

EVALUATION REPORT



**SOS CHILDREN'S
VILLAGES**

END TERM EVALUATION OF THE INTEGRATED CHILD CARE PROGRAM

Busia, Kenya

"A loving Home for every child"

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ACRONYMS

AAC	Area Advisory Council
AFC	Alternative Family Care
ANNPCAN	African Network for The Prevention & Protection against Child Abuse and Neglect
CAAC	County Area Advisory Council
CBO	Community Based Organization
CCI	Charitable Children's Institution
CHASP	Capacities for Health and Social Policy
CMC	Community Management Committees
COVID	Corona Virus Diseases
CPN	Child Protection Network
CRANE	Children at Risk Action Network
CRC	United Nations Convention on the Rights of the Child
CSO's	Civil Society Organizations
DCS	Department of Children Services
FBC	Family Based Care
FBO	Faith Based Organization
FBCP	Family Based Care Programme
FDP	Family Development Plan
FGD's	Focus Group Discussions
FS	Family Strengthening
FSP	Family Strengthening Programs
KII	Key Informant Interview
LAAC	Local Area Advisory Council
NCPWD	National Council for Persons with Disabilities
NGO	Non-Governmental Organization
NHIF	National Hospital Insurance Fund
NO	National Office
OVC	Orphan and Vulnerable Children
R.A.'s	Research Assistants
TOC	Theory of Change
ToR	Terms of Reference
VSLA	Village Savings and Loan

EXECUTIVE SUMMARY

SOS Children's Villages Kenya implemented an Integrated Child Care Programme in 5 Nasewa, Bukhayo west, Lwanya, Busibwabo, and Nangoma locations in Matayos Sub-county, Busia County.

The goal of this evaluation was to see how much SOS Children's Villages Kenya had contributed to the achievement of the following objectives:

1. Develop and set up a referral system for alternative family-based care options.
2.
 - a. Strengthen vulnerable families to prevent 1000 children from losing parental care.
 - b. Placement of 200 children in kinship and guardianship families or foster care families.
 - c. Strengthening the quality of existing alternative care options.
3. Empowering community leaders and community-based organizations.
4. Raising awareness of children's rights and enhancing child participation.
5. Advocacy on a local and national level.

Methodology

The evaluation was conducted using a mixed methodological approach, including qualitative and quantitative data collection methods and instruments. Probability sampling was used to allow random selection of the targeted beneficiaries, and nonprobability sampling was used to identify key informants and participants in the Focus Group Discussion

Documents were reviewed using a method that included gathering, arranging, and summarizing all pertinent project information. This included looking at project documents, work plans, periodic reports, and written project reports. The information gathered through project documentation and secondary data analysis was used to create the field data collection instruments and questions. Survey Questionnaires, Key Informant Interviews, and Focus Group Discussions were utilized to collect data.

Excel was used to analyze quantitative data and generate descriptive statistics. Data were transcribed and translated from qualitative sources. The translation from Kiswahili to English was done with linguistic peculiarities in mind. Data quality processes were followed to ensure that the information and data acquired were correct and reliable. Ethical considerations were also taken into account.

Findings

Study Population Demographics

A total of 155 people took part in the survey, with 79.4 % female and 20.6 % male. The respondents are skewed towards the female gender for the reason that the sampling was random and there are more female care givers than male caregivers within the study population. The respondents' average age was 50 years, with the youngest being 16 and the oldest being 89. 63.2 % represent single-parent headed families, with 21.3% representing those with both parents. While most respondents had completed primary school (61.3 %), while 14.8% had no formal education. Crop farming was identified as the primary source of

income by 42.6 % of the respondents, 25.7% and 25.1% reporting petty trade and casual labour, respectively. The majority (67.1 %) earn less than Ksh.3500 per month.

Relevance

The study's findings show that the programme, was responsive to the needs of children who have lost parental care and those at the risk of losing it. The programme's goal was to help vulnerable families become self-sufficient, prevent family disintegration, and empower caregivers to protect their children. The assessment determined that the families helped were at the 'bottom of the barrel,' with parents/caregivers lacking a consistent source of income and unable to meet their children's educational needs (See a Children's FGD excerpt on page 13). The goal of the strategy was to give high-quality care and protection to children who were on the verge of losing parental care or who had already lost it.

Effectiveness

The ICC program covered children's school fees in three installments and school supplies and stationery like books, shoes, sanitary towels, and uniforms. It also aimed to ensure that vulnerable children have access to medical services. The qualitative findings show that cost, distance, and quality of health care services are the main barriers to children accessing health care (See figure 14 on Page 20). Training on parenting skills for caregivers and children without or on the verge of losing parental care was key to the success of the ICC Program. The parental care skills reported improvement, and both parents and children are more aware of child rights and protection issues. Voucher distribution and seed distribution made it easier for families struggling to put food on their tables to get food. The launch of Community Management Committees (CMC) empowered them to come in as agents of both SOS Children's Villages and the families. The multi-sectoral approach was fundamental to achieving the set-out objectives. Community structures and organizations have been strengthened through training to provide long-term assistance to the target population (See KII excerpt with CMC, Nangoma, Page 23).

Efficiency

The Integrated Child Care programme's impact on children's education, capacity building of families, and financial literacy was a significant positive attribute. The evaluation found that the project efficiently used its human, financial, and technical resources. Delays and challenges, including COVID-19, delayed the program's execution on schedule and budget in some aspects.

Sustainability

According to the assessment, the project integrated the sustainability of outcomes through multiple capacity-building interventions. Because they were trained, the vulnerable groups were more likely to continue with activities like bookkeeping and VSLAs and attract and teach new members. This was evident as we found the VSLA groups still active, and from the FGDs, they also remarked that it was a good platform that they would keep to help continue transforming their lives (See *Caregiver FGD Nasewa Location excerpt, Page 27*). The program team worked closely with other NGO partners and government institutions to raise awareness about children's rights. This collaboration will make it easier to tackle the rising number of neglected children, poor parenting, and school dropouts by facilitating the adoption of best practices.

Conclusion and Recommendations

Generally, the project was accepted positively in Matayo's Sub County, with numerous stakeholders taking part in project genesis and implementation in the first stages. The main achievement of the initiative was its major support in education, social protection, and economic empowerment, which led the beneficiaries to the path to self-reliance. Limited chance for cooperative planning and objectives unpacking among the technical specialists and project team and delayed receipt of funds throughout the first three years seem to have significantly affected the implementation pace of the programme.

The interventions by SOS Children's Villages ICC Programme in supporting children whose families could not care for them were highly relevant. The bulk of the targeted beneficiaries (67.1%) earned less than Ksh 3500 – which means that most of the respondents live below the poverty line. The design of the Integrated Child Care Programme or similar programmes will need to be sufficiently informed by data on the specific indicators that SOS Children's Villages plan to focus on and address. It is also crucial that there should be deliberate efforts to have a feasibility study that informs programme design during design.

ICC aimed to ensure that the programme children have access to education and medical services. Through training on positive and skillful parenting, self-childcare has been reduced. VSLAs have greatly aided caregivers and parents of vulnerable children in obtaining loans for other business ventures. The family development process must intentionally ensure that children are part of the talks and their ideas are considered when identifying the primary family concerns during the family development process. This will exhibit more dedication to boosting child participation in implementing ICC programme initiatives.

The Integrated Child Care programme's impact on children's education, capacity building of families, and financial literacy was a significant positive attribute. Some delays and challenges, e.g., COVID-19, hampered the completion of some aspects of the program on time and within budget. Good project management practices and intensive consultations with program beneficiaries and stakeholders were cited as key to the successful implementation of the project. The evaluation found that the project efficiently used its human, financial, and technical resources, which resulted in achieving the set objectives. Using local communities' systems and structures helped ensure programme buy-in and community ownership. The programme should consider funds decentralizing the financial processes (of SOS Children's Villages) at the project site. There is a need to have expert trainers in the IGA that beneficiaries are involved. For instance, some farmers complained of being provided with pigs without clear training on their raising

The design of the Integrated Child Care Programme or similar programmes to be implemented in the same environment will need to be sufficiently informed by data on the specific indicators that SOS Children's Villages plan to focus on and address. At the onset, a Theory of Change and related Logical Framework will need to be developed with clarity on the desired results and indicators to be tracked. This will aid in determining the baseline values for which subsequent analysis and evaluation would be based. The existing initiative that has been assessed did not have a clear, logical framework and baseline data. It is also vital that there should be deliberate efforts to have a feasibility study that informs programme design during design.

SOS Children's Villages made sure that children were supported in school. Caregivers were connected to VSLA organizations and women's business funds. The bulk of the recipients were encouraged to join VSLAs, which allowed them to manage their finances better. The

programme was not broad enough to address the needs of many young people in Busia. Management should consider using available government and community structures that will survive the project implementation period.

Voluntary savings and loan programs have been lauded as a best practice for guaranteeing that financial resources from savings and loans are available to invest in other income-generating activities. SOS Children's Villages Kenya should offer funds to the program teams when requests are made. The general monitoring, assessment, and learning process was a weak link in project delivery. The management should implement strategies to ensure that the project management cycle includes monitoring, evaluation, research, and learning. Similarly, management should consider implementing essential project interventions early enough to allow time for progress monitoring.

1. BACKGROUND AND CONTEXT

1.1. FAMILY STRENGTHENING INTEGRATED CHILD CARE PROGRAM

Traditionally, the family unit and extended family system were critical agents in ensuring that children were disciplined, lived within social norms, learned about healthy sexuality, had healthy relationships, and acted as a support system during need or distress. In contrast, the current trend is that the traditional family structure is being replaced by child-headed, single-parent, and blended family systems.

Families, parents, and caregivers play a central role in a child's well-being and development. They offer identity, love, care, provision, and protection to children and adolescents and economic security and stability. Children's well-being is inextricably linked to parental well-being. Thus investment in all families, complemented by targeted support for the most vulnerable, is of paramount importance for realizing the child's rights.

The United Nations (UN) Convention on the Rights of the Child (CRC) is clear: parents and legal or customary guardians have the primary responsibility for the upbringing and development of the child. But so do governments, nongovernmental actors, and community-based organizations. According to UN-CRC article 181, states must *'render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities, and services for the care of children.'*¹ In keeping with the spirit of the Convention, family and parenting support is increasingly recognized as an essential part of national social policies and social investment packages aimed at reducing poverty, decreasing inequality, and promoting positive parenting and child well-being.

The separation of children from their families can result from many causes, including the death of one or both parents, abandonment, displacement, trafficking, or simply the inability or unwillingness of the family to provide care. The roots of separation are also be found in behavioral problems, relationship difficulties, abuse, or neglect. Separation is also caused by more significant systemic issues such as poverty, conflict, natural disaster, or HIV/AIDS.² Implementing approaches that keep these family pursuits together ensures sustainable development.

Strengthening Families is a research-informed approach to increasing family strengths, enhancing child development, and reducing the likelihood of child abuse and neglect. It is based on engaging families, programs, and communities in building protective factors, including; Parental resilience, Social connections, knowledge of parenting and child development, concrete support in times of need, and Social and emotional competence of children.³ Two examples of Family Strengthening Programming are highlighted.

¹ United Nations Convention on the Rights of the Child

² <https://bettercarenetwork.org/library/strengthening-family-care/strengthening-family-care>

³ <https://cssp.org/our-work/project/strengthening-families/#story>

SOS Children's Villages support children within their community and familiar environments in Kenya. Apart from giving children a new home, SOS Children's Villages Family Strengthening Programmes enable children on the brink of losing family care to grow up in a caring family environment.⁴ The intervention model directly targets children and youth by ensuring access to basic needs and services, including quality healthcare and education. The capacity of caregivers is developed towards self-reliance, and community-based partners are strengthened to create a strong safety net around vulnerable children and youth.⁵

If not mitigated, child poverty can last a lifetime and will be passed to future generations. Multidimensional poverty also disproportionately affects children, depriving them of the necessary things for survival, participation, protection, and development, including health, nutrition, shelter, water, and education. Family strengthening programs secure basic incomes, reduce risks for children in extreme poverty or without family care and consider children's voices and views and caregivers. Social policies and programmes are essential for realizing child rights and breaking the intergenerational, vicious cycle of poverty. Policies designed and implemented with children in mind significantly increase benefits for children, including educational attainment, health care access, adequate nutrition, and reduction in risk of abuse, exploitation, and neglect.

1.2. Integrated Child Care Program in Busia

Busia County has a child-rich population: 48% of the total population is 0-14 years old. The county has one of Kenya's largest populations of children living in poverty, with a stunning 106,000 children orphaned in a city with one million people. Less than half of these children have access to care through local NGOs, churches, and informal care structures. The future of the vast majority of these orphans is uncertain. Exploitation such as prostitution, child trafficking, and child labour is always lurking, partly because of the border location. Busia has a much higher rate of adolescent pregnancies and abandoned children than the rest of Kenya.

SOS Children's Villages, through integrated alternative care and family strengthening program, was set up to ensure quality care for 1,200 vulnerable children in Busia county. They partnered with several NGOs, community-based organizations, and the country's government to make the Program sustainable and reach suitable families and children. During implementation, they focused on 250 families in the Matayo area in Busia County and their 1,000 children, who risk losing parental care, and 200 children who have already lost their parents' care.

The integrated child care program is implemented to ensure support and Care for neglected, abandoned, or abused children who have lost or are at risk of losing their parent's care in Busia, Kenya. The Project had five specific objectives: direct care by strengthening vulnerable families and educating national and local stakeholders.

⁴ <https://www.sos-childrensvillages.org/where-we-help/africa/kenya>

⁵ <https://www.soschildrensvillageskenya.org/family-strengthening.html>

Project objectives

1. Develop and set up a referral system for alternative family-based care options.
2. A. Strengthen vulnerable families to prevent 1000 children from losing parental care.
2. B Placement of 200 children in kinship and guardianship families or foster care families.
2. C Strengthening the quality of existing alternative care options.
3. Empowering community leaders and community-based organizations.
4. Raising awareness of children's rights and enhancing child participation.
5. Advocacy on a local and national level.

The Project was planned to be implemented in 5 phases;

- I. In phases 1 and 2, SOS Children's village Kenya identified both vulnerable families and children and national NGOs, churches, partners, and CSOs.
- II. In phases 3 and 4, community leaders, community-based organizations, and community groups are empowered and strengthened by educating them on the child's rights.
- III. In phase 5, after the programs have been monitored and goals have been achieved, together with the children, families, communities, and partners, SOS Children's Villages will phase out of the Project

1.3. The objectives of the End term Evaluation

The main objective of the evaluation was to give an independent assessment of progress to date of the Project across the outcomes, assessing performance as per the foreseen targets and indicators of achievement at output level; strategies and implementation modalities chosen; partnership arrangements, constraints, and opportunities. The study also evaluated the Program's impact on the proposed changes or outcomes and provided strategic and operational recommendations. Specifically, the assessment:

- i. Measured the Program's relevance according to the needs assessment and choice of action plans, partners, and implementation modalities.
- ii. Measured the program's degree of implementation, efficiency, and quality delivered on outputs and outcomes against what was originally planned
- iii. Assessed management of the operation of the Project, including staff management
- iv. Assessed synergies with other relevant stakeholders
- v. Assessed knowledge management and sharing, including the information and communication component of the Program
- vi. To recommend ways for improving future programs.

1.4. Scope of the Work

The end-term evaluation survey will be conducted in Matayos Sub-county, Busia County, focusing on the project-specific operation areas: Nasewa, Bukhayo west, Lwanya, Busibwabo, and Nangoma locations. The Survey will aim to reach out to targeted Family Strengthening Integrated Child Care beneficiaries across the project area, relevant Government officials, Technical Assistance Partners (if any), and select Community Groups within the project area. The Project reached 250 families and 1200 children as direct beneficiaries. Specifically, the end-term evaluation survey will be focused on the following OECD evaluation (detailed in the TOR): Effectiveness, Relevance, Efficiency, Impact, and Sustainability.

2. THE EVALUATION APPROACH

2.1. The Approach

The evaluation adopted a cross-sectional approach, ensuring that the data and information obtained from the sampled respondents could be generalized for all the beneficiaries. **The study applied a mixed-methods approach to integrating participatory qualitative and quantitative techniques** to ensure in-depth probing. While quantitative tools provided numerical values for the various outcomes and outputs guided by the indicators, qualitative feedback from Implementing staff, key stakeholders, and individual Project beneficiaries was critical in deepening the understanding of the functional space and clarifying critical causal relationships in aspects of the Program. Qualitative approaches helped understand the implementation modalities, Processes, challenges, and impact. Their results were as well used to triangulate quantitative findings. The facilitative tools used for the evaluation are structured questionnaires alongside other techniques such as focus group discussions and key informant interviews.

