provide services, of which the first visit is to receive the cases, ...then the second visits will be awareness and handling the cases that were received during the first visit.*
>
> *...we used tents and all the CPC staff operated from those tents. It was just like the office here at the CPC… So you have a one-on-one conversation with the client, so maybe the client needs the services of a counsellor, the counsellor will be right there on the shade, with their chairs solving their cases, social worker also the same, if anyone needs the services of the police you just direct them to the shade where the police is seated. We were conducting two mobile CPC in a month, then we have also been conducting the Barazas [community dialogue or meeting led by the chief]."*

4.3.2 Community perceptions of effectiveness

Ideally, the evaluation would be able to compare satisfaction rates for different services provided, but this would require data collected at baseline and again later. Instead, there is a single snapshot in a 2016 survey of service users in Kilifi and Nakuru, as well as some FGD data. In that study, 93% of clients said that they would recommend someone else to the CPC for services. The survey also found that 80% of clients expressed their satisfaction with the services offered. Respondents cited a few necessary improvements, such as case follow-up, more awareness activities, keeping the CPC telephone or mobile number open, among others.[69] According to interviews and focus groups, the services provided were seen as relevant and appropriate for boys and girls of different ages and to caregivers, especially in comparison to the other existing structures.

> *"I would say their services had positive impact in the community. Also, what I liked was the idea that they took their work from the offices and brought it to the field, right in the community. They manage to convince the community that the office can be of help, and the office doesn't have to be the building, they can also come and work from the community."*
>
> – Probation Officer

[69] KCO/ CISP/CHILD PROTECTION/2014/019/11 "Closing the gap between communities and child protection services in Kilifi and Nakuru counties, Final project report to UNICEF, 2016.

Respondent 2: "*When you reach there you will find justice. There is a woman who took her husband there. He had abandoned his children. He was forced to take care of his children and now he is doing it."*

– FGD with women, Malindi

"I am begging you, am even kneeling down, help us, you will kill us if you the CPC is closed, you see I am giving all these stories about the good work that CPC has done. What will happen to the cases that are already going on? The community is already aware of where to report to in case of abuse, what if they report cases and nothing is done about them? And what if those who abuse children hear that the CPC is not as strong as it used to be, will they continue to abuse even more children?"

– Village elder, Malindi

4.3.4 The choice to access services

In considering how community members make choices about accessing services, either formal or informal, respondents in interviews and focus groups mentioned several factors. Police corruption was perceived as the principal barrier to seeking support and help. There is a widespread impression that justice is rarely achieved through the formal system and, therefore, it lacks credibility and legitimacy by service-users. For example, perpetrators with the financial means are thought to be able to buy their way out of a case of defilement or rape.

"I can remember we used to get those cases that were being rejected at the police station. They were being diverted to the CPC because the community knew that at the CPC, chances of getting help were higher than going to the police. Because [without the CPC] you can go to the police, then the perpetrator gets arrested, and in the evening, you see them around like nothing happened."

– Health worker, Garissa

A second major challenge to accessing services relates to the geographical remoteness of some communities. Because of the situation of these communities, travelling to the service would be too time-consuming and unaffordable for most people, especially when repeat visits would be required. Several respondents said that the high cost of following a case through the system would dissuade people from seeking justice services. In Narok, this was underscored as having a significant bearing on community members not seeking formal services. Pathway issues were mentioned as well, where respondents lamented the multiple steps, office visits and types of documentation required to report protection violations and access services. Previous experience of getting an unsatisfactory outcome from service providers further discourages people from seeking services in the future.

"...when someone goes to Baba Watoto [sub-county children's office (SCCO)], let us say you need your husband to take care of his child. So, you go there, ...the child's father will begin the child support maybe once or twice, then the case will be forgotten. So, the mother will also give up on that because of going back and forth to the centre without being successful."

– Women in focus group discussion, Malindi

Among the socio-cultural factors that influence the decision to access services, the main one that emerged from FGD and interviews is a preference for seeking help from the chief or community elders. This fact was also evident at the control site in Narok where most community members, including children and caregivers, prefer to seek help through non-formal mechanisms. Respondents opt to

deal with protection issues on their own terms at the community level and according to their culture and tradition. In contrast to the Narok control site, CPC staff had built relationships with the chiefs and non-formal stakeholders and worked together to resolve cases.

> Respondent 2: *"Sometimes, if the issue is about the family conflict, and like gender-based violence, the chief advises the man to stop beating the wife and threatens him to take action if he does so. Again, the chief can sometimes advise parents who are fighting to stop fighting for the benefit of their family and children."*
>
> Interviewer: *"And do people stop when they are advised by the chief?"*
>
> All: *"Yes"*
>
> – Men in focus group discussion, Garissa

Adolescent boys and service providers mentioned fear of detention as a barrier to accessing the CPC. This feeling is because, except Garissa, the CPC is situated near the local remand home. Several groups of caregivers also said they were reluctant to access the CPC for fear that they may be incarcerated, or due to the stigma of being seen there.

> Respondent 12: *"Most of us fear that we might be arrested."*
> Respondent 5: *"Some also fear that corruption is too much [and the police] can even change the case [to say] it is you who abused someone else, and [then] you will get arrested and jailed here."*
> Interviewer: *"You mean there is a place near [here, the CPC] where they jail children?"*
> All: *"Yes"*
> Interviewer: *"Is that why the youths fear? But it seems you people do not fear. You managed to come here."*
> All: *"We also fear, all of us."*

Because the CPC have limited operational capacity, it is impossible to quantify the number of respondents indicating a preference for using CPC versus other services, the changes in the number and types of cases reported to CPC over the years, or trends in client satisfaction rates. CISP did employ the use of client satisfaction surveys at one point. While these show that beneficiaries appreciated the support provided, they do not allow for comparisons across all the CPC or with other service models.

In FGD and interviews, respondents generally credited the CPC with helping to overcome some of the barriers to accessing services listed above. With few exceptions, the CPC were described as smoothening the referral process, overcoming distance issues with mobile CPC and other methods of outreach, and even improving the performance of the police.

> *"[I have been referring cases to the CPC because] say I have a case that needs police involvement, I take it to CPC because when the police see that there is a case referred from the CPC, they take it very seriously and act on it."*
>
> – Chief, Malindi

4.3.5 Monitoring, evaluation and learning (MEAL)

Mechanisms to measure, monitor, record and report quality and results were overall inadequate. The programme lacked a standard, structured MEAL framework, and M&E outputs were mostly used for donor reporting rather than to inform decision-making about service provision or advocacy. Relative to the other sites, the CPC in Garissa provided the most detailed example of a strong M&E mechanism.

> *"We were constantly updating our models, our tools to ...provide a tailor-made [programme for] the children. ... the main evaluation [mechanism] we have [is] something called the client satisfaction survey...and this was done twice during the project phase. In that, after six months we ask the clients about all the steps [in the user experience, such as] if the CPC was easy to find. And ...it was done over time and it was used to improve the service that the people received. It started with the case manager, the psychosocial support, the legal and the referrals they are referred to, and whether they were charged, because this was [meant to be] a totally free service. ...whether they [would] refer someone to the CPC. And we used to get good feedback and we used that to improve..."*
>
> – M&E Advisor

None of the CPC employed child wellbeing indicators to guide their M&E frameworks. Results were only shared between UNICEF and the implementing INGOs and were not applied to inform and engage local stakeholders and community members. It is not clear whether plans for ongoing monitoring of child outcomes were ever produced or utilised. Some CPC did, at times, input data into the Child Protection Information Management System (CPIMS), although former staff reported significant frustration with the use of technology including issues of connectivity, authorisation, and a shortage of staff able to work effectively with CPIMS. In Narok, data was inputted into the CPIMS – which was perceived as a positive shift to better track cases, including over county lines. However, monitoring wellbeing and follow-up remained a challenge.

While challenges and 'teething problems' were observed in the initial implementation of the CPIMS, it was also frequently noted by respondents (including CPC, SCCO and other DCS staff) that the CPIMS has significantly improved efficiency and accountability. Staff described being better connected: for example, in case referral between SCCO in different counties, improved ability to track the status of cases, and ensuring cases - especially those referred to other sector services - were followed-up. While the CPIMS was not the primary focus of the evaluation, this was nonetheless an important finding considering the broader systems strengthening strategy in Kenya. It provides an insight into how the CPIMS can further support and contribute to the CPC model in the future.

4.3.6 Use of evidence

The rigorous use of evidence to assess the level of quality, performance, and outcomes – essential for building upon positive achievements and addressing shortcomings - was rarely discussed by respondents. However, several examples emerged in the evaluation process. One respondent mentioned drafting research reports based on original data collection, including a report on the relationship between social norms and child abuse. Another mentioned using monitoring data to

inform programmes, including decisions about where to hold sensitisation events. In Malindi, the CPC manager met every month with the CPC board to report findings and make programme decisions.

UNICEF expected quarterly reports from NGOs, but it is unclear how often the CPC programmes were monitored, reviewed and evaluated. Monitoring visits appear to have been conducted when convenient, usually when a project manager happened to be visiting the area. The present evaluation is the only one ever conducted of the programme, and unfortunately, many NGO staff directly involved in the model were no longer available to share their reflections.

The CPC contributed to county-level data management. In theory, this contribution came primarily through sharing data with the SCCO for inputting into the CPIMS. However, respondents frequently cited a lack of clarity on roles and responsibilities between the CPC, SCCO and NGO as an impediment to effective data management, especially at the inception of the CPC. Respondents noted that data management did gradually improve as the relationship between the CPC and SCCO settled, and roles and responsibilities became clearer.

> *"...sometimes DCS was collecting information especially in Nakuru. It reached a point there was that dispute ...where should cases start from? ...from the sub-county children's officer and go to the social worker? Or from the social workers to the sub-county children's officer? Sometimes you see cases recorded here and they don't reach there unless [we] go at the end of each day and collect the cases... CPC [had] different offices, like, if you want to see the social worker, go to this office. If you want to see the CPC manager, go to [that] office. But then there is DCS...and cases are recorded there. There is a book. ...cases are handled without ... getting to social workers and CISP staff we [miss] recording [those] ones."*
>
> – M&E Officer

4.3.7 National level impact

While the CPC model has demonstrably strengthened county-level child protection prevention and response initiatives, it has not inherently strengthened the national system. This conclusion is perhaps because the scale of the intervention was limited to three counties, and the duration of the programme was too short. But in workshops with CPC stakeholders conducted for this evaluation, officials indicated that the programme had been useful in helping the Government confirm that CPC should be integral to the national strategy. Furthermore, the findings of this evaluation underscore the overall positive impact of the CPC model for strengthening child protection in Kenya which will be a crucial consideration in defining the way forward.

4.4. Efficiency

The evaluation sought to understand how the CPC performed in terms of delivering value for money. There were some challenges with this as the two implementing partners were funded under sperate agreements based on different objectives, outputs, and indicators. Estimating value for money was further complicated by difficulties in sourcing data on other comparable models or even the existence of such models in the Kenya context.

4.4.1 Value for Money

Between 2014 and 2018, the funding provided to the CPC totalled KES 267,450,979. Between 2014 and 2016, UNICEF Kenya provided KES 90,875, 572 to the CISP activities, representing 83 per cent of the total project budget. CISP contributed the remaining 17 per cent (KES 18,129,000). From 2017 to 2018, UNICEF gave a further KES 90,875,572, and CISP an additional KES 18,112,00.

Over the four years, UNICEF funded 73 per cent of the activity costs for the TDH project. This percentage represented a total of KES 36,249,583. TDH provided the remaining 27 per cent, or KES 13,192,072. TDH's management and personnel costs amounted to just over 31 per cent of the total project cost. It was not possible to ascertain other direct or indirect financial support provided by the Government or by UNICEF at national or county-level.[70]

Both implementing partners reported that the projects supported by UNICEF generally achieved or overachieved on their expected outputs. This conclusion is undoubtedly a welcome success and, on the surface, shows that the CPC worked better than anticipated when in terms of reaching and providing services to children, families and communities. For example, CISP reported that, by 2018, over 12,500 children in Kilifi and Nakuru had been supported. Interviewees from TDH said that over 3,560 cases had been managed during the project. Concerning prevention initiatives, CISP reported that over 42,000 children had participated in different activities to promote their self-protection. TDH indicated that 14,500 children had taken part in prevention activities.[71]

However, the objectives, indicators and outputs listed by these two implementing partners were only broadly comparable as their activities, although similar, are not framed or reported on in the same manner. The two implementing partners applied project objectives, indicators, outputs, and financial inputs in different ways. Comparing the CPC to other models of service provision proved difficult during this evaluation. Although UNICEF and DCS have completed an exercise to cost the child protection system, additional work may still be required. Specifically, there is a need for DCS to commission a model and costing exercise based on the CPC model or variations of it.

Challenges relating to sustainability and succession planning may, in the short-term, undermine the benefits achieved by the CPC model since 2014. The significant uptake in services offered by the CPC, especially the work with communities and parents on child protection, as well as referral and case management processes, may be compromised if funding is not secured. In analysing the required level of investment, it is recognised that the CPC model is resource-intensive, especially in the initial set-up phase. There are considerable costs associated with infrastructure, staff training, and building working partnerships at the country level. Nevertheless, these costs should be offset to some degree if the model continues to operate uninterruptedly. This approach necessitates that the DCS, UNICEF and other partners map out a multi-annual costed implementation strategy to support the extended roll-out of the model.

[70] The figures presented here are based on the end of project reports for implementing partners and additional information provided by UNICEF.
[71] Figures are based on those reported or by combining activities listed for different project activities.

4.4.2 Human resources

The human resources dedicated to the operation of the CPC were enough to provide a basic package of child protection prevention and response services. This noted, the consensus among respondents was that the centres were understaffed to meet the demand for services. Staff said that they feel extremely stretched to fulfil their duties effectively. Not only did the sheer volume of cases presenting at the CPC become overwhelming, but the vast geographical distances in each of the counties made case management and follow-up demanding in terms of cost and time.

> *"It's only one children's officer, not only serving one sub-county but maybe two or three. It is practically not possible."*
>
> – County Coordinator, Kilifi County

A review of the professional capacity of CPC staff reveals that their skills and competencies were generally commensurate with the requirements of the services. The evaluation showed that the CPC succeeded in recruiting personnel who were passionate about children and their welfare. Many appear to have accomplished a lot with extremely limited resources and despite many structural impediments. In this post-programme period, the centre in Malindi is now relying on dedicated but less-qualified volunteers and unpaid interns. They already feel overwhelmed with the caseload and demoralised by the work environment and inability to meet needs more comprehensively.

The centres appear to have been under-resourced from the beginning, which had implications for staffing and reach, as well as programme quality. While the evaluation sought to understand how well funds had been used across various CPC strategies and interventions, there appears to be little consensus about why such limited funding was allocated to this well-regarded service model.

> *"We began from a tent, you see that toilet over there, we always sat there, it was supposed to be the kitchen and dining hall for those children who came there for counselling. There is a mango tree that is the beginning of CPC with a tent from UNICEF…"*
>
> – Former CPC Manager, Malindi

> *"We didn't have the resources to provide psycho-social support.... Could not […] go conduct the home visits to verify the situation and everything, even though [some funding] is there, but it is limited.*
>
> *The real-time CPIMS data collection. ...There were a lot of delays in reporting in that people were doing data entry for November...in February or March or April...like this case record sheet comes in everyday... but still it has to be uploaded in the CPIMS, but there is a shortage of staff ...a designated person to do the data entry. We used to have the data entry clerks. But...they do not even have laptops...and I think there is potential risk there, because if you are assuming that CPIMS is giving you the picture, right? ...prevalence rates and this type of thing. And are the services effective? Are people reaching the services?"*
>
> – Former CISP M&E Advisor, Garissa

Funding for CPC has never been integrated into the child protection budget nor into broader national development plans or sector strategies. Several government respondents highlighted the practical challenges in moving towards this approach. In essence, authorisation would need to be sought and

given by the Treasury, in line with national policy for mobilising financial resources. This administrative complexity made it extremely difficult for the sub-county offices to organize financial support for the management of the CPC. The evaluation found that resource mobilisation has not been sufficiently considered in the design of the model, nor with regards to the strategies of the partner agencies involved. Also, there does not seem to have been an adequate joint strategy for identifying and attracting funds. Ultimately, this rendered the CPC too financially fragile to be sustainable.

The one exception is the CPC in Garissa. County government has invested in the CPC, even seconding its staff to provide counselling services. This arrangement is attributed in large part to the centre's tenacious manager who went to extraordinary lengths to petition county officials for funds.

The evaluation sought to understand how the provision and quality of specific services (such as outreach work and counselling) compare with those provided by government and civil society agencies. Unfortunately, there are no outreach and counselling services to analyse within these counties, or in Narok. The CPC were instrumental in bringing in much-needed capacity to deliver outreach support, legal assistance, referral and counselling, and many respondents lamented their decline, reporting that such services now barely or no longer exist.

> *"If CPC was to be shut down then we are doomed, because if you go to the police, they don't take cases seriously as CPC does, then you find that CPC has a department responsible for counselling [that] the police does not have. So, there is my opinion, that CPC helps a lot, and if at any given time they plan on exiting then we people from Malindi, we will be doomed."*
>
> – Village elder, Malindi

Likewise, it proved difficult to answer evaluation questions relating to financial matters such as the percentage split between operational/recurrent and service costs, salaries, and unit costs for different services. Although the evaluation aimed to understand more about the cost balance between prevention and response services, it was recognised early in the process that such a calculation might be misleading. Using a holistic support approach for families and children, the CPC offered services such as mediation and counselling that cannot be delineated in such a binary way. More important is the fact that the CPC were conceptualised as providing a range of interlinking child and family-centred support to deal with complex welfare and protection issues as they arose.

As above, the exception is the CPC in Garissa. Here, the county government continues to provide support to the CPC in the form of a seconded staff member. Currently, in all sites, the CPC manager position remains funded by DCS, and each of the CPC (except for Nairobi) receives a quarterly budget of up to KES 1,200,000. This sum is intended to cover running costs such as stationery, telecommunication, fuel, cleaning etc. Overwhelmingly, CPC staff noted that these funds are insufficient for the maintenance and management of the centre.

The only data available regarding the schedule of disbursements and the timing of funding received indicates that there was sometimes a significant delay, which would at times put the programme on hold.

> *"[In] the CPC project, the funding it was not like, always constant year in, year out. We used to have months where, like, we would go even for eight months without [our INGO being able to support the CPC] due to the availability of funds. So before [UNICEF] sign the next PCA, you have to wait even for eight months."*
>
> – INGO partner staff

4.5. Partnerships, coordination and connections

County and sub-country officials and service providers stated that the CPC improved collaboration and coordination among different sectors such as health, education, law enforcement and broader social services. This collaboration facilitated a more holistic and predictable referral process for children, ensuring they received assistance from multi-disciplinary, inter-agency teams. While the exact extent of intersectoral cooperation was not gleaned through this evaluation, there is evidence that joint working expanded in the areas of referral, standard-setting, and advocacy. Little or no joint work seems to have been achieved in assessment, monitoring, evaluation, or learning.

