GFEMS KENYA RESEARCH PROGRAM

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) - KNOWLEDGE, ATTITUDES, AND PRACTICES (KAP) ENDLINE REPORT

November 2022

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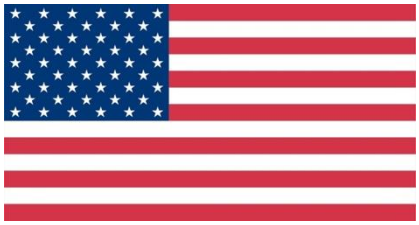

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ACRONYMS

BAF	Building A Future
CBO	Community Based Organization
CITI	Collaborative Institutional Training Initiative
CPIMS	Child Protection Management Information System
CRC	Child Rights Club
CSEC	Commercial Sexual Exploitation of Children
DiD	Difference in Differences
DQA	Data Quality Assurance
DQR	Data Quality Review
EA	Enumeration Area
FBO	Faith Based Organization
GFEMS	Global Fund to End Modern Slavery
ICC	Intra-Cluster Correlation
IPTW	Inverse Probability of Treatment Weighting
IRB	Institutional Review Board
KAP	Knowledge, Attitudes, and Practices
KNBS	Kenya National Bureau of Statistics
MDES	Minimum Detectable Effect Size
NACOSTI	National Commission for Science, Technology and Innovation
NIH	National Institutes of Health
NPL	National Poverty Line
NORC	National Opinion Research Center
ODK	Open Data Kit
OLS	Ordinary Least Squares
PPI	Poverty Probability Index
QCO	Quality Control Officer
TdH-NL	Terre des Hommes Netherlands
TIP	Trafficking in Persons
UNICEF	United Nations Children's Fund

EXECUTIVE SUMMARY

STUDY PURPOSE AND OBJECTIVES

As a part of its partnership with the U.S. Department of State's Office to Monitor and Combat Trafficking in Persons (TIP Office), the Global Fund to End Modern Slavery (GFEMS) partnered with Terre des Hommes Netherlands and Kesho Kenya to launch a new project to combat CSEC in Kwale and Kilifi counties of Kenya. Implemented from November 2020 to October 2022, the "Building A Future" (BAF) project focused on implementing community-based prevention methods, formal education for young survivors, vocational skills training, apprenticeships and job skilling for older survivors, and improvement of household livelihoods for the most vulnerable families of survivors of CSEC. Targeting known sex trafficking hotspots in coastal Kenya, the project worked to address both the supply of vulnerable individuals and the enabling environments that allow CSEC to persist.

NORC at the University of Chicago was contracted by GFEMS to lead an independent evaluation to assess whether BAF's package of community interventions led to measurable change in community knowledge, attitudes, and practices (KAP) vis-à-vis CSEC in coastal Kenya. Specific evaluation questions include:

1. **Knowledge.** To what extent did TdH-BAF increase awareness of CSEC victim identification, reporting channels, and referral mechanisms among community leaders, schools, and households?
2. **Attitudes.** To what extent did TdH-BAF improve beliefs among households around positive social norms that discourage CSEC?
3. **Practices.** To what extent did TdH-BAF improve CSEC reporting, willingness to report/intervene, case monitoring, and use of response and referral pathways among community leaders and schools?

RESEARCH METHODS

The BAF KAP study is a quantitative performance evaluation which uses two methods/approaches to examine changes in community KAP that correspond with project implementation. The first approach is pre-post outcomes assessment, which examines statistical changes in KAP outcomes between baseline (pre-intervention) and endline (post-intervention) using a cross-section of households within a longitudinal sample of communities. The second is multiple regression analysis, which examines statistical relationships between proxies for BAF program exposure and KAP outcomes at endline.[1]

Answers to the evaluation questions are triangulated through a series of data collection activities in communities targeted by the BAF program. Data collection activities included community leader surveys, Head Teacher/school surveys, and two household surveys including

1 Of note, the study was originally designed as a quasi-experimental impact evaluation, the goal of which was to measure changes in KAP that can be attributed to BAF through the establishment a comparison group to estimate what would have happened to beneficiaries in the absence of the program. Because the BAF implementation sites changed, however, many sampled comparison sites received the intervention, rendering the original design unfeasible. In consultation with GFEMS, the evaluation team therefore opted to retain data from sampled sites where BAF was implemented to conduct the aforementioned analyses.

a household roster and household KAP survey. Endline data were collected from May 20 to July 7, 2022 and yielded a final sample of 980 households, 75 community leaders, and 31 Head Teachers distributed across 124 communities in Kilifi and Kwale. Baseline data were collected between February 9 and May 3, 2021 and yielded a final sample of 958 households, 68 community leaders, and 40 Head Teachers in the same geographies. Data collection instruments were structured around BAF's logical framework and learning agenda and were refined in consultation with GFEMS and TdH.

KEY FINDINGS

- **Between baseline and endline, changes in KAP in BAF communities were mixed**, with improvements in knowledge about physical and behavioral indicators of CSEC[2] and reporting channels, declines in some social norms and attitudes towards CSEC victims, and no change in willingness to report known CSEC cases. Importantly, however, exposure to CSEC-related advocacy messages through radio and other media also declined over this period, possibly owing to other advocacy programs operating in BAF communities at baseline that had ceased operations by endline.

- **Despite this, there is evidence for positive impact of the BAF program on community KAP.** Statistical models at endline mostly show a positive, statistically significant relationship between exposure to CSEC-related advocacy over the BAF implementation period and KAP outcomes. Holding all else constant, households that participated in CSEC trainings, dialogues, or forums in the past year were 23 percentage points more likely to be familiar with the term CSEC, 29 percentage points more likely to watch for signs that children in the household may be subject to CSEC, 7 percentage points more likely to know about the legal consequences of CSEC, and 2.5 percentage points more likely to believe local perpetrators should be arrested.

- **Community knowledge about the negative effects CSEC has on the mental health of victims has improved since baseline**. Community members were more likely to report negative effects related to reproductive health and schooling, but were also more likely to recognize the negative effects CSEC has on victims' mental health and self-esteem. Specifically, the proportion of respondents reporting negative effects on mental health and self-esteem increased 13 and 6 percentage reports, respectively, between baseline and endline.

- **Knowledge about reporting channels other than traditional authorities and the police remains low**. At endline, less than 10 percent of households in BAF communities knew about the role that Child Protection Committees, the Department of Children's Services, and Childline Kenya play in CSEC reporting and monitoring, and nearly two-thirds of school children still do not know how to report known CSEC cases according to their Head Teachers. However, focus group discussions with children point to improved knowledge of reporting channels in schools targeted by BAF.