The overall approach was influenced by the understanding that this evaluation was a diagnostic study and therefore had to test (amongst other things) the soundness of the Programme, the effect of the other partners, and the sustainability of the Project Outcomes. The Assessment of Performance of the Programme followed the OECD- Criteria and thus organized into, *Effectiveness, Relevance, Efficiency, Impact, and Sustainability*. The study also gathered facts on the effects of COVID 19 on the vulnerability and sustainability of the Project.

The evaluation adopted a methodology and sampling structure consistent with the program's long-term development and behavioral change while considering the nature of information required in responding to the specific evaluation objectives. In addition, the assessment was designed to target beneficiary individuals who have been exposed to the programme interventions (*intervention group*). The assessment will enable the establishment of associations between reported outcomes and the programme activities.

In essence, the evaluation will be organized into four core stages, as indicated in figure 1 and further discussed below;



Figure 1: Core stages of the Evaluation

2.2. Inception and Planning

An inception meeting was held between the SOS Children's Villages key project staff and the consultants to facilitate an understanding of the scope of work and establish a common ground in terms of approach to the Assessment exercise. The proposed study tools were shared during the inception meeting, and input and comments on improving the tools for effective data collection were received. A revised inception report was shared for final review and approval. SOS Children's Villages project staff reviewed the proposed study tools and provided their final inputs, comments, and recommendations incorporated into the tools. The project team also shared information on the data collection sources and identified the criteria for mobilizing respondents. On getting to the study area, SOS Children's Villages staff provided the team with an overview of the area under evaluation, and together a final evaluation roadmap was developed.

2.3. Desk Review [Meta-Analysis and Review of Literature]

Review of various relevant reports, including the Project Proposal document, existing programme Monitoring data gathered during routine monitoring activities, and programme documents and regular reports (Quarterly, Annual), the initial scoping of the Midline Reports, and relevant guiding frameworks, policies, and guidelines in Child protection and care to understand the context and frameworks upon which the Project operated. The review of these documents was undertaken through a process that involved collecting (shared by SOS Children's Villages), organizing, and synthesizing available relevant project information. The consultants applied the principles of analysis while identifying relevant and unbiased documents. Collection of Primary data

2.3.1. Qualitative Approaches

This involved conducting **Focused Group Discussions and Key Informant Interviews** to gather helpful information that provided a better understanding of the context and helped explain the quantitative findings. The evaluation team conducted focus group discussions (FGDs) targeting parent beneficiaries and children and key informant interviews (KII) with key informants in the Integrated Child Care Programme (see annex 2 checklist). A question guide with open-ended questions was used to guide discussions with the FGDs and KIIs. Qualitative data included governance and policy issues, community-level practices, and socio-economic context relating to the ICC. Programme - and how these have changed throughout implementation. Records of the group and individual interviews and an audio recording of the discussions were taken during the interviews. After that, recorded data was transcribed, translated, coded, and then aggregated into themes to answer specific evaluation questions.

2.3.2. Quantitative Approaches

The assessment **employed a comprehensive approach to data collection at the household level**. The household interviews were a key method of collecting quantitative data as they provided the primary means of collecting essential information on the key indicators at the beneficiary level. A semi-structured questionnaire was administered through a face-to-face approach by trained interviewers. The questionnaire was designed to gather information on specific indicators listed in the Program's activity framework. The survey questionnaires were administered using the web-based technology approach on the Kobo collect platform. The Interviewer recorded and captured the responses, opinions, perceptions, and comments, then submitted them directly to the central servers (database). The interviewer first explained the

reason for the survey and for choosing the respondents, upon which they sought consent before proceeding with the interview.

In the Context of COVID-19, the survey administration considered all safety measures recommended by the Ministry of Health (social distancing, masks, sanitizing). Most of the interviews were held in open spaces.

2.3.3. Sampling Procedure & Sample Size Determination

The beneficiaries to be surveyed were sampled randomly from the total beneficiary reach of 300 direct beneficiary households in the project locations. The study adopted Kothari's (2008)⁶ sample size formula, where at a 95% confidence interval, the sample size will be;

$$n = \frac{N}{1+N(e)^2} = \frac{250}{1+250(0.05)^2} = 154 \text{ respondents}$$

Where n is the desired sample size, N is the population size, and (e) is the acceptable error (0.05), giving a sample of 154 respondents. This determined sample size was proportionately distributed across the project locations.

Table 1: Sample sizes per location

Location	Population (N)	Sample size (n)
Bukhaya West	59	31
Busibwabo	56	30
Lwanya	60	30
Nang'oma	62	30
Nasewa	63	34
Total	300	155

The study had targeted 154 respondents and reached 155 respondents realizing a 100.64% response rate.

The sampling of the key informants and focus group discussions followed a purposive sampling approach. Thus, respondents were identified based on their knowledge and expertise in the matters involving the implementation of the integrated childcare programme. The Key informants (KIs) were drawn from key stakeholders like Child Protection volunteers, CMCs, government representatives like the DCS, Children Officers, Education officers, Chiefs, implementing partners, and the project staff. On the other hand, FGD targeted direct project beneficiaries in the implementation locations to obtain their perspectives on project activities' impact, relevance, and effectiveness.

2.4. Analysis & Reporting

Upon data cleaning, we analyzed the quantitative data using advanced Excel to produce the research results per agreed-upon indicators at the inception. The descriptive statistics were presented in percentages, frequency tables, and charts to generate quantitative findings.

Qualitative data were transcribed and translated. Transcription from Kiswahili to English was done carefully, considering linguistic nuances. Protocols for coding were established to ensure

⁶ Kothari, C.R. (2008). Research Methodology Methods and Techniques (second revised edition), New Delhi, New Age International

each transcript was topically categorized and content organized into thematic areas. The objectives and purpose of the thematic areas were informed by the evaluation objectives and purpose, interview guide content, and preliminary findings based on secondary data analysis. Qualitative findings were further triangulated with the quantitative data to enhance the validity of the research findings.

There will be continuous dialogue between the Consultants and SOS Children's Villages Kenya team during the entire research period to provide all parties with the opportunity to identify and clarify key findings and recommendations before the final report is submitted.

2.5. Data Quality Management

Quality assurance was a key consideration throughout the entire evaluation process. Key measures that were put in place include:

- a) **Recruitment of Research Assistants (R.A.s):** A team of qualified local persons from the enumeration areas was recruited to support the study as research assistants. These helped the team manoeuvre cultural nuances and minimized language barriers that would have met the research team, risks of insecurity, community hostility, or even challenges with transport. The recruitment process factored in Gender and Geographical balance to give fair opportunities to the different contexts.
- b) **Training of Research Assistants:** Two-day training was conducted for the R.A.s to improve the quality of data gathered. The training covered; Interview Skills, an Overview of the Child Sensitive data collection, basics in social research, an in-depth orientation on the survey questionnaire, development of field movement plan, team roles, communication paths, Role-playing, quality control measures, use of mobile data collection technology, and a pre-test.
- c) **Monitoring and Supervision:** The R.A.s will be assigned locations for which they were responsible for data collection. The RAs were under the watch of a field coordinator under a zonal supervisor who closely monitored the data collection process throughout the exercise. The SOS Children's Villages team was as well in the field and helped to conduct some Back Checks and Spot checks to verify the quality of the data which was collected
- d) **Digital Data Collection:** The study used KOBO collect software for data collection. The digital data collection gadgets had GPS locations tagged to pin the specific locations from where data is collected. This feature made it possible to randomly trace the households for Quality control purposes.

2.6. Ethical considerations for involving children in research

- **Consistency with broader humanitarian principles:** The research team ensured good leadership, transparency, feedback and complaints, participation, design, monitoring, and evaluation. The research staff conducted themselves respectfully.
- **Environmental safety and security:** In the context of children participating in research, the team conducted the FGDs with children in safe, private areas. The team

avoided any risky areas that would have otherwise required children to use dangerous routes.

- **Children Safeguarding Policy:** While carrying out surveys with children or assignments that deal with children, an established policy safeguards children during those interactions and surveys.
- **Informed Consent:** As part of a continuous process to obtain informed consent, the following steps were taken: clarifying the study's goal, the type of information needed and how it would be used, the sampling strategy, and assuring data confidentiality. The team evaluated the idea of both granting and denying access.

2.7. Limitations and Mitigations of the study

1. The Assessment involved several actors, and getting responses from a wide collection of respondents was difficult due to some respondents' unavailability. This was minimized by enhancing contact with study participants and ensuring that they were notified ahead of time when they would be interviewed.
2. Because of the vast program coverage areas, which posed a logistical challenge in moving from one location to another, measures were put in place to ensure that field work was done in multiple teams, particularly during the data collection processes, to ensure that no time was lost. The study was completed within the time frame provided.

3. EVALUATION FINDINGS

3.1. Introduction

This section of the report presents findings from the impact assessment. It is structured to assess project relevance, effectiveness, efficiency, impact/outcomes, sustainability, challenges, lessons learned, and recommendations based on study findings. The evaluation also assessed the management of the project operation and staff and the communication platforms that existed in the project area, the national office, and the donors. The assessment focused on measuring the programme performance against set programme goals and intended and unintended outcomes to demonstrate what was achieved and what was not achieved and provide recommendations on how future programmes can be improved based on the learnings and best practices from the implementation of the programme.

3.2. Demographic Characteristics of Study Respondents

3.2.1. Scope of the study

The evaluation was conducted in 5 locations in the programme implementation area (Matayos Sub-County), namely, Nasewa, Bukhayo west, Lwanya, Busibwabo, and Nangoma. The survey quantitatively reached 155 respondents distributed across the 5 locations targeted, as presented below. The study assessed the geographical distribution of respondents and established that the majority, 21.9% were from Nasewa Location, 20.0% were from Bukhayo West, and 19.4% were from Busibwabo, Nangoma, and Lwanya.

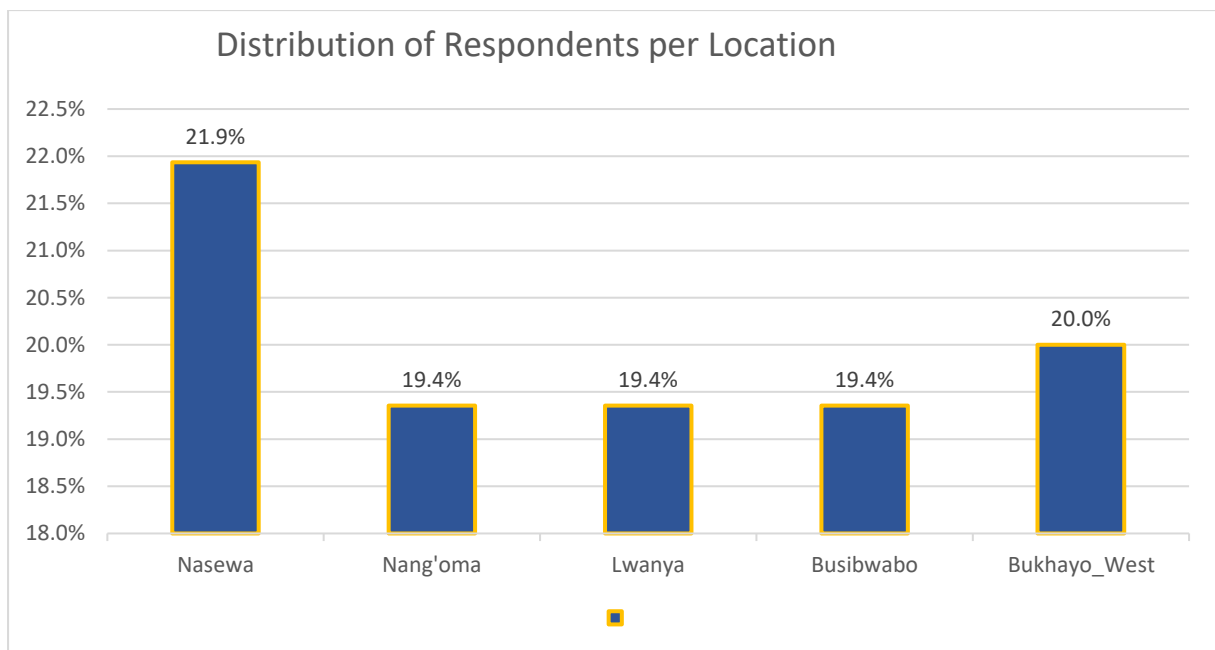


Figure 2: Distribution of Respondents by Location

3.2.2. Gender of the respondents

Based on the respondent’s gender distribution, 79.4 % of the respondents were female, and 20.6 % were male. Across all the locations, the same trend was exhibited. This means that gender is a primary factor regarding parental care issues as women are natural caregivers and thus were found to be the most active group in the programme.

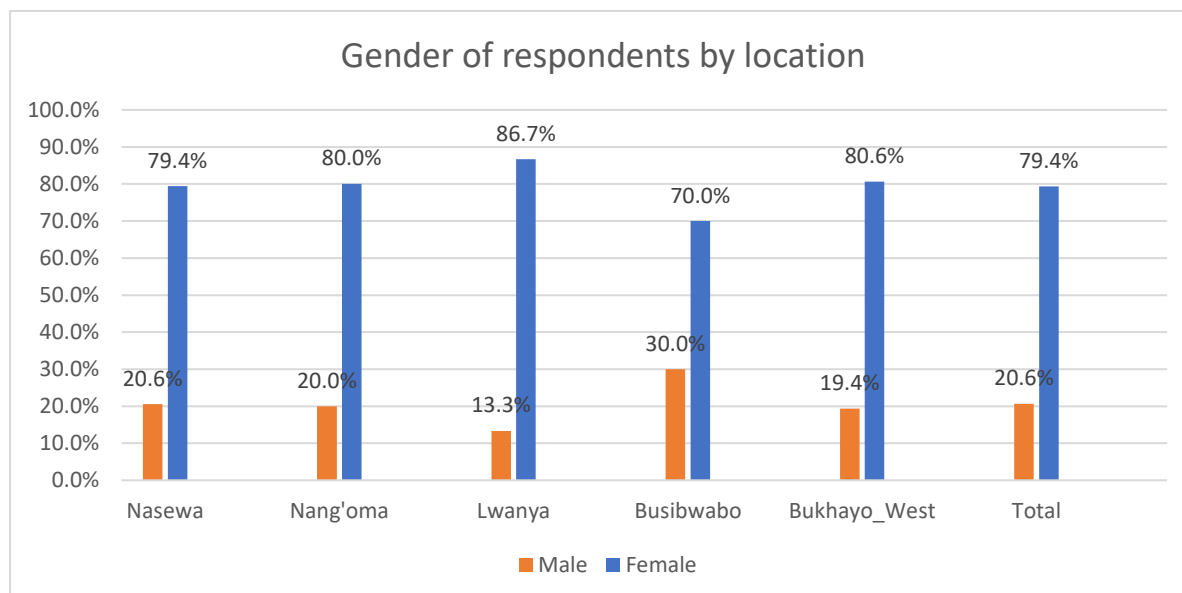


Figure 3: Gender of respondents by location

3.2.3. Education level of respondents

The respondents surveyed reported that 61.3% had some primary school education, 14.8% had no formal education, 13.5% completed primary education, 5.8% had some secondary school education, and 3.2% completed secondary education. Only 0.6% reported having polytechnic/vocational training, and only 0.6% had attended college education. The level of education is a critical factor in addressing child protection issues. There is indeed a large body of evidence that points to the fact that more educated populations report better health seeking behaviors, have a better understanding of children rights and responsibilities, have better capacity to sustain decent livelihoods (without exposure to child trafficking and prostitution), and contribute more meaningfully to development processes. From the findings of this evaluation, it can be concluded that the beneficiaries are predominantly without any form of formal education or with only some primary education – a similar trend was exhibited across the Sub-counties as indicated in the graph further below

