

Kenya's Journey Towards Protecting Children: A Decade of Change (2010–2019)





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FOREWORD

As we reflect on the progress we have made and the challenges that persist in our collective journey to eradicate Violence Against Children (VAC), we stand at a crucial juncture in our commitment to the well-being and safety of Kenyan children. This report presents the findings of a comprehensive study on VAC prevention and response in Kenya and serves as a testament to our unwavering dedication to this paramount endeavor.

Violence Against Children encompasses various forms of child abuse, including neglect, defilement, physical and emotional abuse, and harmful cultural practices. Its impact is profound, leading to physical injuries, psychological trauma, and negative health outcomes for our children.

Over the past two decades, Kenya has increasingly focused on identifying effective strategies to prevent and respond to VAC. In 2010, Kenya participated in the first Violence Against Children and Youth Surveys (VACS), which revealed alarming levels of violence against children. Subsequently, Kenya developed a National Response Plan (NRP) for VAC 2013–2018, providing a comprehensive VAC prevention and response framework. A decade later, The Kenya National Violence Against Children Survey 2019 was conducted demonstrating significant reductions in the prevalence of VAC, particularly in sexual and physical violence. These positive changes were accompanied by increased awareness and willingness to access support systems. However, challenges remain, particularly in addressing unwanted attempted sexual activities among girls aged 13 to 17.

This report delves into the substantial progress made in addressing VAC in Kenya. It examines legal frameworks, policies, and guidelines for VAC prevention and response and explores the strategies, interventions, coordination mechanisms, and structures and processes established to strengthen VAC prevention and response services. Furthermore, it provides valuable insights into stakeholders' perspectives, initiatives, and key findings, offering implications and recommendations for enhancing VAC prevention and response in Kenya.

The findings from this study are instrumental in shaping the future of VAC policies and interventions in Kenya. Understanding the changes in VAC prevalence is essential for eradicating this pervasive issue. This report underscores the importance of a multi-faceted approach, collaboration among sectors, data-driven decision-making, and meaningful child participation in achieving lasting VAC prevention and response in Kenya.

As we look to the future, we remain committed to building a safer and more secure environment for our children. The journey is far from over, but we are armed with insights and recommendations that will guide us toward even more comprehensive and impactful approaches to VAC prevention and response.



Hon. Florence Bore
Cabinet Secretary

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The commitment of the Kenyan Government to child protection, highlighted in the Kenyan Constitution 2010, underscored the importance of child protection. We acknowledge the tireless efforts of our Government Ministries and Agencies in reforming legal frameworks, policies, and programs aimed at VAC prevention and response, setting the stage for comprehensive data collection through the 2010 and 2019 VAC Surveys.

We recognise the Directorate of Children Services led by Mr. Shem Nyakutu, for his leadership in coordinating this study. Special acknowledgement goes to Vivienne Mang'oli for her unwavering dedication and support throughout the study. This study was conducted through a participatory approach, as a collaborative effort between the Directorate of Children Services in extensive consultations with a host of Government and NGO.

Our deepest appreciation to all the participants and key informants whose invaluable insights, shared during interviews, have enhanced our comprehension on approaches implemented to tackle VAC during the study period. We extend our gratitude to the children who contributed to this study by validating its findings. Their insights and experiences were instrumental in enhancing our understanding of Violence Against Children in Kenya and have been central in shaping the recommendations made herein.

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ACRONYMS

AAC	Area Advisory Council
ACRWC	The African Charter on the Rights and Welfare of the Child
APEVAC	African Partnership to End Violence Against Children
CAAC	County Area Advisory Council
CBO	Community-Based Organization
CCI	Charitable Children Institution
CDC	Centres for Disease Control and Prevention
CEDAW	The Convention on the Elimination of All Forms of Discrimination against Women
CPC	Child Protection Centres
CPiE	Child Protection in Emergency
CPMIS	Child Protection Management Information System
CPUs	Child Protection Units
CPVs	Child Protection Volunteers
CPWG	Child Protection Working Group
CRCs	Convention on the Rights of the Child
CSO	Civil Society Organization
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
DAAC	District Area Advisory Council
DCS	Directorate of Children's Services
DHIS	District Health Information System
FBO	Faith-Based Organization
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GoK	Government of Kenya
IPV	Intimate Partner Violence
KII	Key Informant Interview
LAAC	Local Area Advisory Council
LVCs	Lay Volunteer Counsellors
MoE	Ministry of Education
MOH	Ministry of Health
NACOSTI	National Commission for Science, Technology, and Innovation
NCCS	National Council for Children's Services
NCPF	National Child Protection Framework
NCPs	National Child Protection System
NGO	Non-Governmental Organization
NRP	National Response Plan
OCSEA	Online Child Sexual Exploitation and Abuse
OVC	Orphaned and Vulnerable Children
PSSB	Presidential Secondary School Bursary
SGBV	Sexual and Gender-Based Violence
SLAAC	Sub Location Area Advisory Council
SOA	Sexual Offences Act
SRGBV	School-related Gender-Based Violence
TWGs	Technical Working Groups
VAC	Violence Against Children
VACS	Violence Against Children and Youth Surveys
VAW	Violence Against Women
VAW/C	Violence Against Women and Children
VAW/G	Violence Against Women and Girls
WHO	World Health Organization

KEY TERMS AND DEFINITION

A child is defined as an individual who has not attained the age of eighteen (Government of Kenya, 2010; the Republic of Kenya, 2022).

Child protection is measures and structures that prevent and respond to abuse, neglect, exploitation, and violence affecting children (National Council for Children's Services, 2011).

Child marriage means marriage or cohabitation with a child or any arrangement made for such marriage or cohabitation (Republic of Kenya, 2022).

'Corporal' (or 'physical') punishment is defined as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light (UNICEF, 2014).

Defilement refers to committing an act which causes penetration with a child (Sexual Offences Act No. 3 of 2006, 2006).

Emotional violence refers to ongoing emotional maltreatment or emotional neglect of a child, also called psychological abuse, which seriously damages a child's emotional health and development. It can involve many forms, including threats, humiliation, and exposure to domestic violence (UNICEF, 2014).

Female genital mutilation refers to a harmful cultural practice, a procedure that intentionally involves partial or total removal of the external female genitalia or other injuries to the female genital organ for non-medical reasons (Republic of Kenya, 2022; Prohibition of Female Genital Mutilation Act, 2011)

Harmful cultural and social norms, practices, and traditions refer to all behaviours, attitudes and or practices which negatively affect the fundamental rights of children, such as their right to life, health, dignity, education and physical integrity (African Union, 1987; Republic of Kenya, 2022; United Nations, 1989; United Nations General Assembly, 1979).

Orphan and vulnerable children are children who have lost one or both parents as a result of death or a child whose safety, wellbeing, and development are, for various reasons, threatened, including children who are emotionally deprived or traumatised (Department of Children Services, 2010; Republic of Kenya, 2022). They are defined in the OVC-CT programme as (State Department for Social Protection, 2017) children aged 0-17 years old with at least one deceased parent, or a parent who is chronically ill, or whose main caregiver is chronically ill (State Department for Social Protection, 2017).

Physical violence against children includes all corporal punishment and all other forms of torture, cruel, inhuman or degrading treatment or punishment, as well as physical bullying and hazing (physical brutality or humiliation) by adults or by other children. Most involve hitting ('smacking', 'slapping', 'spanking') children with the hand or with an implement – a whip, stick, belt, shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, caning, forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion (UNICEF, 2014).

Referred to other Government agencies refers to passing a child's matter/case to the Ministry of Education, Ministry of Health, Police, Ministry of Interior & Internal coordination, Probation, or Other Sub-county children's officers, which has more expertise or authority for further intervention in the best interest of the child (Government of Kenya, 2001).

Referred to other non-state agencies refer to Passing a child's matter/case to other agencies- INGOs, NGOs, FBOs, CBOs, who have more expertise or authority for further intervention in the child's best interest (Government of Kenya, 2001).

Family reintegration refers to the process by which a child is reunited with his/her parents, extended family, or legal guardian and can integrate back into their family. During this process, activities will equip the child and the family with the necessary capacity, including resources for proper placement and reintegration (Government of Kenya & UNICEF, 2014).

Reintegrated refers to the gradual, result-oriented, and community-supervised process of helping a child adjust, settle, and adopt the life in his/her family system. Child reintegration is the planned, structured and result-oriented rehabilitation programme undertaken by the institution to ensure a child's successful placement and reunification into their family and community or to another family based on alternative care placements (Government of Kenya & UNICEF, 2014).

Sexual exploitation and abuse refer to a child's involvement in sexual exploitation and abuse through prostitution, inducement, or coercion to engage in any sexual activity, and exposure to obscene materials (pornography) (Republic of Kenya, 2012).

Sexual violence against children comprises any sexual activities imposed by an adult on a child against which the child is entitled to protection by criminal law. This includes

- (a) The inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity;
- (b) The use of children in commercial sexual exploitation;
- (c) The use of children in audio or visual images of child sexual abuse; and
- (d) Child prostitution, sexual slavery, sexual exploitation in travel and tourism, trafficking for purposes of sexual exploitation (within and between countries), sale of children for sexual purposes and forced marriage. Sexual activities are also considered as abuse when committed against a child by another child if the offender is significantly older than the victim or uses power, threat or other means of pressure. Consensual sexual activities between children are not considered as sexual abuse if the children are older than the age limit defined by the State Party (UNICEF, 2014).

Violence against children is defined as "the intentional use of physical force or power, threatened or actual, against an individual who is a minor (younger than 18 years), which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation" (Krug et al., 2002).

Violence Against Children and Youth Surveys are nationally representative household surveys of adolescents and young people (age 13-24) that measure the prevalence and circumstances surrounding sexual, physical, and emotional violence in childhood and young adulthood (CDC, 2023).

EXECUTIVE SUMMARY

This summary presents the main findings from the qualitative study on VAC conducted to examine the shifts in children's experiences of violence in Kenya from 2010 to 2019. The study explored VAC policies and guidelines established during this period. It also reviewed the strategies and interventions employed and the coordination and implementation mechanisms, including building service providers' capacity and strengthening information systems to reinforce VAC prevention and response services.

Key Highlights:

Factors that contributed to the decline in VAC prevalence

Our research indicates that several factors enhanced the prevention of VAC during the study period. These factors include:

1. **Government Leadership and Multisectoral Collaboration:** The Government demonstrated strong commitment and leadership in addressing VAC through strategic partnerships and developing the National Response Plan (NRP). This plan served as a comprehensive framework uniting efforts across various sectors, including health, education, justice, and social services. Over ten years, there has been significant progress in updating old VAC-related legislation and policies and introducing new ones. The Government also recognised the importance of strengthening coordination and collaboration to improve VAC services. However, despite these legal and policy advancements, challenges persisted in the enforcement and practical application of these frameworks, with funding limitations posing difficulties in maintaining effective coordination structures.
2. **System Strengthening for VAC Prevention Programs:** Efforts to enhance human resource capacities and refine data collection and reporting systems contributed to the improved quality of VAC services. Investment in training service providers across various sectors, such as Child Protection Volunteers, improved service accessibility. However, challenges like training programs geared toward general GBV rather than specific VAC and insufficient staff were noted.
3. **Meaningful Child Participation:** The study participants emphasised the Kenyan Government's efforts to enhance child participation in addressing VAC by introducing child participation guidelines and initiatives such as Children's Assemblies and Child Rights Clubs in schools. These steps aimed to empower children to contribute actively to discussions on their welfare and protection. Despite these positive developments, participants noted a need to ensure that children's contributions are substantial, that all children, including those affected by VAC, are fairly represented, and that their voices are genuinely considered in participation frameworks.
4. **Expansion of VAC Prevention Services:** There was an expansion in the rollout of services aimed at preventing VAC, shifting from predominantly supporting response services to prevention initiatives. The participants identified the following strategies as key contributors to the noted VAC reduction:
 - a. **Community Awareness creation and mobilisation:** Study participants highlighted several community awareness and mobilisation interventions implemented during the decade. Key examples include using local radio stations to disseminate VAC messaging to community members and employing nationwide campaigns to equip children and community members with information on identifying, reporting, and participating in prevention interventions against VAC within their communities. Participants believed that these initiatives played a crucial role in raising public awareness about the various forms of VAC, the norms that perpetuate them, and promoting collective grassroots action against child abuse.
 - b. **School Enrollment and Safe School Environment:** The enactment of the Basic Education Act in 2013, coupled with initiatives supporting girls' education and school re-entry programs, improved school enrollment and retention.
 - c. **Household Economic Resilience:** The study participants emphasised improving household financial stability as a vital strategy to improve VAC during the study period. Key interventions implemented involved government-led cash transfer programmes, notably the Cash Transfer to Orphaned and Vulnerable Children (CT-OVC), the Hunger Safety Net Programme, the Urban Food Subsidy Programme (UFSP), and the Presidential Bursary Scheme for Orphans and Vulnerable Children. These programmes delivered consistent financial support to disadvantaged families.

d. **VAC Response and Support Services:** From 2010 to 2019, significant progress was made in responding to VAC across various sectors. Key developments included the establishment of Child Protection Units in police stations to provide essential support and safety for children. In the legal domain, the creation of Children's Court Users Committees improved public interaction with judges and access to justice. The Ministry of Health and the Directorate of Children's Services focused on providing comprehensive support to child survivors and their families, including psychosocial services. The national toll-free helpline (116) was expanded to increase its reach.

5. **Funding for VAC Services:** The Government implemented several strategies to enhance its financial support for VAC prevention and response during the study period. These measures included advocating with various stakeholders and funders for the significance of addressing VAC, informed by the findings of the VACS study, and expanding partnerships with new donors. Additionally, forging collaborations with local private-sector entities was a key step. There was a noticeable increase in the number and scale of VAC prevention programs and the expansion of the sectoral workforce, suggesting a rise in investment.

IMPLICATIONS

This study's findings emphasise the need for the Kenyan Government and its partners to scale up their efforts to prevent and address VAC rapidly. To achieve this, the following actions are required:

1. **Enhancing Financial Investments:** Increased domestic funding and collaboration with the private sector are essential to combat VAC. The integration of VAC programs with initiatives in HIV, SRHR, parenting, education, and VAW can create a comprehensive approach for more effective interventions. Core and multi-year funding is crucial for sustainable change.
2. **Enforcing VAC Laws and Policies:** Kenya has advanced significantly in formulating VAC-related laws and policies. The prevention of VAC hinges on the rigorous enforcement of these measures. Therefore, the National Government must integrate these laws and policies within every county's local framework to guarantee compliance with legal standards and promote a consistent approach to combating VAC nationwide.
3. **Improving Service Provider Capacities:** Enhancing the capabilities of service providers is vital. This includes increasing staff dedicated to VAC services and providing specialised VAC training across sectors. Training should cover foundational concepts of VAC and focus on prevention programming. Cross-sectoral collaboration is imperative.
4. **Genuine Child Participation:** Progress has been made in enabling children to express their concerns, but there is a need for genuine child participation in policy formulation and program design. This requires direct communication channels with children, robust feedback mechanisms, dedicated officials, and accessible online platforms. Policymakers should champion child participation.
5. **Evaluating and Scaling Up Effective Interventions:** Our research identifies multiple strategies and interventions that could prevent VAC. Nevertheless, there needs to be a more formal evaluation of these interventions within their implementation contexts in Kenya. Assessing the effectiveness of these interventions and understanding the best ways to utilise them is essential. This necessitates a thorough evaluation to measure their success and, if proven effective, consider expanding them to benefit a wider population.
6. **Adopting Programs for Adolescent Girls:** VAC prevention programs should consider the distinct needs and developmental stages of adolescent girls. Data collection should focus on adolescents' experiences, and interventions must challenge prevailing gender dynamics that contribute to violence. More investment in girls' programming models is needed, including initiatives like school re-entry programs for adolescent girls.
7. **Enhancing Data Collection Systems:** Equipping service providers with data recording skills and interconnecting data systems across sectors is crucial. A comprehensive solution is needed to aggregate high-level data for a broader view of VAC prevention at the national level.

Our research identifies multiple strategies and interventions that could prevent VAC. Nevertheless, there needs to be a more formal evaluation of these interventions within their implementation contexts in Kenya. Assessing the effectiveness of these interventions and understanding the best ways to utilise them is essential. This necessitates a thorough evaluation to measure their success and, if proven effective, consider expanding them to benefit a wider population.



INTRODUCTION



1 INTRODUCTION

Violence Against Children (VAC) is a global problem which has negative consequences not only for abused children but also for society. Over the past decade, international interest has steadily increased in determining what strategies and interventions work to prevent VAC. As a result, since 2007, the Centers for Disease Control and Prevention (CDC), as part of the Together for Girls partnership, collaborated with various governments to conduct the Violence Against Children and Youth Surveys (VACS) to measure the prevalence, nature, and consequences of physical, emotional, and sexual violence against children and youth. VACS findings have offered high-quality and reliable evidence for governments to make informed decisions regarding allocating limited resources for developing, implementing, and evaluating violence prevention programmes and child protection systems.

In 2010, Kenya demonstrated its commitment to eradicating VAC by becoming the third country globally to participate in the VACS. The findings of this survey were alarming, indicating that a significant proportion of children in Kenya experienced violence. Among youth aged 18 to 24, approximately 76% of females and 80% of males experienced violence at least once during childhood. Fewer than 10% of those who experienced violence received professional help (The United Nations Children's Fund (UNICEF), The Centers for Disease Control and Prevention (CDC), Kenya National Bureau of Statistics, 2012).

Following the 2010 survey, the Kenyan Government and its partners developed a National Response Plan (NRP) for VAC 2013–2018, which served as the primary framework for designing and implementing the VAC programme. The NRP focused on six key pillars: addressing legislative and policy issues, ensuring the availability of quality services, coordinating the child protection sector, identifying and addressing circumstances where violence occurs, advocacy and communication, information management, and capacity building.