- **At endline, households are more likely to believe that CSEC victims are free to enter or exit the sex trade whenever they want**—a finding which is robust to different

2 Behavioral and physical indicators of CSEC were adapted from a list created by the National Center for Missing and Exploited Children. See e.g., Boys & Girls Clubs of America (n.d.). Child Sex Trafficking Prevention Guide.

types of analysis and statistical modeling. The reasons for this are unclear, and an important area for further inquiry.

- **CSEC prevalence estimates obtained through household surveys loosely mirror trends in the true CSEC prevalence rates obtained through victim surveys**. Community member-reported prevalence of CSEC within a given household dropped from 4.4 percent at baseline to 1 percent at endline, which is roughly in line with the CSEC prevalence study conducted by NORC, which showed an overall prevalence rate of 1.7 percent 2021 and 0.81 percent in 2022 (the baseline estimate of 4.4 percent falls outside of the prevalence study's 95 percent confidence interval, however). This suggests that future household surveys may offer a crude proxy estimate for CSEC prevalence. Importantly, however, community members grossly overestimate prevalence in the community writ large, with household respondents estimating that 27.6 percent of all 13- to 17-year-olds in their county had been subjected to CSEC.

CONCLUSIONS AND RECOMMENDATIONS

- **Continue supporting CSEC-related advocacy and awareness raising activities, but work to ensure higher community saturation**. While this evaluation finds a positive relationship between program exposure and KAP outcomes, the reach of the program was limited. At endline, only 16 percent of households reported exposure to CSEC-related advocacy messages and just over 5 percent of households reported participating in trainings, dialogues, sensitization forums, or advocacy sessions related to CSEC. To achieve the critical mass needed for systemic change, future programs should ensure higher intensity and reach of community-based advocacy efforts. Options for increasing saturation include the use of radio and print media in addition to face-to-face community dialogues.

- **Help community members see CSEC victims/survivors as children needing care and protection rather than criminals**. While recognition of the negative psycho-social effects CSEC has on victims has improved since baseline, community members are more likely to believe that CSEC victims are free to enter or exit the sex trade whenever they want. In addition, over 80 percent of community members still believe that CSEC victims are behaving immorally and 90 percent believe victims should be arrested. Ascribing agency to CSEC victims is inconsistent with Kenyan law and may negatively impact community support for victim protection programming.

- **Improve knowledge of reporting channels other than traditional authorities and the police**. While nearly 90 percent of respondents said they would report known CSEC cases, fear of retaliation and low confidence in authorities to act continue to inhibit willingness to report. One option for overcoming these barriers is to widely promote the use of Childline Kenya (116), where anonymous reports of child abuse can be made to the Department of Children's Services via a toll-free number.

- **Continue to monitor CSEC prevalence by incorporating CSEC-related modules into existing household surveys**. While imperfect, the ability of household-level reporting to provide a crude estimate of CSEC prevalence may allow stakeholders to monitor major fluctuations in CSEC over time. This could involve integrating a simple module into existing regular and/or *ad hoc* government and donor-supported surveys such as the Demographic and Health Survey (DHS).

1. INTRODUCTION

BACKGROUND AND CONTEXT

Kenya is a source, transit, and destination country for the commercial sexual exploitation of children (CSEC). Despite continued efforts on the part of the Kenyan government to eliminate CSEC and other forms of trafficking in persons, the country remains on the U.S. Department of State's Tier 2 list due to uneven prosecution of perpetrators and inadequate social protections for survivors.[3] Kenya criminalizes CSEC through the Counter Trafficking in Persons Act (2012) and the Sexual Offenses Act (2005), and the government adopted the National Plan of Action Against Sexual Exploitation of Children in 2013. However, identification and prosecution of offenders remains challenging due to under-resourced law enforcement.

A review of existing literature highlights some factors that cause children to be more vulnerable to CSEC, including the cyclical forces of demand and supply from various geographic hotspots. Additionally, recent studies find that while CSEC remains pervasive, it has been gradually shifting from more traditional venues such as brothels and bars to private establishments and online.[4] Child sex tourism is widespread along the Kenyan coastline in areas such as Mombasa, Malindi, and Kilifi. The supply chain of sex trafficking in Kenya is interlinked, with inland trafficking responding to high demand created by the child sex tourism industry on the coast.[5] Victims are trafficked by intermediaries such as recruitment agents and taxi drivers, or by people known to them including their own families.[6]

According to a NORC prevalence study conducted in 2021, 3,328 children in Kilifi and 1,808 in Kwale were actively engaged in CSEC, accounting for approximately 2 percent of 13-17 year-olds in those counties. However, this figure is likely underestimated relative to pre-pandemic times, as study respondents reported a precipitous drop in demand for CSEC since 2020. The study also found that the average age of entry into the sex trade for these children is 13.6, and over 70 percent of victims suffer from probable post-traumatic stress disorder (PTSD). Despite this, communities in coastal Kenya believe children bear responsibility for their involvement in in the sex trade, with 90 percent of community members believing that victims are behaving immorally and should be arrested for accepting money for sex.[7] In addition, baseline data for this study revealed that there is little sensitivity to or awareness of the negative psychosocial effects CSEC has on victims: while 94 percent of households believed exchanging sex for money negatively impacts a minor's well-being, reported negative impacts were mostly focused on reproductive health and disruptions to schooling.[8]

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3 U.S. Department of State (2022). Trafficking in Persons Report – July 2022. Retrieved from https://www.state.gov/wp-content/uploads/2022/10/20221020-2022-TIP-Report.pdf.
4 ECPAT International (2016). Global Study on Sexual Exploitation of Children in Travel and Tourism Regional Report: Sub-Saharan Africa.
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PROJECT DESCRIPTION

As a part of its partnership with the U.S. Department of State's TIP Office, GFEMS launched a new project to combat CSEC in Kwale and Kilifi counties of Kenya. Implemented from November 2020 to October 2022, the "Building A Future" (BAF) project focused on implementing community-based prevention methods, formal education for young survivors, vocational skills training, apprenticeships and job skilling for older survivors, and improvement of household livelihoods for the most vulnerable families of survivors of CSEC. Targeting known sex trafficking hotspots in coastal Kenya, the project worked to address both the supply of vulnerable individuals and the enabling environments that allow CSEC to persist.