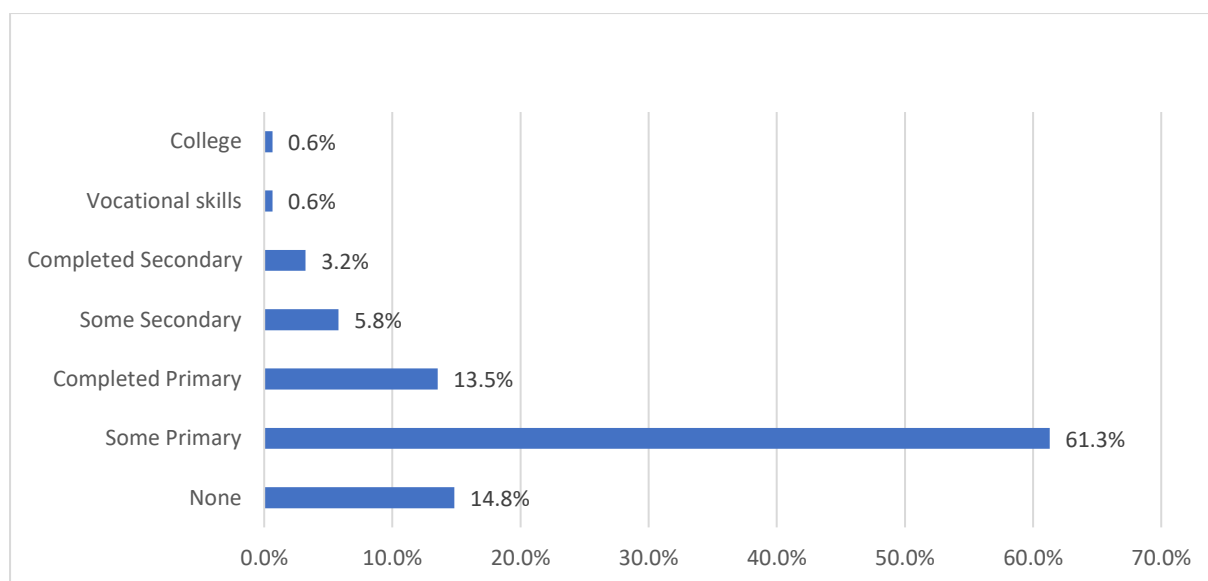


Figure 4: Highest Education level of the Respondents

3.2.4. Household heads

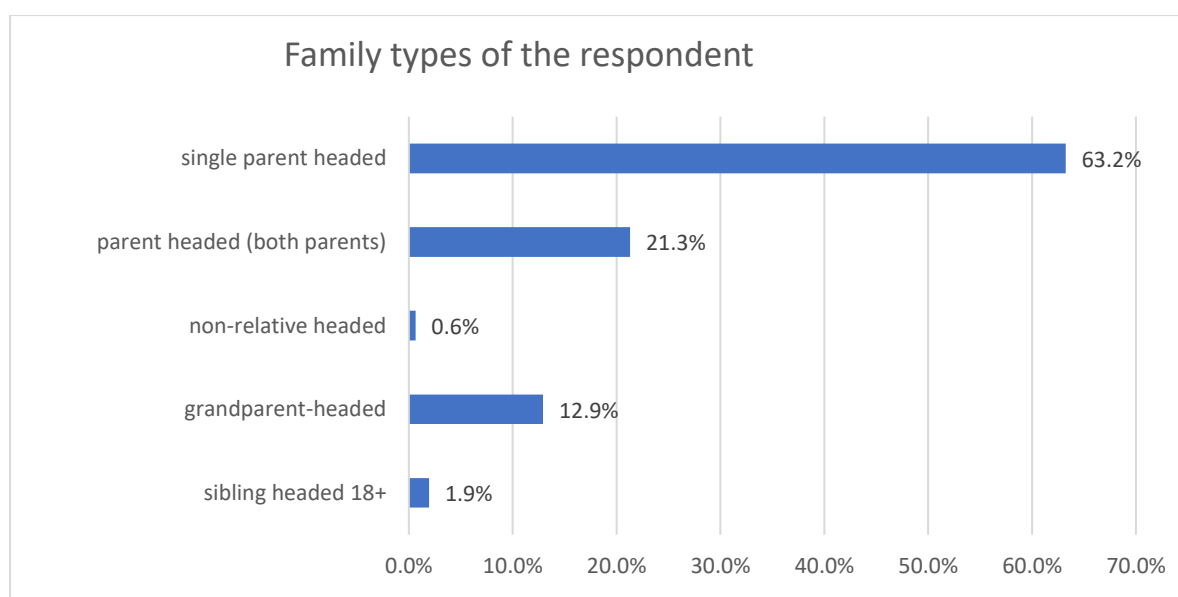


Figure 5: Family types of the respondents

Most respondents (63.2%) were from single-parent headed families, 21.3% came from families with both parents, 12.9% were from grandparent-headed families, 1.9% was from sibling headed families, and 0.6% came from caregivers who were non-related with the children as shown figure 4. This scenario means that the program enlisted more single-parent-headed households, which points to the possibility of underlying child protection concerns as parental care from both parents is missing. Also, the high number of beneficiaries from households with both parents indicates that while targeting children at the brink of losing parental care, children with both parents are also exposed to the dangers that children without both parents face.

3.2.5. The main source of income for the households

The primary source of income for the respondents was crop farming (42.6%), petty trade (25.7%), and casual labour (25.1%). Other sources of income mentioned were remittances, business, formal employment, and contributions from well-wishers.

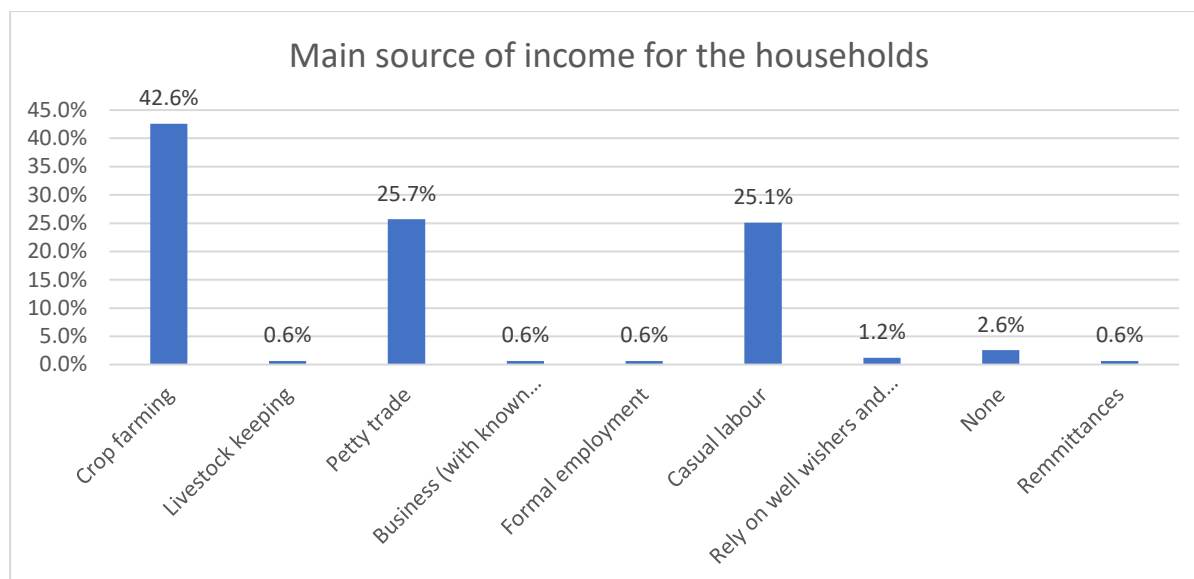


Figure 6: Main source of income for the households

3.3. Relevance and Contextual Alignment

This section covers whether the project interventions utilized were and continue to be relevant in meeting the beneficiaries' main needs. The extent to which the design was relevant to beneficiaries' demands was one of the key problems assessed. The degree to which the project's aims, planned actions, and deliverables were and remained aligned with existing policies and development goals.

3.3.1. Relevance of Program design and scope

The evaluation shows that a rigorous context and needs analysis was conducted and factored into the design of the programme activities. Consultations with the programme stakeholders and literature review established that the programme was highly relevant and of windfall gain following the high rates of child trafficking, child labour, adolescent pregnancies, and abandoned children. It must, however, be noted that in the absence of a logical framework, the design of the Integrated Childcare programme relied on the depth of their understanding of the operational context and was guided adequately by consultations with different stakeholders like DCS, Child Protection Networks, Operating Charitable Children Institutions, local government officers including community gatekeepers and technical support from the National office. The partnerships led to the successful Strengthening of child protection structures and referral systems in the community, effective awareness creation on alternative family care, and collaborative lobby and advocacy based on Alternative Family Care

The programme was designed to combat the ever-increasing number of children who have lost parental care and those on the verge of losing family care in Matayos Sub County of Busia County. The programme aimed to ensure that children grow up within a caring family environment.

Discussions with project staff and various stakeholders in the programme, including the beneficiaries, established that the design of the programme's interventions was informed by a

multi-pronged approach that involved a baseline feasibility study to identify the community needs that SOS Children's Villages Kenya would later address. Discussions with the community groups and area advisory council established that the programme was highly relevant and of windfall gain following the high rates of prostitution, child trafficking, child labour, adolescent pregnancies, and abandoned children in Matayos Subcounty.

'SOS has the mandate of providing care and protection to children who have lost parental care. So, it is based on that, that they engaged with us. They work around taking care of children. Some of us participated in a survey (feasibility study) that we came to learn that it informed the survey. Their implementation touched on the main issues that affect our children, including child prostitution as we are a sub county at the border.' - **FGD with Parents, Busibwabo.**

Through a review of the programme's reports, the assessment established that thousands of Children are still profoundly affected by the issues the programme sought to address. Many children lack essential needs and parental care, while others are on the verge of losing it. The interventions by SOS Children's Villages ICC Programme in supporting children whose families could not care for them were highly relevant as they sought to address the real needs of children and their families.

During the evaluation, it was clear that the Integrated Childcare programme worked with relevant partners and stakeholders in implementing most of its activities. For instance, it has collaborated with the MoE while supplying desks and other educational materials to children and schools. It also worked with the DCS when championing and training children on Child Rights and children protection issues. SOS Children's Villages also worked very closely with the communities while enrolling programme beneficiaries. It has also partnered with the NG CDF Matayos Sub county (developing a youth hub - Ajira Youth Empowerment Center), Terres Des Hommes for capacity building, the Area Advisory Councils, and the Community Management committees for recruiting beneficiaries, monitoring the programme beneficiaries.

3.3.2. Alignment of the Programme to policy interventions

SOS Children's Villages Integrated Child Care approach to providing quality care and protection to children who have lost parental care or are on the verge of losing parental care and enhancing access to basic needs and rights by building capacity and supporting parents and caregivers toward self-reliance. These were in line with various policies in Kenya and around the world. The project's goal was in line with sustainable development Goals No. 1, 2, 3, and 4, which target to eradicate poverty in all its forms (SDG 1), end hunger, achieve food security, and improve nutrition (SDG 2); Ensure healthy living and promote well-being (SDG 3), and Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (SDG 4)⁷.

In Kenya, the project is also in line with Project alignment with legal and policy frameworks; the ICC Program's activities were also aligned with several frameworks. The education interventions, for example, were matched with the Basic Education Act of 2013, which establishes a framework for key stakeholders to use in promoting education for children in ECDs, primary schools, and secondary schools. According to the act, every kid has the "right to free and obligatory basic education." The family building program was also associated with the Children Act of 2001, which guarantees care, protection from abuses, neglect, and

⁷ https://www.undp.org/sustainable-development-goals?utm_source=EN&utm_medium=GSR&utm_content=US_UNDP_PaidSearch_Brand_English&utm_campaign=CENTRAL&c_src=CENTRAL&c_src2=GSR&gclid=Cj0KCOjwmPSSBhCNARIsAH3cYgY75b9izgCrLsC2XooZTzdDA SJJZrMv-7xtu30KJluEik4djrPaDc0aAtUXEALw_wcB

exploitation, and help for reunification to any kid on the verge of losing parental care/separation without judicial permission. Also, the programme interventions were aligned to the 2010 Constitution of Kenya (Article 53) recognizes the right of all children to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhumane treatment and punishment, and hazardous or exploitative labour.

3.3.3. Alignment of interventions to the needs of beneficiaries

Education: Access to quality education, being a fundamental right of every Kenyan child, was one of the key strategies the SOS Children's Villages programme implemented towards achieving its objective. According to the evaluation, most of the children helped came from low-income families with no consistent source of income and could not afford school fees and associated expenses. The study determined that SOS Children's Villages' decision to provide books, uniforms, stationery, clothing, and other learning items to disadvantaged children in Matayo's Sub County was significant. The children were also given skills and knowledge through education, which aided their development and increased their potential.

'We thank SOS Children Villages Kenya for paying our school fees, without them our dream for going to school would not have been realized. However, the programme has ended when some of us are still in Form 2 and 3, we are not sure if we will get the opportunity to finish school. Our caregivers have struggled to pay up the other part of what remained after SOS Children Villages Kenya paid part of it. Our parents/caregivers can hardly pay school fees as majority of them do not have a job.' **Children's FGD Respondent Nangoma Location**

Supporting caregivers towards self-reliance: The goal of the Integrated Child Care program was to help families improve their ability to safeguard and care for their children. This includes assisting parents and caregivers in expanding their parenting knowledge and skills while also ensuring a steady supply of resources to take care of the children. According to the assessment, most of the targeted families had low monthly income and food production, making them unable to meet basic demands and inefficiently managing their available resources. Thus, many families could not feed themselves and provide for their children's development needs due to a lack of a consistent source of income. These cases were further exacerbated during COVID-19 when there was less movement and a lockdown; thus, individuals could not involve themselves in any helpful income-generating activities. For the majority, no income meant no food, education, clothing, or adequate shelter, or at the very least, less of these necessities, less nutritious food. The resultant effect is family disintegration, thus putting children on the brink of losing care.

During the evaluation, it was discovered that the rate of poverty and food insecurity was high. The bulk of the targeted beneficiaries (67.1 %) earned less than Ksh 3500 – which means that the majority of the respondents live below the poverty line of Ksh 3,252 for the rural populations in Kenya⁸, according to their average monthly incomes.

⁸ Poverty Incidence in Kenya Declined Significantly, but Unlikely to be Eradicated by 2030. (2018, April 1). World Bank; [www.worldbank.org. https://www.worldbank.org/en/country/kenya/publication/kenya-economic-update-poverty-incidence-in-kenya-declined-significantly-but-unlikely-to-be-eradicated-by-2030](https://www.worldbank.org/en/country/kenya/publication/kenya-economic-update-poverty-incidence-in-kenya-declined-significantly-but-unlikely-to-be-eradicated-by-2030)

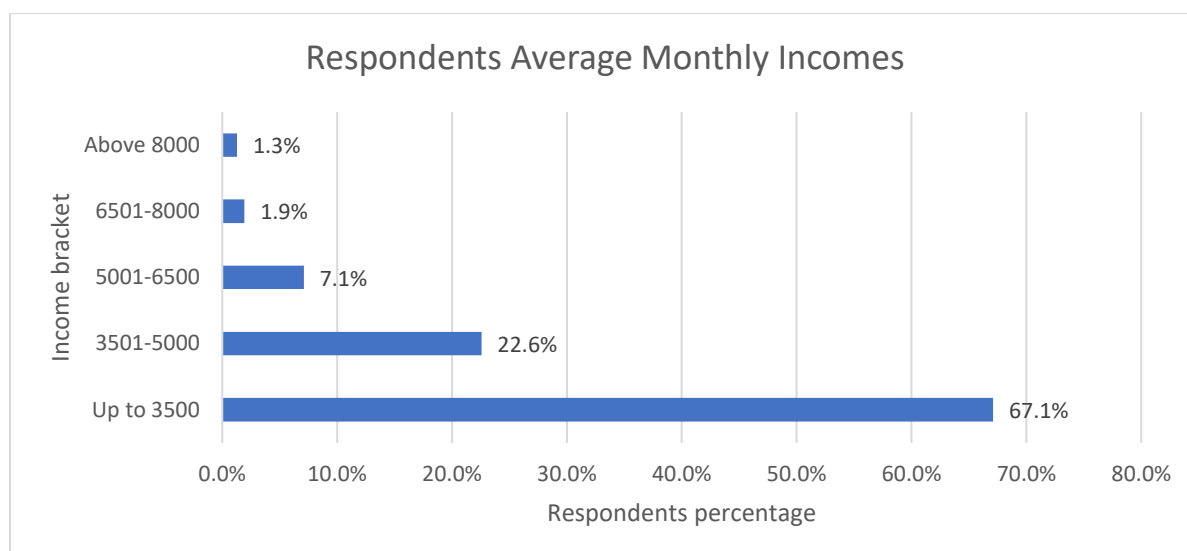


Figure 7: Average Monthly Incomes

The founding of Voluntary Savings and Loaning Associations (VSLA) encouraged community entrepreneurship and supported the formation of small and medium-sized enterprises. The VSLA enabled families on the verge of disintegration to better their well-being. The program's goal was to help caregivers protect their children by reducing family vulnerabilities, preventing family separation, and empowering them.

SOS Children's Villages responded to the socio-economic needs of its beneficiaries during the covid-19 pandemic families by launching a voucher assistance programme (VAP) in partnership with the local supermarket, Khetias, in Busia town.

'SOS Children's Villages identified beneficiary issues and needs, particularly school costs, and has provided significant assistance. Others, particularly disadvantaged families, were given houses; in other regions, seedlings, shoes for children, and study lights were supplied to people with lighting problems. During the Covid 19, they were able to continue their studies while also donating 5000 vouchers to the community. They also gave roughly ten cattle to communities for milking reasons, which greatly aided them, so I owe them a debt of gratitude.' **Remarkd by CMC Chair Busibwabo**

3.4. Effectiveness of the Integrated Child Care Programme

This section addresses the crucial assessment question of whether the program's outputs and objectives were met and if the program's outcomes met the goal. The efficacy criteria were used to identify the enabling and (or) inhibiting elements that may have aided or hindered the outstanding achievement of the project's objectives, outputs, and ultimate goal.