In 2019, the Kenyan Government conducted a second VACS to gather updated data on the prevalence, nature, and consequences of physical, emotional, and sexual violence against children (Ministry of Labour and Social Protection, 2019a). The study revealed that VAC remained highly prevalent in the country. However, there was a noticeable reduction in the proportion of children who experienced violence. Approximately 45.5% of females and 56.1% of males experienced childhood violence.

The 2010 and 2019 VACS utilised a similar sampling approach and measures, enabling analysis of changes in violence and related factors over time. Both surveys were cross-sectional national household surveys targeting young people aged 13–24 to provide national estimates of physical, sexual, and emotional violence.

A comparative quantitative study of the two VACS conducted in 2020 revealed notable declines in the prevalence of lifetime sexual, physical, and emotional violence between 2010 and 2019 for both females and males (Annor et al., 2022). The study found that sexual violence decreased by 50% for females aged 18 to 24 and 66% for males in the same age group between 2010 and 2019. Additionally, physical violence witnessed reductions of more than 40% for females aged 18 to 24 years and over 25% for males in the same age group during the same period. In addition, a higher percentage of females sought and received services for sexual violence, and a larger proportion of males knew where to seek help in 2019 compared to 2010, illustrating growing awareness and willingness to access support systems. While the results indicate positive changes in prevalence across nearly all indicators, it is key to note that there was an increase in unwanted attempted sex in the last 12 months among girls aged 13 to 17 years. A summary of the key indicators and results can be found in Table 1.

Table 1: Changes in prevalence of lifetime experience and contextual factors of VAC between the 2010 and 2019 Kenya Violence Against Children and Youth Surveys (VACS)

Country Profile Statistics						
VAC indicator	2010 statistics		2019 statistics		Change in prevalence. (increase/decrease in % points) *	
	Boys Weighted % (95% CI)	Girls Weighted % (95% CI)	Boys Weighted % (95% CI)	Girls Weighted % (95% CI)	Boys (95% CI)	Girls (95% CI)
Prevalence indicators						
Any lifetime sexual violence	19.7 (16.6 - 22.7)	36.2 (3.15 - 41)	11.4 (9 - 13.8)	25.2 (22.3 - 28.2)	-8.3 (-7.6 -- -8.9)	-11.0 (-19.15 -- -12.8)
Any lifetime physical violence	78.7 (75.5 - 81.8)	74.9 (68.7 - 81)	52.7 (45.5 - 59.9)	45.9 (42.1 - 49.7)	-26 (-30 -- -21.9)	-29.0 (-26.6 -- -31.3)
Any lifetime emotional violence	29.8 (25.8 - 33.8)	28.4 (24.6 - 32.2)	11.5 (8.7 - 14.4)	16.8 (14.3 - 19.3)	-18.3 (-17.1 -- -19.4)	-11.6 (-10.3 -- -12.9)
Any lifetime violence	83.0 (80.1 - 85.9)	82.5 (78 - 87.1)	56.6 (49.8 - 63.4)	58.3 (54.2 - 62.4)	-26.4 (-30.3 -- -22.5)	-24.2 (-23.8 -- -24.7)
Contextual factors						
Disclosure and service seeking						
Told someone	31.8 (25.5 - 38.1)	43.0 (38.1 - 48)	27.9 (16.8 - 38.9)	46.7 (38.7 - 54.8)	-3.9 (-8.7 -- -0.8)	+3.7 (+0.6 - +6.8)
Knew of a place	15.5 (9.6 - 21.5)	25.0 (18.3 - 31.7)	33.1 (17.2 - 49)	33.7 (27.9 - 39.5)	+17.6 (+7.6 - +27.5)	+8.7 (+9.6 - +7.8)
Sought services	3.8 (0.9 - 6.6)	4.6 (1.6 - 7.7)	6.8 (0.3 - 13.3)	11.3 (7 - 15.6)	+3.0 (+0.6 - +6.7)	+6.7 (+5.4 - +7.9)
Received services	1.9 (0.2 - 3.5)	3.0 (0.8 - 5.1)	6.0 (0 - 12.4)	10.0 (5.8 - 14.1)	+4.1 (+0.2 - +8.9)	+7.0 (+5 - +9)

Adapted from Kenya National Bureau of Statistics et al., 2012; Ministry of Labour and Social Protection, 2019c.

*All data has been controlled for covariates.

The comparative data provided valuable insights into the progress achieved over the years, shedding light on areas that required additional attention. The observed decreases in the prevalence of VAC, along with improvements in disclosure and seeking services for sexual violence, signified noteworthy accomplishments in public health.

It was recognised that sole reliance on quantitative surveys would be inadequate to understand the reasons behind the decline in VAC in Kenya. In response, the Kenyan Government, alongside LVCT Health, conducted this qualitative study, engaging a wide range of stakeholders to explore the factors contributing to this decline. The research sought to gather insights that could be used to refine existing policies, interventions, and strategies for VAC prevention.



BACKGROUND

2

2 BACKGROUND

2.1 Prevalence and consequences of VAC in Kenya

Violence against children is highly prevalent globally and in Kenya. Recent estimates indicate that over one billion children aged 2-17 years worldwide, representing more than 50% of all children, have experienced at least one form of physical, sexual, or emotional violence in the past year (Hillis et al., 2016). Similarly, approximately 50% of the African child population have encountered or witnessed some form of violence, encompassing physical, sexual, or emotional abuse (Hillis et al., 2016).

Like other countries, Kenya faces the challenge of high rates of VAC. From birth to adulthood (0-17 years), children in Kenya experience and witness alarming levels of violence (Ministry of Labour and Social Protection, 2019a). For instance, in 2019, just under half of all girls and 56.1% of boys reported experiencing at least one type of violence.

Childhood violence manifests in different forms, with neglect, defilement, physical abuse, emotional abuse, and child marriage being among the most prevalent, according to a report by the Ministry of Labour and Social Protection State Department of Social Protection (Ministry of Labour and Social Protection, 2019b).

The prevalence of these different forms of violence is influenced by age. For example, infants and young children aged 0-5 are particularly vulnerable to physical violence and neglect by their caregivers, while school-aged children aged 6-11 years face risks of physical, sexual, and emotional abuse by caregivers and schoolteachers, as well as bullying in schools and communities. On the other hand, adolescents aged 12-18 report experiencing similar forms of violence, including sexual violence, child marriage, and human trafficking (Ministry of Labour and Social Protection, 2019b).

Gender also plays a significant role in the prevalence of various forms of violence in Kenya. According to the 2019 VACS (Ministry of Labour and Social Protection, 2019a), females in Kenya are more likely than males to experience sexual violence in childhood, with a lifetime prevalence of 25.2% compared to 11.4% in males. This highlights the alarming rate at which females are subjected to sexual violence during their formative years. Additionally, females also face other common forms of violence, including intimate partner violence (IPV), harmful cultural practices such as early/forced marriage, genital mutilation, and trafficking for sexual exploitation, among others (Ministry of Labour and Social Protection, 2019a). On the other hand, males in Kenya are more likely to experience physical abuse. This includes corporal punishment from parents, caregivers, and other authority figures, peer bullying and youth violence (Ministry of Labour and Social Protection, 2019a).

VAC has profound and wide-ranging consequences for the affected individuals and society. It leads to physical injuries, psychological trauma, and even fatalities, highlighting the severity of the issue. Moreover, VAC is associated with negative health outcomes, including an increased risk of HIV infection, substance abuse, and mental health disorders, further exacerbating the challenges affected children face. The repercussions of VAC extend beyond the individual child, impacting families and communities. Those who experience VAC often struggle to form healthy relationships, succeed in school, and find adult employment. Additionally, studies in Kenya have found that children who witness violence are more likely to become victims or perpetrators of violence later in life (Ministry of Labour and Social Protection, 2019c). Child marriage profoundly impacts girls' exposure to violence and is multi-generational (Girls Not Brides, n.d.).

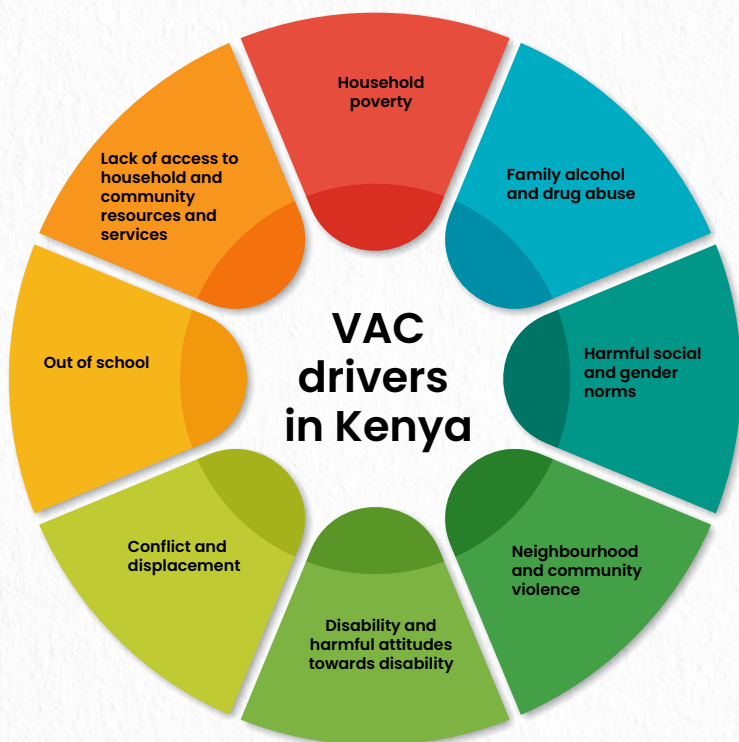
Finally, the economic costs of VAC are substantial, with estimates suggesting that globally, child maltreatment accounts for up to 8% of GDP, with 2% being the lowest estimate for low- and middle-income economies (dos Santos Pais, 2015; Perezniето et al., 2014). In addition, indirect costs burden the economy, such as lost productivity, increased healthcare expenses, and reduced quality of life. Therefore, addressing VAC is a moral imperative for the well-being and development of individuals and the nation.

2.2 Risk factors and vulnerabilities for VAC in Kenya

Kenyan children face multiple risk factors and vulnerabilities that increase their likelihood of experiencing violence. According to a study by Wangamati et al., community members from one region in Kenya identified poverty as a key factor exacerbating children's vulnerability to sexual violence (Wangamati et al., 2018). This finding aligns with the Report on Child Vulnerability and Social Protection in Kenya by the World Bank, UNICEF, and the State Department for Social Protection and Senior Citizens, which identifies household poverty as a significant indicator of child vulnerability to violence (Gelders, 2018). Additionally, parental alcohol and drug abuse have been identified as significant risk factors for VAC in Kenya (UNICEF, 2014).

Other risk factors contributing to VAC include harmful social and gender norms, such as cultural practices that are based on and /or exacerbate gender inequality and the belief in corporal punishment of children as a form of discipline perpetuated by authority figures like caregivers/parents and teachers. Children living in violent neighbourhoods and unsafe communities, those experiencing unequal access to household and community resources and services, those facing barriers to participation and voice in the workforce, and those not in school are also at an increased risk of violence. Further, children with disabilities are also more vulnerable to violence, as their families or communities may see them as burdensome or less valuable (King & Chittleborough, 2022; Rodríguez et al., 2018). Finally, children in areas affected by conflict and displacement are also at higher risk of violence, including sexual violence (Office for the Coordination of Humanitarian Affairs (OCHA), 2015; Sapiezynska, 2021; UNICEF & Office of the Special Representative of the Secretary-General for Children and Armed Conflict, 2009).

Figure 1 Drivers of VAC in Kenya identified in the literature.



Given that VAC in Kenya is a complex issue with multiple risk factors and vulnerabilities, it necessitates a comprehensive approach that targets risk factors at different levels, engages multiple sectors and builds effective social welfare and support systems, including child protection, education, and health.

Box 1: Actors with a responsibility for child protection in Kenya.

Directorate of Children Services
National Council for Children services

- Ministry of Education
- Ministry of Health
- National Police Service
- Office of the Director of Public Prosecution
- National Legal Aid Service
- National Government Administrative Officers
- Judiciary
- Probation
- Charitable Children Institutions
- Non-governmental organisations
- Community-based organisations
- Faith based organisations
- Private sector
- Kenya Prisons Service

Sources: (Department of Children's Services, 2019; National Council for Children's Services, 2011)

2.3 Child protection system in Kenya

Kenya has made impressive progress in developing a comprehensive and effective child protection system to safeguard children from exploitation, abuse, and neglect. The Kenya Child Protection System is a multi-sectoral approach encompassing national and county-level laws and policies, bringing together Government and NGO service providers at all levels. This system contributes to establishing procedures, policies, regulations, and standards, enhancing and coordinating service delivery for child protection services, and expanding networking and collaboration across various sectors (Department of Children's Services, 2019a). In addition, it aims to promote the well-being of children by preventing and responding to violence, discrimination, abuse, and exploitation.

The Directorate of Children's Services (DCS) is the key entity responsible for implementing child protection services in Kenya. According to the Children Act of 2022, the DCS, under the guidance of its director, has the mandate to establish, promote, coordinate, and supervise services and facilities to advance the well-being of children and their families (Government of Kenya, 2001).

In addition to the DCS, other sectors and service delivery providers contribute to the Kenyan child protection system. These include Government agencies and NGO working in health, education, social welfare, and justice (Box 1). Through their collective efforts, these entities collaborate to provide comprehensive child protection services and support to vulnerable children and their families.

Overall, the child protection system in Kenya aims to address violence, abuse, and exploitation against children comprehensively. Multiple agencies and stakeholders work together to achieve this goal. One notable component is implementing a centralised Child Protection Information Management System (CPIMS) introduced in 2016 and progressively rolled out to all Counties. This system enabled regular data collection on the prevalence and incidents of child protection issues, fostering standardised data analysis and informed decision-making. However, data collection remains patchy, as illustrated in the 2016 DCS child protection data, which shows huge variations in the quantity and quality of routine case management data between counties (Department of Children Services, n.d.). However, the system faces challenges and gaps that hinder its effectiveness. Limited resources, including funding and personnel, create obstacles in providing adequate services. Insufficient capacity in terms of training and infrastructure hampers the system's ability to meet the diverse needs of children. Weak coordination among service providers leads to fragmented efforts and difficulties in delivering child protection services seamlessly (Department of Children Services & UNICEF Kenya, 2021; Government of Kenya et al., 2015). Addressing these challenges and strengthening the system's capacity and coordination is essential to ensure the effective protection of children in Kenya.



GOAL AND OBJECTIVES

3

3 GOAL AND OBJECTIVES

3.1 Study Goal

This study aimed to explore the perspectives of VAC stakeholders on the factors that contributed to the changes in children's experiences of violence in Kenya between 2010 and 2019

3.2 Study Objectives

The objectives of the study were:

1. To identify the VAC prevention and response legal frameworks, policies and guidelines developed and implemented between 2010 and 2019.
2. To explore the VAC prevention and response strategies, interventions, and services developed and implemented between 2010 and 2019.
3. To identify the VAC coordination mechanisms in place across relevant sectors between 2010 and 2019.
4. To identify the implementation mechanisms, structures, and processes (including service provider capacity building and information system strengthening) instituted between 2010 and 2019 to strengthen VAC prevention and response services.



CONCEPTUAL FRAMEWORK

4

4 CONCEPTUAL FRAMEWORK

The study's conceptual framework draws on Kenya's National Response Plan to Violence Against Children (2013–2018) (NRP) as a reflection of the Kenyan context at the study's outset in 2010. It also incorporates the INSPIRE framework established in 2016, derived from evidence with the highest potential for reducing VAC.

The NRP embraced a system-strengthening approach, aligning with the country's child protection system framework. It was key in shaping VAC prevention and response policies and programmes in Kenya between 2010 and 2019 and addressed VAC through six main pillars while the WHO INSPIRE framework – Seven strategies for ending violence against children highlights seven strategies, each grounded in the best available evidence to reduce VAC significantly. Moreover, INSPIRE includes two overarching activities: multisectoral actions and coordination and monitoring and evaluation, which facilitate the connection, enhancement, and assessment of progress across the seven strategies.

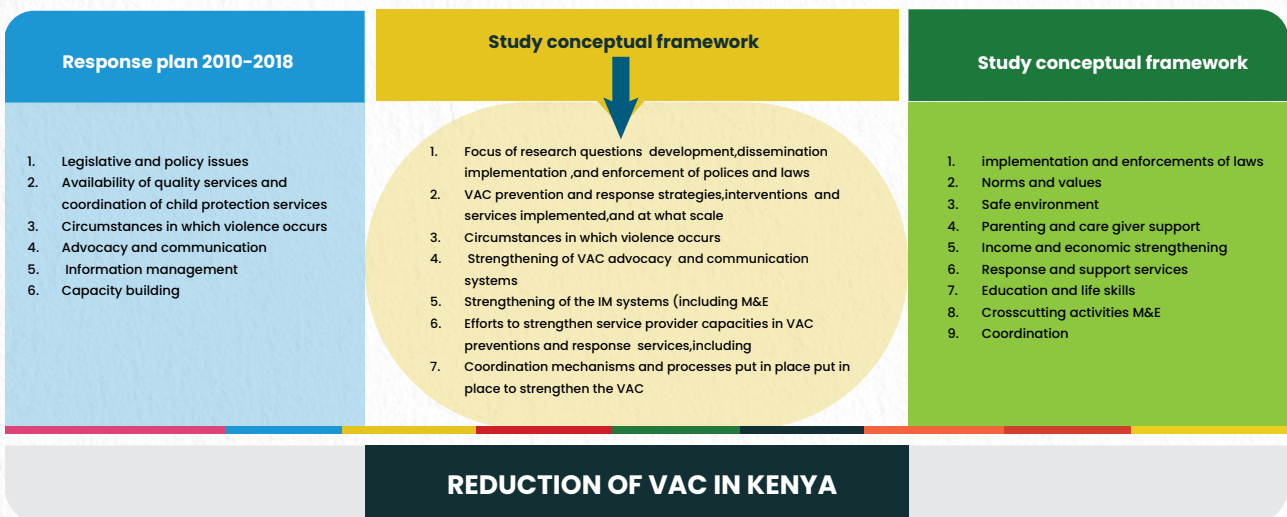
As illustrated in Figure 2, both frameworks share considerable similarities, with most of their components aligning directly.