Implemented by Terre des Hommes Netherlands in partnership with Kesho Kenya, the BAF project includes the following four activity streams:

Schools and peers support younger victims and children at risk:

- Support younger CSEC victims with school supplies, levies, fees, and uniforms to return to and remain in formal education.
- Train teachers/administrators in schools to monitor students and identify CSEC cases.
- Establish and/or train Child Rights Clubs (CRCs) for peer-to-peer support to empower children at risk and inform them about positive changes.

Communities have positive social norms and utilize CSEC referral mechanisms:

- Train community-based structure members on CSEC victim identification and anti-trafficking advocacy skills.
- Strengthen community-based structures to facilitate extensive grassroots engagement.

Income-generating activities for vulnerable families:

- Provide vulnerable families with financial and in-kind support for income-generating activities.

Employability of older CSEC victims:

- Develop public-private partnerships for on-the-job training and apprenticeship with private sector companies.
- Train older CSEC victims and put them in contact with private sector partners for jobs and entrepreneurship.

STUDY PURPOSE AND OBJECTIVES

NORC at the University of Chicago was contracted by GFEMS to lead an independent evaluation to assess whether BAF's package of community interventions led to measurable change in community KAP vis-à-vis CSEC in coastal Kenya. Specific evaluation questions include:

1. **Knowledge.** To what extent did TdH-BAF increase awareness of CSEC victim identification, reporting channels, and referral mechanisms among community leaders, schools, and households?

2. **Attitudes.** To what extent did TdH-BAF improve beliefs among households around positive social norms that discourage CSEC?
3. **Practices.** To what extent did TdH-BAF improve CSEC reporting, willingness to report/intervene, case monitoring, and use of response and referral pathways among community leaders and schools?

MEASUREMENT APPROACH

Answers to the evaluation questions are triangulated through a series of data collection activities in communities targeted by the BAF program. Data collection activities included Community Leader surveys, Head Teacher/school surveys, and two household surveys including a household roster and household KAP survey. Data collection instruments were structured around BAF's logical framework and learning agenda and were refined in consultation with GFEMS and TdH.

Detailed parameters of the data collection tools including sampling approach, estimated duration of respondent interaction, and topics covered are outlined in Table 1. Final endline data collection instruments are featured in Annex III.

Table 1: Data Collection Activities and Parameters

Activity	Respondent(s) (Target)	Selection / sampling method	Duration	Survey topics
Community Leader survey	1 Community Leader per Enumeration Area (EA) (up to 146 total)	The Village Elder most closely associated with the sampled EA was targeted. If s/he was absent, the following were targeted (ordered by priority): Village Administrator, religious leader, or Village Chief.	45 minutes	• Community characteristics, such as ethnic composition, infrastructure availability, and presence of migrants and unaccompanied children. • Functionality and activities of community-based child protection structures. • Beliefs and attitudes related to tourism, sex, and the sex industry in the community. • Knowledge about CSEC laws and referral pathways as well as CSEC signs, risk factors, and long-term effects. • Extent to which CSEC is a problem in the community, sub-county, and county writ large.
School survey	1 Head Teacher per EA (up to 146 total)	The school targeted for the school survey was the public primary school within or closest to the EA. If there were multiple public primary schools that were equidistant or within the bounds of the EA, the school serving the largest number of children in the EA was selected. If the Head Teacher was not available, the deputy or teacher in charge was selected.	45 minutes	• School enrollment and dropout figures. • School characteristics such as availability of school facilities and management structures. • Functionality and activities of CRCs. • Knowledge about CSEC laws and referral pathways as well as CSEC signs, risk factors, and long-term effects. • Extent to which CSEC is a problem in the school, sub-county, and county writ large.
Household Roster	8 household heads per EA (1,168 total)	Households were selected in accordance with the sampling protocol described in Section 2. The household roster was completed by the household head or other person knowledgeable about household members' levels of education and recent economic activities.	10-20 minutes	• Basic demographic information on all household members, including sex, age, marital status, and intra-household relations. • Literacy and schooling of all household members. • Household members' participation in economic activities for the past seven days.

Activity	Respondent(s) (Target)	Selection / sampling method	Duration	Survey topics
Household KAP Survey	8 adult household members per EA (1,168 total)	KAP survey respondents were automatically sampled in the household roster in random order. Household members were eligible to complete the KAP survey if they were at least 18 years of age and physically present at any time when the field team was on location.	60 minutes	• Basic demographic and household socio-economic status information. • Beliefs and attitudes related to tourism, sex, and the sex industry in the community. • Knowledge about CSEC laws and referral pathways as well as CSEC signs, risk factors, and long-term effects. • Extent to which CSEC is a problem in the household, sub-county, and county writ large.

2. RESEARCH METHODS AND LIMITATIONS

RESEARCH METHODOLOGY

The BAF KAP study is a quantitative performance evaluation which uses two methods/approaches to examine changes in community KAP that correspond with project implementation. The first approach is pre-post outcomes assessment, which examines statistical changes in KAP outcomes between baseline (pre-intervention) and endline (post-intervention) using a cross-section of households within a longitudinal sample of communities. The second is multiple regression analysis, which examines statistical relationships between proxies for BAF program exposure and KAP outcomes at endline.

Of note, the study was originally designed as a quasi-experimental impact evaluation, the goal of which was to measure changes in KAP that can be attributed to BAF through the establishment a comparison group to estimate what would have happened to beneficiaries in the absence of the program. Because the BAF implementation sites changed, however, many sampled comparison sites received the intervention, rendering the original design unfeasible. In consultation with GFEMS, the evaluation team therefore opted to retain data from sampled sites where BAF was implemented to conduct the aforementioned analyses.

SAMPLING METHODOLOGY

SAMPLING OF COMMUNITY LEADERS

The Village Elder most closely associated with the sampled EA was targeted for introductions/arrival procedures and the Community Leader survey. If there was more than one Village Elder associated with the EA, the person with authority over the greatest number of households within the boundary of the EA was interviewed. If the Village Elder was absent, the following were targeted for the Community Leader survey (ordered by priority): Village Administrator, Religious Leader, or Village Chief.

SAMPLING OF SCHOOLS

The school targeted for the Head Teacher survey was the public primary school within or closest to the EA. If there were multiple public primary schools that were equidistant or within the bounds of the EA, the school serving the largest number of children in the EA was selected. Within the sampled public primary school, the Head Teacher was targeted for the school interview. If there was only 1 Head Teacher at the school, s/he was automatically selected. If there was more than one (rare), the Head Teacher responsible for primary grades was selected. If the Head Teacher was not available, the Deputy Head Teacher or teacher in charge was selected.