3.4.1. Access to essential services

Education Support: One of the main purposes of the ICC was to allow children who were at risk of losing family care to grow up in a loving environment. As a result, the initiative concentrated on giving education to children whose families could not send them to school. Based on reviews of project documents, the assessment concluded that the program has partnered with authorities and service providers in schools to advocate for and influence education policies and practices that support children's rights to relevant education, development processes, and, as a result, their potential and capabilities. The programme also provided educational support to the beneficiaries to access education.

Qualitative interviews with parents and caregivers and other program stakeholders revealed that the program has helped vulnerable families and children reclaim their lost hopes through educational support. The ICC program covered children's school fees in three installments (100 % for the first year, 75 % for the second year, and 50 % for the third year) and school supplies and stationery like books, shoes, sanitary towels, and uniforms.

“SOS came and took our children to school and offered them training on their rights and responsibilities. They provided our children with education materials to address the school dropout issues. By providing such support, they want schools to retain the students and promote education in the community. The support has really transformed the lives of these vulnerable families because their children can equally go to school unlike previously where such children were dropping out of schools and becoming drug addicts.” (FGD with Caregivers, Nasewa,).

SOS Children’s Villages Kenya also used an integrated approach to raise awareness about the importance of education and children’s rights in several school clubs, supported the establishment of county children’s assemblies, and held social events where children’s rights and protection issues have discussed the evaluation. As a result, the schools have achieved about 86.4 % regular school attendance rate for vulnerable students. However, the 8.0% and 5.6 % of non-enrollment and irregular school-going behavior are still quite alarming, and thus there is a need for more to be done. The qualitative interviews also sought to understand some of the issues that led to the children’s irregularity of non-enrolment in school. It found out that lack of school fees, uniforms, and books were the main reasons for children not attending school.

‘I could not afford to pay my children’s school fees; neither could I afford to buy uniforms and books. SOS Children Villages Kenya has supported me to keep my children in school, and their performance has since improved.’ Caregiver in FGD Busibwabo Location

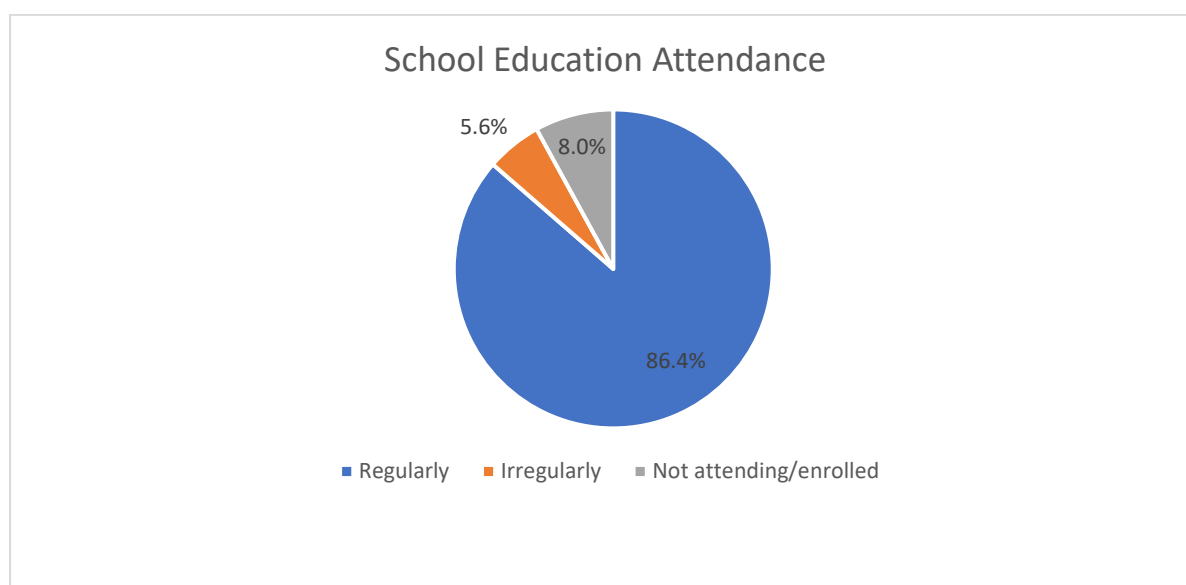


Figure 8: School Education Attendance

Health Support: The other main goal that ICC aimed to ensure that the vulnerable children have access to medical services. However, during discussions with the parents and caregivers, it was realized that they had not received NHIF cards as had been agreed during the family development process sessions. Due to the training provided on positive and skillful parenting, self-childcare has reduced, as shown in figure 8 below. Similarly, ICC interventions have improved health care access to the beneficiaries. However, they still underscore some barriers to health care access. The findings show that cost distance and the quality of health care service as the main constraints/barriers to children accessing health care. Cost being the main barrier emphasizes the beneficiaries' need to have NHIF covers.

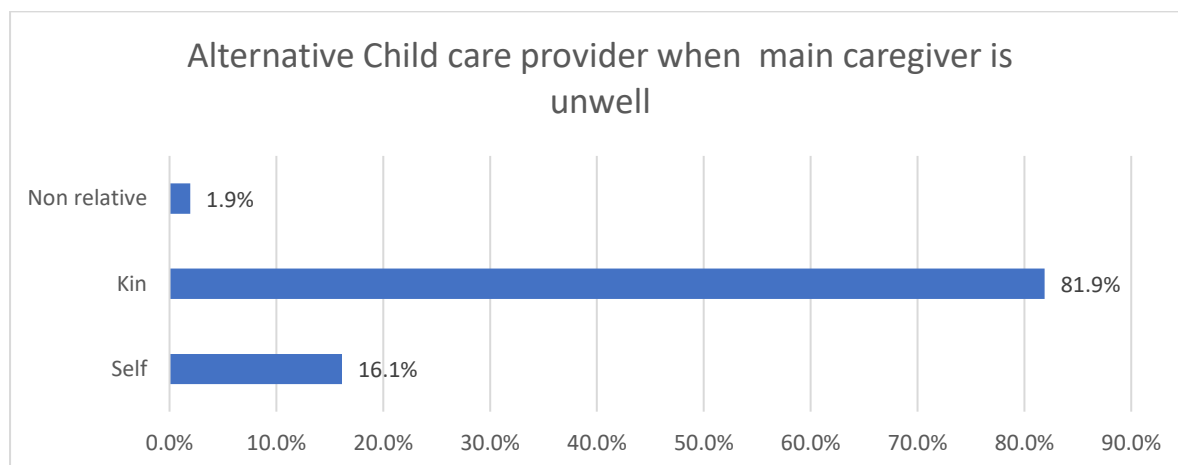


Figure 9: Alternative Child care provider when the main caregiver is unwell

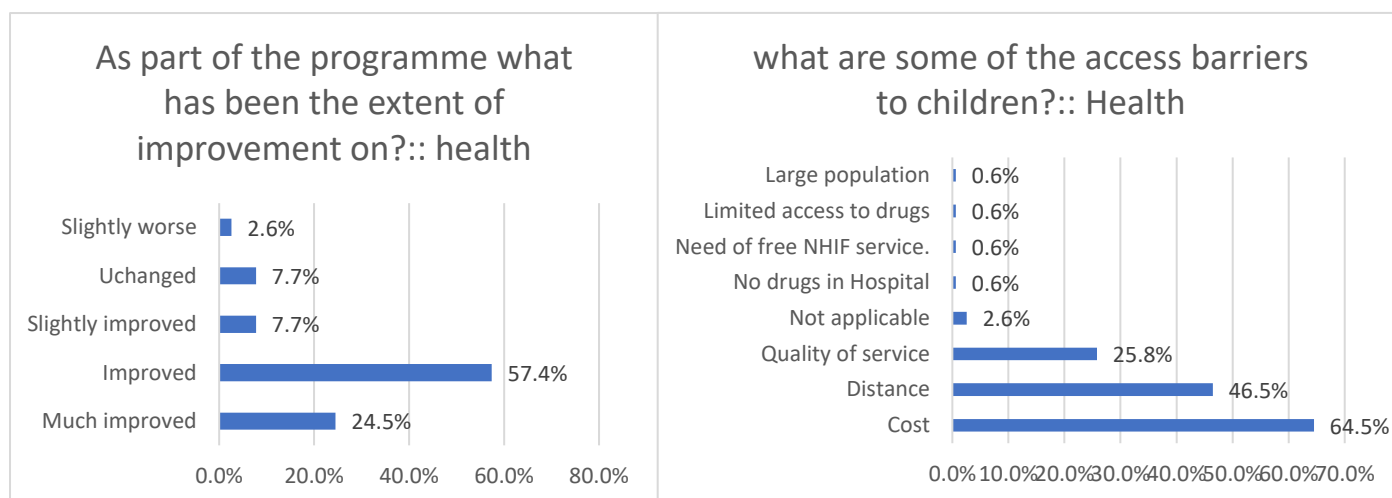


Figure 10: Access barriers to health

Legal Support: the discussions with the various stakeholders and the document review shows SOS Children's Villages Kenya's contribution to children getting access to legal and paralegal support. This support includes parents and children getting legal help to address issues. The majority of the parents acknowledged the change reported due to improved access to legal and paralegal services. However, cost, distance, and quality of service remain the primary access barriers for the respondents to accessing these services.

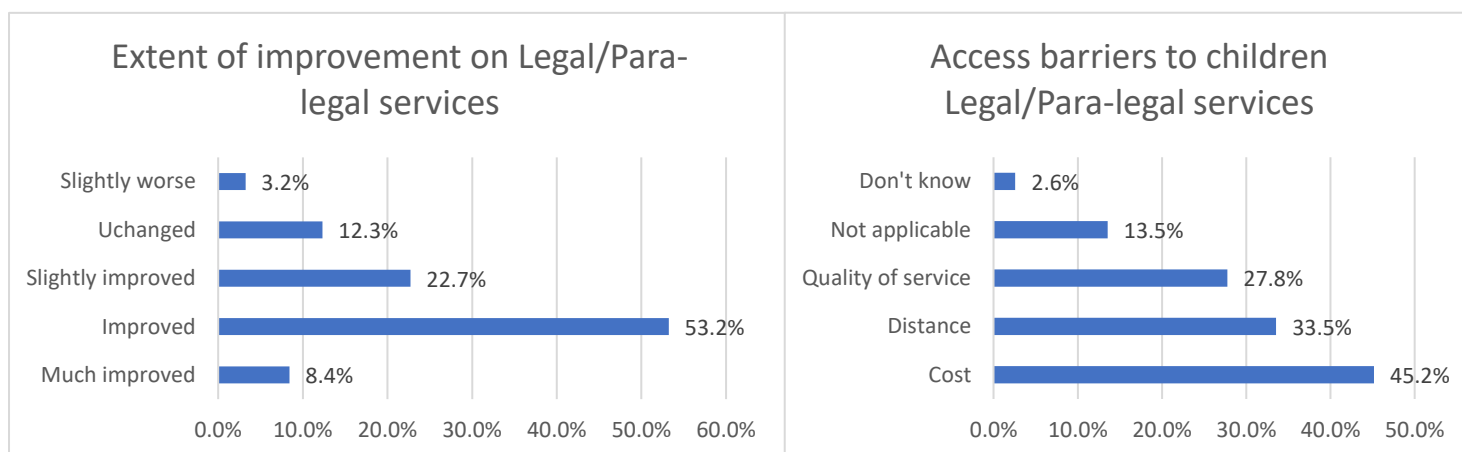


Figure 12: Access barriers to children Legal/Para-legal services

The study further established that respondents had received social services support, including access to documents like their National Identity Card and their children's birth registration certificates. The respondents acknowledged SOS Children's Villages Kenya's role in helping them get these documents. Access to these documents has improved significantly, with 37.4% of the respondents reporting much improvement in those processes and 52.3% reporting improvement. Similar to legal services, respondents also reported cost, distance, and quality of services as the primary access barriers.

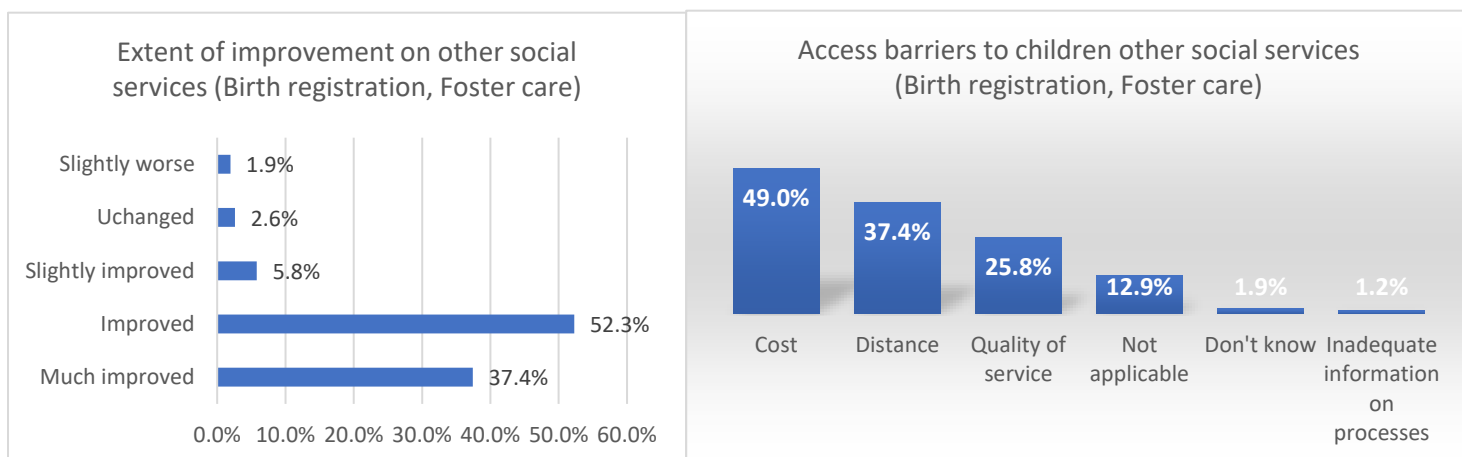


Figure 14: Access barriers to children other social services (Birth registration, Foster care)

3.4.2. Family Empowerment towards self-reliance

Training on parental skills: According to the findings, the program has implemented a fair start parenting skills program in which caregivers of vulnerable children and children without parental care who practice various forms of alternative care are empowered in basic childcare, dealing with traumatized children, childcare advice, supervision, and monitoring were among the areas of training mentioned by respondents. Figure 16 provides the primary sources of information on child rights and positive parenting to be SOS Children’s Villages Kenya 73.2%. They have also mentioned several other sources, including other community members/peer-to-peer training, mass media, CBOs/NGOs, and the children’s office.

The evaluation determined from discussions with the program beneficiaries that the caregivers have adopted good parenting skills and have been sensitized on life skills. They could now frequently counsel and educate their children and have developed good child-parent relationships as a result of these trainings and capacity building.

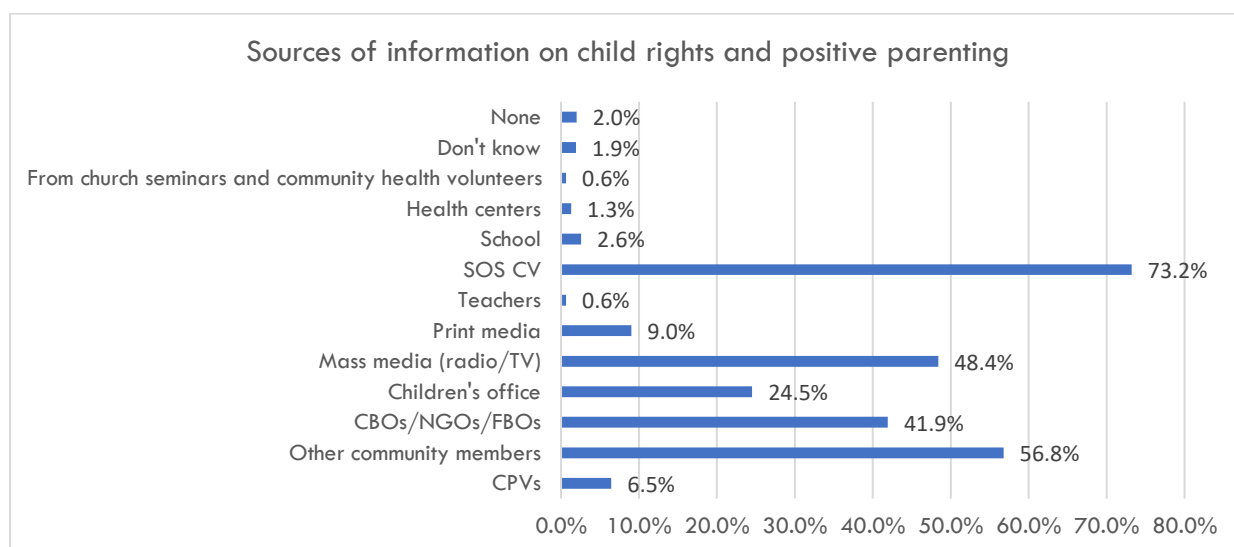


Figure 16: Sources of information on child rights and positive parenting

Economic empowerment: The family development process was key while supporting the beneficiaries (vulnerable families) while collectively discussing the issues that affect the household and agreeing on the support required to set the family on the path of self-reliance. The membership of Voluntary Savings and Loaning Groups (VSLA) and participation in

income-generating activities (IGAs) were assessed. It was discovered that 76.1 % of those surveyed were involved in income-generating activities 78.1% had already joined a VSLA group.