Figure 2: Comparison of Kenya National Response Plan 2013–2018 pillars and the INSPIRE strategies and cross-cutting activities.

Response plan 2010–2018	INSPIRE Framework
<ol style="list-style-type: none"> 1. Legislative and policy issues (INSPIRE 1) 2. Availability of Quality services and coordination of the child protection sector (INSPIRE 2–7) 3. Circumstances in which violence occurs 4. Advocacy and Communication 5. Information Management (INSPIRE crosscutting) 6. Capacity Building 	<ol style="list-style-type: none"> 1. Implementation and enforcement of Laws 2. Norms and values 3. Safe environment 4. Parenting and care giver support 5. Income and economic strengthening 6. Response and support services 7. Education and life skills 8. Crosscutting Activities <ul style="list-style-type: none"> - M&E - Coordination

The study's conceptual framework thus builds on the VAC Response Plan's six pillars, which guided policy and programmatic actions from 2013 to 2018. Additionally, the framework examines how initiatives implemented during the study's scope align with evidence-based strategies known for their effectiveness in reducing VAC prevalence and risk (Figure 3).

Figure 3: The study's conceptual framework





METHODS

5

5 METHODS

5.1 Study design and sampling

This exploratory study was conducted between February and June 2023 and employed a qualitative approach, utilizing key informant interviews and desk reviews to gather data. It covered both the national and county levels. The county-level participants were chosen from Nairobi, Kisii, Kilifi, Kirinyaga, Makueni, Kakamega, Narok, and Nakuru. The selection of these counties sought to accommodate counties with varying VAC prevalence levels.

5.2 Study sampling

The study utilised a maximum variation purposive sampling method to ensure the inclusion of participants with diverse experiences relevant to the study (Collingridge D.S. & Gantt, 2008). The participants consisted of individuals representing Government agencies, NGO's, the private sector, and donor agencies who were actively involved in VAC-related policy, programming, research, and/or funding activities between 2010 and 2019. In addition to this initial selection, further respondents were identified through the snowballing technique. Study participants were asked to recommend others who could contribute additional insights and information to the research (Palinkas et al., 2015). This process allowed for including individuals who may have been overlooked and ensured a comprehensive exploration of the topic.

5.3 Data tools and collection

Interview guides

Key informant interview guides were employed for national and county-level Government actors, non-government implementing partners, funders, and private sector partners. The guides were designed to understand the stakeholders' perspectives on the strategies implemented during the study period and to assess their perceptions regarding the factors they believed could have contributed to the observed changes in VAC prevalence between the two surveys.

Key informant interviews

Primary data was obtained through 39 key informant interviews conducted via Zoom between March and April 2023 by trained research assistants using structured KII guides. In situations where virtual interviews were not feasible, face-to-face interviews were conducted.

Before commencing data collection, a pretest exercise was conducted to refine the interview protocols and ensure their appropriateness.

Research assistants were trained to conduct the interviews privately to uphold privacy and confidentiality. This measure was taken to maintain the confidentiality of the participant's responses and protect their privacy throughout the research process.

Desk review

Secondary data collection involved a rigorous desk review using an exploratory framework (Stebbins, 2001) to identify pertinent information on preventing and responding to VAC in Kenya. This review encompassed a range of data sources, such as laws, policies, strategies, guidance, standards, programme strategies, case studies, and peer-reviewed articles developed and implemented between 2010 and 2019.

A total of 195 documents were carefully reviewed. These documents were gathered from various reputable

sources, including websites of relevant Government sectors, materials provided by the Department of Children's Services (DCS), and scientific databases like PubMed, MEDLINE, EMBASE, and Google Scholar. Information was also sourced from websites of United Nations agencies, non-governmental organizations, advocacy groups, research centres, and legal databases. Additionally, to ensure accuracy and relevance, experts from different organizations were consulted to obtain materials that might not have been accessible online.

During the review process, specific search terms were employed. These terms included "violence against children," "gender-based violence," "violence against women," "VAC," "Kenya," "effective," "policies," "laws," and "programmes." Additionally, the review focused on interventions aligned with the seven INSPIRE strategies. Relevant search terms included "Kenya" AND "violence against children", AND "social behaviour change" OR "social norms", OR "safe environments" OR "parenting", OR "caregiver support", OR "economic support" OR "social protection" OR "household economic strengthening" OR "education" OR "life skills" OR "response and support services."

5.4 Data analysis

A comprehensive data analysis process was employed using QSR NVivo 14, a specialized software designed for qualitative data analysis. To develop the initial code book, the research team engaged in a collaborative effort. Four co-investigators independently coded similar transcripts, employing deductive coding based on the key study questions and inductive coding by immersing themselves in the data through repeated readings. This approach allowed them to generate initial codes that captured meaningful patterns, ideas, and concepts. Subsequently, a meeting was held to consolidate their codes and establish a coding framework that reflected a consensus among the team members.

A qualitative research expert was then engaged to identify, organize, and interpret themes within the data. Through a systematic process of comparison and refinement, the codes were organized into themes and sub-themes, facilitating the identification of recurring patterns, unique perspectives, and key findings.

The emergent themes underwent extensive review and discussion among the co-investigators to ensure their coherence and alignment with the research objectives. This resulting thematic framework served as a robust foundation for the subsequent analysis and interpretation of the qualitative data.

Finally, data triangulation was utilized to enhance the credibility and validity of the KII findings. This approach integrated information from a desk review, which provided a broader contextual understanding and complemented the perspectives offered by the study participants.

5.5 Stakeholder engagement and child participation

A plan to ensure the uptake of research findings was established alongside the research study, engaging key stakeholders to influence the design of research questions and to use the results to enhance policy and practice. This plan involved proactive collaboration with stakeholders at various levels, such as policymakers, service providers, child rights organisations, community figures, and children.

LVCT convened an initial meeting with key national and county Government officials to introduce the study and outline its aims and objectives. It also pinpointed ideal respondents for key informant interviews at the policy level. Following data analysis, a stakeholder meeting was convened to discuss the preliminary findings, scrutinise these results, and provide feedback for further strengthening. Participation and feedback during this session led to a supplementary desk review and an in-depth analysis of the emerging results.

LVCT also organised discussions with eight adolescents ages 10 to 13 and 14 to 17, including boys and girls from the Homa Bay, Kiambu, and Kilifi regions. The purpose was to directly capture children's perspectives on the draft findings' relevance and accuracy and assess if insights from policymakers and programmers align with children's real-life experiences. The main goal was to engage these young individuals in conversations about their understanding of VAC and their knowledge of available services from teachers, police, healthcare professionals, and their community regarding VAC prevention and support. This engagement was measured against the study's preliminary findings to ensure consistency with children's actual experiences of information and support sources. LVCT facilitators, adhering to strict safeguarding protocols, including comprehensive consent procedures and focusing on group discussions rather than personal disclosures, led all sessions with the children.

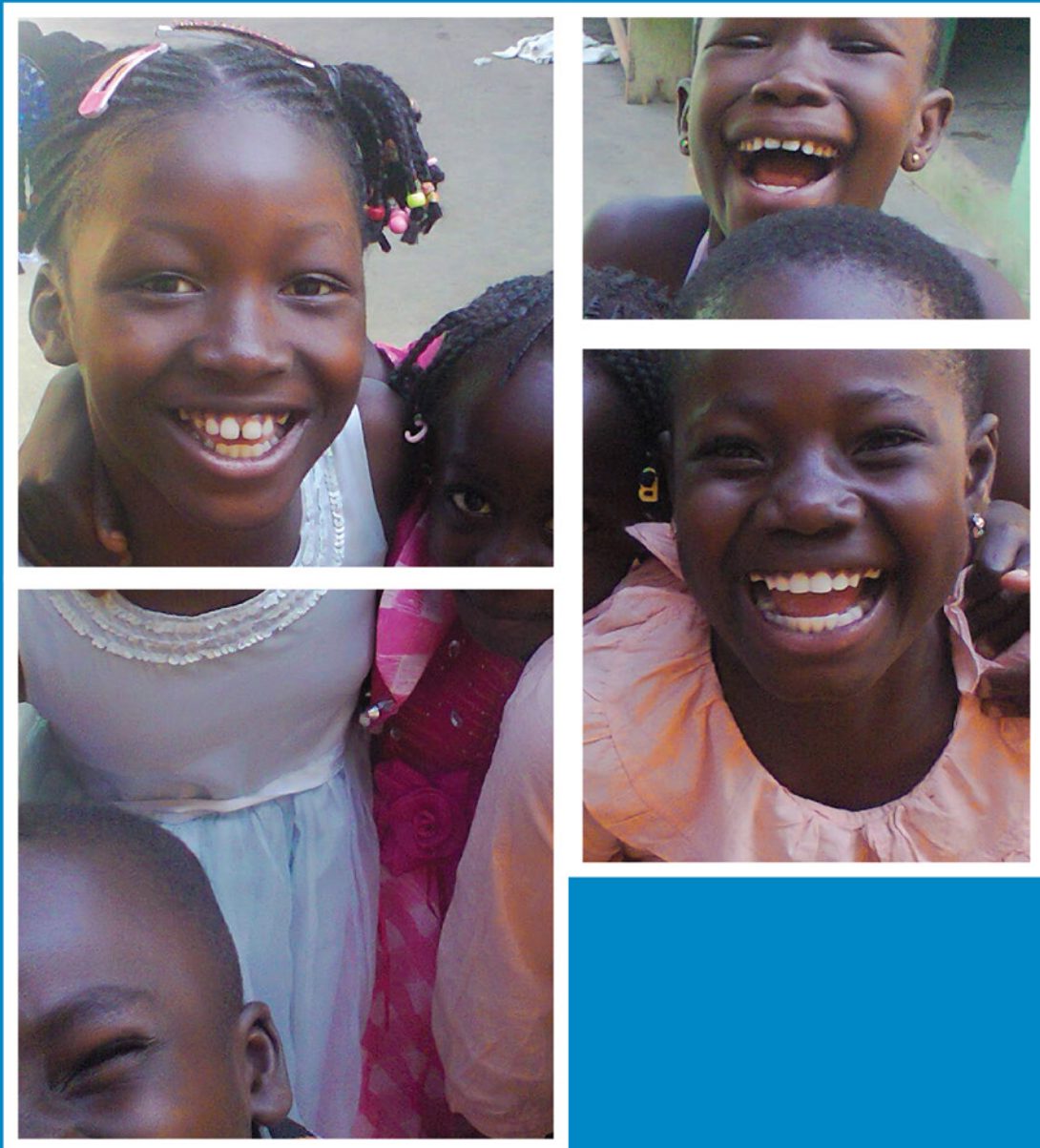
5.6 Ethical considerations

Ethical clearance

The study protocol was independently reviewed and approved by the AMREF Ethical and Scientific Research Committee and the London School of Hygiene & Tropical Medicine, and a research permit was obtained from the National Commission for Science, Technology, and Innovation (NACOSTI).

Informed consent

All research assistants received training in the ethical conduct of research and consenting processes before data collection began. At the beginning of each interview, the research assistants facilitated an informed consent process. They sought permission to conduct the interviews and record the session using the informed consent protocol. The consent was read to the participants in English. They were informed that the interview was voluntary and that the information provided would be kept confidential and anonymous. Participants were also informed that they could skip any questions they did not feel comfortable answering or end their participation at any time and for any reason. At the end of the consent process, an informed consent statement was read to each participant, and they indicated verbal consent, which the interviewer noted on their computer. The participants were also allowed to ask questions or seek clarification.



FINDINGS



6 FINDINGS

This section provides the study findings derived from an in-depth qualitative analysis of the perspectives of various stakeholders. It explores the factors that potentially influenced the observed changes in children's experiences of VAC between the 2010 and 2019 surveys. Additionally, drawing upon the desk review, the section delves deep into these factors, offering insights into the implemented measures.

6.1 Study participant characteristics

A total of 39 KII participants were interviewed for the study. As shown in Table 2, the interviews included an almost equal number of male and female participants. Among the participants, the majority (49 per cent) were Government policymakers from the national level and eight selected counties, followed by VAC implementing partners. A significant proportion (72 per cent) of the participants reported having worked in the field of VAC for more than ten years, reflecting a wealth of experience and expertise among the interviewees.

Table 2: Summary of Study Participants

Participants socio-demographics	Participant Distribution
Sex	
Male	16 (41%)
Female	23 (59%)
Level of Engagement	
Government (Policymakers)	
National	8 (20%)
Regional	4 (10%)
County	7 (18%)
Implementing partners	16 (41%)
Donor	3 (7%)
Private sector	1 (3%)
Experience in VAC prevention and response (In Years)	
0-4	7 (18%)
5-9	10 (26%)
10-14	18 (46%)
15-19	3 (7%)
20-24	0
>25	1 (3%)

6.2 Participants' perception of factors that led to the decline of VAC between 2010 and 2019

Strengthened VAC legal and policy frameworks.

Between 2010 and 2019, Kenya made substantial advancements in developing and implementing legal and policy frameworks to prevent and address VAC. An important milestone noted to have had a profound impact was the enactment of the Constitution in 2010. An important achievement of the new Constitution was that it explicitly included a section that recognized the significance of protecting children from diverse forms of harm, affirming their right to be safeguarded against maltreatment, neglect, harmful cultural practices, violence, harsh treatment, corporal punishment, and exploitative labour.

// If you recall, when we did the first VAC, that is when we launched our Constitution. ...The Constitution spoke about the protection of children from abuse, which means looking at violence against children.... And with the 2010 Constitution, we have the protection of children from abuse, integrated into our Constitution and law, addressing issues around harmful practices. //

Funder

// ...the Constitution gave a little more or better structure for Child Protection, that assisted both Government and other players to set up structures, implementation policies and plans to respond to child protection better. //

Implementing partner

The constitutional provision played a key role in prompting the review and establishment of various laws and policies about VAC, as illustrated in Figure 4 below. Notably, the Children's Act of 2001 and its subsequent amendments and the 2010 National Children's Policy offered essential guidance and a legal framework for safeguarding children's rights. These advancements marked important milestones in shaping interventions for preventing and addressing VAC.

// ... the National Children policy developed in 2010...I think that was the beginning of child rights clubs in schools and all that, and we had, you know, children understanding their rights, survival rights and rights to education... //

Implementing partner

Another significant achievement mentioned by several participants was the introduction of the Basic Education Act in 2013, which mandated free and compulsory education for all children. This was accompanied by the Ministry of Education's implementation of a policy to reduce school-related violence and establish the National School Safety Framework between 2014 and 2016. These initiatives sought to equip schools with the necessary tools to address various forms of violence and ensure the safety of students.

// The enactment of the Basic Education Act in 2013. It addresses every child's fundamental right to education because it spells out that basic education is compulsory and should be free to some extent or subsidized by the government. And we've seen the production of Government capitation in schools per student, which is progress. So, most students can now continue their learning, especially day scholars in secondary school from unprivileged backgrounds could not afford fees. //

County Policymaker

// There's no doubt that the enactment of the Basic Education Act has gone a long way in improving school enrollment and retention. ... There's increased enrolment and retention, and even girlchild admission and retention in school has improved so that it can be partly attributed to this enactment of the act. //

County Policymaker

Another notable achievement was the amendment of the Sexual Offences Act (SOA) in 2016. This act strengthened the legal framework for addressing sexual offences and providing better victim protection. The changes broadened the definition of sexual offences to encompass crimes against children, like sexual exploitation and abuse. They made using child pornography and engaging in its production, possession, and distribution criminal acts. Stricter penalties were introduced for sexual offences, particularly for defilement, based on the age of the victim.

To ensure effective handling of sexual offences cases, including those involving children, the revised SOA emphasized establishing specialized sexual offences units within the police and judiciary. These units adopt a survivor-centred approach, focusing on safeguarding and supporting victims throughout legal processes. Additionally, the updated SOA included provisions for safeguarding child victims during court proceedings. Measures like closed-circuit television were introduced to enable child witnesses to provide evidence without facing the accused directly. These steps aim to prevent the re-traumatization of child victims during court proceedings and prioritize their well-being.

In addition to the SOA, accompanying regulations were formulated to provide detailed guidance on specific aspects of sexual offences in Kenya. For example, the Sexual Offences Medical Treatment Regulations of 2012 established comprehensive guidelines for treating and examining sexual assault survivors. These guidelines outlined protocols for healthcare providers to ensure necessary medical care, including emergency contraception and HIV prophylaxis. These regulations also emphasised the importance of training healthcare professionals to care for survivors and having proper medical equipment for forensic examinations. Importantly, these regulations exempted survivors of sexual and gender-based violence, including children, from medical service charges. This exemption aimed at improving the violence survivors' access to essential services at public health facilities.

Furthermore, the Sexual Offences Rules of the Court of 2014 introduced procedural guidelines for managing sexual offence cases within the court system. These rules encompassed various aspects, including the admissibility of evidence, protecting survivors' and witnesses' privacy, and ensuring fairness for all parties involved in sexual offences cases.

For a comprehensive list of key Government laws and policies developed and implemented during the study period, please refer to Appendix I.

Despite the rapid expansion of VAC laws and policies during the study period, participants explained that challenges persisted in disseminating them and ensuring effective implementation. One participant cited inadequate capacity and a lack of financial resources as major barriers to achieving widespread awareness and understanding of the established laws and policies.