SAMPLING OF HOUSEHOLDS

Sampling of households was done using systematic random walk. Prior to beginning household sampling, a field sampler and Quality Control Officer (QCO) met the Community Leader to obtain permission to conduct data collection and help orient the sampler to the EA. To select a random starting point for the systematic random walk, the sampler dropped a pebble on the EA map provided by KNBS. Then, s/he asked the Community Leader or a designated community guide to help him/her locate to the household closest to that point.

Once the sampler located the household nearest the random starting point, s/he counted off every sixth household until the primary sample of eight households and an alternate/replacement sample of four households was identified and recorded in the EA tracking sheet. Dwellings containing sampled households were marked in sequential order (i.e., household IDs 01-12) using chalk so enumerators could find them. A description of the dwelling and the sampled household head name and contact information were also captured in the tracking sheet.

The household nearest to the starting point was the first to be sampled (i.e., household ID 01). Then, the sampler spun a bottle or pencil to determine which direction to move in and sampled every sixth household thereafter. The sampler followed a road or a path to identify the next household, being sure to count structures on both sides of the path or road in order (if households were perfectly across the street from each other, s/he spun a bottle or pencil to determine which one to count off first). Samplers were instructed to follow all access paths encountered to ensure every household had a possibility of being sampled. If the sampler reached a dead end or the boundary of the EA, s/he was required to turn around and move in the opposite direction, picking up the counting of households once a new household was reached.

If a dwelling contained multiple households, the sampler ordered the households so they could be counted off sequentially. Such households were ordered according to the birth month and day of the household head, and counted off accordingly. For large apartment buildings, the sampler counted off households starting from the top floor and moved systematically through the building.

SAMPLING OF KAP SURVEY RESPONDENTS

Qualifying respondents for the KAP survey were members of sampled households, aged 18 years and above. In each selected household only one person was interviewed. The KAP respondent was selected using backend programming in the household roster survey form, which displayed a list of eligible respondents randomly ordered at the end of the roster survey. In the event the first respondent was not available at the time of visit, up to three call-backs were made at different timings and days. If the first respondent was still not available, the immediate next person in the randomized roster list was interviewed/tracked.

TARGET VERSUS ACTUAL SAMPLE

The target endline sample was 1,168 households distributed across 146 enumeration areas (EAs) in Kilifi and Kwale counties. The sample size, stratification approach, and distribution was based on the original impact evaluation design, and is detailed in Annex I.

In terms of the household sample, 99.7 percent of the target was achieved for the roster survey. Once a roster was completed, the survey form randomly selected one eligible adult member from each household to complete the KAP survey, which totaled 1,155 individuals. The completed roster survey is slightly below target because respondents were not available or refused to take the survey after several callbacks. The realized household KAP survey number is below the target for several reasons: respondents were not available for interviewing despite multiple call-back attempts; respondents traveled out of town; or due to language barrier (one case).

Table 7: Target v. Realized Endline Sample

Sampling Unit	*Realized Sample*	*Target Sample*	*% of Target*
Enumeration Areas	146	146	100%
Community Leaders	*103*	*146*	*70.5%*
Head Teachers	*45*	*146*	*30.8%*
Households	1,164	1,168	99.7%
Household Rosters	*1,164*	*1,168*	*99.7%*
KAP Surveys	*1,155*	*1,168*	*98.9%*

For the community leader survey, a total of 103 interviews were conducted, which accounts for 70.5 percent of the target sample. The target sample was not achieved due to the fact that multiple selected EAs shared one village elder or community leader. A total of 45 interviews were conducted with Head Teachers, which accounts for only 30.8 percent of the target sample. However this is entirely due to the fact that for the majority of EAs, the closest primary school had already been enumerated since it was attached to another EA in the sample.

RETAINED SAMPLE

As previously discussed, the BAF implementation areas changed since baseline, which required the evaluation team to revisit the analytical approach. Table 2 below presents the original sample of enumeration areas (EAs) per Annex I alongside the retained sample based on the final implementation locations reported by BAF, which are highlighted in orange.

Table 2: Original v. Retained Enumeration Area Sample

				Original Sample		Retained Sample	
County	Sub-County	Division	Locations	Rural	Urban	Rural	Urban
Kilifi	Kilifi South	Kikambala	Junju	2	29	2	29
			Mavueni/Takaungu	1	0	0	0
			Mtwapa	6	19	6	19
	Malindi	Malindi	Ganda	2	0	2	0
			Gede	1	18	1	18
			Goshi	1	0	0	0
			Malindi	6	25	6	25
			Watamu	2	4	2	4
Kwale	Lunga Lunga	Lunga Lunga	Dzombo	2	0	2	0
			Kasemeni	1	0	0	0
			Kikoneni	1	0	0	0
			Mwena	1	0	0	0
			Mwereni	2	0	2	0

			Vanga	1	0	0	0
			Lunga Lunga	3	1	3	1
	Msambweni	Diani	Kinondo	2	0	2	0
			Diani [Ukunda]	3	13	0	0
			Total EAs:	37	109	28	96
			Total Households:	296	872	224	768
				1,168		**992**	

Overall, 124 of the 146 sampled EAs were targeted by BAF and hence were retained for analysis, yielding a target sample of 992 households, 980 of which were successfully enumerated at endline (98.8 percent) and 958 at baseline (96.6 percent). In addition, a total of 75 community leader and 31 Head Teacher interviews were retained, representing 60.5 and 25 percent of the target sample, respectively. As previously mentioned, low achievement rates for community leaders and Head Teachers are due to the fact that schools and community leaders are associated with more than one EA in many instances.

DATA ANALYSIS

Primary quantitative data analysis was conducted using the Stata SE/15.1 statistical software package. Pre-post analysis consisted of simple bivariate ordinary least squares (OLS) regression models, where household KAP outcomes serve as the dependent variables and endline status serves as the independent variable.[9] Given the inferential challenges associated with pre-post analysis, we also examined the relationship between exposure to CSEC-related advocacy and household KAP outcomes at endline using multiple regression analysis. In the regression models, KAP outcomes serve as dependent variables with program exposure proxy variables serving as independent predictor variables. To mitigate the risk of omitted variable bias, the regression models also included controls for time invariant respondent-, household-, and community-level characteristics including respondent sex, age, years living in the community, literacy, number of household members, number of children in the household, household Poverty Probability Index scores, and EA-level means for CSEC attitudes at baseline. For both types of analysis, sampling weights were applied and were based on the inverse of the overall probabilities of selection (see Annex IV for more detail). Community leader and Head Teacher endline data were analyzed using basic summary statistics, and served to augment, triangulate, and expand on findings from household-level analysis.