> *"...there was that good collaboration between the children's department and the CPC, the counsellors and the like. Then there were the Area Advisory Council...we used to meet there. And even before I came here, my colleague also used to support and to work with the AAC there at the CPC. And everything was a discussion around children, and we were engaging the chiefs also."*
>
> – Project Officer, Nakuru

Other respondents reported that CPC meetings did not function well and often overlapped with other coordination mechanisms at the county level, such as the AAC. Individual personality, rather than organised procedures, seems to have been the determining factor in the level of effective coordination. In those centres where managers had a collaborative attitude, coordination appears to have worked better. In others, interpersonal issues limited the level of productive collaboration. As noted previously, in some cases, collaboration was constrained by the lack of guidance on roles and responsibilities, overall financial limitations, and the funding arrangement that caused friction between government and NGO partners.

There is little evidence of joint response plans or strategic plans; however, to cite one positive example, UNICEF, TDH and DCS worked together to strengthen the Garissa CPC's external procedures. Likewise, in Malindi, a partnership of Plan International, AAC and DCS worked together to develop new case management guidelines. Joint capacity development was only mentioned once by respondents. In Kilifi County, Plan International brought in staff from Nairobi to conduct case management training for government officials.

The CPC seem to have significantly strengthened local referral pathways, whether by formal agreement or informally. The existence of the CPC allowed more communication between actors who were thus more able to take advantage of links to each other's services. As noted previously, this interconnection was identified as a significant difference between the CPC sites and the control site. Of course, there is a degree of coordination and intersectoral collaboration in Narok, but it was markedly more ad hoc manner. Relationships between service providers in Narok are typically driven by personality, and there is, therefore, less capacity to ensure systematic follow-up on cases.

Joint assessments or collaborative research through the CPC into the root causes of protection issues have not been undertaken in any formal sense. This may be due to a lack of resources, according to one respondent. Another respondent mentioned collaborating with other stakeholders in a rapid assessment conducted in a single instance, but it is unclear if this can be attributed to the CPC. Regarding advocacy, respondents in Malindi and Garissa both mentioned that joint advocacy on child protection had been conducted as part of the programme.

> *"...when you look at the cases that are pending in court, we have a backload. So, what we used to do is link with the AAC and case management committee and speed up this process. ... having the judge, the children's magistrate speeds up all cases for children. Like we have a Children's Week, whereby they used to handle only cases for children. So, we used to lobby such things it also gave people more confidence to report cases to the CPC."*
>
> – Former INGO partner of the Malindi CPC

There is significant evidence that the CPC coordinated with other sectors and partners (such as health, education, and law enforcement) to prevent and respond to child protection issues. Respondents from these other areas all stated that intersectoral coordination and collaboration had improved as a result of the CPC. This improvement was achieved through more systematic and regular interaction. The relationship between the CPC and other service providers in the counties was described as invaluable and a 'two-way-street'. The CPC could refer to external service providers, and external service providers such as probation, health, education, social protection could, in turn, refer to the CPC. The outreach effort was a platform further facilitated multi-sectoral collaboration at the community level.

> *"...we also used to have a mobile CPC. While going to make these outreaches...we also try and find the stakeholders... and we go together to the community, those who are needed like the police and the health workers from the hospital, they used to help us a lot...we used to have a makeshift office in the community... So you have a one on one conversation with the client, so maybe the client needs the services of a counsellor, the counsellor will be right there in the shade, with their chairs solving their cases, social worker also the same, if anyone needs the services of the police you just direct them to the shade where the police is seated."*
>
> – Social worker, Malindi

> *"In the CPC, this office where we are seated was set aside for the police, the gender police, she was a female officer, and she used to come here, dressed in civilian clothes, every case that involved children that required police intervention she used to handle it there and then. It was conducive; even the children were comfortable since they did not recognize her as an officer of the law with civilian clothes on."*
>
> – Social worker, Malindi

The evaluation revealed multiple and diverse barriers to effective collaboration but the most frequently mentioned was the issue of funding. The limited investment had severe and practical implications for staffing, transportation, and other factors that enable effective coordination, even the ability to buy refreshments to incentivise participation in coordination meetings.

In terms of reducing children's exposure to child protection issues, the collaboration increased the number and enhanced the quality of referrals taking place between service providers, an effect that seems to remain somewhat, even after the end of the programme. Anecdotally, the CPC also seem to have increased the number of coordination meetings taking place at the county level, offering another platform for dialogue and information sharing that respondents spoke of positively. As mentioned above, joint pieces of training seem to have been initiated in at least one site. However, the overall lack of funding much constrained the frequency of training.

Over time the different actors appear to have become more aware of the roles and responsibilities of various service providers, even if this came after a long period of confusion and tension around 'who does what'. 'Territorial disputes' appear to have had real implications for the case management

process, data management, information sharing, general coordination and, ultimately, the quality of the child protection response. In some cases, these issues were ironed out sooner than others.

> *"There's no information-sharing between the two offices and the county government has specific ministries responsible for women, gender, children affairs. ...the CPC manager feels constrained and he would like to be supported in terms of, number one, human resources. The county government has stationed I think two ECD staff, one data and one social worker to the rescue centre... But beyond that, nothing happens. The CPC or even the sub-county children officer may not have a chance to sit during the county integrated development [meetings] and critique [the way that] service to children is [done] across the department and ministries …[County] government still says that children's issues are not devolved, so it's the national government's duty. But there are sub-counties in Garissa who don't have children officers; there are [just] two children's officers who cover the whole county…"*
>
> – INGO project manager

4.6. Sustainability

Considerations of sustainability (social, institutional and financial) were not integrated into the design and implementation phase of the CPC model. According to the documents reviewed and interviews conducted, the aspect of sustainability was not well articulated. Some government officials envisioned that the CPC would be seamlessly mainstreamed into the existing government structures and would, eventually, become the "model sub-county children's office". However, it seems that insufficient attention was given to how this would be applied in practice, and government officials did not all share the same view.

Apart from the initial project budgets and costs associated with establishing and operating the CPC, UNICEF also supported a range of promotive actions, including, for example, revisions to the legal and regulatory framework, development of SOP for the CPC, and capacity building for government officers. Unfortunately, the evaluation did not uncover any evidence of initiatives or planning to secure the kind of funding that would be required to maintain the existing CPC beyond the project agreements signed with implementing partners, let alone to expand the CPC across the country. In all the documents reviewed and interviews conducted, contingency planning and a clear exit strategy were absent. One senior stakeholder stated that "*we woke up one morning and they (the implementing INGO) were gone, and things have never been the same again.*"

At the county level, the CPC boards did not continue to convene regularly, if at all. This forum would have been an occasion to strategise about the transition process and resource mobilisation collectively. In short, the entire effort has been highly dependent on the funds from a single donor.

Consequently, the CPC were mostly unable to operate once external funding ceased. Interviews with several local government officials indicate that they understand that the CPC is designed and piloted as *the* model to scale-up and adopt nationwide. To date, there has been no indication of a concrete or time-bound plan for scale-up and expansion of the model, nor does it appear that financial and other resources have been identified or committed. The CPC model is referenced in the MTP II and is to be included in MTP III and the Children Bill, 2019, but details or how it might be rolled-out still require further discussion and planning. These findings are timely for informing plans and future endeavours, especially as UNICEF is currently supporting DCS in developing a costing model for the

child protection system in Kenya. This costing model will assist DCS in developing its budget proposal to the Treasury.

The CPC themselves had no in-built resource mobilisation strategy, although the centre in Garissa has managed to attract some funding from the county through a persistent lobbying effort. Few, if any, preparations were made in terms of exit strategies, for reasons that respondents were not able to explain. No costed analysis for maintaining the existing CPC or planning a national roll-out has been conducted.

In Kilifi town, Plan International has recently funded a new CPC next to the DCS office, but this is not yet operational. Here, Plan is taking a different approach to the other INGO in that it will not fund or second any staff or ongoing support to this CPC. Instead, it simply intends to hand the building over. Malindi CPC is still operating at a minimum level with a single manager and a clerk, funded by the DCS, doing the work that had previously been performed by staff seconded from CISP. A team of volunteers and interns supports the clerk, but their capacity is stretched and their morale is low.

Box 3: Snapshot comparison between sites with a CPC and control site in Narok

The most significant differences identified between the CPC sites and the control site in Narok was the ability of the CPC to provide much more predictable, integrated prevention and response services and programmes. This includes the combined services available within the CPC itself, i.e. legal aid, counselling, and social work practice. While the centre staff link to the SCCO, they have also created referral pathways and interconnected service provision with the health, education, probation, and social protection sectors. Such networking has enabled the CPC to take a more holistic approach to meet children and family's needs. This 'family-centred approach' was much appreciated. Service provider respondents felt that a beneficial 'two-way-street' relationship was established with the CPC where all could rely on each other and thereby maximise their impact.

This scenario compares favourably to the situation in Narok, where the SCCO, often working in relative isolation, are overwhelmed with unrealistic caseloads, and in a resource-constrained environment. The lack of outreach capacity means the SCCO did not have the same close relationship with communities or were not able to build the capacity of service providers in communities (e.g. teachers, local health workers, voluntary child protection workers). Referral mechanisms are mostly personality-based, and the lack of staff and transport means there is virtually no ability to follow-up on cases. Initiating and maintaining a dialogue with elders, chiefs, traditional leaders, and other community members is critical and occurred more effectively in the CPC sites when compared to Narok. The ability of the CPC staff to conduct regular outreach and build relationships with communities also fostered confidence on the part of the community that their case would be given priority and followed-up. In Narok, respondents noted a lack of trust in the formal system because of the way children's cases are managed, with many left unresolved.

When compared with the control site, it appears that the presence of the CPC provided momentum and a focal point for bringing more specialised services closer to communities. A positive outcome of this were the improvements in case management, demystifying the roles of different child protection actors, including the police. In turn, such clarity promoted coordination among service providers and demonstrated to communities the advantages of bringing child protection concerns to the CPC. Communities saw action and results. In this regard, the CPC can be described as an 'approach' with a significant focus of bringing multi-sector services to communities as opposed to a 'centre-based' model. This is quite different from the control site where most activity is conducted from offices with minimal ability for outreach.

5. Conclusions and lessons learned

Overall, the evaluation found that the CPC had a positive impact on child protection and, when fully operational, provide a model to improve service delivery in Kenya. Government officials, service providers and community members consistently described the CPC as a relevant, appropriate, efficient and effective contribution to the child protection system in Kenya.

Sustainability, however, remains one of the most significant challenges in moving forward. The evaluation found many positives and potential for the model to be scaled up, but the political commitment and level of resources required should not be underestimated. Unless there are clear commitment and leadership on the part of the Government and support from child protection stakeholders to consider how to resource the model adequately, there will continue to be questions about the degree to which it can become a cornerstone of the child protection system.

Stakeholders will need to give careful consideration to how to embed the CPC model within existing structures and systems. Decisions will need to avoid the tendency to establish 'parallel' structures and systems, allow for greater clarity in terms of roles and responsibilities and enable the system to maximize existing resources. For example, one obvious step forward would be to build the functions of the CPC under the remit of the SCCO. The SCCO role could be expanded and restructured to include oversight and management of the CPC, creating greater clarity about the different structures and functions, as well as enhancing cohesion between services. In this way, the CPC would be able to benefit from resource mobilisation processes, as demonstrated in Garissa.

The development of operational standards and guidelines and capacity building strategies should support a future roll-out of the model, based upon a costed analysis. This analysis is essential for realistic and sustainable strategic planning. The approach should be to expand and consolidate progress and learning, building on what has already been achieved and making adaptations, rather than starting anew. This will ensure a comprehensive analysis of how to scale up the model and identify an appropriate financial investment. Financing of the CPC requires further discussion between government and child protection stakeholders to ensure that, in the future, there is no over-reliance on UNICEF. Such a scenario would prove unsustainable in the long-term, especially if the model will be scaled-up in the future.

The findings of this evaluation demonstrate the importance of strong government leadership in strategic decision-making and a commitment to ensuring that the CPC model will receive regular, multi-annual funding and is embedded in existing structures and systems. Only in this way will the potential benefits and impact of the model be realised for children, families, and communities.

5.1 Opportunities presented by the CPC

The evaluation took place at a time when the CPC were no longer functioning at an optimal level. This situation was primarily due to the timing-out of some funding agreements and, while this is an important consideration, it is also crucial to focus on the many achievements of the CPC model and the potential it has for improving child protection service provision.

CPC have strengthened referral pathways and networks allowing for a more holistic and predictable response

Establishing the CPC provided an opportunity to strengthen collaboration and coordination for the protection of children. While SCCO have historically worked in partnership with other sectors, the success of interagency working has tended to be dependent on interpersonal relationships. There are several reasons for this, but mainly because officers are overwhelmed by their caseloads. They have often not had the time to manage sometimes complex cases in a structured and intersectoral way.

Strengthened collaboration and coordination through the CPC initiative has allowed for a more standardised response, one that creates greater accountability to the beneficiary. This is a result of having designated roles and responsibilities, mapped out among partners. One of the main advantages of improved collaboration and coordination was the ability to assume a multi-sector, holistic approach, working in a 'family-centred' way rather than a 'child-centred' way. This approach not only provides a more rounded and comprehensive package of both prevention and response services but encourages engagement with families and communities to identify and tackle the underlying causes of many child protection issues. This all-important collaboration and coordination gained momentum during the lifetime of the centres. Although it has dissipated somewhat since the centres began to operate in an increasingly resource-constrained environment, it remains a positive legacy of the model and has potential for the future.

Addressing human resource gaps

The CPC model helped to maximise human resources at the local level. Respondents consistently described this achievement; however, the impact on human resources of losing funding has been felt keenly. For example, legal aid and counselling services are not generally available at the county-level, but the centres ensured that people had regular access to these services. The presence of a one-stop-shop, offering specialised services near to their own offices, allowed the SCCO to refer cases in a much more efficient way than previously.

Improved outreach

Outreach activities were a significant strength of the CPC model. Given the vast distances in the respective counties, outreach activities resulted in more comprehensive coverage and greater access to the CPC's services. Families often do not have the financial means to travel to a centre, especially if several visits are required. Furthermore, outreach activities helped establish links between the 'formal' system of government services and chiefs, and the 'non-formal' system comprising elders, community leaders and community structures. This bridge between systems, in turn, increased understanding about child protection and fostered a sense of ownership and commitment about how these issues should be addressed.

Improved outreach also helped to enhance collaboration and coordination between different service providers and sectors for child protection. CPC staff could bring together multi-sector teams that visited communities together to conduct awareness-raising, provide essential services and follow-up on cases. The increase in reporting of child protection issues was also attributed mainly to the outreach work undertaken by the CPC and partners. Children in all locations reported increased knowledge about child protection issues generally and where they could report or seek help as a result of the community-based awareness-raising activities.

Outreach activities helped the build the capacity of community leaders, families and parents. Community members reported knowing more about child protection and wellbeing and had more ability to resolve children's problems. This knowledge also enhanced the capacity of local-level service providers in education and health and encouraged them to seek access to external support when necessary. Outreach activities helped to increase follow-up of cases and appears to have increased the number of cases that were positively resolved. The success of the outreach component is an important consideration for future child protection strategies in Kenya.

Creative solutions

Despite the challenges in keeping the CPC operational, CPC staff demonstrated dedication and determination to maintain service provision. In Malindi, for example, this has included recruiting social work student volunteers and advocating with local organisations to support the CPC in various ways, including ensuring the continuation of counselling support for high-risk cases. Although these solutions do not necessarily address the challenge of sustainability for the CPC, they nonetheless provide lessons about how sustainability might be achieved.

Embedding the CPC in local structures and support

There was confusion about the roles and responsibilities of the SCCO, CPC and NGO manager at the inception of the initiative. However, the evaluation found that the CPC gradually became a vital support to the functions of the SCCO and vice versa. Understanding how to further embed the CPC in existing structures and systems will be critical for sustainability and for avoiding the establishment of parallel systems. Similarly, as demonstrated in Garissa, finding ways to embed the functions of the CPC in county government can be invaluable.

CPIMS

Although not a primary focus of the evaluation, the CPIMS is increasingly contributing to efficiency in handling cases, improving accountability, and improving coordination across the board, including at the sub-county, county, and national levels. This should remain a central feature for child protection systems strengthening in Kenya, including within a future model of the CPC.

5.2 Challenges presented by the CPC

While noting the positive learning from the implementation of the CPC model, it is also essential to highlight the challenges experienced. This is necessary to equip decision-makers with information to consider more strategically the potential of the model and the level and types of support required to make it successful and sustainable.

Sustainability

Perhaps the most significant challenge faced by the CPC was the apparent lack of sustainability planning. There was a great deal of confusion and frustration among respondents as to why there had not been a transition or exit strategy in place and how it was possible for a programme to just "*go off a cliff from one day to another*". The evaluation was unable to find the answer to this in concrete terms, not least due to the retrospective nature of the review. However, several respondents did offer contributing factors to the lack of transition or exit strategy.

The CPC model is currently dependent upon donor funding. DCS does not have the financial resources to run the CPC at full capacity. This problem is further complicated by the fact that government policy stipulates that all financial resources mobilised for any government function must go through the Treasury. As a consequence, it is difficult for sub-county administrators to mobilise financial support for the CPC at the local level.

Tensions also seem to have arisen between the DCS staff and NGO project managers. The ownership of and support to the model was supposed to transition from NGO stakeholders to the Government. Ultimately, this issue hampered the development of transition or exit strategies and the securing of resources to maintain the functionality of the CPC.

In Malindi, the CPC board at the county level stopped convening shortly after the establishment of the CPC. The lack of leadership impacted the sustainability of the centre because the board had been expected to decide the nature of the transition or exit strategy. The failure of the boards might be attributed, in part, to the existence of the AAC, whose role included resource mobilisation for promoting child rights.

Lessons learned from the lack of continuity planning pose important questions for future strategies to scale up the model in a way that is realistic and practical.

Lack of clarity on roles and responsibilities

Initially, the intention was to delineate the mandates, roles and responsibilities of government and NGO service providers in a formal MOU; however, such an agreement was never discussed or shared. The resulting lack of clarity on roles undoubtedly led to frustration and tensions among implementing partners and hindered programme efficiency. Staff reported instances of duplication of service provision and data collection. More importantly, it appears that children's cases were not adequately followed-up due to a false assumption that another partner agency had intervened.

The intersection of roles, responsibilities and functions between the CPC and the SCCO was never made explicit and, as a consequence, working practices were often disjointed. Sometimes a child protection case was handled solely by the CPC, sometimes only by the SCCO and sometimes together. In principle, all reports should be channelled through the SCCO; however, this did not always happen in reality. This lack of coordination extended to the CPIMS. At times, a case might be duplicated or not recorded at all. Although SCCO and CPC staff reported that these working relations and modalities gradually improved, the child protection system at the county level would function more effectively if roles and responsibilities are defined and officially approved at the outset.

When funding came to an end and NGO partners ceased or reduced assistance to the CPC, there was uncertainty about the future of the remaining CPC. As a result, there were numerous reports of case files being taken or lost rather than handed over to DCS. Naturally, this is potentially harmful to children and families who have ongoing cases, and this situation will need to be resolved as soon as possible.

Data management

As noted above, data collection and management was sometimes either duplicated or not entered into the CPIMS at all. Both CPC staff and SCCO explained how the CPIMS had initially caused problems; however, it is now greatly assisting them in their work, including for the repatriation of children to other sub-counties or counties.