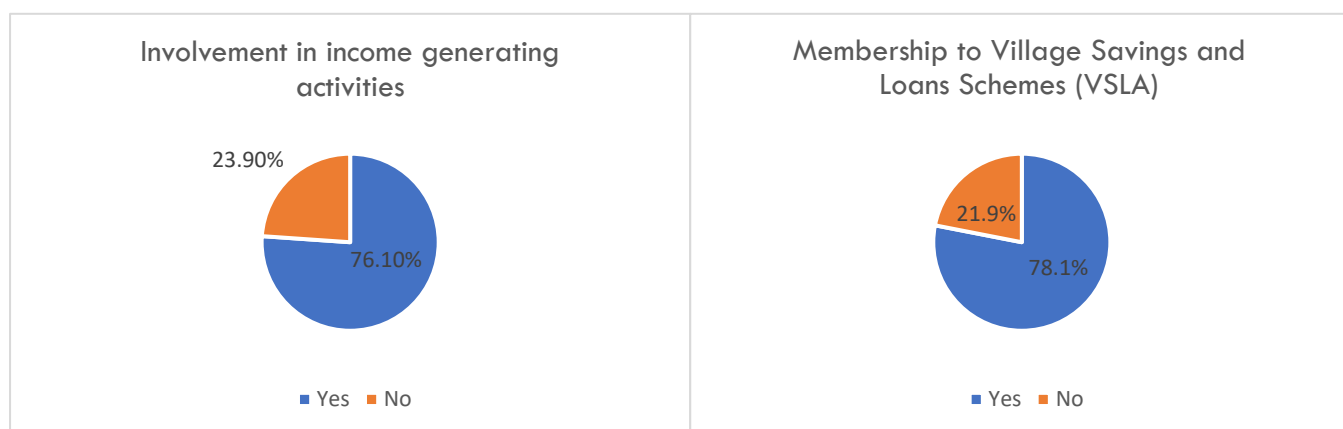


Figure 17: Membership to Village Savings and Loans Schemes (VSLA)

Members of the VSLA groups received financial literacy training, emphasizing the importance of pooling resources to begin savings and loaning schemes. The VSLAs have greatly aided caregivers and parents of vulnerable children, particularly in obtaining loans for other business ventures and taking care of any household needs as they arise.

Even though the expectation of the IGAs, is to offer sustainability, we note that from the qualitative interviews, the implementation of the IGAs came late in the project cycle. Thus, minimal or no monitoring of their actual impact could not be justified.

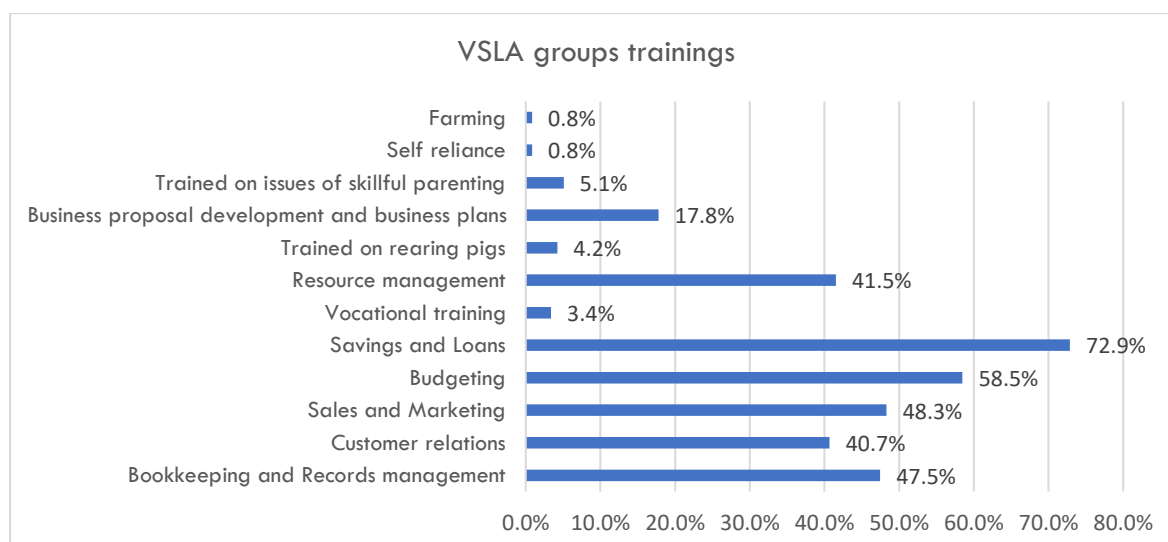


Figure 19: VSLA group's training

However, when asked whether they needed any further training, the respondents mentioned Business proposal and business plan development, Vocational skills, savings, Loaning skills, and Sales and Marketing skills.

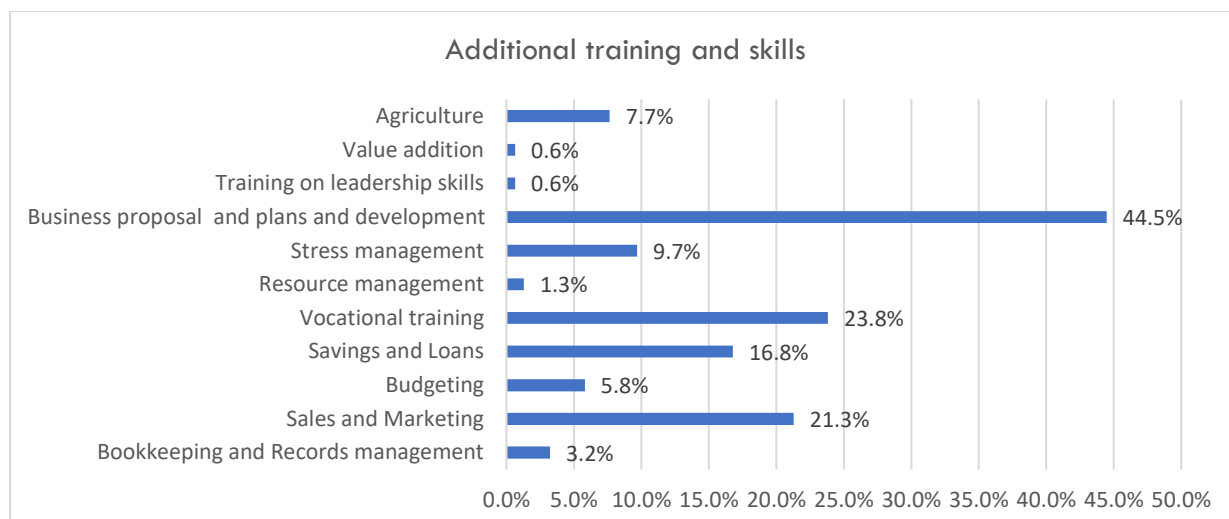


Figure 20: Additional training and skills

Food Utilization: As a result of the ICC Program's assistance, caregivers recognized that there had been a significant improvement in food use and quality. The evaluation discovered that social protection programs such as voucher distribution and seed distribution made it easier for families struggling to put food on their tables to get food. The study findings show an increased number of meals that families have per day due to the social protection programmes and economic empowerment interventions. 60.6% of the households reported having two meals a day, 32.9% had three meals a day, and only 6.5% of the respondents had an average of a meal a day.

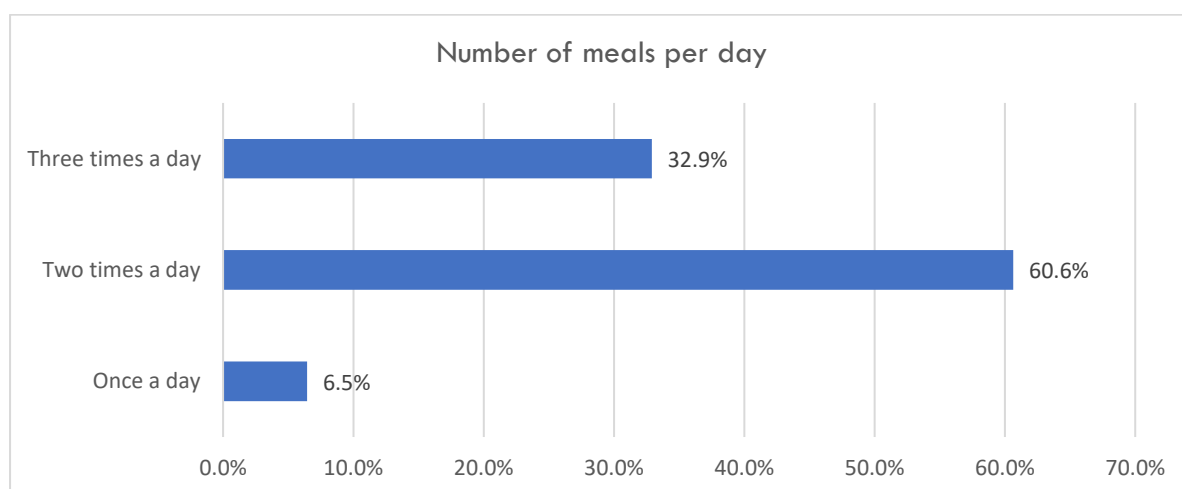


Figure 21: Number of meals per day

3.4.3. Community Empowerment

Use of Community Management Committees: The launch of CMCs and the training received empowered them to come in as agents of both SOS Children's Villages Kenya and the families. They were instrumental when the programme had activities and needed the families to be mobilized. They also helped with coordination, supervision, referrals, and linkages. These structures were also used for follow-ups, giving updates and feedback on what was happening on the ground. However, there are concerns about whether that was executed well in some cases. Key to note, working with the CMCs broke the ice between SOS Children's Villages Kenya and the communities. The findings show that CMCs were used as ToTs for some of the training extended to the beneficiary families.

“We, as Community Management Committee (CMC), SOS involved us in the mobilization of the children that had lost parental care or were at risk of losing it; we mobilized the most vulnerable families for the programme. We were trained on how to do routine monitoring along with other child protection issues.” **KII with CMC, Nangoma**

Perceptions on wash: When evaluating the effect of SOS Children’s Villages Kenya on water sanitation and health, the respondents indicated that this had improved to a large extent. Discussions with caregivers indicated that they had received training and support to improve WASH aspects. SOS Children’s Villages Kenya intervention during the Covid-19 period, with the supply of masks to reduce the spread of the virus, also improved the WASH status in the Matayos sub-county. Similarly, some of the households had benefited directly by being built latrines. The evaluation findings show that most respondents report having experienced improvements in WASH due to SOS Children’s Villages Kenya.

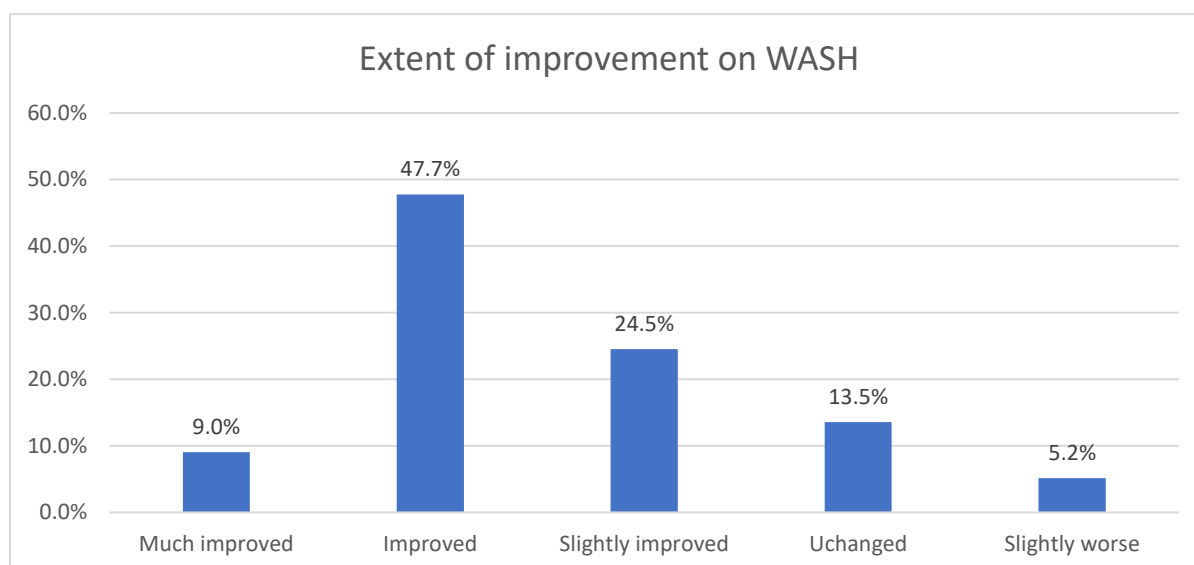


Figure 22: Extent of improvement on WASH

Child Rights Awareness: The evaluation assessed children’s rights that the respondents were aware of; the main ones include the right to basic needs (92.9%), education (89.0%), wholesome family (52.3%), and protection from danger (48.4%).

Similarly, the evaluation sought to identify the predominant violence cases against children’s rights and established that 32.9% of respondents cited physical abuse, 18.1% mentioned sexual abuse, and 20.6% mentioned child neglect. Areas of Busibwabo, Bukhayo west, and Lwanya reported high percentage of child labour compared to Nasewa and Nangoma. Thus, further efforts should be put in place to curb those cases.

Table 2: Forms of Child abuse per location

	Locations					
	Nasewa	Nang'oma	Lwanya	Busibwabo	Bukhayo_West	Total
Physical abuse	1.9%	1.9%	7.7%	17.4%	3.9%	32.9%
Sexual abuse	1.9%	2.6%	2.6%	2.6%	8.4%	18.1%
Child neglect	1.9%	0.0%	4.5%	12.9%	1.3%	20.6%
child labour	2.6%	0.6%	0.6%	17.4%	0.6%	21.9%
Total	3.2%	3.2%	11.0%	19.4%	12.9%	49.7%

According to qualitative interviews with caregivers and other stakeholders, community structures (CMCs and advisory councils) provided them with expertise in child rights and protection issues. Caregivers were advised on required procedures to take when a child's rights were violated, including calling the 116-child helpline, reporting to the children's department, and strategies to protect the child through these structures. The structures in place also affirmed that they had been capacity built on handling child issues and that had helped them in solving most of the cases

*SOS Children Villages Kenya has provided us with training; some direct others through the CMCs on Child rights, child protection issues, and Alternative family care options through which children's issues can be addressed. Since then, we have been able to take good care of our children, and we have also learnt alternative ways of correcting our children and any recourse when children's rights are violated. **FGD Respondent Busibwabo Location***

*In schools' children's assemblies and child rights clubs, we have been trained on our rights and responsibilities. We know where to report abuse cases if violated. Their lessons have taught me to be good, respect my parents and elders, and live in harmony with my peers. **Children FGD Bukhaya West***

Advocacy: The assessment looked at advocacy coverage and community outreach activities and found that only a few people had taken part. On the other hand, children confirmed that they had participated in at least some of the programs. According to discussions with caregivers, parental skills, health talks, youth empowerment, training on drug misuse, environmental cleanliness, child rights, and measures to stop the spread of COVID-19 were among the themes discussed during the outreach programs. The discussions also revealed that several caregivers and CMCs had become community champions for child rights and protection. Community structures and organizations have been strengthened, and they are now playing an essential role in providing long-term assistance to the target population by directly assisting families and children.

SOS Children Village has been involved in formulating Busia's children's policy. The policy establishes a framework for supporting child protection efforts at the county level with county resources. The Busia County Assembly is currently ratifying the children's policy. The program helped national pilot guidelines for children in emergencies at the national level. The recommendations are especially essential for Busia County because it is located near the lake basin, and some portions of the county are prone to perennial floods, affecting many families.