LIMITATIONS

LACK OF COUNTERFACTUAL

The BAF performance evaluation was originally designed as a quasi-experimental impact evaluation,[10] the goal of which was to measure changes in KAP that could be attributed to BAF

9 Such bivariate regression models are the equivalent to a student's t-test, but allow for the application of sampling weights using Stata's set of survey commands.

10 The preferred approach for impact evaluation involves random assignment to treatment or control conditions so that each group, on average, is statistically similar at baseline, thus any observed differences between the two groups at endline can be attributed to the intervention. Because random assignment was not possible in the case of

through the establishment a credible counterfactual. Comparing program participants with a counterfactual or comparison group allows for "subtracting away" contextual changes that affect both program participants and the comparison group. Without a rigorous estimate of a counterfactual, however, there is a risk of over- or under-estimating program impact since KAP outcomes may be influenced by factors other than BAF.

COMPARABILITY OF BASELINE AND ENDLINE SAMPLES

The validity of pre-post analysis relies on the assumption that baseline and endline samples are comparable in terms of key demographics. If respondents move in or out of the program areas between baseline and endline, for example, the samples may no longer be the demographically equivalent. To help mitigate this risk, we evaluated whether pre-post changes in KAP outcomes were robust to the inclusion of socio-demographic control variables, and found the results to be similar with and without controlling for time-invariant respondent- and household-level characteristics.

LIMITATIONS OF REGRESSION ANALYSIS

The use of regression analysis to examine relationships between program activities and KAP outcomes is designed to overcome some of the inferential challenges associated with simple cross-tabulations or correlations. Despite this, the risk of omitted variable bias—i.e., the omission of an independent variable that is a determinant of the dependent variable and correlated with one or more independent variables in the model—remains. As such, readers should be cautious in assuming causal relationships between independent variables and KAP outcomes. Furthermore, lack of a statistical relationship between the tested variables and KAP does not mean that such a relationship does not exist. Factors such as sample size, measurement accuracy/precision, and omitted variable bias (among others) may lead to a Type II error, or failure to detect a statistically meaningful relationship even if one exists.

RESPONSE BIAS

Response bias encompasses a range of tendencies among respondents to answer in a way that is not truthful. For this evaluation, the risk of response bias comes primarily from recall bias (inability to recall facts or past events) and social desirability bias (tendency to answer in a way that will be seen as favorable versus answering truthfully). While it is difficult to overcome this risk in social sciences research, the team worked to minimize it where possible through question framing, shortened recall periods, and preambles to sensitive questions reminding respondents of the strict confidentiality of their responses.

3. DATA COLLECTION PREPARATION AND MANAGEMENT

For data collection, NORC subcontracted with Kantar Public, an international data collection, research, and consultancy firm with headquarters in Nairobi and two additional regional offices in Kenya. Kantar was selected based on their experience managing logistically complex data collection activities in Kenya; ability to rapidly mobilize to recruit a large pool of experienced

BAF, we adopted a quasi-experimental approach through which a viable counterfactual group was constructed using advanced statistical matching techniques (inverse probability of treatment weighting). In addition, we planned to control for time invariant differences between treatment and comparison groups through the use of difference-in-differences statistical analysis, which subtracts off remaining baseline differences between the treatment and comparison units.

and qualified supervisors and enumerators; demonstrated expertise managing methodologically demanding mixed-methods research; experience using tablets for data collection; past performance conducting exercises of similar scope and scale; and value for money. Kantar also has established relationships with Kenyan government agencies, NGOs, and the local academic and research community.

Project oversight was provided by NORC and Kantar and project execution was administered by field teams. Each field team was assigned to specific sub-counties and census enumeration areas (EAs) and moved together as a team to complete data collection. Each field team consisted of a QCO and a Supervisor who reported to Kantar's regional Field Coordinator. Each Supervisor managed a team of five enumerators—including four household enumerators and one community/school enumerator—and two samplers. Supervisors and enumerators traveled together as a team, covering approximately two EAs on a given day, while QCOs and samplers at times rotated between teams and EAs to conduct sampling and data quality assurance activities in an efficient manner. The final team structure comprised of 24 personnel and three field teams.

TRAINING AND PILOTING

Endline enumerator training included a combination of plenary sessions (led by the NORC team) and breakout review and practice sessions (led by field management) to orient enumerators on field procedures and instruments. Plenary sessions covered study design, informed consent, use of tablets and survey software, sampling and tracking protocols, and data quality assurance procedures. For survey administration, there were two parallel training tracks: a household track which covered the household KAP survey and roster and a community group track which covered the Community Leader and Head Teacher surveys. The final days of the training consisted of a pilot exercise and debrief in nearby communities to ensure enumerators had adequate practice prior to launch. Following the training and pilot, teams travelled to their respective regions to commence data collection, which took place from May 20 to July 7.

DATA QUALITY ASSURANCE

Data collection was tablet-based, utilizing SurveyCTO/Open Data Kit (ODK). Survey programming was conducted in-house by NORC and data collection platforms/servers were centrally managed by the research team. All tablets and servers were encrypted to ensure maximum data security. Data uploads were completed on a daily basis (connectivity permitting) to allow for real-time data quality reviews. A DQA protocol was established to set forth data quality standards/requirements and team member responsibilities in ensuring high quality data during field work. Complete DQA protocols, procedures, and findings are detailed Annex V.

RESEARCH ETHICS AND STUDY AUTHORIZATION

This study was conducted in line with human subjects research guidelines both in the United States and Kenya. NORC follows established protocols for gathering informed consent, protecting anonymity and identifying information, and ensuring ethical data collection—including from children and other vulnerable populations. To ensure compliance with our high ethical standards, all research involving vulnerable populations must pass through formal Institutional Review Board (IRB) review prior to data collection and all research staff must complete a certified course in Protecting Human Research Participants through the National Institutes of Health (NIH) or Collaborative Institutional Training Initiative (CITI).

Field teams were extensively trained on research ethics, including confidentiality and informed consent procedures. Consent was verbally attained from study participants, and all respondents were offered a printed consent/study information sheet signed/certified by the enumerator for record-keeping purposes. NORC sought and received approval from its internal IRB, which follows a formal process for ensuring all research projects are conducted in accordance with the U.S. Federal Policy for the Protection of Human Subjects. NORC's IRB is registered with the U.S. Department of Health and Human Services Office of Human Research Protection and has a Federal-wide assurance (Federal-Wide Assurance FWA 00000142). The IRB takes an active role in helping guide protocols to meet the highest standards for human subject protections. NORC's IRB requires that research protocols provide sufficient detail to ensure that (1) the selection of subjects is equitable, subjects' privacy is protected, and data confidentiality is maintained; (2) informed consent is written in language that study participants can understand and is obtained without coercion or undue influence; and (3) appropriate safeguards to protect the rights and welfare of vulnerable subjects. NORC also obtained local IRB approval from AMREF, a local IRB accredited by Kenya's National Commission for Science, Technology and Innovation (NACOSTI).