// We had a big challenge regarding disseminating the policies and the VAC [study report]. We did not have capacity building on the same. We did not have enough resources to implement all policies and guidelines properly... So, what was lacking was the dissemination of these key policies to various stakeholders. That was maybe what we're not able to achieve. //

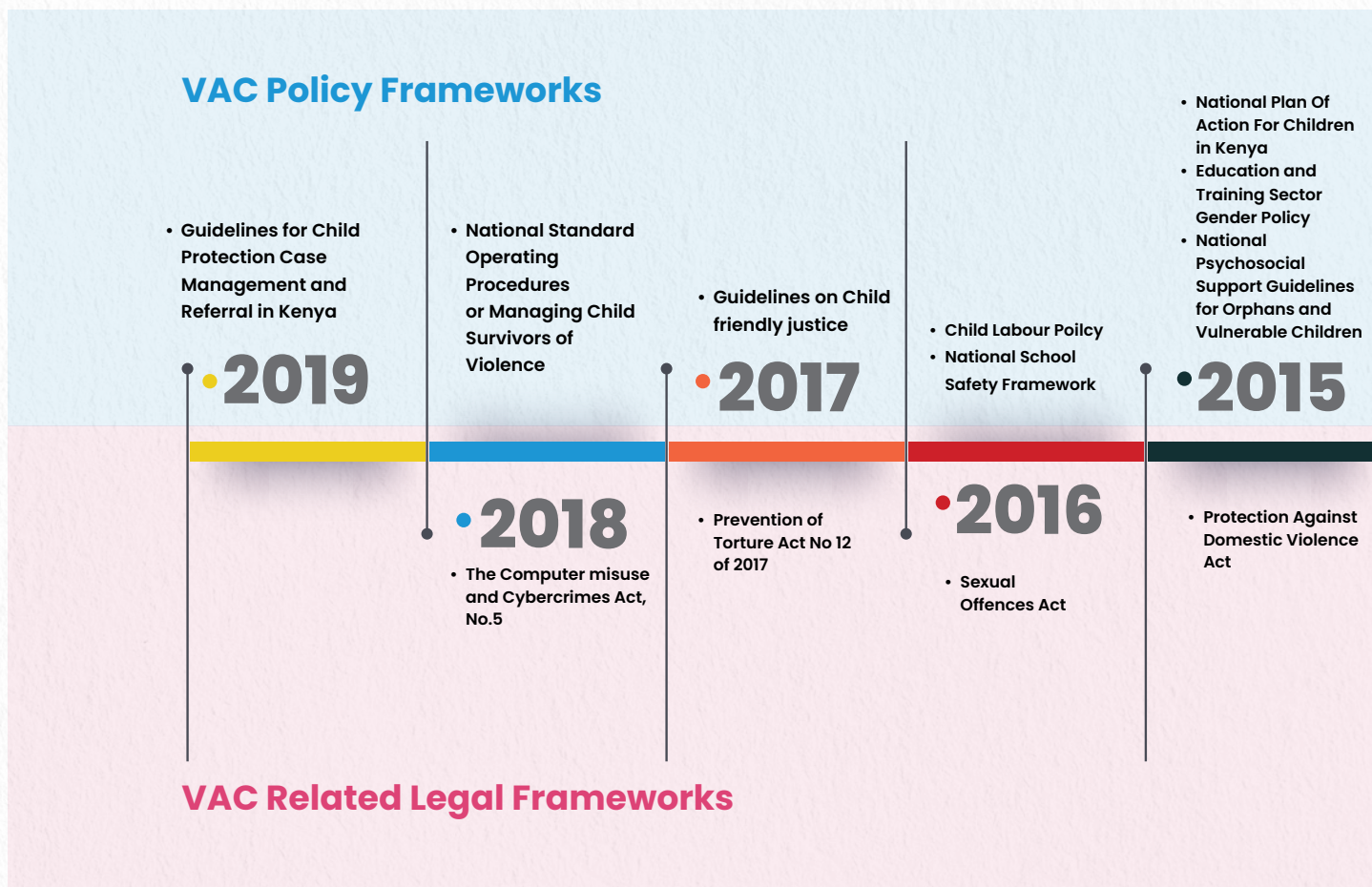
County Policymaker

The transfer and reshuffling of public sector officers, including police and healthcare providers, also posed challenges to policy enforcement efforts. Trained service providers were occasionally replaced by untrained individuals, disrupting the continuity of implementation. As one participant expressed:

“ I think over the years, there has been a lot of extensive training, capacity building sessions, capacity sharing sessions, in terms of the law and its application, but the one problem that remains is the attrition rate of people like the police or Government officers because they are rotational, they're never permanent. So, you train these, and then next year, half of them have been transferred, especially the police. So again...you have to start fresh. ”

Implementing partner

Figure 4: VAC-related legal and policy frameworks developed during the study period.



Strengthened workforce to deliver VAC services.

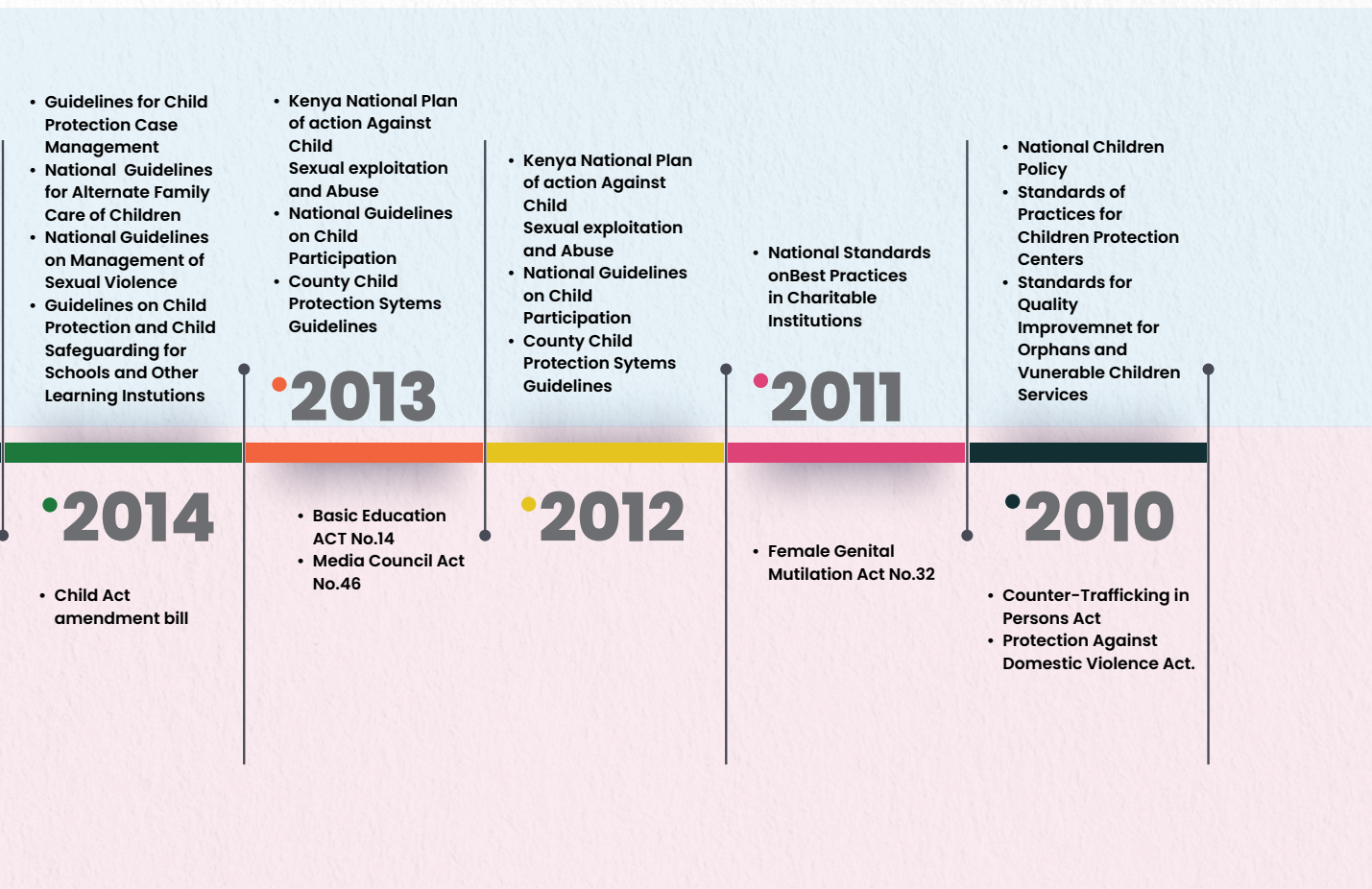
The study participants highlighted the strengthening of workforce capacity as an important strategy implemented by the Government during the study period to enhance the quality of VAC prevention and response services across relevant sectors, consequently reducing VAC. Primary focus areas included ensuring adequate staff dedicated to VAC services at national and county levels and equipping them with the essential information and skills to deliver quality services following national guidelines.

Increase in number of service providers dedicated to VAC.

Between 2010 and 2019, participants noted a substantial rise in the number of dedicated staff supporting VAC services across various sectors.

/// The year 2006, when I joined it, I was a one-person staff in an entire district... This is a very vast County, but from 2010 up to 2019, there was growth in the workforce for the Department of Children's Services, which was a plus for children and is one of the greatest contributing factors to the reduction. Because with more workforce, the ratio of children officers was increased, which means more officers could reach more people and now some services were taken to clients' doorsteps. ///

County Policymaker



/// The department also took deliberate measures to employ more officers. Between 2010 and 2019, several officers were employed in the department at the entry-level, at the entry cadre as children's officers II. I cannot comfortably say the number, but I know there are many because we received officers ...to help boost our capacity. Almost every sub-county is now manned by its officer whereas in the past they ...one officer would man around seven sub-counties. ///

County Policymaker

The staff expansion wasn't confined to organizations alone; it also reached out to community service providers. For example, during that period, the Department of Children's Services introduced a fresh cadre of service providers known as Child Protection Volunteers (CPVs), and the Department of Social Development introduced Lay Volunteer Counsellors (LVCs). These individuals were recruited from the community and lived among those they served. They played a pivotal role in educating the community, raising awareness about violence, and offering initial services and referrals for cases of violence against children.

“ We made an extra effort to recruit CPVs with the support of our partners. These CPVs were responsible for educating and raising awareness about violence within the community. These CPVs live within the community and are drawn from it. ”

County Policymaker

“ from the Directorate of Social Development, we enlisted 1,800 Lay Volunteer Counsellors who are spread across the country in all the sub-counties to ensure that they address, or they sensitize the communities where they come from on issues of maybe violence, family support systems, to provide psychosocial support and ...general information to the public. ”

County Policymaker

However, despite the increased number of VAC service providers during the study period, the participants acknowledged that the staff dedicated to VAC services remained insufficient. The workload for these staff members remained heavy and challenging, as they had to manage multiple responsibilities. This included responding to complaints, attending court sessions, conducting investigations, and raising community awareness about VAC.

“ ...we have the challenge of human resources. The Directorate has that mandate to preach prevention and response, but we are not everywhere, and where we are, it may be one officer per sub-county. This officer should be in the office to listen to the many cases that are reported... is expected to be in court, ...to go to the field to create awareness and investigate all child-related issues. So, that's why we are encouraging everybody who has time to be a child protection volunteer, at least to bridge that gap on human resources... ”

County Policymaker

Enhancing the Capacity of Workforce Across Various Sectors for Responding to VAC Services

During the period between the two surveys, sectors addressing VAC widely recognized the necessity of delivering quality and comprehensive services. In response, substantial efforts were devoted to workforce training from various sectors, arming them with the necessary knowledge and skills to respond to child survivors of violence effectively.

“ Training was targeting all agencies that handle children at some point. So, it brought on board the police, the judiciary, prisons, probation, and children. Yeah. So, this was taken through some three-year training just to prepare them for response in the event of violence against children. ”

County Policymaker

“ In terms of the number of trainings, I must say that different partners sponsor trainings. And these different partners coming together to sponsor training on VAC has a huge impact. ”

County Policymaker

A notable example was the Ministry of Education, which took proactive steps to create safe learning environments by implementing the Beacon Teachers programme. This programme provided specialized training and ongoing support to teachers, equipping them with the necessary skills to identify signs of violence, support affected children and foster a safe and nurturing school atmosphere. A County Policymaker shared,

// There was something started by Plan International quality teachers...These are teachers who are trained specifically on child rights so that they can be able to detect child abuse in schools....sometimes when the teachers detect cases of child abuse, they immediately refer to us because... they know that there are people who can make the follow-up. So, there are many referrals from schools, from the education office to the children's office and even the police. //

County Policymaker

Similarly, the Ministry of Health took significant steps towards addressing VAC by expanding training for service providers in public health facilities. Initially, the training focused on disseminating the 2014 national guidelines for addressing sexual and gender-based violence (SGBV). Subsequently, after introducing the National Standard Operating Procedures for Managing Child Survivors of Violence in 2018, specialized VAC-specific training was introduced, homing in on the unique needs of child survivors of violence. The primary objective of this specialized training was to equip clinical teams and law enforcement personnel with the necessary knowledge and skills to adeptly handle cases and collect evidence when dealing with child survivors of violence.

// We would also look at the other side of health care providers, where we would create awareness, in terms of training, in terms of how they would manage these children if they were brought to their facilities. ...we would teach them ... how to provide clinical management of children who've been violated. //

Implementing partner

// Our clinical team has been trained severally on how to handle cases, but more also, more importantly, how to handle the evidence, because sexual violence cases are either won or lost from the strength of evidence. So, a lot has gone into ensuring that our clinical teams have been trained... Even the police have been trained in how to handle some of these cases that are being reported. //

County Policymaker

The Department of Children's Services also invested efforts in training child protection teams through their country heads, focusing on child abuse and child protection matters. The goal was to disseminate this knowledge to children's officers, enabling them to share it with community members at the sub-county level subsequently.

// Training the county heads was with an expectation that they would train their sub-counties. Then when resources were available, the department would call regional meetings of children officers to train them on the documents [Policies and laws]... //

County Policymaker

Furthermore, a training model targeting juvenile justice actors (JJS) was implemented, encompassing children, probation, police, the judiciary, and prisons. Officers were trained collaboratively, with everyone selecting critical components relevant to their department. One participant explained that this collaborative approach enhanced services for children, enabling a more effective advancement of their rights within the judicial system.

// We had a training model that was targeting juvenile justice actors. These JJAs included the children, probation, police, judiciary, and prisons....who were trained jointly. And that enabled us to offer more services to children because you knew if I go to court with this case, there is so and so from the judiciary who have been trained to assist me in advancing the child's rights //

County Policymaker

Local administrators, including chiefs, also underwent capacity-building on child protection principles and laws, empowering them to effectively intervene in cases of abuse and advocate for children's rights.

// We were working closer with other duty bearers. Like we were enhancing the capacity of chiefs, we ..and volunteer children's officers to ensure...they know the law..., they understand what support they can give to children and what happens when people report to them because they are the first level of report. //

Implementing partner

Strengthened coordination and collaboration of VAC services.

National-level coordination and collaboration

Throughout the study period, deliberate efforts were invested in enhancing the collaboration of partners and sectors at the national level. Study participants elaborated on the positive outcomes of this collaborative approach:

// The collaboration, the coordination between the various actors who are involved with violence against children, both Government bodies, NGOs, the community-based organisation and development partners...has made sure that we can see some of the gaps through which some of these [VAC] cases were disappearing or not been addressed [offered services]. //

County Policymaker

// The cooperation we have enjoyed over time with our sister departments in the judiciary, police, and probation... has contributed immensely to the awareness of children's rights. //

County Policymaker

This heightened coordination was attributed to several factors, including a good partnership between CSOs and the government,

// The success in terms of planning was because of our good partnership with the Ministry of Health, Ministry of Education and Directorate of Children's Services. //

Implementing Partner

Case Study 1: Beacon Teachers Initiative

The Beacon Teachers Movement was started by Plan International together with the Teachers Service Commission in Kenya in 2018. Beacon Teachers are identified from among in-service MoE teachers for their outstanding community service and dedication towards protecting children. There is a strong focus on preventing sexual abuse of students by teachers. They also promote non-violent discipline in school and support children who disclose family abuse. The programme has trained 3,000 educators.

Source: 'The journey to Beacon Teachers Africa: the power of teachers to end violence in schools', 30 March 2022. <https://www.end-violence.org/articles/journey-beacon-teachers-africa-power-teachers-end-violence-schools>

Furthermore, coordination structures were introduced that encouraged collaboration among stakeholders. For instance, the National Council for Children's Services (NCCS) was established in 2012, providing a central agency tasked with coordinating child protection efforts at the national level. Additionally, participants acknowledged the significance of well-organized Technical Working Groups (TWGs) that convened partners at the national level to deliberate on VAC-related issues:

“ And I think one thing that happened between VAC 2010 and 2019 is the strength of the National Technical Working Group. I think it became even stronger, and the aspect of devolved responsibility to the counties because this is the period when we also saw devolution. We have that devolved process of ensuring we also have technical working groups at the regional level. So that worked very positively. ”

Funder

The desk review highlighted the success of various technical working groups, some initiated from the local level, such as local child protection technical working groups through AACs in some counties and sub-counties, and others being formulated at the national level with a policy environment. The National Gender-Based Violence Technical Working Group, established in 2017, was housed in the National Commission for Gender Equality and supported the extension of coordination in many counties. A Technical Working Group for VAC was convened after the 2010 VACS to develop the NRP 2013–2018, and the 2015 National Plan of Action for Children also mandated a coordinated working group at national, sub-national and local levels. In 2018, the VAC TWG was again mobilised to support the imminent 2019 VACS findings into the NPRP 2019–23. There was considerable adaptation to the local context at the county and sub-county level. However, the desk review also noted that implementation did vary, with many counties having little or no active coordination mechanism (Nassimbwa et al., 2022; Nalinya, 2013).

County-level coordination and collaboration

Similarly, various coordination structures were established at the county and sub-county levels. One notable example was the institution of Area Advisory Committees (AACs) across counties and sub-counties from 2001. These committees served as dedicated platforms for coordination, addressing child protection concerns within their respective geographical areas.