It has provided challenging to store data and case files at the centres. While ethical procedures and safeguarding practices do now exist within the CPC, further attention is still required. Similarly, the CPC's M&E systems should be streamlined, providing staff with a better understanding of the importance of data and how it should be used to design new strategies, programmes and services.

Learning lessons for the future

The results of the evaluation provide an indication of how the CPC model can be more effectively rolled-out in the future:

- **Government ownership and leadership are critical:** At both national and sub-national levels, government leadership, especially from the DCS, is paramount. In particular, at the national level, the Government can develop the legal and regulatory framework to support child protection system strengthening. The Government's ability to mobilise resources for the CPC and other forms of service provision is essential. At the county level, the child protection system, incorporating the CPC model, needs to be integrated into local development plans. This will not only facilitate resource mobilisation but will give the CPC the legitimacy to engage with communities and other service providers.

- **Use existing structures and resources:** The CPC work more effectively when they are linked with and tap into existing government and non-government structures and resources. As well as improving the direct functioning of the CPC, this approach ensures sustainability and increases the range of services that can be provided.

- **Outreach is effective:** Getting out into communities has helped service providers to create awareness about child rights and child protection, to increase understanding of social dynamics and to build trusting relationships. Demonstrating the benefits of the CPC's services also encourages people to seek support. CPC staff were also successful in working with other sectors, bringing a more extensive range of services to the attention of communities and thereby improving referral pathways.

- **CPC operations are strengthened by adherence to SOP and guidelines:** Guidelines and standards help to ensure that CPC function in a standardised and planned way. They help in the delivery of a minimum package of services and support monitoring and reporting requirements.

- **Appropriate and high-quality service provision builds demand among children and families:** As communities learn about and experience the work of the CPC, they have begun to trust the staff and are more likely to seek assistance.

- **Local-level adaption is important:** The presence of guidelines and standards does not preclude county-level adaptions to address localised issues. In turn, such contextualisation builds confidence in the ability of the CPC to deliver protection outcomes for children, families and communities.

- **Space for creativity and adaptation allows for better linkages to the broader system:** Working alongside community leaders, providing helpful outreach services and providing reliable referral pathways creates trust and facilitates interconnection between the formal and informal systems. Involving informal actors in developing local solutions promotes creativity and adaptive thinking, giving them a sense of ownership over the services coordinated through the CPC.

- **The effectiveness of the CPC depends upon collaboration and coordination at the county level:** As a local and intersectoral model of service delivery, the CPC work best in cooperation with other child protection actors or allied sectors. Joint working not only improves the quality and range of services but also maximises local resources, strengthens referral pathways and the delivery of tailored and consistent messages about child wellbeing.

- **Addressing the needs of children through a 'family-centred approach' works:** This evaluation learned that parents and caregivers value - and feel more supported by - services that consider children in the context of the family and community.

Box 4: Lessons learned from the CPC in Garissa

The CPC in Garissa was closely linked to the rescue centre, with staff working across both services and additional staff being seconded from local government to boost human resources. All staff were either national or county-appointed government officers, so their salaries and some other costs were covered. Because the rescue centre was receiving funding on a quarterly basis, this had a positive knock-on effect for the CPC and led to more predictable and consistent service provision.

The CPC was successful in developing partnerships and coordinating services with medical facilities and civil society organisations specialised in legal support. This increased the range of services offered by the CPC, the timeliness of referrals and the quality of case management processes. Being able to access and leverage other existing services was considered to be an effective way of maximising resources available at the country level.

6. Recommendations

This section of the report articulates a set of recommendations for strengthening and scaling-up the CPC model in Kenya. The recommendations stem directly from the findings and conclusions presented in earlier sections and are intended to guide stakeholders as they deliberate the next steps.

Throughout the evaluation process, the report authors presented the core findings and conclusions to the DCS, UNICEF and the Reference Group. In this way, national child protection experts have had an opportunity to reflect upon the implications of the review findings and have shaped and prioritised the recommendations.

Of course, decisions about the design and delivery of the child protection system rest with the Government. However, the learning from this evaluation is that if certain pre-conditions are met, and sustained support is guaranteed, the CPC model has the potential to deliver improved protection outcomes for children. Moreover, the model also demonstrated a high degree of success in promoting an intersectoral response, corresponding more closely to and able to address the broader wellbeing of children and families.

1. Macro-level recommendations for the Government and development partners

- **Implement CPC as a "concept":** The concept of a "one-stop-shop" could be realised by building on the existing child protection structures and systems at national, county, sub-county, and community levels. At the current time, the notion of the CPC is constrained to a "physical building". In the future, the model should be reimagined more broadly as "enhancing service provision". This would facilitate a more open exploration of how the model could be adapted to deliver services in an optimal way based upon an assessment of individual county contexts.

- **Develop an action plan for the nationwide roll-out of the CPC model:** If the CPC model is to become a cornerstone of the child protection system, it needs to be underpinned by the Theory of Change. Stakeholders, led by the Government, should work together to develop a coherent and achievable action plan, avoiding ad hoc processes and measures that have so far characterised the implementation of this model.

- **Embed the CPC in existing local child protection structures and systems:** The action plan should elaborate on how existing welfare structures and systems integrate the CPC. This decision is essential to avoid establishing parallel and duplicative systems that are likely to cause confusion and tension between actors. At the time of the evaluation, the most obvious solution would be to incorporate the CPC under the responsibilities and oversight of the SCCO. The mandate of county governments to support the CPC should be further explored and clarified, especially in terms of providing human and financial resources. For example, decisions should be made about whether or not the AAC should assume a more prominent role in the child protection system, including the CPC.

- **Cost the action plan:** The previous phase has highlighted the kinds of financial investment that needs to be made to establish and maintain the CPC. On this basis, it should now be possible to

develop a costed model for the CPC at the county level. The costing should take into account consider the direct resources for the management of the CPC, but include other less visible costs associated with the vital activities in the communities. The county-level costing will likely determine the overall investment required to roll-out the model nationwide. With a clear understanding of the financial requirements, the Government will be able to reprioritise existing funding and source new funding as necessary. Once the budgetary implications are clarified, the Government can determine a realistic timescale for the incremental roll-out of the CPC.

- **Undertake fiscal space analysis to ensure the roll-out of the CPC model is based on a realistic and predictable assessment of resources:** To remain operational, a CPC requires predictable and sustained resourcing. In the short term, the Government may continue to rely on development partners for establishing CPC but, eventually, the Government will need to commit to taking over the costs associated with establishing and maintaining the centres.

- **Conduct advocacy and awareness about the benefits of the model for child protection with decision-makers across government and development partners:** The long-term success of the CPC model is contingent upon government ownership and leadership. The Government has the power to bring together different stakeholders in support of the model and to share financial or technical expertise. Government leadership will also give development partners the confidence to invest in the further roll-out of the model. It will be necessary for this advocacy effort to take place at both the national and county level. A concise advocacy brief for government officials (national and county) and donors will be developed based on the findings of this evaluation.

- **Engage allied sectors in the roll-out of the model:** As a service hub, the CPC were successful in promoting and integrating child welfare and protection services with other sectors such as health, education and social protection. If the CPC model is reoriented to promote broader child and family wellbeing, this should increase the number of government departments, civil society organisations, and other development partners which are willing to support the national roll-out. Including more partners will also help with resource mobilisation and streamlining staff roles. The advocacy brief will also be designed for engaging other allied sectors.

- **Ensure that existing CPC remain operational:** Efforts to generate support for and expand the roll-out of the model will be enhanced if the current CPC remain functional and are strengthened in line with the findings and recommendations of this report. Advocacy, awareness-raising and other actions will benefit if some ‘pilot’ or ‘model’ sites can demonstrate the advantages and positive outcomes of their services. In this way, they will be able to share lessons learned and present good practices for new CPC to adapt or replicate.

2. Operational considerations for the Government and non-government stakeholders

- **Implement the CPC as an approach and concept through building on the existing child protection systems** at national, county, sub-county, and community levels.
    - Restructure the role of the SCCO to be able to absorb the additional function of overseeing the work of the CPC. This adaptation would require supplementary human and financial resources.
    - Strengthen outreach activities by the supplementary allocation of human and financial resources.
    - Develop clear stakeholder Standard Operating Procedures (SOP) for case referrals, integration of service provision, maximising opportunities for pro bono legal and psychosocial counselling, and resource mobilisation.

- **Establish a National Steering Committee and technical working group:** The Government should create a ministerial-level Steering Committee and a supporting technical working group to facilitate the roll-out of the CPC. These bodies should comprise government staff, civil society organisations, NGO partners and others with the required decision-making powers and skills to guide stakeholders on how to establish, manage, monitor and coordinate the operations and activities of the CPC. For example, the Steering Committee could lead on issues relating to the legal and regulatory framework and human and financial resources while the technical working group could supportg the successful dissemination of the new standardised 'Guidelines for Child Protection Case Management'. At the county level, technical issues could be explored within the existing functions and structures of the AAC.

- **Improve monitoring, evaluation and information management systems:** The CPC model has the potential to link the national level of the child protection system to service provision in communities. To ensure a more efficient flow of information, the Government should introduce or strengthen more effective monitoring and evaluation systems. The CPC model has the potential to act as a hub for generating lessons about the functionality and effectiveness of the child protection system. For example, CPC can provide feedback on the impact of laws, policies, guidelines, as well as coordinate capacity building and human resource management initiatives. This could be achieved by strengthening the use of the existing Child Protection Information Management System (CPIMS) for effective monitoring and generating lessons on the impact of different system strengthening initiatives.

- **Develop a costed CPC model/ expanded sub-county children office:** A costed model would be helpful in many ways. It would give actors at different levels an insight into the kinds of investment that would be required to establish and maintain a county-level CPC. In this way, decisions could be made about how to adapt the model to fit the resource context of each county and thereby make decisions about how best to implement the concept (e.g. establishing a physical CPC or integrating the concept into existing structures for service provision).

3. Local-level implementation and roll-out of the CPC

- **Adopt a participatory and collaborative approach to designing the CPC:** The CPC model is more likely to be successful if county-level stakeholders and potential beneficiaries are consulted about the kinds of services they require, as well as the best way to deliver that assistance. Giving local authorities, service providers, community leaders, and children and families a voice in decision-making is likely to build trust and ensure a higher uptake of services. Time should be allocated in the set-up phase for dialogue and participatory consultation.

- **Strengthen linkages with the community:** Even though almost all the CPC have created ties to community structures, engagement with all community sub-groups, not only the community leaders and adults, would help to build trusting relationships. Most of the community engagement platforms used the existing *Baraza,* which, to some extent, is not highly inclusive. It appears to be more challenging to reach young people than adults; as a result, youth in the community had less information about the centres.

- **Expand outreach capacity and link it to local level resources:** Because the outreach services appeared to be successful and appreciated, the model should generally integrate outreach activities into their operations. The CPC should be embedded within the existing community and sub-county structures and systems rather than operating in isolation. To this end, staff should strive to create effective working partnerships with teachers, health workers, child protection volunteers, police, and other relevant actors to expand the depth and scope of outreach work.

4. Human resource development

- **Develop a national human resource strategy to accompany the NPA:** Human resource issues will feature as a component of the costed NPA to roll-out the CPC model, but it is also advisable to elaborate a detailed human resource development strategy to accompany the NPA. As part of an anticipated nationwide roll-out, the Government should lead the development of a strategy for expanding and building the capacity of the human resource sector for child protection. Ideally, this strategy should not be confined to the staffing of the new expanded SCCO or CPC but instead applies to the child protection system more widely.

- **Review and update the National Standards of Operations for Children Officers-NSOP-CO:** The Standards of Operations for Children Officers-NSOP-CO should be updated to reflect more recent developments in the child protection system and the findings of this evaluation. In addition to clarifying roles and responsibilities, a competency framework for staff should be developed in line with recognised global practices for strengthening the social service workforce for protecting children, such as the UNICEF's 'Guidelines to Strengthen the Social Service Workforce for Child Protection' (2019).

- **Build upon existing staff at the county level:** For the expanded SCCO to function effectively as demonstrated by the CPC model, staff from government agencies and partner organisations should work in a complementary way. To establish harmonised and coherent patterns of working, the Government should align functions and duties, maximising the skills of what will likely remain a relatively small pool of staff. Capacity-building initiatives should be conducted jointly with other sector staff. This will ensure a uniform understanding of the CPC approach and collective ability

to implement the policies and guidelines for doing stakeholder mapping, undertaking outreach and case management functions, and for sharing information, as appropriate.

- **Develop a 'community of practice' related to the CPC model:** Child protection actors connected with the new expanded SCCO should be encouraged to form county and inter-county communities of practice. They should be encouraged to share their experiences and learning and identify ways to support efforts at different levels of the child protection system.

Box 5: Putting the recommendations into practice

To assist decision makers as they engage with the findings and recommendations of this evaluation, the most essential next steps are summarised below. Although all the recommendations should eventually be considered, some areas can be prioritised in the short to mid-term, especially those that address the context or pre-conditions for the others to be successful.

Phase I

- Conduct advocacy and awareness about the benefits of the model for child protection with decision-makers among government and development partners.
- Secure funding so that CPC remain operational and are strengthened in line with the recommendations of the evaluation. Having functioning CPC will strengthen the other steps outlined below.
- Develop a costed action plan, based on a Theory of Change, to support national roll-out of the CPC model.
- Develop a resource mobilisation strategy to ensure roll-out of the CPC model is based on realistic and predictable resources.
- Establish a national ministerial-level Steering Committee and a technical working group chaired by the Department of Children's Services to oversee the roll-out and implementation of the CPC model at county and sub-county level.

Phase II

- Review and update the SOP/Guidelines for the CPC model based on the evaluation report recommendations.
- Build upon existing staff at county level – both government and non-government – and develop their capacity to work in an intersectoral and holistic manner.
- Improve monitoring, evaluation and information management systems.
- Establish a multi-sector working group to oversee implementation of the costed action plan.

Annex I: Terms of Reference

Evaluation Title: A Formative Evaluation of Child Protection Centres to Prevent and Respond to Violence, Abuse and Exploitation of Children in Kenya

Type of Evaluation: Formative

Location: Nairobi Kenya with field visits to Kilifi (Malindi), Nakuru, and Garissa counties

Duration: 4 Months during the following period 15 December 2018 - 30 April 2019[72]

Background and Context

Over 75% of children and adolescents in Kenya experience one or multiple deprivations of their rights. Over two million are orphans, one in three girls have experienced sexual violence in their childhood and 73% of boys have experienced physical violence (Kenya National Violence Against Children Study, 2010). In some communities, up to 94% of girls have undergone female genital mutilation, and almost one in four (22.9 %) girls get married before the age of 18 (Kenya Demographic and Health Survey, 2014). An estimated 43,000 children are living in residential care facilities known as charitable children's institutions.

The Child Protection System and the capacity and reach of the social service are weak. UNICEF, therefore, supports the Government of Kenya to strengthen various components of the child protection systems for children and their families in need of care and protection to have greater access to services. One of the approaches is to support the Government to establish and expand Child Protection Centres (CPC), Gender-Based Violence Wellness Centre, the national Child Help Line 116.

A CPC is a community resource centre that offers comprehensive child prevention and response services for children and their families who need care and protection at the county level. These include the rescue of abused children or those at risk of abuse and other forms of violence, counselling of individual children as well as families, family assessment, family tracing, reintegration, and rehabilitation, placement in alternative family care as appropriate, provision of legal aid, referral to other services, including to health providers as needed. The CPC also has an outreach component that targets the community with services and awareness-raising activities on violence, abuse, and exploitation of children.

The Child Protection Centre model is a key component of the wider child protection system for Kenya. Given limited capacity and reach of the child protection system, the centres allow for greater access to children and enhance services available at the county level. At the same time, the CPS also generate child protection data which can be used to inform programmes. The CPC operate in a cross-sectoral manner, engaging various branches of the local government as well as civil societies. This multi-agency approach to expand the scope and reach of the child protection system ensures that the key agencies, with their specific roles to safeguard and promote the welfare of children work in a more

[72] The evaluation began in February 2019 due the recruitment process running into the new year and will end in May 2019.

coordinated and complementary manner. The CPC service model has an over-arching emphasis on family and community-based care and support.

When the CPC model was developed, a Theory of Change was not officially formulated. Therefore, it is expected that this evaluation will feed into a Theory of Change which would guide further scale-up of the model. However, the assumption for the CPC is that if the children, community, parents, community are aware of the forms of violence and its negative impacts on the development and wellbeing of the children, then they will be able to identify violence, abuse and exploitation at an early stage and then will be able to report and respond, and if the CPC provide required services from a one stop service centre, the survivors and the families will be encouraged to report, and seek help that will ensure perpetrators are punished and ultimately will help reduce/end violence against children.) The CPC contribute to the implementation of the relevant provisions on violence, abuse, and exploitation of children of the Convention of the Rights of the Child (CRC) which has been ratified by Kenya. The interventions carried out by the CPC contributes to the achievement of the Sustainable Development Goals, including Targets 5.2, 5.3, 16.1, 16.2).

Currently, there are four CPC in the country: in Malindi, Garissa and Nakuru towns which were established in 2012, 2014 and 2015 respectively by the Department of Children Services (DCS) with financial and technical support from UNICEF and run by implementing NGO partners under DCS leadership. The CPC in Nairobi has been established by AMREF Health Africa and is entirely run by this NGO. UNICEF is committed to supporting the DCS to expand Child Protection Centres in other counties. The Child Helpline (116) will be more strongly linked with the CPC to strengthen the reporting and corresponding services through case management. UNICEF continues to support the Child Helpline financially. Reliable and disaggregated information is available from project reports on the number of children who benefitted from child protection services at the Centres as well as the number of children, parents and community members reached with child protection messages through outreach activities and the number of duty bearers trained on identification, reporting and responding to violence against children. This data will be made available to consultants.

Purpose

This is a formative evaluation of the Child Protection Centre service model, which are one-stop service points piloted in four counties of Kenya. The evaluation aims at identifying the strengths and weaknesses as well as gaps of the model including its community outreach component when it comes to preventing and responding to violence against children. The evaluation will be based on standard DAC criteria, which is being done to inform the UNICEF implementation of the new CPD and intended to promote accountability to donor and partners and last by not least – children and families in concerned counties.

The intended audience for this evaluation is UNICEF Kenya Country Office and the Department of Children Services /Ministry of Labour and Social Protection, as well as other stakeholders and partners working in child protection in Kenya. Given the high interest of the Department of Children's Services to scale up the CPC model, it will be useful to take stock of the impact of the existing CPC and gather lessons learned with a view to guide and inform an expanded roll out of the model. The evaluation is also timely, as UNICEF Kenya has just transitioned into a new Country Programme cycle. The evaluation will provide crucial evidence for the planned scale up of this service model which a key component of the joint Government of Kenya – UNICEF workplan. The evaluation is also timely as it will feed into the 2019 midyear review and the 2020 CPD mid-term review.

Objectives of the Evaluation

The broader purpose of the evaluation is to contribute towards the needs of UNICEF and the Government of Kenya to generate learning to further strengthen performance in relation to prevention and response to violence against children. The evaluation will also generate evidence to inform future UNICEF and Government strategies and programmes in this area. The evaluation also aspires to improve accountability to end-users – girls and boys, mothers and fathers in counties that are currently benefiting from the CPC service model.