4. FINDINGS

ENDLINE DEMOGRAPHIC CHARACTERISTICS

HOUSEHOLD DEMOGRAPHICS

Endline data for the household KAP survey was collected between May 20 and July 7, 2022. A total of 1,155 randomly selected households successfully completed KAP surveys, 980 of which were retained for endline analysis. Table 3 shows the breakdown of endline survey respondents by county, sub-county, and location.

Table 3: Completed Household KAP Interviews, by Location

County	Sub-County	Location	Count	Percent
Kilifi	Kilifi South	Junju	246	25.1%
		Mtwapa	199	20.3%
	Malindi	Ganda	15	1.5%
		Gede	150	15.3%
		Malindi	242	24.7%
		Watamu	48	4.9%
Kwale	Lunga Lunga	Dzombo	16	1.6%
		Lunga Lunga	32	3.3%
		Mwereni	16	1.6%
	Msambweni	Kinondo	16	1.6%
		Totals:	**980**	**100%**

Table 4 compares general respondent and household demographics for both baseline and endline. The mean age of respondents at endline was 35.4 years, and over two-thirds were female. Years lived in community, urban status of the household, disability rates, and average age of children in the household did not statistically differ between baseline and endline. However, the household size in terms of both the number of overall household members and the number of children was statistically significantly lower at endline as compared to baseline, with one fewer children on average at endline. In addition, literacy rates for respondents were 10.7 percentage points higher at endline than baseline, which is statistically significant at p=0.00. While these differences may be attributable to fluctuations in population demographics over time, it is important to control for these variables when exploring statistical relationships between BAF program activities and KAP outcomes.

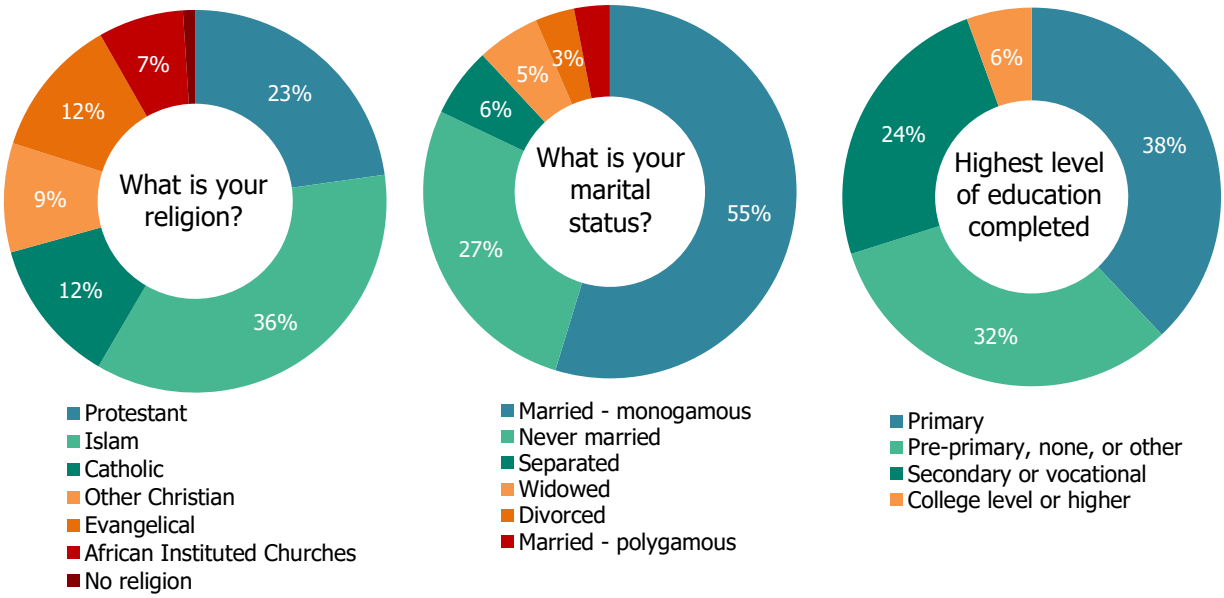
Table 4: Respondent and Household Demographic Characteristics, by Round (Household KAP Survey) [11]

Variable	Baseline (n=958)	Endline (n=980)	Change	P-Value
Age in years	36.8	35.4	-1.4	0.22
Female	71.5%	68.9%	-2.6%	0.41
Years lived in community	25.3	27.0	1.6	0.14
Urban	54.6%	55.8%	1.2%	0.67
Disability	13.1%	9.6%	-3.5%	0.15
Number of household members	6.0	5.0	▼**1.0**	0.00
Number of children in household	3.2	2.1	▼**1.1**	0.00
Average age of children in household	8.5	9.2	0.7	0.10
Literacy	78.3%	89.0%	▲**10.7%**	0.00

As shown in Figure 1, 25 percent of the endline sample identified as Muslim and around two-thirds belonged various Christian sects. Around two-thirds of respondents were married (monogamous, polygamous, or separated). Less than one-third of respondents had completed secondary school or higher, with 70 percent dropping out before completing secondary school. The majority of endline respondents were ethnically Mijikenda, with around 2-5 percent belonging to each of the Kikuyu, Luhya, Luo, Kamba, and Bajun ethnic groups. Sixty-four percent of respondents reported Kiswahili as their primary language, with 34 percent speaking Mijikenda as their primary language. Among these demographic characteristics, marital status was the only one that was statistically significantly different from baseline, with the proportion of unmarried respondents decreasing 12.2 percentage points relative to baseline.

11 Statistically significant changes are bolded and highlighted using green/red up/down arrows, depending on the direction of the change. While all changes are reported, those with p-values greater than 0.05 are not highlighted in this manner.