3.4.4. Stakeholder partnerships and synergies

The multi-sectoral approach used was fundamental to achieving the set-out objectives. We already have several players in the community playing different roles trying to achieve similar objectives, and thus synergies help achieve them better. SOS Children's Villages brought together critical players, CBOs (shelter for United love), fostering integration. There was also involvement from the department of children's services, national administrative officers, and LAAC. Using existing government and community structures reflected the programmes' long-term viability because the structures remain post-programme implementation. The community management committee, locational area advisory councils, sub-county area advisory councils, and children's assemblies were trained on child rights and protection issues.

Key partners were mapped, and table 4 provides the roles they played:

Table 3: Key stakeholders and their roles

SOS Children's Villages	Implementation of the ICC programme
Department of Children Services	Domesticating the national policies to have a county-specific children policy that will inform domestic financing

	coordinates the child protection issues in the county
Ministry of Education	TSC builds the capacity of teachers on psychosocial support Teachers- providing guidance and counseling to the children
Area Advisory Council	Sensitization Handling Child protection issues Referrals
Ministry of Interior	The chiefs do sensitizations. Ensuring the Basic Education Act is adhered to (the reentry to school policy, where the girls who had children at home, the teenage mothers can now go back to school) Legal guidance
CSOs, FBOs,	Advocacy and Sensitization activities
Caregivers	Provide care to the children Provide the basic needs of the child, including their rights
African network	Prevent and protect children against abuse and neglect
Mary Gladys and Busia Compassionate	Mentoring and bringing up children in alternative family care (foster care community) Tracing and reintegration of the children back to their families and other alternative family care, Work within the UN guidelines for AFC.
Community Management Committees	Identification of the potential beneficiaries of the programme Offering guidance and support in family development Overall management of programme activities
Terres Des Hommes Red-Cross	Strengthening the structures to enhance child protection
Civil registration Department	Acquisition of birth and death certificates for target beneficiaries
ANPPCAN	Prevention and protection against child abuse and neglect
Other stakeholders: Ministry of Health,	

3.5. Programme Implementation Efficiency

Assessment of Integrated Child Care programme efficiency focused on determining the extent to which the resources were used economically and how monitoring data was gathered, organized, evaluated, and used to influence decision making. Key programming variables and institutional factors that contributed to or hampered efficient delivery.

The program activities have been done correctly, but the timeliness and quantity are not as envisioned. This was due to financing inaccessibility, which impacted the number of activities completed in the project's second year (2017). Most of the activities were postponed or delayed, which affected the activity implementation plan. In most cases, the funds' approvals in the first three years of implementation took longer than the organization's grant administration standard operating procedures require. Thus, it was difficult for the project team to stick to work plans and action plans due to the erratic delivery of funding. These delays had a general effect on the programme's delivery and thus affected some of the planned deliverables, especially the monitoring bit.

During the project's last three years, funds disbursement improved by a long shot, and the majority of the activities were delivered on time, and those that had not – were expedited. This was as a result of the recommendations that were provided in the mid-term review.

3.5.1. Implementation of Programme activities

According to the evaluation, the overall program implementation was effective. The program personnel had a good understanding of the actions to be carried out. However, this was hampered by excessive staff turnover. During discussions with the program's employees, it was

discovered that they conducted routine monitoring and field visits. According to qualitative interviews, various stakeholders, caregivers, and the community accepted the meetings, including community sensitization on parental skills, family needs assessment, and the operational plans and budgets for the anticipated program activities.

During the implementation phase, SOS Children's Villages worked with the community to identify vulnerable children and children on the verge of losing parental care through the CMCs. Identification was also aided by other referral sources such as village elders, religious leaders, and school teachers. The CMCs kept track of the success of the families who had registered in the program and provided mentorship and parenting training. Interviews with children were also used to elicit their impressions and opinions about their access to key services.

3.5.2. Utilization of financial Resources

The financial cost was not quantified in the evaluation. However, a financial burn rate of over 97% was reported. The fact that the program was investing in supporting vulnerable children's education, capacity building of families on economic empowerment, good parenting skills, and financial literacy through VSLA groups and issuance of shopping vouchers during the COVID-19 pandemic, building houses, and assisting families to start IGAs was noted as a significant positive attribute of the program by the study. Delays and challenges, such as the COVID-19 pandemic, hampered the completion of some aspects of the program on time and within budget.

During the first three years of implementation, the program experienced significant delays. It was forced to play catch-up in the remaining two years, even requesting a no-cost extension. This was primarily due to high staff turnover and even extended periods without key personnel such as the family strengthening manager, which hampered coordination between the national office and field teams and the donor. The lack of a clear, logical framework and insufficient technical support to unpack the objectives and activities to ensure their delivery and delays in funds processing in the early years hampered the delivery.

3.5.3. Programme management and Coordination

The evaluation noted good project management practices. Regular and intensive consultations and meetings with program beneficiaries and stakeholders were part of the program. The program also included collaborations with other NGOs and government officials regarding shared resources, skilled workforce, and community sensitization on emerging issues aimed at changing attitudes and imparting skills. Thanks to partnerships and an existing SOS Children's Villages structure (CMCs), community members have quickly been mobilized during events. Annual plan meetings and monthly review sessions provided a forum for discussing progress, identifying obstacles, and devising solutions. The evaluation found that the project efficiently used its human, financial, and technical resources. These rely on additional resources only when connecting other program units with different stakeholders, such as the department of children's services, for technical assistance such as training and capacity building for beneficiaries on child protection issues.

3.5.4. Programme communication

The evaluation established that there was good communication at all levels. The programme team had a coordinator with whom communication was done at the community and county levels. This made it easy to coordinate and organize activities at the community level. At the National level, there also had a structure with the family strengthening manager providing that coordination and ensuring that communication with technical leads at the national level was done similar to communication with the donors.

The existence of Community Management Committees at the location level also made it easy to get feedback from the beneficiaries. We also noted that using local communities' systems and structures helped ensure programme buy-in and community ownership, thus increasing participation and acceptance of the programmes.

3.5.5. Monitoring and Evaluation

The project team delivered monthly, quarterly, and annual progress reports to the regional FS program director for documentation and pertinent monitoring instruments. The program team made onsite visits to assist with program implementation and monitoring and interacted with beneficiaries to obtain input on how the program affected their lives. The CMCs were also used to monitor the program and provide information.

3.6. Sustainability

This section of the report looks at how the beneficiaries have implemented the net program benefits in practice. This includes the likelihood of intervention concerning outcomes lasting beyond the program's life cycle and the amount to which it has been extended beyond the program's geographic reach into the community's neighborhood.

Economic Empowerment: The caregivers were linked to the VSLA groups and women enterprise funds, where they can obtain loans to enhance their IGAs and save money for schooling their children. SOS Children's Villages has also cooperated with the social development department in training the caregivers on how to manage their groups, access possibilities, and apply for the bursaries from the county government and banks. ICC also conducted training on IGAs, equipping the youngsters with technical skills through sponsorship to TVET institutions and assisting families with funds for company launches for the continued economic resiliency of all project beneficiaries.

VSLAs are still running, although some look like they might go under, and I think it is because the members are keeping bad debts. Or, maybe it could be because of the Covid 19, which brought tough economic times. However, most of them will survive as the community has embraced them, and even individuals who were not beneficiaries of the Programme are interested in joining them.

Chief Bukhayo West Location

We thank SOS Children Villages Kenya for opening our eyes. We previously had Chamas within us, but they were not as effective as the VSLAs. We will hold dear on this idea as it is helping us achieve some of the things we could not do previously, we can comfortably borrow to boost our small businesses as well as to sustain our children's needs including paying their school fees. Through this groups we discuss several issues that help build our families including farming activities, challenges and how we can solve them. **Caregiver FGD Nasewa Location**

Education Support: SOS Children's Villages ensured that they supported children in education for a three-year program and exit at the third year to ensure that the caregivers could assume the duties independently. The support was staggered, with the first year having 100 % fee payment, 75 % in the second year, and 50 % in the third year. This ensures caregiver contribution to their children's education and orients them to bear the whole responsibility of paying school fees. Also, the fact that children in this household were supported to school, in itself is a sustainability mechanism as an educated child is an empowered adult.

Community systems and structure strengthening: Through training and seminars, community structures were able to respond to community child protection issues long after the ICC. The majority of the beneficiaries were urged to join VSLAs, which allowed them to manage their

finances and be accountable to one another through savings and lending. This will allow the organizations to thrive even after the ICC has left. These groups are also critical for discussing child protection issues after the initiative. Chiefs were given the tools to continue providing legal services when the program ended. Because the CMC structures were chosen from other government systems, their function in child welfare will continue. The initiative also urged the Department of Social Development to explore hiring the CMCs within their local community structures (Lay Volunteer Counsellors) to ensure that their training was put to good use.

Case management allows for networking. At the very least, we now have a case management strategy in which we collaborate with the government, volunteers, families, children, and other organizations to handle and refer situations. So there's the issue of referrals, case management, and networking. Some of these structures existed even before the programme, but they needed a lot of training and strengthening, something we are proud we have been able to achieve with SOS Children's Village. County Children's Coordinator.

Capacity building and training: the skills and knowledge gained regarding good parenting skills, financial management, stress management, financial management, child rights protection, and economic empowerment, among others, can be passed theoretically and practically to others not in the programme and to the future generations to ensure the sustainability of the ICC interventions and outcomes. Discussions made with the CMCs and beneficiaries of the scheme informed this evaluation that the communities had accepted the models of doing self-reliance from their economic activities, which include venturing into IGAs

Ajira Youth Digital Program: the program provides a range of intriguing life improvement services which can be repeatedly extended to many groups now and for years to come. It is undoubtedly a commendable program for a phase-out plan around economic development for families, youth, and their respective communities.

Child Protection Network: Through SOS Children's Villages Kenya engagements and partnerships with other actors in Busia County, they collectively came up with a CPN domiciled in the department of children services and has the potential to continue working even after SOS exited Busia. Similarly, with these collaborations, there has been a children's policy for Busia County that seeks to provide a legal framework for disbursing funds to support children's activities and services post the project's life.

3.7. Lessons Learnt

Children's participation in awareness forums by establishing SOS Children's Villages clubs in schools provided them with information about their rights. It proved to be beneficial in protecting them from harmful societal behaviors. This has instilled discipline in children, enhanced academic performance, and increased their safety both inside and outside the classroom. The approach is best practice since it adheres to the competency-based curriculum and promotes the policy's ethos and values.

Children's needs were brought on board, and their needs were considered. The impact on children is that they have been empowered, know their rights, and understand their responsibilities. Children who participate in the children's assemblies can advocate on behalf of the other children who have not had the chance to be in this forum

Partnership: collaboration with other like-minded organizations has sensitized the community on children's rights, positive parenting skills, and business and financial management skills. The coordinated approach among the NGOs proved valuable and efficient in getting the concerns

of vulnerable children and families. They had an excellent working relationship with the county government, and if you listen to them, you'll find this so many areas of agreement.

In child protection, the multi-sector approach is critical since an individual institution might not be able to address children's issues alone. Maybe to cite an example, we might be doing different things in different localities or organizations. But without structures and systems laid by the government being in place or being vibrant, the Area Advisory Council might not achieve much. Because it's such forums that you will be able to meet maybe the police, the security team, the health department, so you come up together, you can do press conferences or present an issue that you've encountered at the community level. A duty bearer takes up the responsibility as an action point. Centre for Study for Adolescents

Community ownership: The program took a community-centred approach, with implementation starting at the ground level and involving beneficiaries throughout the entire project, from planning to implementation. Identifying the intended beneficiaries and collaborating with communities was more accessible and effective. Their model or system management exploited the existing structure. So no new networks emerged. Even the community management committees chose the first locational area advisory council members, a sector working group inside the AAC that supports community concerns.

Economic empowerment: Voluntary savings and loan schemes have been hailed as a best practice for ensuring that financial resources are available from savings and loans to invest in other income-generating activities. The study found that groups with savings and loan programs have no difficulty obtaining capital to start new businesses. The VSLAs protect their members from loan default by only lending money to them at low-interest rates. This strategy has proven to be effective in ensuring that members who may lack the financial resources to start their Income Generating Activities (IGAs) and provide essential services to their children have access to capital.

Funds disbursement: SOS Children's Villages Kenya should provide funds to the programme teams when requests are made. The strategy used in the second half of disbursing funds after recommendation from the mid-term review teams should be adopted as the standard practice for funds to be available as requested and to fast-track activities and avoid delays.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1. CONCLUSIONS

Generally, the project was accepted positively in Matayos Sub County, with numerous stakeholders taking part in project genesis and implementation in the first stages. Children and caregivers' immediate beneficiaries have shared successes and hardships in equal quantities. The main achievement of the initiative was its major support in education, social protection, and economic empowerment, which led the beneficiaries to the path to self-reliance. Limited chance for cooperative planning and objectives unpacking among the technical specialists and project team and delayed receipt of funds throughout the first three years seem to have significantly affected the implementation pace of the programme. The programme, by design, capitalized on building relevant networks/partnerships and empowering the communities to respond to the situation of children and families at risk by sensitizing the community on child rights, improving hygiene and sanitation, and advocacy through the community outreach programs.

The analysis found that the respective interventions, as envisioned by the program, resulted in the expected enhanced outcomes and impacts, indicating that the target beneficiaries' quality of life has improved. The following are some of the program's outcomes as determined by this intervention:

Programme relevance

Thousands of children are still profoundly affected by the issues the programme sought to address. Many children lack essential needs and parental care, while others are on the verge of losing it. The interventions by SOS Children's Villages ICC Programme in supporting children whose families could not care for them were highly relevant. The project's goal was in line with sustainable development Goals No. 1, 2, 3, and 4, which target to eradicate poverty in all its forms (SDG 1), end hunger, achieve food security, and improve nutrition. The family building program was also associated with the Children Act of 2001, which guarantees care, protection from abuses, neglect, and exploitation for children.

The study determined that SOS Children's Villages' decision to provide books, uniforms, stationery, clothing, and other learning items to children that have lost or are at risk of losing parental care in Matayo's Sub County was significant. The goal of the Integrated Child Care program was to help families improve their ability to safeguard and care for their children. The bulk of the targeted beneficiaries (67.1%) earned less than Ksh 3500 – which means that the majority of the respondents live below the poverty line. For the majority, no income meant no food, education, clothing, or adequate shelter, or at the very least, less of these necessities.

Effectiveness

ICC aimed to ensure that the programme children have access to education and medical services. The program covered children's school fees in three installments (100% for the first year) and school supplies and stationery like books, shoes, sanitary towels, and uniforms. Through training on positive and skillful parenting, self-childcare has reduced. SOS Children's Villages. Kenya has implemented a fair start parenting skills program in which caregivers of vulnerable children and children without parental care are empowered in basic childcare skills.

Access to documents like National Identity Card and birth registration certificates has improved significantly, with 37.4% of the respondents reporting much improvement. The family

development process was key while supporting the beneficiaries (vulnerable families). The evaluation determined that the caregivers have adopted good parenting skills and have been sensitized on life skills. The VSLAs have greatly aided caregivers and parents of vulnerable children, particularly in obtaining loans for other business ventures. Community Management Committees (CMCs) were used as ToTs for some of the training extended to the beneficiary families during qualitative interviews.

Working with CMCs broke the ice between SOS Children's Villages Kenya and the communities. The findings show an increased number of meals that families have per day due to the social protection programmes and economic empowerment interventions. Most respondents report having experienced improvements in WASH due to SOS Children's Villages Kenya. Caregivers were advised on required procedures to take when a child's rights were violated. Areas of Busibwabo, Bukhayo west, and Lwanya reported high rates of child labour.

SOS Children Village has been involved in the formulation of Busia County children's policy. The policy establishes a framework for supporting child protection efforts at the county level with county resources. Community structures and organizations have been strengthened to provide long-term assistance to the target population by directly assisting families and children.

Programme Efficiency

Assessment of Integrated Child Care programme efficiency focused on how monitoring data was gathered, organized, evaluated, and used. Key programming variables and institutional factors contributed to or hampered efficient delivery. During the project's last three years, funds disbursement improved by a long shot, and the majority of activities were delivered on time. The program's impact on children's education, capacity building of families, and financial literacy was noted as a significant positive attribute. Delays and challenges, such as the COVID-19 pandemic, hampered the completion of some aspects of the program on time and within budget.

The evaluation noted good project management practices and regular and intensive consultations and meetings with program beneficiaries and stakeholders. The evaluation found that the project efficiently used its human, financial, and technical resources which resulted to achievement of the set objectives. The existence of Community Management Committees at the location level also made it easy to get feedback from the beneficiaries. Using local communities' systems and structures helped ensure programme buy-in and community ownership.

Sustainability

SOS Children's Villages made sure that children were supported in school; the role for education in community empowerment cannot be overemphasized. Caregivers were connected to VSLA organizations and women's business funds, where they could get loans to improve their IGAs. The bulk of the recipients were encouraged to join VSLAs, which allowed them to better manage their finances and hold one another accountable through savings and loans. Long after the ICC, community structures were able to respond to community child protection

challenges. The skills and knowledge obtained during the program can be passed on to individuals who are not enrolled in it.