“ We used to have an Area Advisory Council (AAC). It was the body mandated by the Children Act of 2001 to coordinate children protection activities in the county or the sub-county...So, this was the body which was coordinating all partners because if you see the membership of the AAC is almost all people or all sectors are brought in religious/faith[-based], organizations, civil society organization[s]. ”

National Policymaker

Case Study 2: IMPower and Empowerment Transformation Training (ETT) programmes for sexual violence prevention, intervention, and recovery

IMPower was launched in 2010 by Ujamaa. The programme comprised two curricula, aimed for girls and boys and young people between 12 and 22 years: Girls Empowerment Self Defence (GESD) and Hero in Me (HIM).

GESD empowered girls with abuse avoidance techniques, including boundary setting, verbal assertiveness, negotiation, and physical self-defence skills.

The HIM curriculum focused on reshaping harmful attitudes and behaviours among boys, addressing gender, sexuality, consent, and encouraging intervention on behalf of girls and women.

The programme was taught in school classes over 6-week cycles, five times per school year, with student numbers ranging from 10,000 to 15,000 per cycle.

Six groundbreaking scientific studies were conducted in Kenya, demonstrating the effectiveness of the programs. Rates of rape, teen pregnancy, and school dropout were halved where IMPower and ETT were taught.

Sources: Sarnquist, et al, 2013, 2016, 2021; Sinclair et al., 2013; Keller et al., 2015, Baiocchi, et al., 2016).

Additionally, various sectors introduced TWGs at the county level to facilitate partner coordination and programme alignment. These groups played an integral role in promoting effective communication and collaborative problem-solving.

“ And because of this technical working group, there is more coordination. We were able to collaborate better, and we're able to discuss certain bottlenecks that happen along the continuum of providing care. ”

County Policymaker

“ And we have also come up very clearly on improved coordination, and that is why we have various structures from the sub-county to the county where we have technical working groups that can work on implementing services at that county level. ”

County Policymaker

However, participants identified persistent challenges despite acknowledging the key role of collaboration and coordination. These included limitations in securing consistent resources for regular meetings, high turnover of members within the TWGs and AACs, discrepancies in sectoral priorities, and difficulties in aligning partner and Government strategies.

“ Challenges or coordination were like in group decision making. It's different from when you have to go [lobby with the Government] as an individual organization because organisations have interests and priorities at the end of the day. And then we know that collaboration will take time, decision-making processes are likely to take longer, mobilization for resources is likely to take longer, and then some of these issues on child protection might not really be aligned to the Government strategies, per se. ”

Implementing partner.

Increased funding for VAC Services

During the study period, the participants noted a significant increase in funding for VAC services. The funding sources for these initiatives varied. Grants were received from both multilateral and bilateral donors. This boost in funding was attributed to the results of the 2010 VACS that promoted urgent action and the Government's development of a national response plan (the NRP 2013–2018) to guide VAC prevention and response interventions.

“ Within that time, we saw the funding for the VAC Survey had increased because we had a GBV response plan... We also saw the international organisations doing child protection work for a long time coming up strongly. There was a lot of money for responding to violence against children. ”

Implementation partner

“ Grants came from multilateral donors and bilateral donors. We have been in close collaboration with UNICEF and the country, and... had funding from USAID and other multilateral donors for short-term programmes between three to five years, others one year, to run prevention and response interventions. ”

Implementing partner

The increased funding led to an expansion of evidence-based VAC prevention and response interventions implemented across various counties in the country.

“ Even when you look at the DREAMS programme, there's a lot of money that is going to oversee DREAMS across the country... The DREAMS programme was funded by PEPFAR through the CDC. So, we were working in Kisumu Migari and Homa Bay. ”

Implementing partner

“ Child rights governance was funded by Save the Children. The child labour project was funded by ECO Netherlands, and child participation in East Africa was funded by TDH. ”

Implementing partner

“ USAID was one of the other big donors along with UNICEF to make sure that DCS has CPMIS rolled out and the capacity to utilize that input to determine quantities. ”

Funder

“ So, there is a direct connection between the cash transfer scale-up and the reduction of violence against children... As a result of the same evaluation, we had more funding. The World Bank came in with a lot of funding. Also, our other development partners – Sweden UNICEF – added more resources and the Government of Kenya, through the Treasury. Ad, so we increased our enrollment. We were able to increase the enrollment of the cash transfer. ”

Regional Director

Despite the gains from increased funding during the study period, participants stressed the importance of the Government enhancing its domestic funding due to the observed decline in external funding over the years.

“ But I believe there have been some adjustments (of (domestic funding) upward... from the development partner point of view, there seem to be declining resources because of a push to ensure that we have sustainability. ”

Funder

To ensure sustainability beyond the lifespans of donor projects, a key proposal was to integrate VAC services into other health programmes, notably HIV. This approach was deemed critical to achieving long-term sustainability. Funding support for systems strengthening and integrating services was instrumental in enabling the uninterrupted delivery of VAC services.

“ I know they've been declining resourcing across the board, both for HIV programming and violence programming. But again, despite the decline in resources for GBV towards implementation, I believe there are many things in terms of systems strengthening that have been done in the County to ensure that they remain operational. And I also know [...] CDC [...] integrated post-violence care into healthcare service delivery. And so even as the resource envelope goes down, we are certain that some of the services would continue to be implemented, given that they are already integrated. ”

Funder

Increased community awareness of VAC

Efforts to create awareness and mobilize communities were recognized as key in promoting child protection during the study period. Participants noted that efforts were placed on continuous sensitization within communities. Through these initiatives, community members were informed about the various forms of VAC and educated on the importance of preventing and addressing such acts.

“ The sustained efforts to sensitize the communities against the vice. We can say that between that period, there were a number of activities geared towards sensitization and informing the community on vices of VAC. ”

County Policymaker

“ From 2010 to 2019. I think the campaign that we were running. Yeah, at some point, and we had resources, so most of us were out in the field doing a lot of public awareness. ”

County Policymaker

Some participants credited the reduction in VAC during the study period to increased awareness among various groups, including parents, companies, and others, about children's rights:

“ I would attribute it [the reduction of VAC] mainly to more awareness. Initially, I mean, if you remember the years before, you will find that when a child is abused, you will find that the parents want to keep it hashed so that their embarrassment or the stigma associated with it does not occur in their family. But with more awareness even among corporates, because I remember in 2016, our former CEO convened a roundtable to drum up support from other corporates on children's rights specifically. So even among the private sector, or among other stakeholders, there has been over the years in between what the period you are reporting... increased awareness in terms of children's rights and their role, even stakeholders who are seen as not having necessarily any impact, like corporates on the same. ”

Private Sector Partner

Several strategies were employed to raise awareness within the community. Notably, local media emerged as an effective platform that partners used to disseminate messages on VAC, significantly amplifying the issue and bringing it to public attention.

“ We used to have radio programmes as well. Where we invited the county coordinator of children's services or the sub-county Children's Services to give a talk on how to report cases of sexual abuse or do's and don'ts...and then we had members of the community call in...and ask questions. You'll find that sometimes even a police [Officer] called in and asked a question. ”

Implementing Partner

“ There's been a lot of awareness on what constitutes VAC and its consequences. So, the media has done a good job, and I know some NGOs have trained the media to highlight these cases, report on them, and follow through with them. I think the public awareness of how great [widespread] this matter is contributed a lot to the reduction. So, many cases received media attention, and people began to see it as a problem, and that it's possible to report., and when you report, action can be taken. ”

Implementing Partner.

Another noteworthy effort was implementing a community mobilization strategy called “The Nyumba Kumi.” This initiative was introduced in 2013 by the Kenya Police Service as a nationwide community policing program. It aimed to foster safer local communities by facilitating regular gatherings among clusters of ten households involving residents and stakeholders. Although primarily focused on community policing, this initiative inadvertently served as a platform to address various issues impacting the communities, including matters related to child protection. As a result, the community took it upon themselves to establish measures for child protection, effectively ensuring the safety and well-being of children at the grassroots level.

“ And I think that just because there was that limelight, a lot of the community now started realising the importance of children within their communities and the importance of safeguarding, and to some extent through the Nyumba Kumi, they formed their child protection for the children or child protection safe measures within the community the grassroots level, just ensure that children within the community are taken care of. ”

Implementing Partner.

Working together with religious leaders was another approach used. Programmes were designed to include discussions about stopping GBV, especially concerning women and children. Religious leaders were encouraged to incorporate these messages into their teachings. This led to the messages reaching many people attending services in various places of worship and the broader communities.

“ We would also have programmes with the faith-based organisations, you know, the FBOs, the pastors... So, we would also take advantage of the core pastor meetings to discuss GBV prevention, of course, our focus areas being women and children... we would even encourage the pastors, the imams, the sheikhs...to make sure that when they go back to the pulpit, to the msikiti (mosque)...that they make sure that they mainstream a prevention message and response on how to address women and children when it comes to GBV. ”

Implementing Partner.

“ Some churches in Murang'a that we got involved with, faith-based organisations, churches that we trained, churches that we had with the programmes against VAC...I know after that, they had several meetings with fathers in Muranga County and...had conversations about how to reduce violence against children.... the faith-based organisations began to have many more meaningful discussions. I think that played a key role in things turning around. ”

Implementing Partner

These awareness efforts didn't just inform communities about VAC and its effects; they also inspired children to take action against VAC. One such campaign, the “Piga Nduru' Campaign,” was introduced during the study period. This campaign emphasized the importance of sounding an alarm whenever a child's rights were violated. Children were encouraged to scream continuously if they faced abuse at school, home, or any other location. This strategy established an efficient response mechanism and promoted a sense of collective action to combat child abuse effectively.

“ I remember we came up with a slogan 'Piga Nduru', whenever you [children] are abused or rights are violated, 'Piga Nduru'. And we even trained children on how to scream. So, it became a very good response. Wherever there was an issue of child abuse, be it in school, at the beach, at home. We advised that the child should scream continuously and told all children to join in screaming to let everyone know that there is a problem and that a child is being abused. ”

Regional Director

// We used to call them volunteer children officers. We had given their numbers to various community members, opinion leaders, school heads and teachers. So, when a child screams, you get hold of the wazee wa mtaa [village elders], who get hold of the child and report to the volunteer children officer, who relates the information to us. We then liaise with the police, chief, and assistant chief, take action, and do an intervention. If it is a matter of rescue, we will rescue the child and offer treatment, and we see that the perpetrators have been brought to book. //

Community members also initiated awareness efforts:

// We also saw...a good number of community members who declared publicly that they are the champions of children's rights, or they are the agents of change, and they were able to take the initiative...to conduct awareness activities within their communities through the Chiefs barazas. //

Implementing Partner

Increased knowledge of rights by children and their participation in VAC matters

Significant strides were made during the study period to enhance child participation in policy and advocacy activities concerning children's rights. One key initiative was the establishment of state-funded children's assemblies across all 47 counties, introduced in 2011 (Department of Children's Services, 2019a). These assemblies provided an official platform for children to actively contribute to shaping policy decisions.

// We achieved quite a lot regarding children's issues at that time. That was also when we formed the Kenya Children's Assembly, a springboard for the child rights clubs. And for the first time, we had a junior Government that took place as the head. //

Implementing partner

Simultaneously, local children's rights clubs were introduced in schools nationally (initially introduced before 2010 but adopted increasingly over the study period), encouraging empowerment and proactive child involvement in matters of child protection.

// In schools, we established Child Rights Clubs, where children are taught life skills. We have a guide on that. Then, they were trained to be peer-to-peer educators, and those child rights club members then go and educate others on life skills. //

Implementing Partner

Further, numerous NGOs and organizations played a crucial role in empowering children. They conducted focused programmes and training initiatives to educate children about their rights and responsibilities, equipping them to become catalysts for positive change:

// There's been a lot of work by NGOs, including ourselves, on empowering children on their protection, because they are the survivors of this, the different forms of violence, so many organizations continuously train, empower, support children to know their rights, their responsibilities, so that now they can be agents of their change, or protect children around them, because now we see, children also reporting cases of other children who have been violated, etc. //

Implementing partner.

These initiatives went beyond simply including children; they also acted as mentoring opportunities, nurturing young advocates for inclusive policies and champions of child participation. Participants provided inspiring stories of how children transformed into advocates against violence.

// I remember practical situations where children themselves were becoming their advocates. Chapters of the children's assembly forums were being established within schools. And I proudly remember that at times it's the children themselves would come and raise the alarm that a girl is being married off today or next month, or there's a plan for FGM going on in some place, or there's a girl or a boy who has been removed from school and who's now been hired as a shepherd someone //

County Policymaker

// I remember Majengo, where children started telling their parents. This is my right....children telling teachers.... you can't keep on canning me on the buttocks, and I'm a girl... Yeah, those are, those are some of the success stories that, that I can say. //

Implementing Partner

Increased school enrollment and retention and a safe school environment

Between 2010 and 2019, the Ministry of Education (MoE) made significant strides to ensure the comprehensive enrollment and retention of all children in schools. These efforts gained momentum after enacting the Basic Education Act in 2013, which mandated free and compulsory education for every child. Participants believed the increased attendance of children in educational institutions could have contributed to the decreased VAC.

// I think, also, keeping our children in school, ensuring that they're in conducive learning environments, has been an area that we can say that led to the decline in cases. High school enrollment ensures that children learn more in the learning environment than in the community, where some cases happen. So, I think that has also led to some of these cases declining over the years. We have a very high primary school enrollment rate. And that has, in an indirect way, reduced violence against children. //

County Policymaker

The MoE also placed considerable emphasis on implementing policies that enhanced girls' access and retention in schools, especially among those who had experienced early pregnancies. They achieved this through enforcing the National School Health Policy and implementing the school re-entry program.

// I remember that the ministry then came up with the issue of re-entry of children who may have experienced the early pregnancies...and they have been denied access to school after delivery. We did implement the re-entry policy that was guided by the Minister of Education. //

County Policymaker

// So the school re-entry programme for girls... it grew out of...our realisation that Kenya had...the school re-entry policy for girls or the return to school policy, which meant thatpregnancy should not be a reason for school dropout in Kenya... the fact that the policy exists, and also the National School Health Policy, which came later...made it even stronger, you know, because it, gave the girl the right to decide how long she wants to remain in school, you know, even if she did get pregnant. //

Implementing Partner

A noteworthy initiative discovered during the desk review was UNICEF's Child-Friendly Schools initiative, which embraced a comprehensive approach to children's education. Introduced in Kenya in 2002, the Child-Friendly School concept underwent a pilot phase led by the Ministry of Education in collaboration with UNICEF across 11 districts: Nairobi, Turkana, West Pokot, Kwale, Isiolo, Marsabit, Moyale, Mandera, Wajir, Garissa, and Ijara. In 2010, the ministry expanded the programme nationwide. In February 2011, education experts, with UNICEF's support, launched a manual detailing the implementation of the 'Child-Friendly School' concept. This initiative tackled various aspects of combating school-related violence, encompassing school design, water and sanitation provisions, classroom teaching methods, curriculum development, inclusivity, gender sensitivity, school management, budgeting, community engagement, and the roles of education authorities and governments. It firmly connected the school to the broader community, recognizing the direct influence of children's protection and safety within their homes on their ability to attend classes and learn effectively.

Concerning child protection, the initiative advocated for visible teacher-pupil interactions by designing classrooms with visibility from outside and offering separate and adequate toilet facilities for boys and girls, including those with disabilities. It aimed to minimize secluded areas where children could be at risk. It recommended erecting fences around schools to create secure, child-friendly spaces protected from harmful external influences.

The Ministry also took on a vital role in sensitizing teachers, school administrators, and parents about VAC. Their initiatives focused on providing schools with the necessary tools to address violence and ensure student safety.

// We also sensitise the parents when during the school, you know, the parent meetings, we also do it through the county education board, where, where the board enacts certain regulations, and they ensure and oversees the implementation of programmes, where children are not abused by either the teachers or parents or guardians or people who are in charge of the children. //

County Policymaker

Moreover, seminars were arranged for education officials to familiarize them with VAC policies and motivate them to implement them.

// I know that the Ministry of Education did emphasise the need to protect children against abuse, and they even organised sensitisation seminars for... education officials on how to implement the policies. //

County Policymaker

The sensitization initiatives extended to students, educating them about child rights and reporting mechanisms. This empowerment enabled children to protect themselves and their peers, fostering a safer environment.

// One of them was sensitization to the public and schools. It assisted the children to know their rights and that it is their duty to protect themselves and protect the other children, their teachers, and their workers in their schools. While the public also was aware of their rights and their duties. We also told them about the rights of the children. We told them about different forms, where to report, e.g., through 116 and the sub-county children's offices, and how to respond in case of defilement. //

County Policymaker

In addition to the sensitisation sessions, numerous schools took extra steps to enhance student safety by setting up measures to ensure a secure school environment. One remarkable VAC prevention initiative entailed forming "Amani Clubs" within schools. These clubs originated after the 2007 post-election violence and expanded during the study period. The clubs aimed to foster peace and friendship among students, particularly those from diverse backgrounds.

// Amani clubs were established to enhance peace and inclusivity among children in our schools and encourage them to live harmoniously...especially in the light of 2007, post-election violence. So, they were meant to assist our children, you know, accept other children, colleagues, and people from different backgrounds. //

County Policymaker

Another strategy implemented involved the utilization of “talk/speaker boxes” in schools, where students could confidentially report abuse without revealing their identities. The school management would then use anonymous messages to identify and address VAC-related issues.

// We had those talk boxes in school. The talk boxes enabled children to report anonymously on cases of child abuse so that the teachers could know what was going on within their communities or families or the school. So, this was being done in partnership with the Department of Children's Services. Once the talk box was opened, the children's officer had to be there so that they could pick issues that are related to child abuse and respond to them. //

Implementing Partner

In specific counties, the children's officer actively participated within the Education Board, enabling them to express concerns regarding children who were either not attending school or facing mistreatment by teachers.