The evaluation will:

- Collect triangulated data on the effectiveness and relevance of the centres and - the prevention and response strategies when it comes to meeting the different needs of girls and boys who have experienced violence, neglect and/or exploitation.
- Assess the extent to which the CPC are integrated into the wider child protection system and how the CPC are contributing to strengthening child protection systems in Kenya?
- Make recommendations on possible mechanisms which would make systematic/regular impact assessment of end-users possible.
- Assess the sustainability and efficiency/cost effectiveness of the services provided through the CPC.

It is expected that the evaluation outcome will be a set of forward-looking conclusions and actionable recommendations for strengthening the government-led child protection service provision as well as the community-based outreach of the CPC as an integral part of child protection systems in Kenya. It is also expected that the evaluation will guide strategies to prevent and respond to violence, abuse, and exploitation of children in Kenya, including the new Response Plan on Violence against Children.

Evaluation Scope

The formative evaluation will cover the four existing CPC in Malindi, Garissa, Mombasa, and Nairobi. The evaluation will provide an assessment of the services at the time of the evaluation but will also consider how the service provision has evolved since the launch of the first CPC in 2012. The evaluation will put special emphasis on assessing how the Child Protection Centre model contributes to the wider aspiration of the Government of Kenya and UNICEF to strengthen the overall child protection system and to increase county level child protection service delivery. While the CPC were initially launched during the 2014-2018 country programme cycle, the evaluation will have a forward-looking approach and consider how the assessment can support the implementation of the current, 2018-2021, Country Programme Document. It is expected that the evaluation will also make recommendations regarding how CPC would fit into the new Violence against Children Response Plan which will be drafted in 2019. Gender perspectives will be considered throughout the evaluation process, e.g. in terms of the relevance of services for boys and girls, and whether there are any differences based on gender in this respect.

The immediate and longer-term impact of the services on individual children and families is not within the scope of this evaluation. However, it is expected that the Consultants make recommendations regarding specific mechanisms or procedures that can be put in place to ensure that data on impact could be regularly collected.

Evaluation Framework and Questions

Relevance/Appropriateness

- To what degree has the CPC model addressed the on-going and emerging needs for protection of children against violence?
- Are the services provided relevant to boys and girls of different ages, as well as mothers and fathers?
- What are the perspectives of the end-users on the relevance of the services?
- How are they aligned with national plans and priorities?
- How well do the CPC strategies and interventions correspond to the global child protection normative frameworks and strategies, UNICEF Kenya child protection strategy and the relevant goals set out in the Country Programme Document (CPD) of 2014-2018 and 2018-2022?
- Do programmes within the CPC include monitoring, review, and evaluation mechanisms to maintain and sharpen programme focus and relevance through effective feedback? Do these mechanisms and procedures sufficiently address concerns for accountability to affected populations?
- To what extent have child safeguarding been considered in the programme design and what mechanisms or protocols exist to ensure children are safe?
- What measures or procedures are in place to promote accountability to clients and to seek feedback from children, families and wider communities on the services provided through the CPC?

Effectiveness

- How successful has the CPC model been in strengthening national child protection policies and systems to prevent and respond to violence against children? What were the key contributing factors to effectiveness, and what are the bottlenecks and barriers that need to be addressed and how? What are the different perceptions of community members on the effectiveness of the services/?
- To what extent are services and interventions to prevent and respond to violence against children meeting required standards (to be defined during the inception phase based on document review)? Where services meet standards, what factors have contributed to this achievement? Where quality is poor, what are the key bottlenecks/constraints that need to be addressed in order to improve quality standards?
- What has been the outreach interventions to the target communities and to what extent have these been effective to mobilize the community to prevent, identify, report, and respond to violence against children?
- Have mechanisms been put in place to measure, monitor, record and report quality and results? Have the CPC used evidence on quality and results to reinforce success or address shortcomings?

Programme Efficiency

- How adequate and predictable is the funding allocated for programmes implemented through the CPC? How well were the funds utilized across various strategies and interventions? Based on a basic analysis of cost, what conclusions can be drawn regarding “value for money” and

cost related efficiencies in programme implementation, considering the planned scale up of the model?
- Are enough human resources available to provide VAC prevention and response services within the CPC to address prevention and response of violence against children? How adequate are the capacity and competencies of staff at the CPC?

Programme sustainability and scale-up

- Have considerations of sustainability (social, institutional, financial) been integrated in the design and implementation phase of the CPC model, including measurable criteria or indicators?
- To what extent are the strategies and interventions to prevent and respond to violence against children within the CPC model likely to continue beyond the point when external support is withdrawn?
- Do programmes within the CPC include exit strategies or other management strategies aimed towards sustainability? Do UNICEF efforts to build national capacity match requirements for sustainable service delivery?

Partnerships, coordination, and connectedness

- How effectively has the work on preventing and responding to VAC prevention and response within the Child Protection Centres been coordinated with other sectors and partners notably with health, education, HIV and AIDS, and legal/law enforcement? What were the key factors for effective coordination? What were the bottlenecks, and how could these be addressed?
- To what degree and how effectively have partnerships (Governments, UN system, donors, INGOs, private sector, academia, media) been mobilized in a manner which contributes to CPC programme coverage, effectiveness, and efficiency?

Methodology

The evaluation design will use mixed methods combing and integrating both quantitative and qualitative data collection tools to complement each other, with more emphasis on the qualitative data collection. The research will begin with an Inception Phase including a review of the relevant programme documents and progress reports.

a. Inception phase

An inception report will be prepared, setting out the final scope, design, and methods to be used, including data sources and analytical tools, in line with UNICEF corporate guidance (GEROS) on evaluation inception reports. The evaluation methodology including a detailed evaluation framework, interview questions and focus group scripts, will be developed during the inception phase based on scoping of the work and exploration of possible approaches that will yield credible and timely evidence.

Detailed evaluation planning will include document review and interviews with key stakeholders including the implementing partners of the CPC to facilitate preparation of the inception report. The analytical framework will involve identifying and examining short, medium, and long-term outcomes

as this would allow generating evidence on processes and intermediate outcomes where long-term outcomes and impact assessment is infeasible.

Analysis at programme level will be undertaken to understand how far activities have been guided and driven by the Child Protection System strengthening approach of the Government from national to the county level as well as UNICEF Kenya Child protection strategy.

b. Methods and approach

The research design will use mixed methods combining and integrating both quantitative and qualitative methods. Quantitative data will be gathered from existing data currently collected through the CPC, and possible surveys based on the proposed methodology. This will be complemented by qualitative interview techniques to answer more complex questions and provide tacit and comprehensive knowledge. Data gathering should go beyond the assessment of programme objectives or performance indicators, to uncover unexpected (i.e. intended or unintended effects) results and the reasons for those results. Need for triangulation would be equally important in all phases of the evaluation including verification of information sources and deriving findings and conclusions and proposing the way forward. The data collection phase will be guided by ethical considerations in using the following data collection methods:

i. Desk review of secondary data and documents
ii. Interview with key informants
iii. Field Observation and Focus Group Discussion
iv. Use of surveys

Key documents for the desk review include The Kenya Child Protection System Mapping and Assessment (2010), and the Child Protection System Framework of the Government of Kenya. It will also draw on the Violence Against Children Response Plan developed following the first-ever Violence Against Children Study in Kenya in 2010 and will seek to inform the new Response Plan currently being drafted. The evaluation will also draw on the child protection strategy of UNICEF Kenya, as outlined in the country programme document (2014-2018 and updated in the 2018-2022 CPD). The evaluation will review the project progress reports submitted by the implementing partners during the project and the end of project reports.

Work plan and deliverables and management

Outputs/ Deliverables	Number of days	Est. Date Due	Payment Schedule
Inception Phase: Approved inception report including the following		15 January 2019	30 % of payment
Rapid Literature review	15 days		
Detailed evidence-based methodology for the research design and timeline			
Following feedback, modify and finalize the work plan, protocol, and timeline.			
Inception workshop with UNICEF and Government relevant department			
Development of tools for primary data collection			
Data Collection		28 February 2019	30% of payment
Data Collection in Nairobi, Nakuru, Malindi, and Garissa	45 days		
Data collation and data processing			
Preliminary Report			
Validation and Documentation		15 April 2019	30% of payment
Validation workshop of preliminary findings	30 days		
Final evaluation and implementation research report (with an executive summary) on Phases based on feedback received on draft report (maximum of 40 pages of substantive report)			
Policy brief and dissemination		30 April 2019	10% of payment
Draft policy brief with summary of findings (max 6-8 pages)	15 days		
Submit dissemination plan			

Ethical considerations

At the core of the ethical principles to be followed during the evaluation is to ensure doing no harm to children, parents, or other participants in the evaluation. Depending on the suggested methodology, evaluation team, in consultation with the Reference Group, is to decide whether ethical clearance needs to be sought. The following general considerations apply:

- Participation in the interview should be voluntary and based on informed consent. Prior to conducting any interviews/discussion written and/or oral consent must be obtained from all respondents, after the purpose of the study has first been explained to respondents in a language of their understanding.
- In the case of child participants, consent is to be sought from either the parents or guardians prior to selecting for any interviews – where such consent is not deemed to be contrary to the best interests of the child.
- Participants/respondents will be informed of their right not to answer any questions they are not comfortable with and to terminate the interview at any time they deem fit.
- Confidentiality and anonymity regarding the data collected from the participants must be ensured through the following means: safeguards to ensure confidentiality during data processing and reporting which means not making or implying precise references to study participants or statements made by any participants.

Management and conduct of evaluation

The Chief of Child Protection Section of UNICEF Kenya will manage the evaluation. The chief of P&E will provide guidance as and when required for technical issues related to the evaluation through the Kenya Country Office (KCO) Research, Evaluation and Monitoring Group. A Reference Group will be formed comprising of members from UNICEF KCO, relevant government ministries and representatives of implementing partners. This Reference Group will guide the research and oversee issues such as data ownership and intellectual property. The group will include experts from UNICEF Regional Office.

Consultant selection criterion

The evaluation procedure will focus on both technical and financial suitability. The weights of 80% and 20% shall be applied for technical and financial compliance, respectively. Only firms scoring at least 70% of the maximum score during technical evaluation will be considered for financial evaluation.

	Technical evaluation
Main Criteria	**Sub Criteria**
Relevant evaluation capabilities and quality of evaluation outputs	Evidence of in-depth knowledge of the key issues and concepts underpinning this evaluation, VAC and child protection systems strengthening programming, as well as demonstrated thorough understanding of the ToR and deliverables, with explanation of a fully tailored and innovative approach for this evaluation
	Credible overall approach to the evaluation, particularly the 'impact/outcome and output statement' definition, detailing use of quantitative and qualitative methods

	Total 20 points
Suitable methodology for responding to the programme requirements	Quality of the proposed approach and methodology
	Quality of proposed implementation plan, i.e. how the bidder will undertake each task
	Total 40 points
Appropriate personnel and networks to deliver results	Skills and capacity of lead consultant and team members to deliver an effective evaluation programme focusing on Violence against children and child protection system strengthening including expertise of evaluation methodologies, evaluation synthesis
	Expertise in conducting evaluations in child protection sector
	Expertise in conducting quantitative and qualitative analysis and impact evaluation
	Total 20 points

Evaluation team

- Qualified institutions (consultancy firms, evaluation institutes, universities, individual consultants) will be invited to assemble a team to conduct the evaluation. The consultant team should have skills in child protection programming and research.
- *Key skills required of **consultant** team include*:
- Masters (required) or Advanced Degree (Ph.D. desirable) in monitoring and evaluation, statistics, child protection, social sciences, or another related field.
- At least 10 years of progressively responsible professional work experience at national and/or international levels in conceptualizing, designing, and implementing evaluations and/or research of large-scale child protection programs in developing countries, including experience with both quantitative and qualitative research methods.
- Practical experience in working with children and young people or demonstrated experience in conducting evaluations/studies involving children.
- Strong expertise in gender and human rights-based approaches to evaluation and issues of child safeguarding
- Must be committed and willing to work in a challenging environment and able to produce quality work under limited guidance and supervision.
- Good communication, advocacy, and people skills. Ability to communicate with various stakeholders and to express concisely and clearly ideas and concepts in written and oral form.
- Language proficiency: Fluency in English is mandatory; good command of Kiswahili is desirable.
- Superior drafting skills and ability to produce a report which is reader friendly and print ready.
- Proficiency in various MS Office applications (Excel, Word and PowerPoint, statistical package such as SPSS or SAS).
- The institution/individuals will be responsible for the administrative management of the evaluators taking part in field work. UNICEF will have no liabilities in terms of provision of transport or insurance.

Annex II: Timeline for the development of the child protection system in Kenya

Timeline for the development of the child protection system in Kenya[73]

▪ **1990:** Ratification of the Convention on the Rights of the Child
▪ **The mid-1990s**: Process to develop a child protection system for Kenya starts, led by the Coalition on Child Rights and Child Protection
▪ **2000:** Kenya became a signatory in 2000 to the Optional Protocol on the sale of children, child prostitution and child pornography and ratified the African Charter on the Rights and Welfare of the Child, the Hague Convention on Inter-Country Adoptions, the Palermo Protocol and the Millennium Declaration
▪ **2001:** The Coalition on Child Rights and Child Protection supported a call for the development of a proposal on the child protection system
▪ **2001:** Children Act developed, including the establishment of National Council of Children's Services (NCCS)
▪ **2002:** Acceded to the Optional Protocol on the involvement of children in armed conflict in 2002
▪ **2007:** Save the Children Finland conducted a study on Violence against Children in Kenya in
▪ **2008:** NCCS revive the process of establishing the child protection system
▪ **2008:** Assessing guardianship, foster care, adoption, residential care and tracing and reintegration practices in Kenya
▪ **2009:** NCCS and other stakeholder adopt the recommendations of the report, "Accelerating work with Children in Kenya: Towards the Formulation of a National Child Protection System".
▪ **2009:** Mapping to identify the strengths, weaknesses, and opportunities for strengthening the child protection system.
▪ **2010:** The new Constitution of Kenya (Article 53) recognizes the need for addressing child protection issues.
▪ **2010:** First CPC opened in Malindi and had to date provided quality and integrated services to 27,607 children (51% girls).
▪ **2011:** Knowledge, attitudes, and practices baseline assessment on child protection issues in 7 districts
▪ **2011:** The Framework for the National Child Protection System for Kenya document produced
▪ **2011:** County Child Protection Systems Guidelines, spells out an agenda for "coordinated action at the county level and provides work practice direction for all formal and informal actors."
▪ **2012:** Situation analysis of children in the justice system
▪ **2012:** Gap assessment of the social welfare workforce
▪ **2013:** Costed response Plan to VAC (2013-2018) provides an alternative means to strengthen the child protection system
▪ **2013:** Analysis of community-based child protection mechanisms and their linkages to the wider child protection system
▪ **2014:** Second medium-term plan in support of Vision 2030 recognized child protection as an area of intervention.
▪ **2014:** Children Act Amendment Bill validated
▪ **2015:** Taking Child Protection to the Next Level – Case study on the child protection system in Kenya
▪ **2017:** DCS host workshop to develop operational standards for CPC
▪ **2018:** The Kenyan Children's Bill (awaiting enactment)

[73] Ibid.

Annex III: Approval for the formative evaluation

AFRICA INTERNATIONAL UNIVERSITY

Committed to His mission
Connected to His world

June 14, 2019

Florence Odhiambo (PI),
African Research and Development (ARD)
P.O Box 50082-00100,
Nairobi, Kenya

RE: APPROVAL OF RESEARCH: FORMATIVE EVALUATION OF CHILD PROTECTION CENTRES (CPCS) TO PREVENTION AND RESPONSE TO VIOLENCE, ABUSE, EXPLOITATION AND NEGLECT: *AIU/IERB/EXT005/2019*

Thank you for submitting your research proposal to the Institutional Ethical Review Board (IERB) at AIU, your proposal has been approved. The approval period is from June 14, 2019 to June 14, 2020 and is subject to compliance with the following requirements:

i. Only approved documents(informed consents, study instruments, advertising materials etc) will be used.
ii. All changes (ammendments, deviations, etc) will be submitted for review and approval by the IERB before implementation.
iii. Death and life threatening problems and severe adverse events or unexpected adverse events whether releated or unrelated to the study must be reported to the IERB Committee immediately by telephone, followed by email within twenty four (24) hours after the PI becomes aware of the event.
iv. Any changes anticipated or otherwise that may increase the risk or affect the saftey or welfare of study participants and others or affect the integrity of the reserch must be reported to the IERB committee immediately.
v. Request for renewal must be submitted to the IERB at least 60 days prior to the expiry of the approval period. A comprehensive progress report must be submitted with renewal request.
vi. An executive summary report must be submitted to IERB within 90 days upon completion of the study. This information will form part of the database that will be consulted in future when processing related research studies so as to minimize chances of study duplication and/ or plagarism.
vii. The IERB shall have the authority to suspend or terminate ethical approval for Student, Faculty or Staff research where it is the IERB's findings that the research is not being, or can no longer be conducted in accordance with provisions of the approved protocol.
viii. External (to AIU) research studies
    a. The external research PI shall follow the IERB approved proposal without deviation.

P.O. Box 24686 00502 Karen Nairobi - Kenya | TEL: +254-(0)20-260 3663, 0715-247540 | Admissions hotlines: 0725-841885:
Email: pr@africainternational.edu | Web: www.aiu.ac.ke

b. The external research PI shall submit their final research product to the IERB Office.

c. A monitoring and evaluation report will be prepared by the ISAR (M & E desk) and submitted to the IERB Office.

d. The IERB Office will prepare a final review report, providing comments of satisfactory completion or unsatisfactory completion. Unsatisfactory final research product would include non-compliance with the IERB approved research proposal.

e. The final review report will be sent to the ISAR Office, the PI, and the research sponsor for determination.

Please do not hesitate to contact the undersigned for any queries or clarification.

Yours faithfully

Africa International University (AIU)
P. O. Box 24686 - 00502
Nairobi KENYA

Dr. Joash Mutua
Chair, AIU-IERB Committee

Annex IV: Team roles and responsibilities

Name	Roles and Responsibilities	About
Padraig Quigley	Strategic leadership of the evaluation Quality assurance of all aspects of the evaluation Lead on the design of the methodology Ensure the highest ethical standards are maintained	Over 20 years' experience of child protection and international development Male Based in Maputo, Mozambique
Pia Vraalsen	International evaluator Co-lead on delivery of the evaluation in-country Lead on inception mission Support the design of the methodology and tools Team 1 management Co-lead the field data collection Contribute to data analysis and report writing	15 years' experience in child protection. Female Based in Nairobi, Kenya Extensive experience in qualitative data collection with vulnerable children, families, and communities.
Josh Chaffin	International evaluator Co-lead on delivery of the evaluation in-country Support the design of methodology and tools Team 2 management Co-lead the field data collection Contribute to data analysis and lead report writer	Over 15 years' experience in child protection Male Based in New York, USA Extensive experience in qualitative data collection with vulnerable children, families, and communities.
Ken Ondoro	Lead national evaluator Responsible for overall coordination and liaison with representatives at research sites Contribute to the design of methodology and tools Participate in the field data collection Lead on organising translation and interpretation as required	Over 10 years of experience Male Based in Nairobi, Kenya Highly experienced in designing and conducting participatory research pertaining to child protection with children and communities including in Nairobi, Kilifi, Malindi and Garissa.
Florence Odhiambo	National evaluator Responsible for overall coordination and liaison with representatives at research sites Participate in the field data collection Lead on organising translation and interpretation as required	Over 10 years of experience Female Based in Nairobi, Kenya Experienced in qualitative and quantitative research and statistical analysis.