Figure 1: Community Member Religious Affiliations, Marital Status, and Education Levels at Endline (Household KAP Survey)

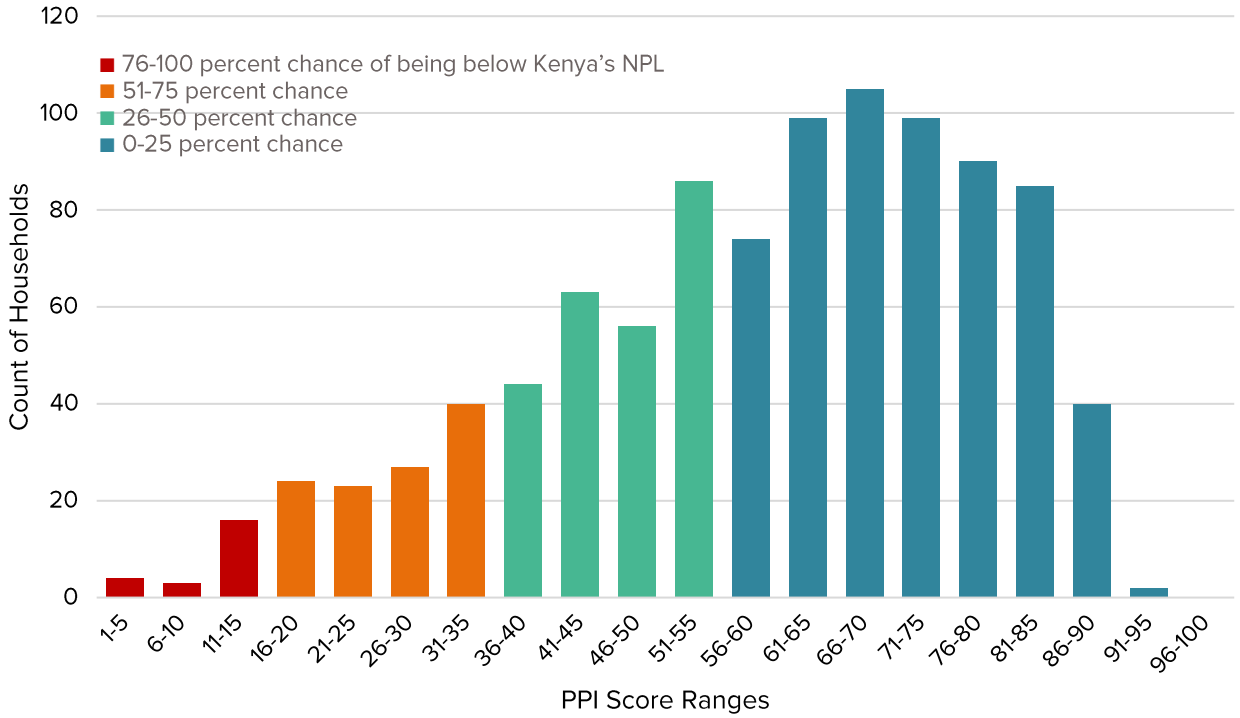


Household poverty was assessed using the Poverty Probability Index (PPI) tool for Kenya, a simple but statistically-validated poverty measurement tool that asks 10 questions about a household's characteristics and asset ownership and is scored to compute the likelihood that the household is living below the poverty line.[12] Kenya's PPI includes questions on county of residence, highest level of education completed by the female household head/spouse, highest level of education completed by any household member, consumption of perishables over the past seven days (including bread, meat/fish, and bananas), ownership of household goods (towels and thermos flasks), and the predominant wall and flooring materials of the main dwelling. PPI scores range from zero to 100, with zero being the most poor and 100 being the least poor.

PPI Scores are cross-referenced with national poverty line (NPL) data to estimate the probability that a given household falls below the NPL. Figure 2 shows the distribution of PPI scores for the endline sample, which are color-coded based on the probability of households within that bucket falling below the NPL in Kenya. Across the sample, there is a 25 percent chance of a given household falling below Kenya's NPL, slightly below the NPL rate of 36.1 percent at the national level.[13] Notably, poverty probabilities did not statistically significantly differ between baseline and endline.

12 Innovations for Poverty Action (2018). Kenya 2015 PPI User Guide. Retrieved from https://www.povertyindex.org/country/kenya.
13 According to KNBS, the NPL is 3,252 KSH (30 USD) per month, per person (in adult equivalent terms) for rural areas and 5,995 KSH (56 USD) per month, per person in urban areas. For more information, see World Bank Group (2020). Poverty and Equity Brief Kenya. Retrieved from https://databank.worldbank.org/data/download/poverty/33EF03BB-9722-4AE2-ABC7-AA2972D68AFE/Global_POVEQ_KEN.pdf.

Figure 2: Histogram of PPI Scores for Sampled Households at Endline (Household KAP Survey)



COMMUNITY LEADER DEMOGRAPHICS

A total of 103 community leader interviews were conducted at endline, 75 of which were retained for endline analysis. These include 28 community leader surveys in Kilifi South, 37 in Malindi, eight in Lunga Lunga, and two in Msambweni sub-counties. The mean age of sampled community leaders was 55.4 years, and 28 percent were female. As with the household respondents, the majority of community leaders were ethnically Mijikenda and were primarily of Christian or Muslim faith. Seventy-three percent of sampled community leaders did not complete education beyond primary school, with 24 percent completing secondary school and 2.7 percent completing college level or higher.

HEAD TEACHER DEMOGRAPHICS

A total of 45 Head Teacher interviews were conducted at endline, 31 of which were retained for endline analysis, including 12 in Kilifi South, 10 in Malindi, seven in Lunga, and two in Msambweni sub-counties. Roughly one-third of respondents were Head Teachers, one-third were Deputy Head Teachers, and one-third were teachers-in-charge on the day of data collection. The average length of time the respondent worked at the sampled school was five years and all but one respondent had a professional teaching qualification.

COMMUNITY ATTITUDES TOWARDS CSEC

Table 5 shows changes in community attitudes related to CSEC between baseline and endline, with an emphasis on robust and statistically significant predictors of KAP outcomes (full regression results are featured in Annex I). The results of this analysis are generally mixed. There are several positive, statistically significant changes in community attitudes toward CSEC,

such as a drop in the proportion of community members who believe CSEC victims are "lucky" to be able to earn money that way (down six percentage points from baseline) and the proportion who believe buying sex from minors can reduce the risk of HIV/AIDS (down 4.9 percent since baseline). In addition, community members were less likely to view CSEC victims as behaving "immorally," with reductions ranging from six to eight percentage points depending on the gender of victims and perpetrators.

On the other hand, several measures of community attitudes towards CSEC were statistically significantly worse relative to baseline. Overall, there was a drop in three to seven percentage points in the proportion of respondents who believe persons in the sex industry should be given alternative ways to earn a living (responses varied depending on the age and gender of the person in the sex industry). Relative to baseline, respondents were also significantly more likely to view CSEC victims as having agency, with a 6.9 percentage point increase in the number of persons who believe most minors in the sex industry are free to enter or exit the trade whenever they want, and an 11.7 percentage point decrease in the proportion agreeing with statement, "minors are incapable of consenting to having sex for money."