// the children's officer was a member of the Education Board, and in those education boards, they could raise issues of children out of school children who are abused by teaching staff... and we could work with schools to create awareness on VAC through the school. //

County Policymaker

Strengthen household economic resources.

Between 2010 and 2019, various interventions actively enhanced the stability of households' economic situations. A particularly noteworthy effort was initiating the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) programme in Kenya 2004. This programme aimed to consistently provide financial assistance to disadvantaged families with identified vulnerable children.

According to the Kenya Child Protection Report for 2016–2019, there was a significant rise in the number of children benefiting from the CT-OVC program. Over the fiscal years 2013/14 to 2017/18, the count of children receiving support through the programme increased from 468,066 in 156,022 households to 1,059,000 in 353,000 households. Participants perceived this initiative as contributing to decreased instances of VAC within the country.

// one of the main reasons why VAC went down in this country is because of cash transfers for vulnerable groups, because cash transfers, as much as we don't sometimes look at it like that, most of this VAC we are talking about is more prominent in the households with vulnerable or rather poor or rather poor and vulnerable children and they are the ones who tend to benefit from the cash transfers more than the other category of people //

Regional Director

// then the cash transfers Inua Jamii program, it's a programme which started around 2004 with some seed money from UNICEF, but later on the Government around 2007 put some little money, and that money has been growing, is trying to address shocks within families caused by poverty, where maybe children may miss out on education, on nutrition, we are trying to support these families live a dignified life..... It's a programme which has 1 million plus beneficiaries. It's a big programme, and the Government has been good enough to support it. We pay every two months we pay at least 2000 to 4000 to the beneficiaries so that payroll is bigger than any Government payroll. //

National Policymaker

The Directorate of Children Services also utilized the opportunity to raise awareness among families participating in the cash transfer programme about VAC.

// the directorate of services is the one that started cash transfer programmes, and at that time, it was mainly having the name OVC Cash Transfer.... any time we were meeting, we did a lot of sensitisation and a lot of enrolment of those people who are vulnerable within the community and any time they were seeing that we are involved and that we were concerned with the vulnerable community I think this also changed the mindset of the community and it also came in as a buy-in when we are giving information on Violence Against Children because any time this community would come to collect money for the children or the old people, we were sensitising them to take care of the children and also reduce violence against children. //

National Policymaker

Table 3 presents other household economic strengthening initiatives identified through literature and implemented during the study period.

Table 3: Income and economic strengthening programmes for violence prevention implemented 2010–2019

Programme name	Summary of the programme
Cash Transfer to Orphaned and Vulnerable Programme (CT-OVC)	The Cash Transfer for Orphans and Vulnerable Children (CT-OVC) programme was initiated in Kenya in 2004 to provide regular cash transfers to impoverished families who had identified vulnerable children. From the fiscal years 2013/14 to 2017/18, the number of children receiving support through the programme rose from 468,066 residing in 156,022 households to 1,059,000 children living in 353,000 households (Department of Children's Services, 2019a).
The Hunger Safety Net Programme (HSNP).	This unconditional cash transfer programme of KES5,100 every two months was provided to households living in extreme poverty in four arid counties of Kenya: Mandera, Marsabit, Turkana, and Wajir. This programme reached 100,000 households, equivalent to 25% of the population in these counties. The initial pilot programme expanded into a national safety net program, and the coverage of cash transfers increased from 1.65 million recipients in 2013 to 5 million in 2019, exceeding the original target of 4.28 million beneficiaries. (HSNP, n.d.).
Additional targeted social assistance payments during 2010–2019 Urban Food Subsidy Programme and Cash Transfer Programme (UFSP) to Persons with Severe Disabilities (PWSD-CT)	UFSP began in 2012 as a pilot programme reaching 10,200 extremely poor urban households in Mombasa with KES2,000 per month; plans are to expand to Nairobi and Kisumu. PWSD-CT focuses on adults and children with severe disabilities who require full-time support (HSNP, n.d.).
Presidential Bursary Scheme for OVCs in secondary school	The Department of Children's Services supported the implementation of the Presidential Secondary School Bursary Scheme, which provided bursaries for an average of 22,000 children per year to attend public secondary schools. The initiative was established in 2013, and by 2019, 123,465 children had received bursaries (Department of Children's Services, 2019a).

Increased and improved VAC response services

Between 2010 and 2019, significant advancements in strengthening VAC response services across different sectors (see Table 4). For instance, Police departments took the initiative to set up Child Protection Units (CPUs) within police stations, providing crucial support to children in need. By 2015, 14 CPUs had been established (Government of Kenya et al., 2015), and numbers continued to grow. These units created a safe space for children, ensuring their well-being until appropriate assistance could be arranged. Moreover, introducing gender desks in police stations further enhanced efforts to address VAC and offer support to victims.

/// And I think also having the CPUs in the police stations at that time.. was very good because even children brought in late in the night were placed there until you come in the morning. ///

County Policymaker

The progress made in addressing VAC was also reflected in the justice system. Court Users Committees emerged as a significant progress, bridging the gap between the courts and the public. This concept gained prominence with the introduction of the new constitution in 2010, and Court Users Committees were mandated in the Judicial Service Act No.1 of 2011. People could engage with the judiciary more readily, discussing relevant matters directly with judges.

“ I remember it was as early as 2011 because we had a court users committee when I was there in Lamu. These court user committees were developed by the new constitution towards the progress of the term of Justice Mutunga. He said that courts are so far from common Mwanainchi (Citizens), so that is how the court users committee came for the people to understand... We will not address the judge in the chamber or the court. We address you in the body and tell you this issue. ”

Regional Director

“ And then when it comes to the judiciary because we also established the children court users' committees, we had the member of the Judiciary chairing and as being part of it actively attending and, and the children department as well. ”

Implementing Partner

The MOH and the Directorate of Children's Services made efforts to ensure that child survivors and their families received comprehensive services, including psychosocial support.

“ The staff that we had seconded at the Children's Services were also counsellors. So yeah, they provided mental health support to children and their families. ”

Implementing Partner

“ And we offer psychosocial support for any other basic needs that the survivor will want. And we also offer educational support to the girls who have gone through sexual violence. ”

Implementing Partner

Furthermore, the MOH also made substantial efforts to ensure that health facilities were adequately prepared to respond to survivors of sexual violence. For instance, a noteworthy innovation was the introduction of locally assembled post-rape care kits in 2012 (Ajema et al., 2018). This enabled the provision of high-quality services to survivors of sexual violence at a larger number of public health facilities throughout the country.

“ One of them being, you know, the development of, you know, locally assembled rape kits, using those rape kits, you know, across Kenya and public health facilities. Now for the longest time, and I think that may still be the case, it was the only rape kit available in public health facilities in Kenya. ”

Implementing Partner

Another noteworthy example was introducing and expanding a national toll-free helpline, 116, initiated by the Department of Children's Services in 2006. Over the study period, this helpline witnessed substantial growth, escalating from receiving 20 calls per month in 2006 to handling a remarkable 3,000 calls daily by 2015. The study participants believed this initiative played a role in responding to and preventing VAC. By utilizing this helpline, concerned individuals could swiftly connect with child protection officers and law enforcement, ensuring prompt interventions to rescue endangered children. This mechanism proved effective even across geographical boundaries, emphasizing its significant impact on safeguarding children.

“ Remember the issue of the 116, as our toll-free line. It helped a lot because this matter will go there, and they will link up with the relevant children officer to see how best to rescue the matter ”

County Policymaker

Efforts were also directed towards ensuring that communities were well-informed about the available services and how to access them.

“ other interventions were strengthening the referral pathways, making sure that we people in communities, or villages, have information on the referral pathways when you are, when, from the time you become a victim until the time we call you a survivor. ”

Implementing Partner

Table 4: Examples of VAC response interventions implemented during the study period (see Appendix 2 for additional details on these and additional interventions)

Intervention	Sector
Child Help Line 116 Programme (established in 2006 by DCS; moved from independent initiative to national oversight by the 2019 NPRP) Supported by PEPFAR USAID/OVC and others.	The Department of Children's Services
Child Protection Centres (CPC) (mandated in 2010, supported by Terre des Hommes (TDH) and Comitato Internazionale per lo Sviluppo dei Popoli (CISP) initially)	
Child protection Units in police stations (date of establishment not known, 14 functioning by 2015, Children Act of 2022 requires each police station to have one)	Police
Legal Aid services (mandated in the 2010 Constitution but in practice limited availability; supported by NGOs such as The Cradle) with an increased number of pilot projects over the study period	Legal
Children's Courts (mandated in the Children Act, but pilot courts were slowly established over the project period; currently established in five courts (Ministry of Labour and Social Protection, 2020).	Judiciary
Establishment of SGBV services across public health facilities, including one-stop GBV centres (see Section 6.2.9 below)	Ministry of Health

Strengthened VAC data collection and reporting system.

Significant progress was achieved in enhancing data collection systems across various sectors to address VAC. Notably, the Ministry of Health made headway in improving the routine collection of data related to SGBV. The literature revealed the introduction of data collection tools such as the Post Rape Care Form (MOH 364) and the age-disaggregated Sexual Violence Register (365) during this period. These tools were distributed for utilization across public health facilities.

“ We know some facilities could still lack the tools [MOH 364/5] because the production was a little bit too low. However, we participated in ensuring that several facilities received the new tools. And....there was also the aspect of incorporating the tools training as part of the clinical management training. ”

Funder

Furthermore, participants expressed appreciation for incorporating SGBV indicators into the District Health Information System (DHIS). This integration facilitated the identification of frequently reported cases and service uptake at the national level, guiding the Ministry of Health to enhance its efforts to address SGBV effectively.

“ I also think from the Ministry of Health, just having deliberate indicators included within the HIS [health information system]...also goes a long way in helping us see from a health perspective...what are the frequently reported cases, the uptake of some of the services, and guiding the Ministry of Health on where is it, they need to strengthen their efforts. ”

Implementing Partner

Similarly, the child protection sector introduced the Child Protection Management Information System (CPIMS) in 2016. This system documented, monitored, and supervised child protection support and related matters. CPIMS provided invaluable data for evidence-based decision-making and comprehensive supervision of child protection efforts. The participants lauded the system for facilitating access to case information from various locations and allowing data analysis to identify areas of focus and intervention needs.

“ We got a platform, the CPIMS, where we could report the cases we handled. So that is a system that is there now, which is accessible to the public...We can retrieve data from there and feel nice about it because now we can account for every service we offer at any time. ”

County Policymaker

“ CPIMS is a game changer in that where I am right now. I am not even in my region. If I want to check on cases filled into the system where I am right now, I can do so. [...] I can analyse the data for each sub-country and get to know what is happening in that sub-county and areas of focus that maybe if somebody wants to make or give intervention what to do [...]So the CPIMS is good. ”

Regional Director

Moreover, participants observed that diverse service providers underwent training and received essential skills and equipment to utilize the CPIMS effectively.

“ There are a number of trainings that were carried out to introduce the stakeholders to information and data management. And I want to talk about the CPIMS specifically...We did train our officers and some stakeholders... Most officers and stakeholders have been trained on it. ”

County Policymaker

“ Yeah, but I'm happy with the continuous training. At least as we speak now, we are somewhere. Though a few who joined recently are yet to be trained, you have gotten a request for them to be trained...I can talk about equipment, we were provided with the equipment and also training on the same. The capacity for the officers was built. I can talk about partnerships. Because, like, the equipment was mostly from UNICEF. ”

County Policymaker

Availability of local evidence – research and programme

The importance of data availability in guiding national efforts to prevent and address VAC was emphasized by study participants. The VAC 2010 report highlighted the challenges faced by children, underscoring the necessity to tackle child protection issues. The survey findings played a pivotal role in catalysing the implementation of measures to prevent and respond to VAC.

“ You know, the survey brought the issues that are affecting the children to the public's attention, and from that time, the Government developed strategies to ensure that they address these issues. ”

County Policymaker

“ I think earlier on, people were just saying child protection is a big problem... But that first survey was a big eye-opener to many people, including the government, that this is a big problem. Therefore, it raised a lot of attention to child protection, violence prevention and response, and more investments came in in terms of time and resources from donors from governments from NGOs. I think that is why we can see a reduction; with that first survey, people saw this as a big problem. And more investments started coming in, more solutions were now being sought. ”

Implementing Partner

In addition to the VAC surveys, the desk review identified several studies conducted during the study period to assess the quality of services for children (Ajema et al., 2018; Wangamati et al., 2016; African Child Policy Forum & African Partnership to End Violence Against Children, 2014; Mathenge et al., 2022; Ministry of Education, 2018; Cheruto et al., 2021; Kenna, 2017). These studies and data from routine collection systems provided valuable local, real-time evidence. The findings guided continuous improvement and enhancement of programmes.

6.3 Participants perception of factors that affected VAC prevalence among adolescent girls

The comparison of the 2010 and 2019 VACS findings survey revealed that despite overall efforts to reduce VAC, some forms of sexual violence against adolescent girls remained high. Study participants believed that sexual violence remained a particularly challenging issue mainly due to the stigma and silence that surrounds it in most Kenyan communities. Unlike other forms of violence, they believed that sexual violence is enveloped in shame and secrecy, making it more difficult for survivors to speak out.

“ [Sexual violence is] just more difficult to tackle, you know, because it's associated with issues such as shame, secrecy, in a way that physical or maybe emotional violence is not. [...] It's the kind of violence that you can't talk about, even though things have improved. Now, you know, what I mean, it's the kind of violence that you can get shamed for, you know, if you think about survivors of different kinds of violence, you know, when it comes to sexual, there's something different about it, because society still has not fully changed, you know, what I mean? So, yes, we still fight continues. ”

Implementing Partner

“ Actually, in communities where I work, a parent would not want to disclose that a child has gone through sexual violence, and also, you look at the girls that we have, around 79% of these girls are incest, violence that happens in the house [...]it is done silently that unless you probe and you probe, you use tactics, you cannot sometimes uncover that this girl is going to sexual violence. And because people don't want to be associated with, [...] we started talking about sexual violence when we saw a girl is pregnant [...] but there was no pregnancy, so there is no stomach that is becoming big, people will not talk about that. ”

Implementing Partner

The normalization of violence and harmful social norms that cultivate a culture of silence were cited as further obstacles to mitigating sexual violence among adolescent girls. In certain societies, girls are conditioned to accept violence as part of their existence, often overlooked due to entrenched patriarchal norms.

“ [Women and girls] are expected in many areas, not all areas, but in many areas, they're expected to endure certain things, [...]that is normal they know, I don't know how else to put it. So, even when oppressed, they might not recognize that they're being oppressed. [...] And so they continue being taken advantage of easily, and also because we are largely a patriarchal society, who are you going to report to? To the male? That you're being violated? How? Okay, and how are they supposed to, unless they have a purpose in their mind and they're convinced that this is wrong, they will most likely say, go fix it, that is just how men are or something like that. ”

Implementing Partner

Moreover, poverty was also recognized as a key factor, at times compelling families to use their adolescent daughters for economic gain. This sexual exploitation is not always seen as violence but rather as an opportunity for income

“ It is just normal that when it's also a source of income, and so many people are also looking at it as not violence as such, it's like an opportunity. So, like, in our, in our forums, we have come across girls whose parents have used to go and look for money. ... And some of them, it's the parents who are organizing for the meetings and these girls getting violated. ”

Implementing Partner

Lastly, the study participants reported that the institutional response to sexual violence against adolescent girls was problematic. There was a gap between policy and practice, often leaving girls without the needed support. A participant provided evidence of disbelief and victim-blaming attitudes from officials.

“ When you find that a girl has been sexually violated, then you go to the children's office or the police, they look at those girls, and they don't believe that the girls have gone through sexual violence. They say, but you take yourselves there, you have bad manners. [...] ”

People are not taking this seriously. ”

Implementing Partner



DISCUSSION



7 DISCUSSION

Our study occurred within the context of notable progress in reducing various forms of VAC in Kenya. However, amidst this progress, there remained a concerning lack of improvement in some aspects of VAC, particularly in reducing some forms of sexual violence in adolescent girls. In this section, we delve into our study findings, interpret them, and explore their implications for enhancing VAC prevention and response in Kenya. This study is the first of its kind worldwide to investigate the underlying factors influencing the observed shifts in VAC prevalence between two survey periods over a decade. By focusing on stakeholders' perceptions from multiple sectors, actors and areas across Kenya, the study has gained insights into both intended and unintended outcomes for VAC prevention and response. It has retrospectively gathered information on child protection prevention and response actions in Kenya, thus catalysing the potential for effective action against VAC. The data shed light on initiatives that may not have focused initially on VAC prevention and response but were widely acknowledged to have had an unanticipated impact.

7.1 Momentum in Ending VAC leading up to 2010

While the study timeframe began in 2010, one significant finding from key informant interviews and stakeholder meetings was the importance of events immediately preceding 2010. This section focuses on factors described by many informants as a consequence of the events described below.

While the Kenyan Government has been addressing VAC for several decades, a marked increase in commitment arose in the lead-up to 2010, fuelling the momentum observed during our study period. Our validation meetings with stakeholders revealed several factors influencing efforts to address VAC in Kenya.

Following the contested elections in 2007, a wave of post-election violence ensued, exposing the extensive GBV endured by women and children. This revelation underscored the urgent need for immediate action.

Largely in response to this post-election violence, the new Kenyan Constitution in 2010 highlighted the critical importance of safeguarding children from harm. It also laid the groundwork for reviewing and developing laws and policies related to VAC.

Furthermore, there was a critical need for comprehensive, population-level data on VAC in Kenya. This data was imperative for informing evidence-based strategies and policies to address VAC. The availability of data from the 2010 VACS provided the first invaluable insights into the scope, prevalence, and specific characteristics of VAC, thereby facilitating the development of targeted interventions and fostering a more informed and impactful approach to mitigating the issue.