Lessons Learnt

Children's participation in awareness forums provided them with information about their rights, as did the establishment of SOS Children's Villages clubs in schools. Children's behavior has improved as a result of this, as has their academic performance and safety. The collaboration of NGOs has proven to be beneficial and efficient in addressing the needs of vulnerable children and families. Voluntary savings and loan programs have been lauded as a best practice for guaranteeing that financial resources from saves and loans are available to invest in other income-generating activities. When requests are made, SOS Children's Villages Kenya should offer funds to the program teams.

4.2. RECOMMENDATIONS

Relevance

- **Program Design:** The design of the Integrated Child Care Programme or similar programmes to be implemented in the same environment will need to be sufficiently informed by data on the specific indicators that SOS Children's Villages plans to focus on and address. At the onset, a Theory of Change and related Logical Framework will need to be developed with clarity on the desired results and indicators to be tracked. This will aid in determining the baseline values for which subsequent analysis and evaluation would be based. The existing initiative that has been assessed did not have a clear, logical framework and baseline data. It is also key that there should be deliberate efforts to have a feasibility study that informs programme design during design.

Effectiveness

- **Child Participation in Family Development Process:** Children are generally the major beneficiaries of the ICC programme. They are based on the necessity that children are intended to be involved in all matters that concern them. The family development process must intentionally ensure that children are part of the talks and that their ideas are considered when identifying the primary family concerns that will help them reach self-sufficiency. This will exhibit more dedication to boosting child participation in implementing the Family Strengthening initiative.

Efficiency

- **Economic Empowerment:** More efforts toward economic empowerment as opposed to cash transfers: And then again, looking at the way we implemented it, I think there was also a lot of need to focus on strengthening, or rather, on Self Reliance to the extent that activities to do with supporting the communities or rather the income-generating activities. We should have started with that around the second, third, and fourth year, such that come the fifth year, then we would have been monitoring. Ensure key steps in the project management cycle are adhered to, from scoping, design, and implementation, that we do not skip any stage of this.
- **Financial management:** the programme should consider funds decentralizing the financial processes (of SOS Children's Villages) at the project site. Management

accountants are liquidated to ensure that the immediate needs or issues can be addressed at the project site, other than at the centralized management of finance.

- **Technical support:** There is need for frequent and engaging meetings between the facility and the technical bench to unpack the project amongst teams to agree on how to collaboratively work, such that anything that comes up is addressed at that time. Frequent field visits from the technical team remains essential.
- **Refresher training:** while talking to some of the CMCs, it was clear that there is a need to provide routine refresher trainings to the implementing teams and staff to ensure that their capacities are adequate to handle issues as and when they arise.
- **Expert IGAs orientation and training:** when giving beneficiaries seeds for planting or livestock, there is need to have expert trainers in the IGA that beneficiaries are involved in. For instance some farmers complained of being provided with pigs without clear training of their raising

Sustainability

- **Youth involvement:** The program was restrictive. It was not expanded enough to address many young people in Busia. Given that the programme targeted children, it ought to have thought about its graduation and follow-up to include youth activities to ensure complete empowerment.
- **Community structures:** CMC was a new structure in the community, and it raises concerns about its sustainability beyond the project's life. Management should consider using available government and community structures that will survive the project implementation period.

Lessons Learnt

- **Monitoring and Evaluation:** A weak link in project delivery was the general monitoring, assessment, and learning process. The management should put strategies to ensure that the project management cycle includes monitoring, evaluation, research, and learning. Similarly, management should consider implementing essential project interventions early enough in the project to allow time for progress monitoring.

ANNEXES.

Annex 1: Results Framework Analysis

Table 4: Results framework analysis

Intervention Logic	Objectively verifiable indicators of achievement	Main outcomes	Scores (1= Worst – 5= Best)
Overall project Goal: No child is born to grow up alone	Support & care for children who have lost or are at risk of losing parental care		4 – There is a need to support the health of the beneficiaries Need for further strengthening of the IGAs and VSLA groups
Result 1: Effective community-based monitoring, reporting & referral systems for children within our target group (including the selection and monitoring process of families and children) have been set up	<ul style="list-style-type: none"> • Capacity builds the of local community groups and strengthens the Child protection networks • Set up a community-based referral system and link to other relevant stakeholders • Strengthen reporting referral and linkage systems 	<ul style="list-style-type: none"> • AFC training has resulted in a greater knowledge of the community's participation in the AFC process. As a result, people of the community have embraced AFC for children who have lost parental care, as indicated by the caregivers who completed foster care forms. • However, since the implementation period was at a time when the country was experiencing care reforms, this was not finalized 	4.5 – Largely achieved
Result 2: The different care options within (alternative) family settings or residential family-like care are strengthened	<ul style="list-style-type: none"> • Strengthening Alternative family-based care systems 		3- More work is needed significantly strengthen of household income streams based on FDPs.
Sub-result 2.1: Strengthened existing families, including kinship and guardianship, to prevent children from losing parental care and improving the quality of parental care	<ul style="list-style-type: none"> • Assess vulnerable families and prepare family development plans • Develop Village Savings and Loans Schemes (VSLA) and Income Generating Activities (IGA) • Enhanced vocational, business skills, household budgeting, and resource management skills • Capacity build caregivers on child rights and parenting skills 	<ul style="list-style-type: none"> • All the 300 caregivers had received positive parenting skills training. • 13 VSLA groups were supported; however, during the evaluation, 1 group had failed because of group dynamics, members' personal interests, and poor leadership • Farm input support for 52 Families during the first phase and about 70 during the second phase • Shelter construction support for more than 38 families. • Supported over 200 children get birth registration certificates • School fees support for over 250 children for 	3- Late implementation of the IGAs Some of the VSLA groups need support to survive

		high school, uniforms for 67 children (on need basis- assessment was a case by case)	
Sub-result 2.2: Placement of children in new kinship and guardianship families (including strengthening of these families) and link/organize children to new foster care families	<ul style="list-style-type: none"> Enhanced processes for placement of children in kinship and guardianship families. Number of children placed in new families Number of foster care families strengthened 	<ul style="list-style-type: none"> Very slow uptake as most families still embrace kinship and have not fully appreciated AFC Over 100 families filled out the application forms to formalize foster and kinship placement provided by the DCS. 	3- Discussions on the formalization of the kinships are ongoing Very little was achieved in children's placement
Sub-result 2.3: Strengthened alternative residential care and community alternative care options	<ul style="list-style-type: none"> Sensitize and educate existing alternative care options on "what is quality alternative care" and ensure care options matches the need of the child Capacity building of existing alternative care options used by the community to improve quality. Collaborate on possible reintegration and reunification of children back to their families or within a family setting in the community 	<ul style="list-style-type: none"> Worked with SOUL to reintegrate more than 40 children back into the community from Mary Gladys Home and Busia Compassionate CCI. With partnerships with DCS and Movement Against Child Trafficking, Mary Gladys Home is offering temporary shelter for children rescued from child trafficking Supported the formation of AFC Sub Committees in the locations Supported formation of County AAC for inspection of CCIs and Advocacy of Child protection issues. 	4
Result 3: Enhanced capacity of community organizations and local community structures to provide ongoing support to vulnerable families and organize/lobby for access to basic services	<ul style="list-style-type: none"> Link families and children to existing basic services Capacity building of community groups for lobby and advocacy with local government for access to and better quality of basic services 	<ul style="list-style-type: none"> VSLA groups supported to develop social funds to provide continuous support to vulnerable families Empowered community structures CMCs, LAAC, Chiefs, CPN to lobby for bursaries and social grants Families linked to existing basic services through the CBOs 	4

<p>Result 4: Increased awareness of child rights, child participation, and giving children a voice for (vulnerable) children in the community</p>	<ul style="list-style-type: none"> • Facilitate county and community fora on child rights and child participation • Promote the creation of a county children's assembly and child rights groups/clubs in schools and the community • Facilitate training of the CPN on child rights and advocacy • Training of teachers on child rights, child participation & child protection • Development & dissemination of child-friendly communication material on child rights, participation & protection for both print and audio media 	<ul style="list-style-type: none"> • Advocacy for sustainability of children to ensure children can voice their concerns on child rights • Commemoration of Day of African Child. • County Assembly commitment to passing bills that touch on children's welfare, e.g., banning funeral night vigils 'Disco Matanga.' 	<p>4</p>
<p>Result 5: Support structures around the community, including civil society organizations and (local) government, are linked to community organizations for capacity building and long-term resources for interventions</p>	<ul style="list-style-type: none"> • Facilitate fora for sharing promising practices • Facilitate Lobbying and advocacy for the availability of resources for quality alternative care, service delivery, and enabling policy environment 	<ul style="list-style-type: none"> • Formation of alternative care subcommittee in the sub-county. • Parents' training on skillful parenting • AAC at Matayos sub-county had been supported to convene meetings regularly • supported CPN meetings and TWG on child protection. • Busia Child protection policy • Busia CIDP touches on issues affecting children 	<p>3</p>

Annex 2: Key Informant and FGD list

NAME OF ORGANIZATION	CONTACT PERSON	DESIGNATION
KIs		
Department of Children Services	Esther Wasige	County Children's Coordinator
DCS-SCCO	Patrick Mukolwe	Sub-County Childrens
Terre De Homes	Caroline Opondo	Coordinator
Centre of Adolescent Studies	Susan Mutenyo	Coordinator
Kenya Redcross	Patrick	County Coordinator
Local Administration	Chief Wabwire	Chief
Community Management Committee	Chrispinus Mubwaka	Bukhayo West
Community Management Committee	Margaret A. Otieno	Nasewa
Community Management Committee	Vitalis Egesa Juma	Busibwabo
Community Management Committee	Sauba/Joshua	Nangoma
Community Management Committee	Calisto	Lwanya
Community Protection Volunteer	Paul Alila	Bukwayo West
Ministry of Education	Knight Tundo	Quality Assurance Officer
Shelter of United Love	Cornel Ojuang	Coordinator
Tumaini CBO	Albert Malingu	Director
Busia Compassionate Children's Home	Stella Egesa	Director
Mary Gladys Rescue Centre	Gladys	CCI coordinator
SOS Children's Villages Kenya	John Weda	Coordinator
SOS Children's Villages Kenya	Gravis Odera	M&E
SOS Children's Villages Kenya	Alfred Oduor	Livelihoods
SOS Children's Villages Kenya	Grace Oduor	Programme Director
SOS Children's Villages Kenya	Emmanuel Oduor	Accountant
SOS Children's Villages Kenya-National	Henry Bineah	FS Manager
SOS Children's Villages Kenya-National	Pascal Mahilu	Director of Programmes and Quality
SOS Children's Villages Kenya-National	Kedogo Pauline	Advocacy Manager
Total KIs = 26		
FGDs		
1 Caregiver and 1 8-12 year old	Richard Mang'eni	Nasewa
1 Caregiver and 1 19-24 year old	Calisto	Lwanya
1 Caregiver and 1 13-18 year olds and 1 8-12 year olds	Francis Ojiambo	Bukhayo West
1 Caregiver and 1 13-18 year old	William	Busibwabo
1 Caregiver and 1 19-24 year old	Sauba	Nangoma
Total FGDs = 11		

Annex 3: List of the Research Team

1. Emmaculate Monica - Research Assistant
2. Felix Weda- Research Assistant
3. Denis Alusala- Research Assistant
4. Robert Ojombo- Research Assistant
5. Oliver Sagala- Research Assistant
6. Jacob Motabo- Research Assistant (Qualitative data collection)
7. Longinus Shamatali - Research Assistant (Qualitative data collection)
8. Francis Omondi - Research Assistant (Qualitative data collection)
9. Collins Bulinda - Researcher
10. Lucas Chacha – Lead Researcher

Annex 4: Household Questionnaire

Consent

TARGET RESPONDENT

To be administered to the household head or an adult member who is well versed with the Integrated Child Care programme in the beneficiary households.

INTRODUCTION AND RESPONDENT CONSENT

Hello. My name is _____. I am here to ask you a few questions about the integrated child care programme. We are a team from CHASP Advisory contracted by SOS Children's Village Kenya. The questions will help us assess the project's progress across the expected outcomes and establish areas that might require improvement.

Your household has been randomly selected to participate in this survey as one of the households that benefited/participated in the project's activities. We guarantee that all the answers you give will be treated confidentially and will not be shared with anyone other than members of our survey team. The questions will take about 30 to 45 minutes. We hope you can agree to answer the questions since your views are essential to help improve family strengthening programming in your area. It is not compulsory to participate in this survey.

If I ask you any question you don't want to answer, tell me, and I will go on to the next question. You can stop the interview at any time if you change your mind about it. If there is any question that is not clear or that you do not understand, please let me know, and I will explain.

I confirm that they consent to the interview (start the interview)

No	Questions	Coding categories	skip
SECTION 1: DEMOGRAPHICS:			
1.1	Name of Respondent:		
1.2	Current Residence a. Location b. Sub-location (Introduce drop-down list of all locations and sublocations)		
1.3	Gender	1. Male 2. Female 3. Other specify	
1.4	Year of birth		
1.5	Who is the head of this household	1. child-headed (<18) 2. sibling headed 18+ 3. grandparent-headed 4. aunt/uncle headed 5. other relative headed 6. non-relative headed 7. foster parent headed 8. adoptive parent headed 9. parent headed (both parents) 10. single parent headed	
1.6	What is the highest level of education of the household head?	1. None 2. Some Primary 3. Completed Primary 4. Some Secondary 5. Completed Secondary 6. Vocational skills 7. College 8. University degree 9. Adult Education 00. Don't Know	

1.7	How many adults live here? (Including yourself)	<ol style="list-style-type: none"> 1. Up to 2 2. Between 3 and 5 3. 5 and above 99. None 	
2. HOUSEHOLD ECONOMIC CHARACTERISTICS			
2.1	<p>What is the main source of income for this household?</p> <p>Multiple selection</p>	<ol style="list-style-type: none"> 1. Crop farming 2. Livestock keeping 3. Petty trade 4. Business (with known address) 5. Formal employment 6. Casual labour 7. Fishing 8. Beekeeping 9. Artisanry (including masons, carpenters, plumbers, etc.) 10. Mining 11. Others specify 	
2.2	How much do you earn on an average month	<ol style="list-style-type: none"> 1. Less than 3500 2. 3501-5000 3. 5001-6500 4. 6501-8000 5. Above 8000 	
2.3	On average, how many meals do you have in a day?	<ol style="list-style-type: none"> 1. Once a day 2. Two times a day 3. Three times a day 4. More than three times a day 	
2.4	Are you involved in any income-generating activity?	<ol style="list-style-type: none"> 1. Yes 2. No 	If No s 2.6
2.5	If yes, how has your involvement with the ICC programme improved your IGA?	<ol style="list-style-type: none"> 1. Access to skills 2. Access to capital 3. Access to markets 4. Value addition 5. None 6. Other specify 	
2.6	Are you a member of any Village Savings and Loans Schemes (VSLA) formed as a result of the ICC programme?	<ol style="list-style-type: none"> 1. Yes 2. No 	If no, s 2.8
2.7	On a scale of 1 to 4, how would you rank your level of participation in the VSLA?	<ol style="list-style-type: none"> 1. High participation 2. Moderate participation 3. Low participation 4. Not at all 	
2.8	If no to 2.6, Please explain your answer	<ol style="list-style-type: none"> 1. Not aware 2. Not interested 3. Absence of known VSLA groups 4. Mismanagement in the VSLA groups 5. Other Specify 	
2.9	From 2016 to the end of last year, did you receive any skills training?	<ol style="list-style-type: none"> 1. Yes 2. No 	
2.10	If yes, What skills were you trained on?	<ol style="list-style-type: none"> 3. Bookkeeping and Records management 4. Customer relations 5. Sales and Marketing 6. Budgeting 7. Savings and Loans 8. Vocational training 9. Resource management 10. Other Specify 	
2.11	How useful were the skills	<ol style="list-style-type: none"> 1. Very useful 2. Useful 3. Neutral 4. Not useful 5. Not very useful 	
2.12	What additional Business skills would you want to receive?	<ol style="list-style-type: none"> 1. Bookkeeping and Records management 2. Customer relations 	