Annex V: Data collection manual

Data Collection Manual

Formative evaluation of Child Protection Centres to prevent and respond to violence, abuse, and exploitation of children

February 2019

Child Frontiers Ltd.

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65-67 Bonham Strand East
Sheung Wan, Hong Kong

Child Frontiers is a registered company (No 1275515)

Background and rationale[74]

Over 75% of children and adolescents in Kenya experience one or multiple deprivations of their rights. Over two million are orphans, one in three girls have experienced sexual violence in their childhood and 73% of boys have experienced physical violence (Kenya National Violence Against Children Study, 2010). In some communities, up to 94% of girls have undergone female genital mutilation, and almost one in four (22.9 %) girls get married before the age of 18 (Kenya Demographic and Health Survey, 2014). An estimated 43,000 children are living in residential care facilities known as charitable children's institutions.

The Child Protection System and the capacity and reach of the social service is weak. The Government of Kenya is undertaking various activities to strengthen various components of the child protection systems for children and their families in need of care and protection to have greater access to services. One of the approaches is to support the Government to establish and expand Child Protection Centres (CPC), Gender Based Violence Wellness Centre, the national Child Help Line 116.

A CPC is a community resource centre that offers comprehensive child prevention and response services for children and their families who need care and protection at the county level. These include rescue of abused children or those at risk of abuse and other forms of violence, counselling of individual children as well as families, family assessment, family tracing, reintegration, and rehabilitation, placement in alternative family care as appropriate, provision of legal aid, referral to other services, including to health providers as needed. The CPC also has an outreach component that targets the community with services and awareness raising activities on violence, abuse, neglect, and exploitation of children.

The CPC model is a key component of the wider child protection system for Kenya. Given limited capacity and reach of the child protection system, the centres allow for greater access to children and enhances services available at the county level. At the same time, the CPC also generate child protection data which can be used to inform programmes. The CPC operate in a cross-sectoral manner, engaging various branches of the local government as well as civil society. This multi-agency approach to expand the scope and reach of the child protection system ensures that the key agencies, with their specific roles to safeguard and promote the welfare of children work in a more coordinated and complimentary manner. The CPC service model has an over-arching emphasis on family and community-based care and support.

Currently there are four CPC in the country supported by UNICEF: in Malindi, Garissa and Nakuru towns which were established in 2012, 2014 and 2015 respectively by the Department of Children Services (DCS) with financial and technical support from UNICEF and run by implementing NGO partners under DCS leadership. The CPC in Nairobi has been established by AMREF Health Africa and is fully run by this NGO. The DCS is also managing several other CPC in addition to the four supported by UNICEF.

This is a formative evaluation of the child protection centre service model. The evaluation aims at identifying the strengths and weaknesses as well as gaps of the model including its community outreach component when it comes to preventing and responding to violence against children. The

[74] The background and rational section are taken from the terms of reference for the formative evaluation and will be replaced upon completion of the literature review write-up.

evaluation will be based on standard DAC criteria, which is being done to inform the UNICEF implementation of the new CPD and intended to promote accountability to donor and partners and last by not least – children and families in concerned counties. The methodology, guidelines tools have been designed to reflect the UN Evaluation Group (UNEG) ethical guidelines, UNICEF's revised Evaluation Policy, UNICEF Procedures for Ethical Standards in Research, Evaluation and Data Collection and UNICEF's Evaluation Reporting Standards.

The intended audience for the evaluation is the Department of Children Services /Ministry of Labour and Social Protection and UNICEF Kenya Country Office, as well as other stakeholders and partners working in child protection. The analysis and conclusions of this evaluation will inform the Government, particularly the Department of Children's Services, about the achievements and challenges experienced during the piloting of the service model since its initiation in Malindi in 2012. Before an appropriate and sustainable expansion of the service model can be planned, it is essential to evaluate its merits through a comprehensive analysis.

The broad objectives of this formative evaluation are to examine and evaluate:

(i) the design of the service model, particularly the extent to which is has been integrated into the national vision for protecting children, as well as the way it has been conceptualised within a wider set of social services for children and families.
(ii) the different components of the CPC, assessing their contribution to the overall package of support for children and families, with a special focus on gender equity and inclusion of marginalised groups.
(iii) the relevance of the CPC given the types of welfare and protection issues that children in these counties face.
(iv) the effectiveness of the CPC in meeting the needs of children at risk, being accountable to beneficiaries, and addressing specific protection issues.
(v) the efficiency of the CPC, the extent to which it represents 'value for money' and is being implemented in a cost-efficient way; and
(vi) the sustainability of the existing CPC and the viability of scaling-up the model throughout the country.

Areas of investigation

The evaluation will examine the principal factors for the successful implementation of the model (what worked) in order to replicate these, as well as learn more about factors that have hindered progress (what didn't work) and identify modifications or, if necessary, fundamental revisions to address challenges in future planning and implementation.

Overall questions to keep in mind

To what extent has the CPC met its objectives to date?

What more needs to be done to achieve the objectives of the CPC?

What is the best strategy for implementing the CPC model in different settings and as a national strategy?

What factors hinder or facilitate the delivery of relevant and high-quality services?

1. **The design of the service model, particularly the extent to which it has been integrated into the national vision for protecting children, as well as the way it has been conceptualised within a wider set of social services for children and families.**

   a) To what degree has the CPC model addressed the on-going and emerging needs for protection of children against violence? Has the model changed over time, and if so, why, and how?

   b) Are the services provided relevant and appropriate to boys and girls of different ages and to parents and guardians?

   c) Are services provided in line with national plans and priorities?

   d) To what extent do the CPC strategies and interventions correspond to the global child protection frameworks and strategies, UNICEF Kenya child protection strategy and the relevant goals set out in the Country Programme Document (CPD) of 2014-2018 and 2018-2022?

   e) How and to what extent does the CPC service model contribute to a.) county-level service delivery (e.g. health providers, education, justice, other country level social services, etc.); b.) strengthening of the national child protection system? And vice versa – how are the CPC adapting to initiatives and services provided by other county level actors (e.g. county social services, linking to social workers, health professionals, etc.)?

   f) How successful has the CPC model been in adapting to changes in national child protection legal and regulatory framework and other systems strengthening initiatives to prevent and respond to violence against children?

   g) Are CPC programmes monitored, reviewed, and evaluated on a regular basis? How? Are these means of gathering feedback enough from the perspective of beneficiary children, families, and wider community? Why/why not?

   h) To what extent has child safeguarding been considered in the programme design? What mechanisms or protocols exist to ensure children are safe?

2. **The different components of the CPC, assessing their contribution to the overall package of support for children and families, with a special focus on gender equity and inclusion of marginalised groups.**

   a. What were the key contributing factors to effectiveness and why?
   b. What are the bottlenecks and barriers that need to be addressed and how?
   c. What are the different perceptions of community members on the effectiveness of the services?

b) To what extent are services and interventions to prevent and respond to violence against children meeting required standards?
    a. Where services meet standards, what factors have contributed to this achievement?
    b. Where quality is poor, what are the key bottlenecks/constraints that need to be addressed in order to improve quality standards?

c) What outreach interventions have been undertaken? To what extent have these been effective in mobilising the community to prevent, identify, report, and respond to child protection issues (i.e. violence against children, abuse, exploitation, and neglect)?

d) Have mechanisms been put in place to measure, monitor, record and report quality and outcomes?

e) Have the CPC used evidence on quality and results to reinforce success or address shortcomings? If not, why not? If yes, how?

3. The relevance of the CPC given the types of welfare and protection issues that children in these counties face.

a) Do the programmes and services provided meet the needs of the beneficiaries? Why and how? Why not?

4. The effectiveness of the CPC in meeting the needs of children at risk, being accountable to beneficiaries, and addressing specific protection issues.

a) How effectively has the work on preventing and responding to child protection issues (e.g. violence against children, abuse, exploitation and neglect) within the CPC been coordinated with other sectors and partners, especially with health, education, HIV and AIDS, legal/law enforcement and other social service providers in the county? How are the CPC working with different residential care facilities when it comes to referrals and case management?
    a. What factors enabled effective coordination?
    b. What were the bottlenecks and how could these be addressed?

b) To what degree and how effectively have partnerships (Governments, UN system, donors, INGOs, private sector, academia, media) been mobilized in a manner which contributes to CPC programme coverage, effectiveness, and efficiency?

5. The efficiency of the CPC, the extent to which it represents 'value for money' and is being implemented in a cost-efficient way.

a) Do the CPC have adequate and predictable funding to run their programmes?

b) How well have funds been used across various strategies and interventions?

c) Has there been value for money? How cost-efficient have the CPC been in terms of programming and other costs?

d) Are enough human resources available to provide child protection issues (i.e. violence against children, abuse, exploitation, and neglect) prevention and response services within the CPC?
   - Are the capacities and competencies of staff at the CPC commensurate with the work that is and should be undertaken?

6. The sustainability of the existing CPC and the viability of scaling-up the model throughout the country.

a) Have considerations of sustainability (social, institutional, financial) been integrated in the design and implementation phase of the CPC model, including measurable criteria or indicators?

b) To what extent will the CPC be able to operate once there is no longer any external funding?

c) Do programmes within the CPC include exit strategies or other management strategies aimed towards sustainability? If not, why not? If yes, what are these strategies and do they work?

d) Do UNICEF's efforts to build national capacity match requirements for sustainable service delivery?

Ethical Considerations

Key Evaluation Principles

The ethical principles that underlie this evaluation aim to set high standards that will allow for trust to be established between the evaluation team and respondents, thus allowing respondents to answer questions openly and in a way that promotes the accuracy of the evaluation findings.

The evaluation approach is designed to minimise negative impacts to respondents and to maximise the potential benefits of participation. It will be based upon the following ethical principles and guidelines:

a) Group and individual reflection on the evaluation process and findings between the team members will be scheduled daily throughout the period of data collection and at set points in the process. Doing so will create space for the evaluation team to address any potential concerns about validity and allow for adaptations to be made, as necessary.

b) The evaluation team will consistently discuss potential language and literacy issues and devise strategies to ensure that participants clearly understand the questions that are being investigated and the methods used. Strategies might differ by community or respondent group and will be discussed in the initial stages of the evaluation in each of the four sites under investigation. A table of translated terms will also be developed by the evaluation team to ensure that key terms are translated in a consistent manner.

c) Fair subject selection. In engaging respondents for this evaluation, the team will develop clear selection criteria to ensure that respondents represent diverse socio-economic statuses, age ranges, varying levels of exposure to explicitly defined vulnerability factors, and – when appropriate – a variety of religious, ethnic, and social factors.

d) Protect respondents from harm. This principle seeks to ensure that all participants are protected from any potential emotional or physical harm that might occur as a result of their involvement in the evaluation and to protect their rights and interests.

Harm can arise from methods that cause participants to recall distressing experiences or feelings. Participants will not be asked to talk about personal experiences of violence or abuse.

The evaluation team will avoid asking insensitive questions or probing for information when participants would prefer not to answer.

Since participants' attitudes towards research or evaluation are shaped to a large extent by their perception of the purpose of the study and their expectations about what it will achieve, be careful to clearly explain the study objectives and what will be done with the information gathered.

It is important to emphasise the lack of immediate, tangible benefits to those participating in the evaluation and will not make promises to children, adults and communities, especially about future programmes or actions that might improve their situation.

Data collection activities will stop immediately if the discussion becomes distressing or upsetting to participants.

e) Remain objective. It is essential for all evaluation team members to remain as objective as possible. At all times evaluators will allow participants to express their own views and opinions and will not interrupt, make suggestions, or engage in personal debates about the views expressed.

Participants' responses will be recorded using the specific words that were used, regardless of whether you agree with the statement expressed.

g) All participation in the evaluation must be voluntary. Informed consent must be obtained from all participants. In this study, the team will be clear about who they are, the purpose of the evaluation, what will be done with the information that is collected, and any potential consequences of the evaluation. This information will need to be shared at the beginning of the data collection process, with adults, caregivers, and children, and then be continued, as necessary, at different points during the evaluation.

It is recognised that obtaining informed consent from children and adults is not a straightforward undertaking and, in some contexts, can be especially difficult. Several consent forms have been developed to support this process (see Appendices). The consent forms are available in English but can be translated in Swahili or other languages, as necessary.

For this evaluation we are using three different types of forms including:

- A written parental consent form for adults to sign on behalf of child participants
- Assent form for children to participate in the research (for males and females under the age of 18 years).
- Consent form for adult participants.

h) Respect for potential and enrolled participants. The evaluation team will respect and adhere to local codes of dress and behaviour. As an evaluator you will respect participants' points of view and will not criticise participants, or act as a teacher or instructor. All opinions are valid and must be respected.

Moreover, the evaluation team should always seek ways to minimise power imbalances between themselves and participants, particularly when working with children.

i) Confidentiality and data protection. At the outset of data collection, all participants will be informed that their answers will be kept confidential. Responses and comments will be summarised in the evaluation report, but on no occasion will respondents be identified by name or any other identifying characteristics aside from (approximate) age and gender. All interviews and group discussions will be conducted in a quiet, private setting without interruptions. Only the evaluation team and participants will be present on these occasions.

All information collected during the study will be kept strictly confidential and will not be shared except through the verbal or written dissemination of the findings of the study. Once assent and/or informed consent has been obtained, completed forms will be filed and stored securely. The notes of data collectors will not be shared outside the evaluation team.

j) Compensation. Respondents will not receive any monetary compensation for their participation in this study. However, in focus group discussions, refreshments may be provided. Where appropriate and necessary, compensation for transport costs may also be provided but the team will be guided by the normal procedures of the Department of Children's Services in this regard.

k) Avoid raising unrealistic expectations - Be clear about the purpose of the evaluation - to inform the government of Kenya about service provision through the CPC and get the views from children and adults about what they think needs to be done. This will lead to improvement in support provided to children and families but will take time and planning. The most important thing is not to make any promise that you are not able to fulfil – best to be open and honest.

Guiding principles for evaluation team members

Guiding principles for evaluation team members include:

- **A duty of care**: You should do everything in your power to ensure that participants are not put in danger or at risk of harm. Remember that your actions have consequences, perhaps long after you have left the community.
- **A duty to ensure the best interests of the child**: You have a responsibility to ensure that the involvement of children in the evaluation will not be detrimental to them in any way, either immediately, or in the long term. Remember that the evaluation process should be a positive experience for individual children and have beneficial consequences for children more widely.
- **A duty to respect participants**: The evaluation team members are visitors to the communities that you are gathering information from. always Remember to respect the dignity of participants and adhere to local culture and norms as best as possible.

Following the specific guidance below will help you to accomplish the principles above:

- Do respect traditional authority structures and consult as required by custom
- Do observe gender boundaries and expectations when working with girls and women
- Do work with children in open spaces and within the team group, ensuring that parents / caregivers know where their children are always
- Do be aware of the power balance and avoid taking any advantage this may provide; be aware that as a member of the evaluation team, your presence will often be temporary, and you should therefore avoid encouraging emotional or psychological dependency
- Do immediately report to the team leader the circumstances of any situation which occurs which may be subject to misinterpretation
- Do wear appropriate clothing and conduct yourself in an appropriate physical manner to avoid offence
- Do remember that participants are volunteering their valuable time and be both patient and courteous
- Do explain why you are taking certain actions, provide information about the consultation and its objectives and ensure that participants are genuinely freely consenting to participate
- Do acquire informed consent / the permission of participants. including children, their guardian and / or NGO responsible for the child as necessary
- Do create a culture of openness by respecting participants' wishes, ideas and views (do not judge even when you do not agree)
- Do be careful to keep all information and data confidential and safe, but in accordance with child protection procedures
- Do act when you suspect or know that a child is at risk or is suffering harm, in accordance with the child protection procedures.

Code of Conduct

All members of the evaluation team are required to read, sign, and abide by a Code of Conduct (see below). This applies to the full duration of time that team members are involved in the field-based data collection process and includes time not officially 'on duty'.

Evaluation team members should appreciate that they are in a privileged position to learn about the lives, perspectives, and experiences of the participants. With this role comes a set of expectations and responsibility to ensure that participants and their communities are not put at risk through the consultation process.

The Code of Conduct contains simple guidelines developed to help ensure that evaluators, colleagues, and participants are protected and have a richer, more purposeful, interaction. It is important for all data collection team members to familiarise themselves with the code of conduct and be able to follow it in practice.

Code of Conduct for Evaluators: Statement of Commitment

I hereby declare that I have read and understood the ethical protocol for this evaluation and the principles outlined below and any other relevant policies for engaging directly with children and that I will comply with the guidelines therein for the duration of this evaluation process.

I have a duty to ensure that no one is put at risk of harm as a result of their participation in this evaluation process. I have a responsibility to respect participants' views and experiences and to ensure that participation in the consultations is in every individual's best interest. I will do my utmost to ensure that participation in this process is a positive experience for all.

While associated with this evaluation, I will never:

1. Share the information acquired from any specific individuals who participated in the process with anyone outside the responsible team
2. Hit or physically assault any participant
3. Behave physically in a manner which is inappropriate or sexually provocative
4. Use language or offer advice, which is inappropriate, offensive, or abusive
5. Act in ways intended to shame, humiliate, belittle, or degrade participants
6. Act in ways that may place a participant at risk of danger, abuse, or exploitation
7. Act in ways which could be deemed coercive, exploitative, or abusive
8. Encourage children to act in ways that are illegal, unsafe, or abusive
9. Develop intimate physical/sexual relationships with participants
10. Invite a child participant to my room or to stay overnight at my home unsupervised, or sleep in the same room or bed as a child participant
11. Do things for children of a personal nature that they can do for themselves

I understand that failure to comply with this Code of Conduct may result in disciplinary action, including termination of my contract or other relevant response.

Name: Signature:

Date:

Respondent groups

The table below outlines the different respondent groups and the tools that will be used to illicit information and opinions during the data collection phase of the evaluation.

Note: Additional research sites may need to be added to facilitate the participation of communities further removed from the CPC – this would add additional data on both service use and effectiveness of outreach work. This feasibility of this will be raised in the inception report

Category of respondent	Data collection method	Tool No.	Sample size per CPC	Total no. of respondents
Key informants at the national level (Government, UNICEF, NGOs)	Semi-structured interviews	1		8
Girls aged 8-12 who have used or live within the catchment area of the CPC	FGD using participatory techniques	3	10 (1 group of 10 participants each)	40
Boys aged 8-12 who have used or live with the catchment area of the CPC	FGD using participatory techniques	3	10 (1 group of 10 participants each)	40
Girls aged 13-17 who have used or live within the catchment area of the CPC	FGD using participatory techniques	3	10 (1 group of 10 participants each)	40
Boys aged 13-17 who have used or live within the catchment area of the CPC	FGD using participatory techniques	3	10 (1 group of 10 participants each)	40
Children aged 8-12 with experience with the CPC is illustrative (or parent / guardian)	Testimonials	6	3	12
Parents / guardians of children who have used or live within the catchment area of the CPC	FGD	4	10 (1 group of 10 participants each)	40
Social welfare providers in the county where CPC is situated (including for example counsellors, teachers, social service providers, social workers, staff of care homes and rehabilitation centres, etc.)	FGD	5	10 (1 group of 10 participants each)	40
Senior staff of CPC and relevant county and district-level officials	Semi-structured interviews	2	3	12

CPC standards	Rapid assessment tool	7	1 – each of the CPC	4
Other service providers working in field of child protection	Survey	8	10	40
Value for money assessment too		9	1 – each of the CPC and 1 other service provider.	