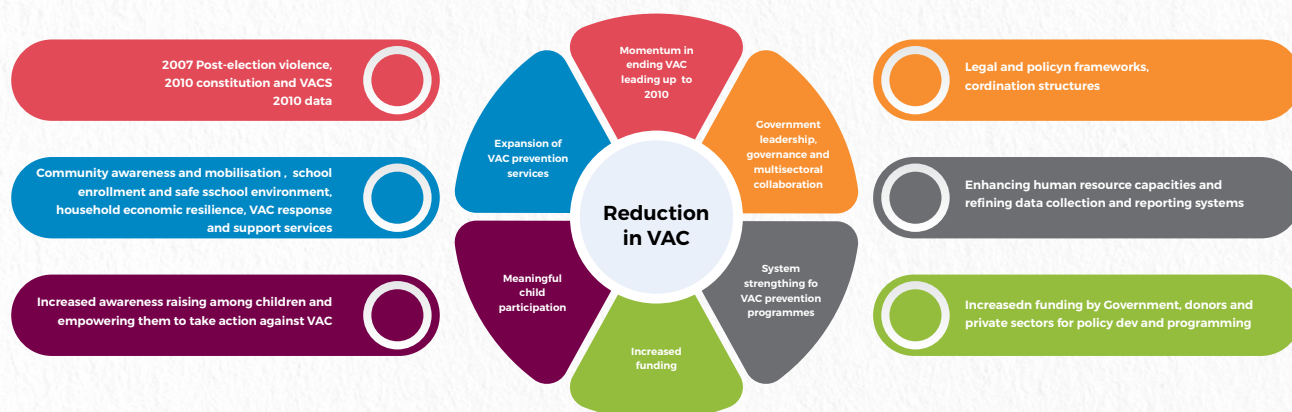
7.2 Interpretation of our findings

What contributed to the reduction of VAC?

The increasing focus on researching VAC prevention interventions in recent years has led to a solid body of evidence supporting their effectiveness (Jewkes et al., 2014; Hillis S. et al., 2015; World Health Organization, 2016).

Our study highlights several factors that contributed to the prevention of VAC during the observed period. Notably, it wasn't just individual strategies, but rather their collective implementation that prompted positive changes at the population level (Figure 5). This aligns with current literature promoting a holistic approach to VAC prevention, which calls for concerted action from various stakeholders. The approach involves implementing strategies across various ecological levels – individual, family, community, and societal – to harness the synergistic effects of multiple prevention strategies, thereby tackling the complex and layered nature of VAC (WHO, 2016)

Figure 5 Participants perceptions of the factors that led to the reduction of VAC



Importantly, the strategies highlighted by our study participants mirror the evidence-based recommendations for effective VAC prevention as reflected in the literature. Our findings also stressed the vital role played by various additional crosscutting strategies to ensure the interventions are successfully implemented, as detailed in Table 5.

Table 5: VAC prevention strategies implemented in Kenya between 2010 and 2019 compared to those in the WHO INSPIRE framework.

INSPIRE Strategies	Strategies identified by study participants to have led to reduction in VAC between 2010 and 2019
Cross-cutting strategies	
Cross-cutting strategies	Enhanced coordination and collaboration structures
Coordination mechanisms	Enhanced coordination and collaboration structures
Monitoring and evaluation mechanisms	Strengthened VAC data collection and reporting system. Availability of local evidence
	Expanded specialised workforce for VAC services
Implementation and enforcement of laws	Strengthening and harmonising legal and policy frameworks for VAC
Norms and values	Increased community awareness and mobilisation Increased knowledge of rights by children and their participation in VAC matters
Safe environments	Increased school enrollment and retention and a safe school environment
Parent and caregiver support	
Income and economic strengthening	Strengthened household economic resilience.
Response and support services	Increased and improved VAC response and support services
Education and life skills	Increased school enrollment and retention and a safe school environment

Government leadership, governance and multisectoral collaboration

Strong Government commitment, leadership, and strategic partnerships were key to designing and implementing strategies to fight VAC collaboratively. A notable demonstration of this commitment came with the creation the multi-sectoral National Response Plan (NRP) for 2013–2018 by the DCS (Ministry of Labour and Social Protection, Department of Children's Services, 2019b).

The NRP established a central framework for guiding the VAC programme, presenting a unified strategy across key sectors, including health, education, justice, and social services. It was anchored on six essential pillars: addressing legislative and policy issues, ensuring the availability of quality services, coordinating the child protection sector, identifying and addressing circumstances where violence occurs, advocacy and communication, information management, and capacity building. Furthermore, the NRP delineated the roles and responsibilities of all stakeholders in VAC prevention, recognising the efforts of both statutory bodies and community actors in a single, comprehensive plan. This inclusive, multi-sectoral approach cultivated shared ownership and accountability, significantly improving the collaborative fight against VAC over the decade and marking a departure from previous, less integrated practices.

Consistent with the NRP strategic objectives, the period between 2010 and 2019 saw significant progress in developing and enforcing laws and policies to prevent VAC. Strengthening legal and policy frameworks is acknowledged as a vital step to protect children, offering a clear and structured approach for both prevention and intervention (WHO, 2016). Over the decade, lawmakers enacted and updated a suite of VAC-related laws, some outdated for many years, and introduced a range of new policies across diverse sectors. The universal consensus on the need to reinforce and execute these legal and policy frameworks is well-documented as a paramount element in the fight against VAC (Hillis, et al., 2015; WHO, 2016). Robust policies set precise standards and accountability, encourage best practices, and ensure effective stakeholder collaboration (WHO, 2016). Moreover, they ensure legal protection for children, deter potential offenders through prescribed punitive measures, and create a safer environment for children (UNICEF, 2017).

Despite the significant advancements in laws and policies, it is important to acknowledge that challenges remain in enforcing them and translating policies into effective actions. Study participants highlighted that continued efforts are necessary to ensure that these frameworks lead to tangible outcomes in protecting children from violence. Further discussions with children highlighted the need to expand the platforms used to disseminate the laws and policies to reach a wider child audience. These included providing VAC education into the school curriculum through activists and peer counsellors as educators and interactive methods like role plays and dramas. They also highlighted the relevance of various media platforms, including television, magazines, radio, and social media, in effectively disseminating information. They suggested placing awareness-raising posters in schools and communities to innovative ideas like composing songs about VAC.

During the study period, the Government recognised the need to enhance coordination and collaboration structures as a key strategy to improve services for VAC. Notably, the Government acknowledged the crucial role of coordinating authorities at both national and county levels to ensure a uniform approach, standardise protection services, and supervise policy execution. The National Council for Children's Services (NCCS), founded in 2002, was praised by the study participants for effectively coordinating with various stakeholders in meeting the NRP goals. Equally, at the county level, the Area Advisory Councils (AACs), now called Area Advisory Committees, proved instrumental in coordinating and implementing child protection initiatives. In line with our findings, WHO emphasises the significance of robust sectoral systems and their effective coordination for the success of VAC prevention programmes, as outlined in the INSPIRE framework (WHO, 2016).

Despite these advances, our findings highlighted significant challenges in expanding and maintaining these coordination frameworks, largely due to constraints in funding and staffing. It was noted that the dependence on unpredictable donor funding often led to discontinuities in activities.

System strengthening for VAC prevention programmes.

During the study period, there was a commendable push to improve systems to enhance the provision of services related to VAC. Participants cited enhancing human resource capacities and refining data collection and reporting systems as key contributors to the observed decline in VAC cases.

Considerable investments were placed in training service providers across various sectors and expanding the number and diversity of roles dedicated to child protection services. This move aligns with research demonstrating the critical role of well-trained service providers in the success of prevention programs (Kerr-Wilson et al., 2020; Abramsky et al., 2014). The emergence of community-level roles, such as Child Protection Volunteers and Lay Volunteer Counsellors, marked a transformative step. These roles greatly increased the accessibility of services and improved service delivery within communities. This approach represented a substantial shift from previous challenges, particularly the acute shortage of skilled staff, a major hindrance to delivering high-standard child protection services (Government of Kenya, UNICEF, and Global Affairs Canada, 2015).

Despite strides made in training service providers, key informants identified a critical issue: many training programmes were geared more towards addressing general GBV, with a particular focus on sexual violence rather than specifically on VAC. This adult-centred approach made service providers less prepared and less confident in delivering specialised VAC services, a concern highlighted by two studies conducted in Kenya (Ajema et al., 2018. Wangamati et al., 2016). Furthermore, although the workforce had expanded, there was still insufficient staff to manage the caseloads and support survivors adequately, leading to high-stress levels and burnout among care providers. The frequent reassignment of trained staff to other roles compromised the effective response to VAC, causing a disruptive cycle of recruiting and training new personnel in already resource-limited environments.

Local data accessibility proved to be critical in effectively addressing VAC. The Child Protection Information Management System (CPIMS) played an instrumental role. This system, developed by the DCS, managed individual cases and generated essential data for national monitoring. Such information was fundamental for evidence-based decision-making and comprehensive evaluations of child protection initiatives. Including GBV indicators in the health information management system was a key achievement, supplying the necessary data to enhance VAC response services. Study participants believed that the consistent gathering of administrative data, along with local research studies conducted during the period, raised awareness of the prevalence and complexities of VAC. It also led to better monitoring of intervention strategies and provided invaluable insights, contributing to developing more effective methods for reducing VAC.

Funding for VAC services

The Government adopted various measures to boost its financial response to VAC during the study period, such as advocating for the importance of tackling the issue using the VACS findings, expanding partnerships with new donors and forging partnerships with private-sector entities.

Although exact financial figures for VAC programmes and services from the Government and other contributors remained unclear, the evident growth in the number and scale of prevention programmes and sectoral workforce suggests a rise in investment. Notably, key funders like PEPFAR shifted substantial resources towards targeted VAC initiatives, including the DREAMS project, GBV prevention, and support for orphaned and vulnerable children (OVC) programmes.

Private sector collaboration further supported these efforts, with entities like the Safaricom Foundation and Kenya Commercial Bank supporting educational initiatives and broader VAC prevention strategies.

Despite the progress made through increased funding, the key informants underscored the urgency for the Government to augment domestic funding in response to diminishing external contributions. For sustainable VAC service provision, the continued integration of VAC services with other health initiatives, particularly those targeting HIV, was recommended. Such integration is key for enduring support, focusing on system strengthening and service integration to ensure the ongoing delivery of VAC services.

Meaningful child participation

Child participation refers to the process by which children can express their views, influence decision-making, and achieve change on issues affecting their lives. It is rooted in Article 12 of the United Nations Convention on the Rights of the Child (UNCRC), which states that children have the right to express their views freely in all matters affecting them and for their views to be given due weight following their age and maturity (Save the Children, 2018). Laura Lundy's model of child participation delineates a structured approach to uphold the UNCRC's principle of children's right to be heard. The Lundy model is built on four key pillars: 'Space' (ensuring children have a safe forum for expression), 'Voice' (equipping children with information and support to articulate their views), 'Audience' (guaranteeing the right people listen to children), and 'Influence' (securing a commitment that children's views prompt action) (Lundy, 2007). Since its introduction in 2014, the Lundy model has significantly influenced how organizations, agencies, and governments globally understand and implement child rights-based participation.

Our study highlighted the Kenyan Government's and its partners' dedication to enhancing child participation

in activities addressing VAC. A significant milestone in this endeavour was developing and implementing child participation guidelines to amplify children's involvement in shaping their welfare across various settings – from family units to larger societal institutions.

A prominent example was the 2011 launch of state-funded Children's Assemblies in all 47 counties, paralleling the adult parliament, to give children a structured platform to voice their concerns and engage in decision-making. Additionally, introducing children's rights clubs in schools nationwide further promoted active engagement and empowerment in child protection matters.

Our study found notable progress in empowering children to speak out and drive positive change, protecting themselves and their peers from violence. NGOs were pivotal, offering programs that taught children about their rights and roles. Children demonstrated awareness of these issues during validation workshops, though they used varied terms for VAC. They mainly equated violence with the infringement of their rights, highlighting issues like the denial of essentials, including food, shelter, education, and personal items. A significant concern was child labour, especially demanding tasks like carrying heavy loads, as a common rights violation.

Despite this progress, further action was needed to ensure that children's voices were heard and given due consideration. Reviews of various programs and documents often showed a lack of genuine child contribution despite extensive efforts to engage them in numerous activities. Additionally, the challenge of securing equitable representation for children of all ages, genders, and backgrounds, particularly VAC survivors, in formal child participation frameworks remained.

Expansion of VAC prevention services

During the study period, there was a noteworthy expansion in the rollout of services to prevent VAC. A major shift occurred in the funding landscape: previously, investment had predominantly supported response services, but our study observed a significant increase in investments allocated to VAC prevention initiatives. Funders like PEPFAR, who traditionally focused on different programmes, reallocated substantial funds to VAC prevention initiatives, including the DREAMS, GBV, and OVC programmes. Furthermore, the Government established partnerships with private-sector entities such as the Safaricom Foundation and the Kenya Commercial Bank. These collaborations supported initiatives like school enrollment, a known protective factor for VAC, especially with safe schools initiatives, furthering VAC prevention efforts. This broadened implementation of prevention strategies likely contributed to the decline in VAC cases during the study period.

Community Awareness Creation and Mobilisation In response to the significant prevalence of VAC, as revealed in the 2010 survey, the Government prioritized community awareness activities in the NRP. Consequently, substantial efforts were channelled into this strategy, resulting in the implementation of several interventions. However, study participants highlighted the crucial role played by local radio stations, which increased in number across the country during the study period, in disseminating key VAC messages in local languages. Further, the '*Piga Nduru*' Campaign stood out as a positive initiative, which equipped children with the means to signal for help if their rights were breached, thus educating communities on VAC and how to act against it. These initiatives were instrumental in raising public awareness about the different forms of VAC the societal norms that sustain them, and encouraged collective grassroots action against child abuse. They also framed VAC as a public health issue requiring urgent action and recognition as a punishable offence.

However, recent studies suggest that such awareness campaigns on their own may not yield lasting change (Kerr-Wilson et al., 2020). These programs tend to focus on information distribution rather than encouraging critical thinking or promoting substantial shifts in harmful social norms. Awareness efforts must go beyond information transmission for effective societal change, especially against entrenched norms. They should strive to incite activism for real transformation, like the SASA! Programme carried out by PEPFAR partners within the DREAMS initiative. Moreover, it is generally understood that prevention initiatives require a sustained effort, typically spanning three to five years, to effect enduring change (Abramsky et al., 2014).



advancements between 2010 and 2019. The Government enacted the Basic Education Act in 2013, ushering in free and compulsory education, a key step in improving school enrollment and retention rates. This act aimed to ensure children had access to a structured and safe educational setting. The growth in school enrollment was further supported by initiatives like the Presidential Bursary Fund and partnerships with entities such as the KCB Wings to Fly and the Safaricom Foundation, which offered financial assistance for school fees to disadvantaged students. Particularly, the focus on facilitating girls' education, including those affected by early pregnancies, received attention through the National School Health Policy and the school re-entry program.

While the school enrollment and re-entry measures were not specifically designed to combat VAC, several regional studies have pointed out the efficacy of such educational strategies in preventing VAC (Hallfors et al., 2011; Population Council, 2014; Devries et al., 2015; Sarnquist et al., 2014). Effective strategies include increasing enrollment numbers, creating secure school environments, and imparting life skills education (WHO, 2016).

Household economic resilience: The study participants emphasised improving household financial stability as a vital strategy to improve VAC during the study period. Key interventions implemented involved Government-led cash transfer programmes, notably the Cash Transfer to Orphaned and Vulnerable Children (CT-OVC), the Hunger Safety Net Programme, the Urban Food Subsidy Programme (UFSP), and the Presidential Bursary Scheme for Orphans and Vulnerable Children. These programmes delivered consistent financial support to disadvantaged families. While the initial goal of these programmes was to reduce poverty and improve access to healthcare and education, they also appear to have played a role in diminishing VAC. Evidence from Austrian et al.'s study in Kenya reinforced this positive impact, showing that cash transfers led to improved adolescent well-being indicators, such as increased school enrolment rates, which in turn act as protective barriers against VAC (Austrian et al., 2021). These results align with broader international research that supports the efficacy of cash transfers in reducing VAC (Chakrabarti et al., 2020; UNICEF, 2020).

However, a Ugandan study presented a cautionary perspective. It revealed that cash transfers might unintentionally increase the risk of sexual harassment for girls without concurrent social or behavioural interventions (Austrian & Muthengi, 2014). Therefore, to effectively counteract the risk of violence, it is critical to implement an integrated approach that enhances both economic and social assets, including strengthening social networks and reproductive health knowledge.

VAC response and support services: From 2010 to 2019, there were significant advancements in the response to VAC spanning various sectors. Crucial among these was establishing Child Protection Units in police stations, offering vital support and safety for children. In the justice sector, the introduction of Children's Court Users Committees allowed for direct public interactions with judges, thus improving access to justice. The Ministry of Health, together with the Directorate of Children's Services, prioritised comprehensive support, including psychosocial services, for child survivors and their families. The national toll-free helpline (116) was also expanded for wider reach. Additionally, there was a concerted effort to boost community awareness about the services available and the referral processes to ensure that assistance was readily accessible.

Violence against adolescent girls

Sexual violence against adolescent girls is a critical global concern, with numerous factors contributing to its persistence. The WHO reports that around one in three women globally have endured physical and/or sexual violence in their lives, often commencing from a young age (World Health Organization, 2021). UNICEF reinforces this data, revealing that nearly one in ten girls under 20 have faced forced sexual acts (United Nations Children's Fund, UN Women, & Plan International, 2020).

Our findings resonate with other studies that have identified various factors underpinning this prevalence, including societal norms that tolerate or excuse violence, gender inequality, the subordinate status of girls and women, and a pervasive culture of silence and stigma surrounding victims, which discourages reporting and seeking help. The situation is compounded by inadequate legal protections and a lack of support services, leaving adolescent girls vulnerable to continued abuse (Engel, Vyas, Chalasani, Luna, & Robinson, 2022; UNICEF, 2017)

Our findings highlight a significant gap in VAC programs and policies during the study period, which largely treated children as a uniform group without addressing the vulnerabilities and types of violence that adolescent girls face. Nevertheless, initiatives like the PEPFAR DREAMS initiative, IMPOWER, and the Stop Violence Against Girls in School campaign have shown promise in targeting these issues.