												3. Sales and Marketing 4. Budgeting 5. Savings and Loans 6. Business proposal development and business plans 7. Other Specify
2.13	Who mainly makes the decisions about the use of income in this household?											1. Father 2. Mother 3. Male child 4. Female child 5. Male caregiver 6. Female caregiver 7. Other specify
2.14	Who mainly makes the decisions about the following childcare components in this household? i. Education ii. Health iii. Nutrition iv. Clothing											1. Father 2. Mother 3. Male child 4. Female child 5. Male caregiver 6. Female caregiver 7. Other specify
3.0 CHILD CARE & PROTECTION SERVICES												
3.1		How many children live in this household?										
3.2.1 Name	3.2.2 Age	3.2.3. Gender (1. Male, 2. Female)	3.2.4. Level of education (1. Pre-Primary, 2. Primary, 3. Secondary, 4. Out of school, 5. Never enrolled, 6. dropped out)	3.2.5. Relationship to the household head (1. Biological child 2. Kinship, 3. Self, 4. adopted child, 5. foster child 6. None)	3.2.6. How would you comment on the Education attendance of the child to school? (1. Regularly, 2. Irregularly, 3. Rarely, 4. Not attending/enrolled)	3.2.7 Who provides care to this child when the main caregiver is unwell? (1. Self, 2. Kin, 3. Non relative, 4. Other Specify	3.3 Do you have any children living with a disability?(1. Yes, 2. No) If no, skip to 3.7	3.4. If yes, which type of disability?(1.upper body mobility impairment 2.lower body mobility impairment 3.intellectual impairment 4.psychosocial impairment 5.hearing impairment 6.hard of hearing 7.deafness 8.visual impairment 9.low vision 10.total blindness 11.deafblindness 12.speech impairment 13.short stature 14.epilepsy 15.albinism Other (specify)	3.5. Did this child receive any support in the last year? (1. Yes, 2. No)	3.6. V type of support you receive (1.Assistive device 2.Educational support 3.Heat 4.Cou 5.Oth Spec		
3.7	Are there any children in this household that have been reintegrated or reunited from alternative residential care?											1. Yes 2. No
3.8	Is any of your children involved in income generating activities (IGA) around the home?											8. Yes 9. No
3.9	Did any of your children miss school as a result of this?											1. Yes 2. No
3.10	What is the nature of their involvement?											1. Support family business 2. Working in neighbouring farms 3. Fishing 4. Mining 5. Other Specify
3.11	Which child protection issues are you aware of? <i>(Do not read out the choices)</i> Multiple selection											1. Protection from child labour 2. Protection from child neglect Protection from harmful cultural rights 3. Protection from sexual exploitation 4. Protection from physical abuse

		<ul style="list-style-type: none"> 5. Protection from deprivation of liberty 6. Other Specify 99. None 	
3.12	Would you say that there have been incidences of child abuse in this community over the last one year?	<ul style="list-style-type: none"> 1. Yes 2. No 00. Don't know 	If no, s 3.15
3.13	What are the most common forms of child abuse?	<ul style="list-style-type: none"> 1. Physical abuse 2. Sexual abuse 3. Emotional abuse 4. Child neglect 5. Child labour 6. Other Specify 	
3.14	Do you think these forms of abuse are reported?	<ul style="list-style-type: none"> 3. Yes 3. Yes 	
3.15	Which channels are available for reporting child abuse?	<ul style="list-style-type: none"> 1. Police Station 2. Teachers 3. Chiefs and Asst Chiefs 4. Children Offices 5. Child Protection Networks/Volunteers 6. SOS Children's Villages Kenya offices 7. Other NGOs/FBOs/CBOs 8. CCI 9. Religious leaders 10. Other Specify 	
3.16	Did you or any other member of this household receive any training on Alternative care?	<ul style="list-style-type: none"> 1. Yes 2. No 	If no s 3.18
3.17	How useful was the training?	<ul style="list-style-type: none"> 1. Very useful 2. Useful 3. Neutral 4. Not useful 5. Not very useful 	
3.18	Do you feel that you have changed the practice of care due to the training you received?	<ul style="list-style-type: none"> 1. Yes 2. No 	
3.19	Which alternative care options are used by the community?	<ul style="list-style-type: none"> 1. Kinship care 2. Kafaalah 3. Foster care 4. Temporary shelter 5. Guardianship 6. Adoption 7. Supported child-headed households 8. Institutional care 9. Other Specify 	
3.20	In your opinion, do you think alternative family-based care is an acceptable approach for supporting children who need parental care?	<ul style="list-style-type: none"> 1. Yes 2. No 	If no s 3.22
3.21	Please score your level of acceptability of AFBC (From 1 to 4, where 1 is least preferred and 4 is most preferred)	<ul style="list-style-type: none"> 1. Perfectly Acceptable 2. Acceptable 3. Neutral 4. Unacceptable 5. Totally unacceptable 	
3.22	Which other alternatives to AFBC would you propose?	<ul style="list-style-type: none"> 1. Family strengthening 2. Positive parenting education 3. Traditional forms of guardianship 4. Other Specify 	
3.23	Is family strengthening acceptable to you as a strategy for addressing the issues children face at risk of losing parental care?	<ul style="list-style-type: none"> 1. Yes 2. No 	If no s 3.25
3.24	Please score your level of acceptability of F.S.	<ul style="list-style-type: none"> 1. Perfectly Acceptable 2. Acceptable 3. Neutral 4. Unacceptable 5. Totally unacceptable 	

3.25	Which other alternatives to F.S. would you propose?	<ol style="list-style-type: none"> 1. AFBC 2. Positive parenting education 3. Traditional forms of guardianship 4. Other Specify 	
3.26	Which child rights are you aware of? (Do not read out the choices) Multiple selection	<ol style="list-style-type: none"> 1. Right to wholesome family life. 2. Right to be raised well and become contributing members of society. 3. Right to basic needs. 4. Right to access what they need to have a good life. 5. Right to education. 6. Right to play and enjoy their youth. 7. Right to be protected from danger. 8. Right to live in a productive environment. 9. Right to be cared for in the absence of their parent or guardian. 10. Right to good governance. 11. Right to freedom and peace. 12. None 	
3.27	What are your sources of information on child rights and alternative care/positive parenting?	<ol style="list-style-type: none"> 1. CPVs 2. Other community members 3. CBOs/NGOs/FBOs 4. Children's office 5. Mass media (radio/TV) 6. Print media 7. Other Specify 8. None 	
3.28	Have you or anyone in your household participated in community-based activities on alternative care/positive parenting?	<ol style="list-style-type: none"> 1. Yes 2. No 	If no sl 3.28
3.29	How useful have such fora been regarding parenting skills in your household?	<ol style="list-style-type: none"> 1. Very useful 2. Useful 3. Neutral 4. Not useful 5. Not very useful 	
3.30	As part of the programme what has been the extent of improvement on?	<ol style="list-style-type: none"> 1. Extremely Significant 2. Very significant 3. Moderately significant 4. Insignificant 5. Very insignificant 	
a)	Health		
b)	Education		
c)	WASH		
d)	Legal/Para-legal services		
e)	Other social services (Birth registration, Foster care)		
3.31	Depending on the responses above, what are some of the access barriers to children?	<ol style="list-style-type: none"> 1. Cost 2. Distance 3. Quality of service 4. Other Specify 	
a) A	Education		
b)	WASH		
c)	Legal/Para-legal services		
d)	Other social services (Birth registration, Foster care)		
3.32	Which statement represents the condition of care for children in this household?	<ol style="list-style-type: none"> 1. The child has a primary adult caregiver who is actively involved in his/her life and protects and nurtures him/her. 2. The child has an adult who provides care but is limited by illness, work, other children, or knowledge & skills. 3. The child has no consistent adult who provides care & support. 4. The child is complete without the care of an adult & must fend for him/herself. 	

END-THANK YOU

Annex 5: Focus Group Discussions Checklist

CHILDREN FGD GUIDELINES (For 8-12-year-old's, 13-18 years olds and 19-24 years olds)

Introduction: This is a focus group discussion to collect information in a project in this locality whose aim was to improve the nature of services that you receive. Information collected in this study is purely for survey purposes and will be treated confidentially.

Location: **Village**..... **Venue**.....

N/B: All participants should have participated in the Integrated Child Care project?

A. Involvement in SOS Children's Villages Kenya Integration of Child Care project

- i. What is your general opinion of the project? (How many were happy, not happy, indifferent...why? *Use visualized mood faces*) What has worked well this far under the project and why?
- ii. What has not worked well thus far, and why?
- iii. What needs improvement and/or strengthening?
- iv. What were the key lessons and recommendations you would give for the project?
- v. In conclusion, do you have any recommendations or feedback to SOS Children's Villages Kenya?
- vi. In what ways were you involved in the activities of the project?

B. Children's Knowledge on their rights

- i. Which child rights are you aware of?
- ii. What forms of child abuse and neglect are you aware of from your community (Knowledge of different forms of abuse)?
- iii. What referral mechanisms are available in the community for reporting child abuse and neglect (Knowledge of existing child protection actors at the community level)?

C. Child participation and involvement in decision making

- i. Are you members of any child rights club (headcount; mention a different kind of clubs)?
- ii. What kind of activities do you participate in during clubs' meetings?
- iii. What do you like about/or motivates you about the clubs
- iv. How do you participate in children's assemblies? (probe for activities)

D. Access to Child care Services

- i. Who takes care of children in your community with neither a guardian nor a caregiver? (Knowledge on/ or awareness of existing Alternative Family Based Care and absence or existence of child-headed H.H.s)
- ii. In your village, are there children who are not in school or have dropped out of school?
- iii. If YES, what are the reasons?
- iv. What are your thoughts around children with neither a guardian nor a caregiver? Are you aware of any support that is given to these children? where do they get these supports from or from whom do they receive these supports

Annex 6: Focus Group Discussions Checklist

PARENTS FGD GUIDELINES

Introduction: This is a focus group discussion to collect information in a project in this locality whose aim was to improve the nature of services that you receive. Information collected in this study is purely for survey purposes and will be treated confidentially.

Location: **Village**..... **Venue**.....

A. Involvement in SOS Children's Villages Kenya Integration of the Integrated Child care project

Ice breaker

1. What is your general opinion of the project? (What has worked well this far under the project and why?)
2. What has not worked well thus far, and why?
3. What needs improvement and/or strengthening?
4. What were the key lessons and recommendations you would give for the project?
5. In conclusion, do you have any recommendations or feedback to SOS Children's Villages Kenya?
6. Apart from SOS Children's Villages Kenya, who are the other actors, community leaders, partners, CBOs, and stakeholders supporting vulnerable families in Matayos Sub- County? (*Chapati Venn diagrams*)

B. Parents/ guardians knowledge on child rights and parenting

1. Which child rights are you aware of?
2. What are some forms of child abuse in this community?
3. what actions are taken in the incidences of child abuse (Knowledge of existing child protection actors at the community level and referral mechanism)
4. Can you mention examples of how knowledge of child rights has changed your behavior concerning child care.

C. Vulnerable Families have Access to Child care and Legal Assistance

1. What are your thoughts on the level of access to health services for children in this community? (*Probe for gains and barriers*)
2. What are your thoughts on the level of access to hygiene and sanitation services for children in this community? (*Probe for gains and barriers*)
3. What are your thoughts on the level of access to birth registration services for children in this community? (*Probe for gains and barriers*)
4. What are your thoughts on the level of access to education services for children in this community? (*Probe for incidences of dropouts, levels of attendance, levels of transition, and the gains and barriers of access*)
5. What kind of support did you receive from the project to support these children and services? (Sponsorship, provision of scholarship material, shelter, Covid 19 vouchers, training)
6. Is there any additional support you would have required?
7. Let us now talk about how the project could have facilitated your involvement in Income Generating Activities (Training, Value addition, VSLA, Marketing) and the gains and challenges?

E. Alternative Care

- i. Are you aware of any Community task Force (CTF) committee that facilitates or promotes different alternative care options in the community? Discuss their main mandate?
- ii. Describe activities that caregivers are involved in to ensure that alternative effort to support vulnerable children is sustained?
- iii. How has the project strengthened the capacities of vulnerable families to care for their children?
- iv. Do the community members understand alternative care options? Who sensitized them?

v. How is identification for child placement done in the sub-county?

Annex 7: In-depth Interview Checklist

CHECKLIST FOR KEY INFORMANT INTERVIEWS 1 – CHIEFSs, COMMUNITY LEADERS, CBOs, DCS, CHILDREN OFFICERS, NGOs, LAAC, and PARTNERS

Informed Consent

Introduction: This is a Key Informant interview to collect information in a project in this locality whose aim was to improve the nature of services that you receive. Information collected in this study is purely for survey purposes and will be treated confidentially.

Location: **Village**..... **Date**.....

Section A

1. What was your general opinion of the ICC
2. To what extent is the project reflecting on the needs and priorities of the target groups?
3. What are the aspects that you liked the most about the project
4. What are the aspects that you liked the least
5. What are some of the changes in behavior and practices (related to child care) in these communities that can be associated with the project
6. Who were the main actors in this project, and what were their roles?
7. Do you feel the voices of women and children were adequately represented during the implementation of that project
8. How did the project improve your capacity to handle childcare-related issues
9. What lessons can we learn from the way the project was implemented
10. What improvements would you like to see in the project were it to continue
11. How did Covid 19 influence the activities of ICC and family strengthening programmes?

Annex 8: PROJECT STAFF QUESTIONNAIRES

PROJECT STAFF QUESTIONNAIRES	
Key evaluation area	Guiding questions
Relevance	<ul style="list-style-type: none"> i. Should another project strategy have been preferred rather than the one implemented to reflect those needs and priorities better? Why? ii. Did the project identify any risks? How did the project deal with the identified risks? iii. To what extent is the project reflecting on the needs and priorities of the target groups? iv. To what extent is the project intervention aligned to the organization's priorities and stakeholders in integrated care? v. What has been in particular useful for the target population, and what has not been useful. vi. Was the intervention logic clear and the matrix logical? vii. To what extent have the various stakeholders' contributions addressed the development challenges stated in the program document? viii. To what extent were the short-term requests for COVID-19 response balanced against mid-term recovery needs? ix. To what extent have SOS Children's Villages programmes ensured addressing the changing needs of beneficiaries as part of the COVID-19 response and recovery efforts? x. To what extent was SOS Children's Villages COVID-19 response and recovery efforts conform to the ICC programme goals?
Effectiveness	<ul style="list-style-type: none"> i. To what extent have the project's objectives been realized? ii. What were the major factors influencing the achievement or non-achievement of the objectives. iii. To what extent was the project implemented as envisaged by the project document in terms of planned activities and management? If not, why? iv. Were the project activities adequate to realize the objectives? v. What has the project achieved? Where it failed to meet the outputs identified in the project document, why was this? vi. Have any significant developments taken place since the project started? If so, explain how they affected the project goal and activities and evaluate the impact on the project? vii. How has the project engaged with stakeholders, and has their engagement been systematic? Will the engagement be sustainable? viii. Identify the strategies that have proven particularly effective for achieving the objectives. ix. How were the members' views taken into account at the different levels of the project cycle (i.e., design, implementation, and evaluation)? x. What changes can be attributed to the project (positive, negative, expected, and unexpected)? xi. Who has benefitted so far (disaggregated data)? Are they the intended beneficiaries? xii. To what extent and in what ways was SOS Children's Villages Kenya able to ensure continuity of ICC Programmer during the Covid 19 pandemic period?
Efficiency	<ul style="list-style-type: none"> i. Have cost-efficient activities, e.g., have the least costly resources used to achieve the desired results. ii. Are the project activities done right, i.e., on time, in expected quantity and quality? iii. Is the project implementation adhering to work plans, action plans, results framework, and budgets? (Probe for Covid period) iv. How efficient was the process of learning and dissemination of the information to various stakeholders? v. How efficiently were the lessons learnt during reviews and the middle term evaluation to improve the project results? vi. What was the impact of capacity and knowledge acquired and

	<p>experiences working with other partners in implementing ICC?</p> <p>vii. How were the project funds utilized, what controls are in place to control the use, and were the funds sufficient?</p> <p>viii. How was the organizational capacity to deliver on the project (probe on development)</p> <p>ix. To what extent was the project office able to adapt the level and the allocation of its resources to mitigate the consequences of the COVID-19 crisis?</p>
Sustainability	<p>a. Is it possible that some of the project's outcomes and changes would continue after the end of the project?</p> <p>b. To what extent are the respective targeted beneficiaries, implementing partners, and key stakeholders on the project's current results and would be committed to sustaining them beyond the project life?</p> <p>c. How conducive is the economic, cultural, and social environment to spur the project results?</p> <p>d. Which project activities and services seemed likely to sustain the beneficiaries with internal or external funding?</p> <p>e. Which activities are likely to be institutionalized without additional financial support? Is the project's exit strategy viable?</p>
Capacity Development and stakeholder management	<p>i. What are the respective responsibilities and contributions of other partners in project implementation?</p> <p>ii. To what extent is the capacity building of the internal staff, local partners, and other organizations done, and what are their effects?</p> <p>iii. To what extent is the internal communication protocol considered/used, and what are the effects so far?</p>
Lessons learned	<p>i. What worked well for the project and why?</p> <p>ii. What did not work well for the project and why?</p> <p>iii. What needed to be improved and/or strengthening or done differently?</p> <p>iv. What were the key lessons and recommendations from the project?</p> <p>v. What are some of the most significant changes registered from the project?</p> <p>vi. What are the documented evidence of project effectiveness and local adaptability?</p>