Evaluation tools

This section contains the tools that will be employed during the primary data collection of the formative evaluation of the CPC in Kenya. It is essential that team members take the time to go through the tools in detail and familiarize themselves with each of the tools prior to undertaking field work.

Each of the tools are proceeded by a brief general description of the method and some guidance notes to assist with applying the tools in practice. The guidance notes are included to refresh the evaluators memories about the things they need to be aware of when applying different tools.

A section on note taking is also included at the end and it is again important for all team members to familiarize themselves with guidance for taking notes as this is a crucially important role in the overall process.

All evaluation team members, including facilitators and note takers, should pay attention to the different materials required for different tools and ensure that the have enough quantities of their materials at the start of each day.

Evaluators will also need to ensure that they have enough copies of the following (see Appendices):

- Information sheet
- Ascent forms for participants under 18 years of age
- Consent forms for parents/guardian of participants under 18 years of age
- Consent forms for adult participants
- Copies of cover sheets for Focus Group Discussions
- Copies of cover sheets for SSIs
- Copies of cover sheets for Testimonials
- Copies of standard observations sheets

Before undertaking fieldwork makes sure that you have the relevant forms, cover sheets, etc., and take the time to complete these or have respondents sign before beginning data collection activities

Semi-Structured Interviews

This tool is based on an open interview style, allowing new ideas to be brought up based on interviewee responses. A general framework of guiding questions is the basic tool and it is called a guide because it is flexible and does not have to be followed in a specific order but can instead by

adapted depending on the responses given. Depending on the respondent you may need to follow the guide closely or barely refer to it at all – use your judgment!

The role of the interviewer when using this tool is to motivate the respondent to share his or her knowledge of the topic covered. This demands a high capacity for listening and knowing when to ask for additional information and so the interviewer must also be attuned to both verbal and non-verbal cues.

Good Practice Reminders

- Introduce yourself and explain that you would like to talk to the respondent.
- Use simple and clear language and be sure that the respondent has understood the purpose of the interview.
- Confirm that consent has been given and it is okay to proceed.
- All participants should be informed that their comments and responses will be kept confidential. No individuals will be identified by name.
- All interviews should be conducted in a quiet, private setting in order to minimize interruptions/distractions.
- Only the evaluation team and participants should be present during the interview.
- Begin with some easy questions that put the respondent at ease. Do not begin with difficult questions or questions that might be confusing or unclear.
- If the respondent cannot answer a question, ask the question differently, or maybe move on and come back to it later.
- Be flexible and attentive.
- Some answers might help you to understand how the respondent perceives the situation and lead to other questions. Spot opportunities for going into more detail!
- Be ready to ask more questions, but in a strategic way.
- Do not interrupt a response.
- If you do not understand something, or want further explanation, note it down, and ask later once the respondent has finished speaking.
- A respondent should never be forced to answer a question.
- Do not show strong reactions to the respondents' responses.
- Be as non-judgemental as possible and never try to correct a respondent!
- End the interview by thanking the person and explaining once again how the information will be used

SSI **Do**

- Always introduce yourself and say if you are from an organisation
- Always fully explain the research and its purpose
- Explain how the information is to be recorded and used. Make sure that you explain any issues related to confidentiality
- Ask one question at a time. Make sure that you are clear and do not rush the question.
- Give the person time to think
- Make sure that you listen carefully to the answers
- Give people time to answer the question
- If you are writing anything down, allow the interviewee to see what you are writing down
- Only write down what the interviewee says.

- If you must make comments to the respondent (e.g. you feel that someone mentioned in the interview is still at risk of harm), take note and mention your thoughts at the end of the interview.
- Thank interviewees for taking part and explain what will happen next

SSI **Do not**

- Allow spectators
- Allow distractions – phones, noise, etc.
- Read a list of questions directly
- Ask leading questions
- Show emotional or judgmental reactions
- Show that you agree or disagree with the respondent
- Use complicated language or long, complex questions
- Keep interrupting the interviewee
- Show in any way that you think a response is correct or incorrect
- Correct answers. If you want to check to make sure that you have understood, reformulate what has been said without changing the meaning
- Try to interpret on his/her behalf – write down what they saw

Please note that the good practice guidance and do and do not reminders for the SSI also apply when collecting testimonials.

Tool 1: SSIs with key informants at the national level (Government, UNICEF, NGOs)

Introduction and background

Thank you for taking the time to participate in this interview. My name is _____ and this is my colleague _____ who will be taking notes if that is okay with you. We are from an organisation called Child Frontiers and are undertaking an evaluation of the CPC here in Kenya. This interview will take approximately 45 minutes to 1 hour if that is ok? Before we begin, I would like to give you some background to the evaluation.

The evaluation will explore the things that have either helped or hindered implementation of the CPC service model to identify solutions or recommendations for the government and their partners. The basic idea is to check if the CPC have been successful in providing services for children and families and what changes might be required if the government decides to open more CPC across the country.

This evaluation has been commissioned by the Department of Children's Services with the support of UNICEF. The evaluation team is collecting insights, experiences and perspectives from children and adults about the CPC in Malindi, Garissa, Nakuru and Nairobi.

All the data collected will be kept confidential and your name will not be attributed to any direct quotations in the final evaluation report. I would just like to confirm that you are still happy to proceed with this interview.

1. Purpose and goals of CPC

a. What is the purpose / mission / vision of the CPC?

b. When and why were they established?

c. What kinds of services and programmes do they offer? Have these changed over time? If so, how, and why?

d. What are the main challenges to reducing VAC in Kenya?

2. Service model and delivery

a. What do you think are the strengths of the CPC model?

b. What are the areas that need improvement? Why and how?

c. Are the services provided relevant to boys and girls of different ages? Why/why not?

d. Are the services provided relevant to parents and guardians? Why/why not?

e. Are services provided in line with national plans and priorities? Why/why not? How?

f. Are services and interventions to prevent and respond to violence against children meeting required standards?

g. Where services meet standards, what factors have contributed to this achievement?

h. Where quality is poor, what are the key bottlenecks/constraints that need to be addressed?

i. Have mechanisms been put in place to measure, monitor, record and report quality and results?

j. To what extent have outreach activities been effective in mobilising communities to prevent, identify, report, and respond to violence against children? What is the focus of outreach activities and the approaches used? How do these resonate with communities?

k. How successful has the CPC model been in strengthening national child protection policies and systems to prevent and respond to violence against children?
    a. What were the key contributing factors to effectiveness and why?
    b. What are the bottlenecks and barriers that need to be addressed and how?
    c. What are the different perceptions of community members on the effectiveness of the services?

3. Regulation and oversight

l. Are the CPC programmes monitored, reviewed, and evaluated on a regular basis? Who undertakes this and how is it done? Are these means of gathering feedback enough from your perspective (e.g. is it written, formal, followed-up, etc.)? Why/why not?

m. Have CPC used this evidence on quality and results to reinforce success or address shortcomings? If not, why not? If yes, how?

n. How are the CPC staff participating in local and national level coordination bodies, communities of practice, etc.

4. Collaboration

o. Describe how collaboration is working with other district/county level service provides focusing on child and family welfare?

p. How and to what extent does the CPC service model contribute to the strengthening of the national child protection system? Can you give any specific examples?

q. How effectively has the work of the CPC on preventing and responding to child protection issues been coordinated with other sectors and partners? (i.e. health, education, HIV and AIDS, law enforcement?)

r. What factors have enabled effective coordination?

s. What have been the bottlenecks? Why? How have these bean/could these be addressed?

t. Has this collaboration made a difference in terms of reducing children's exposure to child protection issues (i.e. violence against children, abuse, exploitation, and neglect)? If so, how, and why? If not, why not?

5. Funding and sustainability

u. How are CPC funded?

v. Do CPC have adequate and predictable funding to run their programmes?

w. How well have funds been used across various strategies and interventions? (value for money?)

x. Have considerations of sustainability (social, institutional, financial) been integrated in the design and implementation of CPC? (What is being done? How is it being measured? Indicators?)

y. To what extent will the CPC be able to operate once there is no longer any external funding?

z. From your perspective what is the potential for further roll-out of the CPC model at National level either in the current format or with adaptions? If adaptions are required what are these (if not already mentioned)?

I have covered all the areas I was hoping to explore with you. Do you have any questions for me before we finish?

Thank you for taking the time to share your views and experiences with us. We appreciate that you have taken the time to complete this interview and it has certainly been a valuable and welcome contribution to our evaluation study.

Tool 2: SSI with senior staff of CPC and relevant county and district-level officials

Introduction and background

Thank you for taking the time to participate in this interview. My name is _____ and this is my colleague _____ who will be taking notes if that is okay with you. We are from an organisation called Child Frontiers and are undertaking an evaluation of the CPC here in Kenya. This interview will take approximately 45 minutes to 1 hour if that is ok? Before we begin, I would like to give you some background to the evaluation.

The evaluation will explore the things that have either helped or hindered implementation of the CPC service model to identify solutions or recommendations for the government and their partners. The basic idea is to check if the CPC have been successful in providing services for children and families and what changes might be required if the government decides to open more CPC across the country.

This evaluation has been commissioned by the Department of Children's Services with the support of UNICEF. The evaluation team is collecting insights, experiences and perspectives from children and adults about the CPC in Malindi, Garissa, Nakuru and Nairobi.

All the data collected will be kept confidential and your name will not be attributed to any direct quotations in the final evaluation report. I would just like to confirm that you are still happy to proceed with this interview.

1. Purpose and goals of the CPC

a. What is the purpose / mission / vision of this CPC?

b. When and why was it established?

c. What kinds of services and programmes does it offer? Have these changed over time? If so, how, and why?

d. What are the main challenges to reducing child protection issues in this Kenya?

2. Service model and delivery

e. What do you think are the strengths of this CPC? How is it an improvement on the way other organisations provide services or to how service provision was approached in the past?

f. What are the areas that need improvement? Why and how?

g. Do you think that the CPC model is an effective way to address the on-going and emerging needs for protection of children against violence? Why/why not?

h. Are the services provided relevant to boys and girls of different ages? Why/why not? Are the services provided relevant to parents and guardians? Why/why not? Are services provided in line with national plans and priorities? Why/why not? How?

i. Are services and interventions to prevent and respond to violence against children meeting required standards? Where services meet standards, what factors have contributed to this achievement? Where quality is poor, what are the key bottlenecks/constraints that need to be addressed?

j. Have mechanisms been put in place to measure, monitor, record and report quality and results?

k. What outreach interventions have been undertaken? To what extent have these been effective in mobilising the community to prevent, identify, report, and respond to violence against children?

l. How do you communities see the CPC model – would they go to it out of preference or are their other formal or informal structures that they might use? If yes, please describe in detail.

3. Regulation and oversight

m. Are CPC programmes monitored, reviewed, and evaluated on a regular basis? How? Are these means of gathering feedback enough from your perspective? Why/why not?

n. Has the CPC used this evidence on quality and results to reinforce success or address shortcomings? If not, why not? If yes, how?

o. What happens if you or others identify problems or issues regarding the CPC, its staff and its programmes and services? What, if any, follow-up actions are taken?

p. To what extent has child safeguarding been considered in the programme design? What mechanisms or protocols exist to ensure children are safe?

4. Collaboration

q. How and to what extent does the CPC service model contribute to county-level service delivery? How does the work of other social service providers contribute to or influence the work of the CPC?

r. How effectively has the CPC's work on preventing and responding to VAC been coordinated with other sectors and partners? (i.e. health, education, HIV and AIDS, law

enforcement?). Has this collaboration made a difference in terms of reducing children's exposure to violence, abuse, and neglect? If so, how, and why? If not, why not?

s. What factors have enabled effective coordination? What have been the bottlenecks? Why? How have these been/could these be addressed?

5. Funding and sustainability

t. How is this CPC funded? Does this CPC have adequate and predictable funding to run its programmes?

u. How well have funds been used across various strategies and interventions (value for money)? Are there enough human resources available to support all aspects of the work of the CPC? Are staff qualified and skilled to perform their roles?

v. What additional areas of capacity building have taken place since the CPC opened? What are the main needs for the future?

w. Have considerations of sustainability (social, institutional, financial) been integrated in the design and implementation of this CPC? (What is being done? How is it being measured? Indicators? To what extent will the CPC be able to operate once there is no longer any external funding?

6. Practicalities and protection issues related to this evaluation

x. Plans for the remaining period of data collection

y. What aspects of the organisational child protection policy do we need to be aware of for this evaluation (including who we should report any suspected cases of abuse to)?

z. What should we do if a child reveals abuse or becomes upset during the data collection (how are referrals made?)?

I have covered all the areas I was hoping to explore with you. Do you have any questions for me before we finish?

Thank you for taking the time to share your views and experiences with us. We appreciate that you have taken the time to complete this interview and it has certainly been a valuable and welcome contribution to our evaluation study.

Focus Group Discussions

A focus group discussion is generally conducted in order to learn more about what the general opinion is among a group of people at any given time. It is a purposeful discussion that usually takes place with a group of people with similar characteristics.

Characteristics of Group Discussions

- Group discussions bring together 6 – 10 people to talk about a given topic following a basic process
- Managed by a facilitator who will ask questions and guide the conversation
- Useful for identifying the knowledge, attitudes, and perceptions of a group
- In general, not an appropriate setting for discussing individual experiences, especially for a topic as sensitive as child marriage

What group discussions can tell us?

- Information on the perspectives of groups of people and how they think or feel about something.
- Provide greater insight into *why* certain opinions are held.
- Help us to understand more about attitudes and beliefs.
- Help to identify and understand relationships between different groups.
- Views or perspectives on change over time.
- Details of socio-cultural processes, structures, and their role in people's lives.
- Decision making and thought processes.
- Cause and effects of different issues.

The success of a group discussion depends on the facilitator, whose task is to ensure that topics are adequately covered by guiding the discussion within a framework, and the note-taker (see note-taker section), who ensures that a detailed record of the discussion is kept.

Role of the Facilitator

The facilitator leads the focus group discussion and can have a large impact on the successful application of this research tool. The role of the facilitator is to:

- Introduce the session
- Establish a welcoming atmosphere and build rapport:
  - Set the tone by telling participants that it is natural for different ideas to arise
  - Explain that there are no right or wrong answers
- Encourage involvement of all participants and ensure that not just a few participants dominate the discussion

- Monitor the rhythm of the discussion
- Be prepared to manage participant emotions, especially when there is disagreement
  - Watch for strong emotions that are emerging and know how to respond appropriately
- Ensure the discussion remains on topic
- Know when and how to ask follow-up or probing questions
- Time management
- Summarise the discussion for review at the end and listen for additional comments

Good Practice Reminders

- Be prepared – have your materials and be familiar with the tool(s) you are using
- Make sure that the discussion time and location are appropriate for the participants
- Ensure that the space is comfortable and appropriate for all participants
- Turn off your mobile phone!
- Begin by introducing the objectives of the session, describe the process, and explain how the information will be used
- Begin with an icebreaker that will put the participants at ease and establish a good atmosphere
- Maintain a positive, friendly atmosphere
- Encourage an open discussion where every participant feels that he/ she can contribute
- Be flexible and understanding if the group's interest appears to fade
- While being flexible, ensure that the discussion remains on-topic and progresses – using guiding and probing questions
- Do not show emotional or judgmental reactions
- Be careful not to speak too quickly or too slowly
- At the end, summarize the discussion for the group and remind them how the information will be used

Facilitation skills **Do**

- Be clear about the aims of the discussion and the research before you start the discussion.
- Direct the opening question to the whole group, rather than asking people one by one.
- Encourage quiet people to talk by:
  - addressing questions to them, but without making them feel embarrassed.
  - giving them some 'power.' For example, by allowing them to draw diagrams.
  - showing them that you are listening and are interested in what they have to say.
  - making sure that you choose your groups carefully. For example, children may be shy in front of adults, so it is best to speak to them separately.

Facilitation skills **Do not**

- Allow one person to dominate the discussion. You can:
  - Ignore that person politely

  - Stop the discussion
  - Take the person to one side or let them know that you might like to interview them separately
  - Ask others for help
  - Form sub-groups or use rounds to get the views of others
  - Explain that what they have said is interesting but that you want to hear from everyone else.

- Allow the discussion to get out of control. If people start talking about an irrelevant topic, lead them back onto the right subject by asking them more questions.

- Restrict yourself to a set list of questions during the discussion. Listen to what people have to say and make up your own questions in response.

- Remember that, if the discussion meets the aims of the evaluation, it is fine to ask other questions. You need to be able to spot and take opportunities as they emerge. Do not miss them!

- Allow long awkward silences and try to keep the discussion going, even if this means asking a few filler questions (e.g. asking people to repeat themselves, asking them to define something, reframing what people have said, etc.).

Tools 3: FGD with children

Introduction and background

Thank you for taking the time to participate in this discussion. My name is _____ and this is my colleague _____ who will be taking notes if that is okay with you. We are from an organisation called Child Frontiers and are undertaking an evaluation of the CPC here in Kenya. This discussion will take approximately 1 – 1.5 hrs if that is ok? Before we begin, I would like to give you some background to the evaluation.

The evaluation will explore the things that have either helped or hindered implementation of the CPC service model to identify solutions or recommendations for the government and their partners. The basic idea is to check if the CPC have been successful in providing services for children and families and what changes might be required if the government decides to open more CPC across the country.

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All the data collected will be kept confidential and your name will not be attributed to any direct quotations in the final evaluation report. I would just like to confirm that you are still happy to proceed with this discussion.

Introductions

- Introduce everyone present
- Share the introductory script
- Gain verbal consent from children to participate
- Introductory exercise (sit in a circle, share name, age, favourite food, something that makes you laugh)
- Complete cover sheet

Ice-breaker activity (5-10 mins)

Activity 1: What does the CPC do? (45 mins)

Lay out a large piece of flip chart paper on the ground or on a table and tell the children that you want to know what the CPC does and who uses its services.

1. In the middle of the paper, draw a small building and label it 'CPC'. Ask the children to tell you what the CPC is, who works there and what goes on inside the building. Be sure to ask them what children do inside the centre? Do they feel safe there? Why/why not? Write their responses on the flipchart, inside and around the drawing of the CPC. Be sure to probe as needed to get as much detail as possible.

2. Once all ideas have been offered, ask the children if people at the CPC also things do outside of the CPC building itself. What kinds of things do they do? Where do they do them? As they give their responses, draw each new location (i.e. school, health centre, village, individual family home) and write the names of the people involved (i.e. teacher, parent, student, nurse, etc). Probe throughout to ask what is involved in the different activities and who participates (i.e. community

sensitisation activities – what do these involve and who participates?). By now, the flipchart should be quite full of drawings of different locations and the categories of people involved (i.e. 'students').