The research also shows that programs emphasizing male involvement and gender transformation only started to gain momentum post-2016, often lacking breadth and depth. A critical need exists for a comprehensive strategy that escalates such initiatives, ensuring the protection and empowerment of adolescent girls are prioritized effectively.

7.3 Study limitations

Recall bias was a significant issue during the study, impacting participants' data accuracy. This bias was due to the time gap between 2010 and the actual interviews. Additionally, locating individuals actively implementing services during that time proved challenging, further complicating data collection. The impact of COVID-19 on children's experiences of VAC and Kenyan society also made it difficult to remember "how things used to be."

The different terminology that various partners used to describe VAC services was another barrier. Terms like child abuse, sexual and gender-based violence (SGBV), child protection, and child maltreatment were used across various sectors. This variation in terminology created difficulty in ensuring participants answered questions about VAC more broadly. To address this, research assistants received training on the commonly used terms and how to explain their relationship to VAC in a broader context.

Despite efforts to comprehensively review legal, policy, and service delivery documents related to VAC prevention and response in Kenya from 2010 to 2019, some relevant documents may have been inadvertently excluded, particularly if they were unavailable online. Additionally, while interesting intervention examples were received from various partners across the country, detailed information was often lacking due to time and capacity constraints for documentation within many organizations.

Moreover, it's essential to note that while the study acknowledges the diversity of violence experienced by children in Kenya, it primarily focused on sexual, physical, and emotional violence, as these were the three forms of violence measured in the VACS.

Lastly, although this study provides a wealth of qualitative information on initiatives and interventions that – according to rich and diverse stakeholder perspectives – contributed to reductions in VAC over this period, it falls beyond the study's scope to assess the effectiveness of individual interventions. Thus, this study cannot attribute violence reduction to specific initiatives and doesn't delve into intervention or policy effectiveness. Instead, it analyses stakeholders' perceptions of the elements that have made a difference.

Despite these limitations and challenges, the study sought relevant and reliable data and insights to address the study objectives.



IMPLICATIONS

8

8 IMPLICATIONS

This study's findings emphasize the need for the Kenyan Government and its partners to scale up their efforts to prevent and address VAC rapidly. To achieve this, the following actions are required:

- **Enhancing Financial Investments in VAC Prevention and Response Services.** Financial commitment is crucial in combating VAC, demanding a multi-faceted approach. First, the Government must secure increased domestic funding to sustain effective interventions. This involves allocating Government funds and fostering robust partnerships with the private sector. Such collaboration leverages private resources and draws on their capacity for innovation, broadening reach, and operational efficiency.

Moreover, expanding financial support necessitates a wider network of donors dedicated to VAC issues. Advocacy efforts must, therefore, aim to grow this donor network, attracting support from traditional and new contributors through integrated funding strategies. By aligning VAC programmes with related initiatives – such as those focusing on HIV, sexual and reproductive health, and rights (SRHR), parenting, education, and violence against women (VAW) – a more comprehensive and multi-layered approach emerges, enhancing the effectiveness of financial resources and interventions.

It is acknowledged that sustainable change, especially in programmes that shift social norms or those working with children, requires core and multi-year funding. Such funding allows organisations to incorporate learning into their practice and develop their work incrementally. Funders must provide funding assurances over extended periods, preferably three to five years, to facilitate the deep, systemic change necessary to address VAC. This long-term commitment is essential for achieving the desired programme outcomes and fostering effective VAC prevention strategies.

- **Enforcing VAC laws and translating policies into effective action.** Kenya has advanced significantly in formulating VAC-related laws and policies. The prevention of VAC hinges on the rigorous enforcement of these measures. Therefore, the National Government must integrate these laws and policies within every county's local framework to guarantee compliance with legal standards and promote a consistent approach to combating VAC nationwide.

Moreover, establishing accountability mechanisms is crucial to monitor and enforce compliance within all counties. Given the substantial updates in legislation, such as the recently amended Children Act 2022, it is imperative to revise and update any outdated guidelines. This ensures all stakeholders are operating within the current legal parameters.

Additionally, it is crucial to incorporate any legislative changes into training programs for service providers. This will guarantee that individuals at the forefront of child protection are knowledgeable and adequately prepared to enforce the legislation to protect children from harm.

To ensure a broader audience, including children and the entire community, is aware of the legal and policy frameworks, partners should consistently utilize local media and other community-based structures, such as Nyumba Kumi, to disseminate the core message. Incorporating VAC education into the school curriculum and utilizing social media can yield advantageous outcomes..

- **Improving service provider capacities to implement quality VAC prevention and response service.** Strengthening the capacity of service providers in VAC prevention and response across all relevant sectors is essential for delivering quality services. Increasing the workforce dedicated to VAC services is crucial to manage the rising caseload effectively. Needs assessments must be conducted across different sectors to secure adequate staffing for extensive coverage.

The Government and its partners must prioritise sector-specific, specialised training to address VAC concerns effectively. These programmes need to explore the complexities of VAC, fill knowledge gaps, and harmonise terminology and understanding across the board. Equipping service providers with such knowledge and skills is critical for handling VAC cases with competence and sensitivity. Furthermore, the multisectoral nature of VAC services necessitates joint training sessions that unite providers from various sectors, fostering an understanding of how to collaborate efficiently in providing comprehensive services. This collaborative approach will enhance the development and use of robust referral and linkage networks, ensuring effective service delivery within their respective environments.

Furthermore, it is vital to focus on both preventative measures and responses. Service providers must be adept in VAC prevention strategies and responding effectively to incidents. Comprehensive training should cover fundamental VAC concepts, prevention programming, and effective strategies.

- **Enhancing Genuine Child Participation in VAC Policy Development and Programming.**

To enhance VAC prevention, the Government and relevant stakeholders must refine their approach to ensure that child participation is substantive, reflecting the diverse experiences and insights of the children. Effective strategies for increasing child participation should incorporate the following:

- Develop direct communication channels for children to enable their involvement in public consultations and decision-making processes, promoting accountability and encouraging active participation.
- Create child advisory panels comprising members from various backgrounds and age groups to enable genuine involvement in dialogue, consultations, and policy-making on matters that impact them.
- Implement robust systems for collecting and evaluating children's feedback and suggestions within educational, healthcare, and child welfare environments.
- Assign dedicated teams or officials at national and local levels who are expressly charged with ensuring children's participation in decision-making frameworks.
- Introduce engaging, child-friendly online platforms that allow children to voice their opinions and feedback securely and interactively, catering to various age groups.
- Lobby policymakers to recognise and advocate for the importance of child participation in all areas of governance and societal engagement.

This approach to inclusive participation should be evident in developing policies and programs and in their implementation, ensuring children's voices are heard and acted upon.

- **Evaluating and Scaling Up Effective Evidence-Based VAC Prevention and Response Interventions.** While our research highlights various potential strategies for preventing VAC, there is a notable lack of formal evaluation of these interventions within their implementation contexts. Assessing their effectiveness within Kenya is vital to tailoring and optimizing their use. Rigorous evaluations are essential to ascertain the success of these interventions and, if effective, to scale them up for the wider population.

Although this study focused on the three forms of VAC measured in the VACS, it is key to develop programs that address the various forms of VAC commonly experienced in the different counties, including the exploitation through child abuse that was highlighted. Also, programmes need to address issues around enhancing children's rights.

Lastly, implementers must persistently innovate and engage in vigilant monitoring and documentation of successful practices. This ongoing process will ensure that interventions remain relevant and impactful locally.

- **Prevention programmes targeting violence against adolescents need to be specifically designed to address their unique needs and risks.** Adopting a life course perspective is key, as it acknowledges adolescents' challenges, particularly those influenced by prevailing gender dynamics.

It is essential to address existing data gaps to programme for adolescents effectively. Localised research is needed to provide detailed insights into the nature of violence, risk factors, effective interventions, and the specific obstacles adolescent girls face in accessing support services. This research is imperative to ensure programmes are relevant and effective for this population.

It is also paramount to co-create these programmes with adolescents, ensuring their perspectives shape the design, development, and implementation. This collaborative approach ensures programmes are nuanced culturally sensitive, and address the unique needs of various identities, including gender, sexual identity, race, and ethnicity.

Moreover, enhancing investment in programmes specifically for adolescent girls is essential. These initiatives should tackle the root causes of violence, such as societal norms and gender inequality, while

also confronting the stigma that prevents victims from seeking help. Increased funding should focus on initiatives that reflect the realities of adolescent girls, with a particular emphasis on education and empowerment programmes like school re-entry policies.

In addition to these measures, it is imperative to provide specialised training for service providers. They must understand the complexities faced by adolescent girls and be equipped with strategies that effectively support and protect this vulnerable group.

- **Enhancing the functionality and use of data collection systems across different sectors.** Sectors have developed sophisticated systems for consistently collecting administrative data on VAC. Yet, training service providers to accurately record data within these systems and effectively utilise this information to guide decision-making and enhance service provision is essential. A unified solution must integrate high-level data from these various sectors nationally. This integration would facilitate interconnectivity between systems, providing a comprehensive overview of the nation's efforts in preventing VAC.



APPENDICES



9 APPENDICES

Appendix 1: List of Key Government Laws, Policies and Reports

Legal frameworks	Description
Constitution of Kenya, 2010	Overarching legal framework that all national laws and policies must adhere to. Recognises the right of all children to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhumane treatment and punishment, and hazardous or exploitative labour.
Counter-Trafficking in Persons Act, 2010	Prohibits all forms of human trafficking and imposes penalties for trafficking children, including sexual exploitation.
Prohibition of Female Genital Mutilation Act, 2011	Criminalizes the practice of subjecting girls or women to female genital mutilation. This act has been widely recognized as one of the most comprehensive laws against female genital mutilation in Africa, as it clearly defines the practice, criminalizes perpetration, mandates reporting of cases, and prohibits verbal abuse or shaming of uncut women.
Children Act, 2012	Updated version of the Children Act, 2001. Interim update to align with the 2010 Constitution.
County Governments Act No. 17, 2012	Gives effect to Chapter Eleven of the Constitution to provide for county governments' powers, functions and responsibilities to deliver services and for connected purposes. Lays out the county Government's role in child welfare.
Transition to Devolved Government Act, 2012	Allows for interim continuity of service delivery during the transition to devolved government.
Intergovernmental Relations Act No. 2, 2012	Regulates relations within and between different elements of national and county government.
Basic Education Act No. 14, 2013	Promotes and regulates free and compulsory basic education for all children, including measures to ensure all children and youth of school-going age attend and complete basic education. Through this Act, Kenya made progress in promoting access to education for all children, including those from marginalized and vulnerable communities.
Media Council Act No. 46, 2013	Protects the privacy of minors by prohibiting the naming of children in sexual offence cases as witnesses, survivors, or defendants and requires parental authorization for media interviews
Marriage Act No.4, 2014	Sets the legal minimum age of marriage for girls at 18 years, thereby helping to prevent child marriage, which is a form of VAC
Protection Against Domestic Violence Act, 2015	Comprehensive legislative measure addressing domestic violence. Includes additional protections for women against violence in intimate relationships, and the definition of violence includes marital sexual abuse, emotional abuse and harassment, child marriage, FGM, and child sexual abuse.
Sexual Offences Act, 2016	Strengthens the legal framework for addressing sexual offences and providing better victim protection. The amendments expanded the definition of sexual offences to include offences against children, such as sexual exploitation and abuse. The SOA also criminalized children's use of pornography and the possession, production, and distribution of child pornography. Additionally, it introduced stricter punishments for sexual offences, particularly defilement, based on the complainant's age.
Prevention Of Torture Act No. 12, 2017	Defines physical torture as rape and sexual abuse, including inserting foreign bodies into the sexual organs or rectum or electrical torture of the genitals
Computer Misuse & Cybercrimes Act No. 5, 2018	Includes provisions to protect children from online exploitation and abuse, such as cyberbullying, child pornography, and child sex tourism

Appendix 2: Examples of Strategies and Interventions implemented by various partners between 2010 and 2019

INSPIRE STRATEGY	Examples of programmes/ interventions implemented	Implementation period
Norms and values	SASA! Programme	2013–present, a community mobilisation approach implemented by various NGOs across Kenya and funded through programmes like PEPFAR DREAMS and other donors
	Media campaigns (Shuga TV series and the HeForShe campaign)	Shuga – 2009–2013 (later repeats aired); initially funded through the MTV Staying Alive Foundation, PEPFAR, the Partnership for an HIV-Free Generation (HFG) and the Government of Kenya HeForShe – 2015 – current (part of a global UN campaign for gender equality)
	UNICEF/UNFPA/UNHCR and Population Council programming on ending FGM, conducted with several Government departments and NGOs	From 2011, a range of community-based anti-FGM programming was initiated; to the present day, The programming covered a range of awareness-raising and training interventions for justice and law enforcement officials, a strong focus on teacher training and support for school campaigns and direct support for girls wishing to flee FGM, and a strong focus on referrals and creating a network of support for girls and their families, which aligns with the evidence on linking VAC with other well-being support for children. Although FGM was not included in the 2010 and 2019 VACS, FGM-focused interventions have led to broader discussions around VAC and GBV prevention.
Safe environments	Nyumba Kumi initiative	Launched in 2013 by the Kenya Police Service – a countrywide community policing programme to create safer local communities with regular meetings between ten-house clusters of residents and stakeholders. The primary focus is local dispute resolution. (Government initiative through police service)
	Child-Friendly Spaces (The Usalama Project)	2013 – current, focusing on children in humanitarian contexts (funded and implemented by various NGO in humanitarian settings).
	Safe and Inclusive Cities programme	2018, focus on adolescent participation in urban areas (Plan International).
Parenting and caregiver support	Skilful Parenting programme	2015 – current parenting programme by Investing in Children and Their Societies (ICS); open-license and adapted by other NGOs
	The “Families Matter” Programme	2003 – current, Adapted CDC parenting programme, used by many PEPFAR DREAMS partners
	Sinovuyo Teens Parenting Program (CRS)	2016 – 2018, initially South African, adapted for HIV-sensitive parenting in Kenya by PEPFAR/USAID’s OVC programme.

Income and economic strengthening	Cash Transfer to Orphaned and Vulnerable Programme (CT-OVC)	<p>The Cash Transfer for Orphans and Vulnerable Children (CT-OVC) programme was initiated in Kenya in 2004 to provide regular cash transfers to impoverished families who had identified vulnerable children. These transfers aimed to incentivise the fostering and retention of children within their families and contribute to their overall human capital development.</p> <p>According to the Kenya Child Protection Report for 2016-2019, there was a significant increase in the number of children benefitting from the CT-OVC program. From the fiscal years 2013/14 to 2017/18, the number of children receiving support through the programme rose from 468,066 residing in 156,022 households to 1,059,000 children living in 353,000 households (Department of Children's Services, 2019a).</p>
	Presidential Secondary School Bursary (PSSB)	The initiative was established in 2013 with support from Equity Bank and USAID PEPFAR. The State Department for Social Protection now manages the scheme. By 2019, a total of 123,465 children had received bursaries.
	The Hunger Safety Net Programme (HSNP).	Started in 2013, cash transfers increased from 1.65 million recipients to 5 million in 2019, exceeding the original target of 4.28 million beneficiaries.
	Safe and Smart Savings Products for Vulnerable Adolescent Girls	This intervention was implemented by the Population Council and MicroSave in 2008-9, before the 2010 study, but it has since been expanded.
Response and support services	Child Help Line 116 Programme	Established in 2006 by the Department of Children's Services, Expanded exponentially during the study period. Twenty calls a month in 2006 to 3,000 calls per day in 2015, Supported by PEPFAR USAID/OVC and others.
	Child Protection Centres (CPC)	Established from 2012-2015 in Malindi, Garissa, Nakuru and Nairobi
	Child Protection Units	By 2015, child protection units were established in 14 police stations (Government of Kenya et al., 2015).
	Legal Aid services	Pilot legal aid services in three districts were evaluated in 2017 and have since been expanded.
	Children's Courts	Established in five countries, with additional training for magistrates, police and others across the country
	Establishment of SGBV services across public health facilities, including one-stop GBV centres	From 2013, following changes in law, ongoing improvements including free medical care, introduction of SOPs, ongoing
Education and life skills	Sanitary Towels programme	Launched in 2011 by the Ministry of Education to provide free sanitary towels to girls from disadvantaged backgrounds in public schools. The programme aims to increase teenage girls' access to sexual and reproductive health products to increase their retention in school. The total beneficiaries of the project are 3,703,452 girls.

	Amani Clubs	Established through collaboration between the National Cohesion and Integration Commission and the Ministry of Education in 2014. The clubs aimed to build a platform for social dialogue, dispute resolution, mediation, and peace education activities among youths in different schools nationwide. Amani Clubs are reported as being particularly instrumental in sensitising learners about emerging forms of violence, including radicalisation and violent extremism. By 2020, there were a reported 29,200 Amani Club members in 621 schools across the country (Amani Clubs Brief, n.d.).
	Beacon Teachers programme	The Beacon Teachers Movement was started by Plan International in 2019, together with the Teachers Service Commission in Kenya. The aim of starting this movement was to allow teachers to promote child protection in their schools and communities. Beacon Teachers is part of Plan International's Safe Schools Global Programme.
	IMPower	Designed by No Means No Worldwide offered a standardised 6-week self-defence programme for adolescent high school girls. It was delivered to 300,000 children in Kenya, Uganda and Malawi, although Kenya-specific data is inaccessible online.
	Stop Violence Against Girls in School	A five-year project of 2008-2013, implemented by the Girl Child Network with the support of Action Aid, was a school-based programme that also included teacher awareness raising, some community mobilisation on attitudes and practices to violence and gender equity in education. This seems to have fed into later national approaches to promoting gender equity, which is now a part of the national education strategy.

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