3. Once the drawing is complete, explain to the group that you are going to give them some stickers. One set will be blue, the other will be red (or whatever colours are available). Ask them to individually stick the blue stickers on the flipchart beside all the things that they think are helpful to children. Once they have done this, gather around the flipchart once again. Go through all the areas where there are blue stickers and ask the children to tell you why they think that activity/person/place is helpful to children. What was so good about that activity/the actions of that person? Be sure to ask if the person/activity is helpful to all children, or just some, and if so, which ones (i.e. 'children whose parents don't attend to them). Invite as many responses as possible.

4. Now ask the children if there is anything that the CPC does that is not helpful to children. Try not to give examples but instead to re-word the question to evoke different responses. For example, 'Is it always good for the child when the CPC worker comes to their community? Why? Why not?' or 'When the CPC worker talks to a parent, is it always helpful to a child? Why? Why not?'. Once a few of these ideas have been shared, ask the children to think quietly on their own for moment about anything else they think might not be helpful. Emphasise that there are no right or wrong answers. Once a moment or two has passed, ask the children to take the red stickers they have been given and to place these on the flipchart to show where unhelpful (or harmful) things can happen as a result of the CPC activities. Stand or sit as a group around the flipchart and discuss each of these in turn.

5. Sum up for the children what you have learned about the work of the CPC – what they do, who is involved, what things/activities are helpful for children what things/activities are not helpful or even harmful. Ask the group to be sure they agree with your summary and to provide anything else they want to say.

BREAK with refreshments (15 mins)
Ice-breaker activity (5-10 mins)

Activity 2: Ideas for the future (30 mins)

1. Ask the group to sit in a circle once again. Thank them for sharing their ideas with you about the work of the CPC. Tell them that you know that children in their community have many needs, just as they do in all communities. Tell the children that you are going to pass a ball around the circle and that every time someone touches the ball, you would like them to tell the group one of the main needs of children and families in their community (they may say, for example, 'clean water', 'better schools', 'money', etc). Be sure the note taker is writing down everything that the children say on a big flipchart on the wall or the floor.

2. Once everyone has had a chance to share at least one need, ask the children to think back to the earlier conversation about the work of the CPC and ask them which of these needs are being met by the CPC, and why/how. If the conversation appears to repeat the one held for Activity 1, move on quickly.

3. Ask the children if there are other organisations, groups, or people they ask for support? Who are these and why do they go to them? How does the support provided compare to that offered at the CPC?

4. Ask the children if they have any ideas for what could be done to make the activities of the CPC more helpful to them and their families. (with the older adolescents, they could get into small groups to discuss what strategies/programmes they think the CPC should do in order to better improve their work in support of children and families, and to report back to the larger group. With smaller children, this can be done in plenary).

Tool 4: FGD with parents/guardians of children who have used or live within the area covered by the CPC

Introduction and background

Thank you for taking the time to participate in this discussion. My name is _____ and this is my colleague _____ who will be taking notes if that is okay with you. We are from an organisation called Child Frontiers and are undertaking an evaluation of the CPC here in Kenya. This discussion will take approximately 1 – 1.5 hrs if that is ok? Before we begin, I would like to give you some background to the evaluation.

The evaluation will explore the things that have either helped or hindered implementation of the CPC service model to identify solutions or recommendations for the government and their partners. The basic idea is to check if the CPC have been successful in providing services for children and families and what changes might be required if the government decides to open more CPC across the country.

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All the data collected will be kept confidential and your name will not be attributed to any direct quotations in the final evaluation report. I would just like to confirm that you are still happy to proceed with this discussion.

Introductions

- Introduce everyone present
- Share the introductory script
-
- Introductory exercise (sit in a circle, share name, age, favourite food, something that makes you laugh)
- Complete cover sheet

1. What does the CPC do? How did you learn about the services provided by the CPC?

2. Do you think these things are helpful and relevant to children and families? Why/how? Why not?

3. What do you like about your experience with the CPC? Why?

4. What don't you like? Why?

5. Is the CPC a safe space for children? Why/why not? What more could be done to protect children in/using the services of the CPC?

6. Are the capacities and competencies of staff at the CPC commensurate with the work that is and should be undertaken?

7. What things have CPC staff done in your community to prevent and respond to child protection issues (i.e. violence against children, abuse, exploitation, and neglect)? Have these been effective in mobilising community members to tackle child protection issues (i.e. violence against children, abuse, exploitation, and neglect)? Why/why not?

8. Do CPC staff or others ask you for feedback about the work that they do? If so, how? Do they use this feedback? How do you know? How are the CPC perceived by the community – positive development or otherwise?

9. What could be done to ensure that communities fully understand the services provided and ways of working of the CPC?

10. Are there other groups or individuals in the community who provide similar types of support or who you might look to for assistance when concerned about a child protection issue? How does this support compare to that provided by the CPC? Do people find it useful, the same?

11. What would your preference be if you needed support – to go to the CPC or to others? Why?

12. What would be community members preferred type/form of support when addressing violence against children/child protection issues? How would you like this to be organized/provided? When dealing with VAC or child protection issues do communities why or why not is it preferable to involve government organisations, the policy, etc.?

13. What else do you think the CPC should do to help children and families in your community? Why/how? Are there things that they could change in how they go about their work – for prevention and response?

14. What recommendations would you have for the government in terms of addressing violence against children and child protection issues?

Tool 5: FGD with social welfare providers in the community where CPC is situated

Introduction and background

Thank you for taking the time to participate in this discussion. My name is _____ and this is my colleague _____ who will be taking notes if that is okay with you. We are from an organisation called Child Frontiers and are undertaking an evaluation of the CPC here in Kenya. This discussion will take approximately 1 – 1.5 hrs if that is ok? Before we begin, I would like to give you some background to the evaluation.

The evaluation will explore the things that have either helped or hindered implementation of the CPC service model to identify solutions or recommendations for the government and their partners. The basic idea is to check if the CPC have been successful in providing services for children and families and what changes might be required if the government decides to open more CPC across the country.

This evaluation has been commissioned by the Department of Children Services with the support of UNICEF. The evaluation team is collecting insights, experiences and perspectives from children and adults about the CPC in Malindi, Garissa, Nakuru and Nairobi.

All the data collected will be kept confidential and your name will not be attributed to any direct quotations in the final evaluation report. I would just like to confirm that you are still happy to proceed with this discussion.

Introductions

- Introduce everyone present
- Share the introductory script
- Gain verbal consent to begin and check if all participants have signed the consent forms
- Introductory exercise (sit in a circle, share name, age, favourite food, something that makes you laugh)
- Complete cover sheet

1. What does the CPC do? Do you think these things are helpful and relevant to children and families? Why/how? Why not?

2. What are the strengths of the work done by the CPC? What are the weaknesses of the work done by the CPC?

3. Do you work with CPC staff? How effective are these collaborations? Why/how?
    a. What factors enabled effective coordination?
    b. What were the bottlenecks and how could these be addressed?

4. What things have CPC staff done in your area to help children and families?
    a. What has been done to prevent and respond to child protection issues (i.e. violence against children, abuse, exploitation, and neglect)?
    b. Have these been effective in mobilising community members to tackle child protection issues (i.e. violence against children, abuse, exploitation, and neglect)?? Why/why not?

5. How effectively has the work on preventing and responding to child protection issues (i.e. violence against children, abuse, exploitation, and neglect)? within the CPC been coordinated with other social service providers in the county? education, HIV and AIDS, and legal/law enforcement?

    a. What factors enabled effective coordination?
    b. What were the bottlenecks and how could these be addressed?

6. To what degree and how effectively have partnerships (Governments, UN system, donors, INGOs, private sector, academia, media, community groups) been mobilized in a manner which contributes to CPC programme coverage, effectiveness, and efficiency?

    a. How are case management and referral processes working in practice?
    b. How is advocacy and awareness raising operating?

7. How have the establishment of the CPC helped in terms of case management and acting a hub for service provision and referrals? What are the specific ways in which the CPC have helped? What challenges still exist?

8. Are enough human resources available to provide child protection prevention and response services within the CPC?

    a. Are the capacities and competencies of staff at the CPC commensurate with the work that is and should be undertaken?
    b. Do CPC staff or others ask you for feedback about the work that they do? If so, how? Do they use this feedback? How do you know?

9. What outreach interventions have been undertaken?
    a. To what extent have these been effective in mobilising the community to prevent, identify, report, and respond to violence against children?

10. To what extent are services and interventions to prevent and respond to violence against children meeting required standards?

    a. Where services meet standards, what factors have contributed to this achievement?
    b. Where quality is poor, what are the key bottlenecks/constraints that need to be addressed in order to improve quality standards?

11. How successful has the CPC model been in strengthening national child protection policies and systems to prevent and respond to violence against children?

    a. What were the key contributing factors to effectiveness and why?
    b. What are the bottlenecks and barriers that need to be addressed and how?
    c. How do communities perceive the effectiveness of the services provided by the CPC?

12. What other formal and informal structures existing for addressing violence against children / child protection in general?

    a. What are the strengthens and weaknesses of formal and informal mechanisms?
    b. Which type of structures do communities prefer to use (formal; informal; mixed) and what are the reasons for this?

13. What are your views on plans to scale up the provision of CPC across Kenya?
    a. Do you think the model is effective, appropriate, accessible, and relevant in the Kenyan context?
    b. Is the model sustainable at a national level – in terms of the human, financial resources required?

14. What else do you think the CPC should do to help children and families in your community? Why/how?

Tool 6: Testimonials / Case Stories

This method will be used to gather targeted life stories from children and adults about their perceptions and experiences of child protection issues and the work of the CPC.

The in-depth testimonials will be designed to illustrate and give meaning to salient issues that have emerged from the primary and secondary data. In all cases, two members of the research team will be involved in interviewing. One person will facilitate the discussion and the other will take notes. In some situations, a hand-held recorder may be used to ensure that all relevant information is captured (permission to do so will be sought from participants before the session begins).

Testimonials differ from SSI in that they are much more detailed and aimed at gathering a personal story rather than views about a set of topics/issues. There is not a specific tool to follow. Basically, this means that the respondent has already been identified as they have a personal story to share and that the job of the interview is to use their probing skills to get the respondent to share his/her story. Potential respondents for testimonials may present themselves during a visit to the CPC, FGD or other methods. The team should be constantly on the lookout for adults or children who might have interesting insights/experiences to share through this more detailed method.

Refer to the good practice guide and do and do not tips for the SSI to help with this method.

General steps to follow in supporting a child or youth to give a testimony:

Spend the first few moments of the interview building a rapport with the respondent – especially if it is a child, including providing information about yourself and why you want to speak with them. Start with simple questions that they can answer easily. Some examples may include:

- What is your name?
- How old are you?
- Where are you from?
- Where are your parents/ children, etc., as appropriate?
- Who do you currently live with?
- Where do you sleep?
- What type of work do you do? / Are you in school, what grade?

Once the respondent is feeling more comfortable, you can begin exploring with them their life and experiences in greater detail. Ask open-ended questions and allow the respondent to speak about the things that are important to them. Tell them that by telling their story, they are helping others to better understand the problems that children face so that more things can be done to protect boys and girls who face these same risks and challenges.

One strategy is to ask the respondent to explain why they came to seek help at the CPC and what they remember about the how they were received by staff.

Other questions to encourage the child to share may include:

- How long have they been coming to the CPC?
- How did you come to know about the CPC? Who helped you to access the services?
- What types of support are they or their family receiving? How is this helping them?
- Is the child receiving any help or services from others? If so, what kind of help/services, and from whom?
- Are there any other types of help or services would s/he would like to receive?
- Who do they go to when they are afraid or in need of assistance? Is the help provided beneficial?

The final part of the testimonial (time permitting) can address information related to risk/protective/resiliency factors; service access and impediments to access and recommendations for changes to improve the way protection services are provided to children.

In conclusion, thank the respondent for their time and ask if they have any questions or would like any further information.

Tool 7: CPC Rapid Assessment Tool

The purpose of this tool is to create a snapshot of how the CPC are following/adhering to operating standards set by the government and some internationally recognised good practices. Essentially, a set of matrices containing a range of different components to be checked by the evaluation team, the tool is intended as a rapid assessment rather than a detailed audit. Depending on the time available in the field the tool could either be completed in one go (likely to take 1.5 - 2 hrs) or worked through in stages between other activities.

Notes for evaluators

- This tool was developed to generate an overview of different aspects of the CPC and to check if Operational Standards are being adhered to in practice.[75]
- Upon arrival at the CPC the evaluation team should identify a relevant staff person(s) to assist with completion of the tool and show them the different areas under review.
- The data can be collected through a combination of observations and discussion with CPC staff.
- Where possible the evaluators should 'physically check' or ask to be shown the different aspects under investigation. For example, this might mean asking to see where case files are stored, review files, checking if the necessary forms are completed or available at reception, etc.
- Each area to be assessed will be analysed and scored in accordance with the following matrix. The content of the assessment has been extracted and compiled from the Operational Standards for Child Protection Centre and some other assessment tools.

Not in place or not considered, Completely inadequate. Noncompliance with legislation, regulations, and best practice	**0 None**
Considered / planned but not implemented Severely deficient	**1 Very Poor**
Partially implemented Informal or Undocumented / Lacking	**2 Poor**
Implemented but undefined / undocumented Needs some additional work / modification	**3 Good**
Fully implemented / Complies fully with legislation, regulations and best practise / Well documented and reviewed frequently	**4 Excellent**

- Two team members might want to complete the audit together – this will give two perspectives and help with assigning a rating.
- There are some areas that it might only be able to complete once other methods have been applied. For example, the degree to staff know relevant laws and policies, children are aware of safeguarding procedures, etc., are all likely to come up in interviews or FGD.
- This is fine and if detailed notes are kept some of the more qualitative aspects of this tool can be completed at the most convenient time.
- The completed assessment should be useful for the CPC by giving them a quick overview of where they stand in relation to approved procedures and standards.

[75] This tool was developed based on the Operational Standards for Child Protection Centres and Children (Approved Home) Regulations
Assessment Toolkit, Ministry of Gender, Labour and Social Development (MoGLSD), Uganda, Final Revised Version (Updated May 2013)

1. CHILD PROTECTION AND WELLBEING	0	1	2	3	4
Staff and care-givers know laws and procedures, and are trained in the signs and symptoms of abuse and how to respond					
Staff Code of Conduct must be in place in all Children Protection Centres and signed by ALL staff and volunteers					
Health and safety Committee established, including children, staff, and community representatives					
Written child protection policy, procedures, and guidelines					
Children are aware of what abuse is and what to do if it occurs to them or their peers					
Care-givers make activity risk assessments according to age and development					
Policy and practice define acceptable sanctions for control.					
Clear policy on confidentiality exists, including procedures for gaining child's informed consent for sharing information					
CPC buildings should be child friendly with safe recreation areas.					
The CPC is disability friendly/sensitive with separate toilets & bathrooms for boys and girls which should have outward opening doors					
Children always provided with adequate supervision					
Access to abuse reporting mechanisms clearly displayed and explained to children and families					
Additional comments:					

2. MANAGEMENT STRUCTURE FOR CPC	0	1	2	3	4
Management board with a constitution and a board of trustees in place and registered by the Attorney General's Office					
Clear criteria for membership of the Board of Trustees with trustees providing a certificate of good conduct, proof of earnings and a CV with a clear explanation of any gaps in service and employment					
Staff members are non-political and have no criminal convictions or allegations of abusive behaviour.					
Board members not married or related to each other or to members of the management of the CPC.					
A clear management and staffing structure in place and set out in an organogram.					
All staff roles and responsibilities, chains of command and reporting structures set out on the organogram for all to see and understand.					
An induction programme provided for all new staff to make them aware of the management structures of the home and their own roles and responsibilities.					
HR manual in place outlining all HR related policies and procedures?					
All staff have appointment letters, contract, and job descriptions					
Structured staff training and development programme in place					
Additional comments:					

3. CPC Case Management Forms	0	1	2	3	4
Admission form – used at the first point of contact with the child and then completed if the child is admitted to CPC services.					
Initial assessment and care plan –used after admission and to ensure that full details are recorded, and that decisions and planning are clearly set out.					
Referral form – used to refer the child to other service interventions, i.e. Education, Health, Police, etc.					
Detailed Recording – used to record in detail, significant events when greater information needs to be filed or added for referral purposes.					
Record of Visits – when visits are made on behalf of the child to family members or supporting agencies					
Parental consent form – used to ensure partnership with families. This form is to be used when making referrals or offering services etc.					

Family contact form – used when a child has any contact with his family especially in the reintegration process.					
Additional comments:					
4. External services which may need to be accessed by centre staff	**0**	**1**	**2**	**3**	**4**
Legal aid for those too poor to pay for legal services					
Medical intervention for injured or sick children – pre-identified doctors, hospitals, etc.					
Education/vocational training for children returning to school -link to schools, education authorities, etc.					
Counselling and psychosocial support for traumatised children – present in the centre or through agreements with other service providers					
Pre-identified temporary emergency placements including alternative family care and short-term fostering.					
Links to relevant authorities for Adoption, fostering and guardianship (regulated) procedures.					
Taking part in coordination meetings of child protection actors/service providers					
Additional Comments:					
5. ASSESSMENTS	**0**	**1**	**2**	**3**	**4**
Child Profile which consists of the child's personal information, name and nicknames, age and category and a photograph.					
Family Background used for tracing/reintegration, assessment					
Child categorisation is to define the type of vulnerability and reasons for coming into the centre, e.g. defilement case or lost and abandoned case.					
Observations are completed during and after registration, identifying physical, mental, and presenting concerns.					
Social worker's report and recommendations including any action to be taken.					
Summary of interpretation of interview which forms the basis of the social worker's report.					

Cover letter provided by the social worker and to be given to the manager, which should include a summary of the report and could act as introduction to the case.					
Additional Comments:					

6. Priority Forms for follow-up work	**0**	**1**	**2**	**3**	**4**
Home Assessment for Integration conducted, and reports filed.					
Agreement form – completed in partnership with the legal guardian or with the child when being referred for services, integration or when agreeing to participate in a programme at the CPC					
Exit/Follow-up Form – This form is used when the child is to be integrated/reunited to the family and then monitored and supported by the follow-up process.					
Referral Form – this form is used when the child is referred to outside agencies for further support.					
Rehabilitation/Integration Form this form is to be used when the child is returned to his family or legal guardian and copied in discussions with the Children's Officer in CPC area and the new or families' district.					
Additional Comments:					

7. Directories and Registers	**0**	**1**	**2**	**3**	**4**
An internal directory of district services and service provider/networks.					
Staff register to record staffing matters					
Children's Register to record daily numbers and basic information on each child					
Financial register/petty cash					
The organisation has a robust Financial & Accounts Operations Manual					

Latest audited accounts available - AHR 16(2) – obtain a copy of the latest accounts (audited or not). If not audited, establish who is the external auditor and why accounts have not been signed					
Evidence that the accounts are maintained appropriately including income, expenditure, donations, and capital					
Register of resources and contents of the CPC.					
Registers for staff movement, Children using the Centres and all visitors.					
A Register for Procurement					
Additional comments:					
8. Essential Forms for CPC Work with Children (multiple copies of these should be readily available)	**0**	**1**	**2**	**3**	**4**
Admission Form					
Emergency Admission Form Parental Consent Form					
Family Contact Form					
Rehabilitation/Exit for Children in CPC					
Follow-up Form					
Child Protection Centre Population Return Form					
Initial Assessment and Care Plan					
Medical Assessment Form					
Referral Form					
Review of Integration Plan Form					
Completed forms stored in a secure location and procedures in place to ensure access by authorised personnel					
Additional comments:					

Tool 8: Value for Money Assessment

The value for money assessment (VfM) of the formative evaluation will be based on a mixed methods approach to generate data on different aspects of the support provided to and implementation of the CPC service model.

The approach is guided by the 4Es framework applied by the UK's Independent Commission for Aid Impact (ICAI):

- ECONOMY getting the best value inputs
- EFFICIENCY maximizing the outputs for a given level of inputs
- EFFECTIVENESS ensuring that the outputs deliver the desired outcome
- EQUITY ensuring that the benefits are distributed fairly

The assessment will explore VfM from both the perspectives of the:

- Authorizing agents and donors – in this case the Government of Kenya, through the Department of Children's Services and the UNICEF country office. This is necessary to inform strategic decisions relating to the future of the CPC as a model for services and to inform macro decisions relating to the child protection system (the new Response Plan on Violence against Children and inform UNICEF's mid-terms review of its Country Programme).

- The CPC as a model of service provision - this component will focus on service provision under the two foci of prevention and response interventions. The intention is to analysis the inputs provided to the CPC – directly or through implementing partners and how these are used to support operations, management and service provision for prevention and response. As some of the CPC are supported by different implementing partners it will also be possible to compare costs of services working to achieve the same objectives are operating in different locations.

Frame of reference	Areas to be assessed
Economy	▪ Level of inputs (financial or other) provided to the CPC and how these were used across different core functions (e.g. operational and service provision). ▪ % and use of funding provided by UNICEF, government, or other sources. ▪ % of government budget current allocated for service provision versus recurrent costs. ▪ % of expenditure on child protection service provision provide by government versus other funding sources (as information is available).
Efficiency	▪ Current levels of staffing and other operation costs as a % of total investments in the CPC. ▪ Comparative analysis of costings between the CPC under review (staff, logistics, administration, service provision, outreach work, etc.). ▪ Compliance with financial management procedures. ▪ Comparative analysis of similar costs associated with other non-CPC models (e.g. other government services, NGO services, etc.).

	▪ Meta-analysis of service provision cost in other aligned sectors using centre-based approach – e.g. health, justice, etc. May include a comparison with costs associated with the CPUs (with differentiating factors considered).

Effectiveness	▪ How is learning generated by the CPC service model is contributing to overall system strengthening?
	▪ How are the CPC integrating with other service providers and especially in the areas of:
	  ○ Health
	  ○ Education
	  ○ Social Protection
	  ○ Justice
	  ○ Security and policing
	▪ How do other service providers see the effectiveness of the CPC – in terms of outcomes for children and families; use of resources, etc.
	▪ # of cases addressed by the CPC
	▪ # of people taking part in outreach activities
	▪ # of people using general facilities or services not requiring a 'case file', e.g. recreation facilities, etc.
	▪ % of cases recorded with a 'positive outcome'.

Equity	▪ What is the gender balance of people supported by different activities? ▪ How are the CPC affecting access to services – for the ones they provide or other through referrals, awareness raising, etc. ▪ How are people with disabilities included? ▪ Are other socio-cultural factors and influence (e.g. ethnicity, religion, membership of different groups or societies, distance to and from the centre – rural / peri-urban/ rural variances? ▪ How would disruption to or discontinuation of the CPC affect the most vulnerable child? Are there alternatives that could take up the slack?

A final component of the VfM analysis will be to check on how the concept is understood among stakeholders at different levels – including donors and decision makers at the centre, implementing partners and CPC staff and management. This will generate data for the model Theory of Change that will be developed through the evaluation process and hopefully guide decision makers in future strategic considerations. Questions in relation to aspects of value for money have also been inserted into other evaluation tools and in this way the views of communities including children and families, will influence the final value for money analysis.

Note-taking

The role of the note taker is essential in the research process. Although the facilitator may seem to be the most active during the data collection period, the analysis stage is dependent upon the availability of accurate and detailed records of discussions and interviews. In short, note-takers should be trying to capture everything and although their role is silent it is an equally important part of the overall research process! Some useful tips for note-takers to keep in mind for all the methods being used include:

- **Write down as much information as possible.** Try to write down exactly what is being said, or as close to this as possible.

- **Describe the research process as well as the research findings.** Explain what the researchers are doing/saying as well as what the participants are doing/saying. Record any problems faced on the coversheets for the notes.

- **Do not let the recording get in the way of the research process.** For example, do not pause the research so that you can catch up with your note-taking or ask children to speak more slowly.

- **Try to make sure that the note-taker is as inconspicuous as possible** so that the participant is focusing on the person who is asking questions, rather than the person taking notes. In group discussions, for example, this might involve the note-taker sitting outside of the circle of participants.

- **Ensure that you capture all 'interesting' direct quotes** word for word.

- **Remember to take and keep copies of any diagrams or pictures, flipcharts** that are produced and to label these clearly (research site, type of group, date, etc.).

Good practice reminders

As a note take your role is to

- Know what is being asked by the facilitator – you need to be familiar with the research tools.
- Record the date, time, and place of the discussion – use your cover sheets!
- Record the discussion in as much detail as possible. If you cannot keep up, signal this to the facilitator or leave gaps that can be filled in later if you are recording or when you review the notes with the facilitator.
- Be a silent partner who does not participate in or try to influence the discussion
- Record the entire discussion with exact words as much as possible. The main thing is to capture what is being said – it can be reorganized and tidied afterwards but only if you have recorded it in the first place.
- Record everything, even information that you disagree with
- Do not edit or interpret what is being said
- Write continuously throughout the entire discussion – if your hand is not sore you are missing information!

- Note the tone of the discussion and any disagreements or other observations in your standard observation sheet.
- Label participants in order to link different points made to specific individuals (see points below on coding)
- Make a note if one person has a vastly different perspective than the rest of the group
- Flag key points that are repeated frequently or that the group agrees on
- At the end, describe the group dynamics: participation, interest level, active and less active participants, etc.
- Immediately go through all the notes with the facilitator to agree on the information and identify any gaps.

Coding

At the beginning of the session, when all the participants are seated, assign each person a "code" in your notebook. The simplest code you can use is to assign people a letter and this will save you time capturing what is said by different people.

A / B / C / D, etc.

When each person speaks, record their statements using this code.

Note Taking **Do**

- Be prepared have your materials including back-up copies of pens, note pads, cover sheets, observation sheets, extra batteries when using recorders, etc.
- Use the respondent's own words all the time
- Capture verbatim quotations
- Use abbreviations to speed up your writing
- Review your notes with the facilitator as soon as possible
- Type your notes up and save on a computer and disc drive.

Note Taking **Do not**

- Rephrase the respondent's words in your own words
- Describe the interview
- Start to follow the discussion instead of recording it
- Omit vivid, concrete statements
- Substitute your own words for those of the respondent or participants in interviews
- Through away any rough notes, flipcharts or other outputs produced by the group

Translations of key terms

The list of 'translated key terms' was developed to help both facilitators and note-takers and to ensure that the same language is used throughout the data collection phase. All members of the evaluation team should therefore take the time to familiarize themselves with the different translations and ensure that they use these terms when working in different languages as relevant.

Preparing for field research

All efforts will be made to ensure that the research team receives the support needed to undertake data collection including provision of materials, development of work plans, etc. However, it is also important for all team members to assume responsibility for their own preparations. Facilitators and note-takers should therefore use the check list below to prepare for their field work.

Researcher check list	√	X
• Research manual		
• Copies of tools		
• Cover sheets		
• Standard observations form		
• Consent forms and folder for storing them		
• Details of where you are going and your respondents		
• Flipchart papers, markers, and other materials you need		
• Have you checked on the organisation of refreshments for respondents		
• Details of your local contact		
• Authorisation letters		
• Information about your accommodation		
• Contact information for local service providers		
• Recoding equipment and spare batteries (if using)		
• Name tag		
• Other form of identification		
• Copies of the information sheet for the research		
• Key contact phone numbers		
• Refreshments and water for yourself		
• Charged any equipment you might need (e.g. phones, etc. and carry spare top-up cards).		
• Ensure you have any personal items, medicines, etc., that you might need.		

Annex 1: Information sheet

Following the establishment of four CPC (located in Malindi, Garissa, Nakuru and Nairobi) in recent years (2012 – 2018), the Department of Child Services, with the support of UNICEF, has decided to conduct a formative evaluation of the CPC model. The broad objectives of this formative evaluation are to examine and evaluate:

- the design of the service model, particularly the extent to which is has been integrated into the national vision for protecting children, as well as the way it has been conceptualised within a wider set of social services for children and families.
- the different components of the CPC, assessing their contribution to the overall package of support for children and families, with a special focus on gender equity and inclusion of marginalised groups.
- the relevance of the CPC given the types of welfare and protection issues that children in these counties face.
- the effectiveness of the CPC in meeting the needs of children at risk, being accountable to beneficiaries, and addressing specific protection issues.
- the efficiency of the CPC, the extent to which it represents 'value for money' and is being implemented in a cost-efficient way; and
- the sustainability of the existing CPC and the viability of scaling-up the model throughout the country.

The evaluation will examine the principal factors for the successful implementation of the model (what worked) in order to replicate these, as well as learn more about factors that have hindered progress (what didn't work) and identify modifications or, if necessary, fundamental revisions to address challenges during the scaling up process.

The analysis and conclusions of this evaluation will inform the Government, particularly the Department of Children's Services, about the achievements and challenges experienced during the piloting of the service model since its initiation in Malindi in 2012. It is essential to evaluate the merits of the CPC model through a comprehensive analysis and to feed this information into on-going efforts to strengthen the child protection system in Kenya.

As the evaluation is designed to be formative in nature, the recommendations will be drafted to guide the strategy for effective scaling up from the current four CPC across the country, ensuring the service fits within the broader child protection system and contributes to a service paradigm that has positive impact on children's lives. Furthermore, at the national level, the conclusions will influence the new Response Plan on Violence against Children and inform UNICEF's mid-terms review of its Country Programme.

The intended audience of the evaluation is UNICEF Kenya, the Department for Children's Services (Ministry of Gender, Children and Social Development). Child Frontiers is skilled at developing tailored, evidence-based, constructive recommendations and practical guidance to inform the decisions of government and UNICEF programmes.

Annex 2: Coversheet for Focus Group Discussions

Respondent Group:

- Girls aged 8-12 who have used or live near to the CPC
- Boys aged 8-12 who have used or live near to the CPC
- Girls aged 13-17 who have used or live near to the CPC
- Boys aged 13-17 who have used or live near to the CPC
- Parents / guardians of children who have used or live near to the CPC
- Social welfare providers in the community where CPC is situated
- Senior staff of CPC and relevant county and district-level officials

Number of participants:

Information about the FGD:
Location:
Community name:
Date:
Venue (exact place where the FGD was conducted):
Interviewer:
Note-taker(s):
Was anyone else present? (specify who + relationship to participants):
FGD start time: _____ **FGD end time**: _____

Were these notes taken during the interview? Yes □ After the interview □

Has an explanation of the research been given to the participants in the FGD and do they understand what will be done with the information provided? Yes □ No □

Has each individual participant in the FGD given consent? Yes □ No □

Has the Standard Observation Sheet been completed?

PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE – EVERY LITTLE OBSERVATION, EXPLANATION, AND INSIGHT COUNTS!

Annex 3: Coversheet for semi-structured interviews

Name of person being interviewed:
Job title / position (if appropriate):
Age: **Sex:**

Information about the interview:
Location:
Community name:
Date:
Venue:
Interviewer:
Note-taker:
Was anyone else present? (specify who + relationship to interviewee):
Interview start time: _____ **interview end time**: _____
Were these notes taken during the interview? Yes □ After the interview □

Has an explanation of the research been given to the interviewee and does s/he understand what will be done with the information provided? Yes □ No □

Has the interviewee given consent? Yes □ No □

Has the Standard Observation Sheet been completed?

PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE – EVERY LITTLE OBSERVATION, EXPLANATION, AND INSIGHT COUNTS!

Annex 4: Coversheet for testimonials

Name of individual providing testimonial:
Age: **Sex:**
Information about the interview:
Date:
Community name:
Venue:
Interviewer:
Note-taker:
Was anyone else present? (specify who + relationship to interviewee):
Interview start time: _____ **interview end time**: _____
Were these notes taken during the interview? Yes □ After the interview □

Information about the individual providing the testimonial:
Relationship status? (e.g. unmarried? engaged? married? divorced?)
Living arrangements (e.g. with husband, parent(s)/guardian(s), other)
Enrolled in school?
Grade level completed?
Disabled? (if appropriate, provide details of mental or physical disability): Yes □ No □
Any other relevant details to be noted?

Has an explanation of the research been given to the interviewee and does he or she understand what will be done with the information provided in the testimonial?
Yes □ No □

Has the interviewee given consent? Yes □ No □

Has the Standard Observation Sheet been completed?

PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE – EVERY LITTLE OBSERVATION, EXPLANATION, AND INSIGHT COUNTS!

Annex 5: Standard Observation Sheet (for All tools)

Facilitator name:

Note taker name:

Date of session:

Time of session: From.....To.....

Place of data collection:

What factors may have influenced the collection of data during this session?

Facilitator: Note taker:

Children/adults:

Characteristics of the place where data were collected:

Weather:

Interruptions/distractions:

Other comments:

Annex 6: Consent form for ADULTS

We work for Child Frontiers, a global consultancy company. We have been asked by the Department of Children's Services and UNICEF to conduct an evaluation of the Child Protection Centre (CPC) model here in Kenya. The evaluation will explore the things that have either helped or hindered implementation of the CPC service model to identify solutions or recommendations for the government and their partners. The basic idea is to check if the CPC have been successful in providing services for children and families and what changes might be required if the government decides to open more CPC across the country. The evaluation team is collecting insights, experiences and perspectives from children and adults about the CPC in Malindi, Garissa, Nakuru and Nairobi.

This interview will take 1 hour/ The group discussion will take 2 hours (Evaluator - delete as appropriate). No one will be paid or receive any other benefits from taking part in this evaluation. We do not think there are any risks for taking part in this discussion. If you find the discussion upsetting, or if you are worried taking part will cause you any problems, you can choose to stop at any time.

We would like to take notes during the discussion with your permission. We will not share these notes with anyone apart from other people working on this evaluation. We will use this information to write a report which will include what you and others have told us. However, all information provided in the final report will be kept anonymous. This means that we will not include your name in the report. If you are taking part in a group discussion, please do not share what we have discussed today with others (Evaluator - delete as appropriate).

If you tell us a about a situation where a child is currently being abused, or is at immediate risk of harm, we have a duty to tell social workers or others so that they can help the child.

The Department of Children's Services and UNICEF are very keen to learn what has worked well, and anything that has not worked so well during this programme, or any problems that you have faced. It is especially important that you speak freely and honestly.

You have a choice about whether you take part in this discussion. You can choose to leave at any time.

STATEMENT OF CONSENT:

I understand the purpose of this evaluation and voluntarily agree to take part in this discussion

Name:

Signature:

Details to be completed by the evaluation team:

The participant has understood the nature of the discussion, was given an opportunity to ask any questions they may have, and has voluntarily agreed to take part in this discussion:

Name:

Signature:

Date:
Location:
Category:
Focus group discussion or interview:
Focus group discussion or interview number:

Annex 7: Assent form for CHILDREN

We work for Child Frontiers, a global consultancy company. We have been asked by the Department of Children's Services and UNICEF to conduct an evaluation of the Child Protection Centre (CPC) model here in Kenya. The evaluation will explore the things that have either helped or hindered implementation of the CPC service model to identify solutions or recommendations for the government and their partners. The basic idea is to check if the CPC have been successful in providing services for children and families and what changes might be required if the government decides to open more CPC across the country. The evaluation team is collecting insights, experiences and perspectives from children and adults about the CPC in Malindi, Garissa, Nakuru and Nairobi.

The group discussion will take approximately 1.5 hours. No one will be paid or receive any other benefits from taking part in this evaluation. We do not think there are any risks for taking part in this discussion. If you find the discussion upsetting, or if you are worried taking part will cause you any problems, you can choose to stop at any time.

We would like to take notes during the discussion with your permission. We will not share these notes with any one apart from other people working on this evaluation. We will use this information to write a report which will include what you and others have told us. However, all information provided in the final report will be kept anonymous. This means that we will not include your name in the report. If you are taking part in a group discussion, please do not share what we have discussed today with others.

If you tell us a about a situation where a child is currently being abused, or is at immediate risk of harm, we have a duty to tell social workers or others so that they can help the child.

UNICEF are very keen to learn what has worked well, and anything that has not worked so well during this programme, or any problems that you have faced. It is especially important that you speak freely and honestly.

You have a choice about whether you take part in this discussion. You can choose to leave at any time.

STATEMENT OF ASSENT:
I understand the purpose of this evaluation and voluntarily agree to take part in this discussion

Name:

Signature:

Details to be completed by the evaluation team:

The participant has understood the nature of the discussion, was given an opportunity to ask any questions they may have, and has voluntarily agreed to take part in this discussion:

Name:

Signature

Date:
Location:
Category:
Focus group number:

Annex 8: Consent form for PARENTS/CARERS

We work for Child Frontiers, a global consultancy company. We have been asked by the Department of Children's Services and UNICEF to conduct an evaluation of the Child Protection Centre (CPC) model here in Kenya. The evaluation will explore the things that have either helped or hindered implementation of the CPC service model to identify solutions or recommendations for the government and their partners. The basic idea is to check if the CPC have been successful in providing services for children and families and what changes might be required if the government decides to open more CPC across the country. The evaluation team is collecting insights, experiences and perspectives from children and adults about the CPC in Malindi, Garissa, Nakuru and Nairobi.

We would like to speak with a child in your care [name the child].

The group discussion will take approximately 1.5 hours. No one will be paid or receive any other benefits from taking part in this evaluation. We do not think there are any risks for your child taking part in this discussion. If they find the discussion upsetting, or if you are worried taking part will cause them any problems, you can choose to stop at any time.

We would like to take notes during the discussion with your permission. We will not share these notes with any one apart from other people working on this evaluation. We will use this information to write a report which will include what you and others have told us. However, all information provided in the final report will be kept anonymous. This means that we will not include your child's name in the report.

If your child tells us a about a situation where a child is currently being abused, or is at immediate risk of harm, we have a duty to tell social workers or others so that they can help the child.

You have a choice about whether you agree that your child can take part in this discussion, and you can choose to withdraw your child from the discussions at any time. We will also ask your child if they are willing to be in take part and tell them that they can choose to leave at any time.

STATEMENT OF CONSENT:
I understand the purpose of this evaluation and voluntarily agree to let my child take part in this discussion

Name:

Signature:

Details to be completed by the evaluation team:

The participant has understood the nature of the discussion, was given an opportunity to ask any questions they may have, and has voluntarily agreed to allow their child to take part in this discussion:

Name:

Signature

Name of child:
Date of child's focus group:
Location:
Category of child:
Child's focus group number:

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