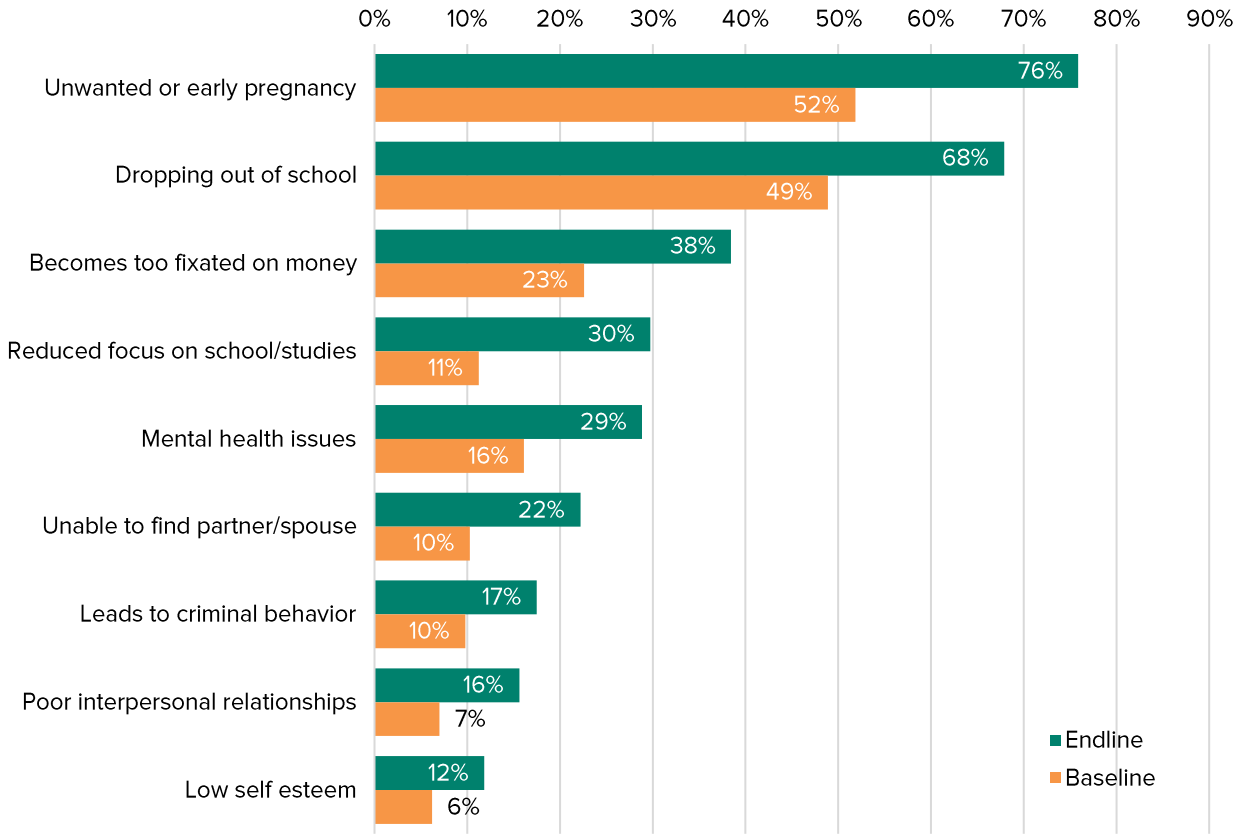
Table 5: Changes in Community Attitudes Towards CSEC, by Round (Household KAP Survey)

Variable	Baseline (n=958)	Endline (n=980)	Change	P-Value
Agrees with statement "Minors that cater to sex tourists are lucky to be able to earn money this way."	12.7%	6.8%	▼**6.0%**	0.03
Agrees with statement "Men who buy sex from minors can avoid getting HIV/AIDS."	9.4%	4.4%	▼**4.9%**	0.02
Agrees with statement "Girls that have sex for money should be given alternative ways to earn a living."	93.7%	89.9%	▼**3.8%**	0.04
Agrees with statement "Women that have sex for money should be given alternative ways to earn a living."	95.4%	90.5%	▼**4.9%**	0.01
Agrees with statement "Boys that have sex for money should be given alternative ways to earn a living."	93.9%	87.3%	▼**6.7%**	0.01
Agrees with statement "Men that have sex for money should be given alternative ways to earn a living."	92.9%	86.5%	▼**6.4%**	0.00
Agrees with statement "Minor girls that have sex for money are acting immorally."	87.8%	79.5%	▼**8.4%**	0.01
Agrees with statement "Minor boys that have sex with women for money are acting immorally."	88.9%	82.8%	▼**6.1%**	0.04

Variable	Baseline (n=958)	Endline (n=980)	Change	P-Value
Agrees with statement "Minor boys that have sex with men for money are acting immorally."	90.1%	81.8%	▼**8.3%**	0.00
Agrees with statement "Most minors in the sex industry are free to enter or exit the trade whenever they want."	33.7%	40.6%	▲**6.9%**	0.04
Agrees with statement "Minors are incapable of consenting to having sex for money."	56.4%	44.7%	▼**11.7%**	0.01

While there was not a statistically significant change in the proportion of respondents who believe CSEC negatively affects children's well-being, there were statistically significant differences in community beliefs vis-à-vis *how* it affects their well-being between baseline and endline, which are shown in Figure 3 (all of which are significant at $p<0.05$). At endline, respondents who acknowledged the negative impact of CSEC (n=908) were considerably more likely to report negative effects related to reproductive health and schooling but were also more likely to recognize the negative effects CSEC has on victims' mental health and self-esteem. Specifically, the proportion of respondents reporting negative effects on mental health and self-esteem increased 13 and 6 percentage reports, respectively, between baseline and endline.

Figure 3: Community Member Beliefs on How CSEC Negatively Affects Children's Well-Being, by Round (Household KAP Survey)



COMMUNITY KNOWLEDGE AND PRACTICES VIS-À-VIS CSEC

As shown in Table 6, changes in knowledge related to CSEC are similarly mixed, with a 23.9 percentage point drop in the number of respondents that were familiar with the term CSEC relative to baseline, and no statistically significant changes in knowledge about legislation/laws or the age of consent in Kenya. On the other hand, awareness of CSEC-related community structures and reporting channels improved since baseline, as did the proportion of respondent who could name at least three physical and behavioral indicators of CSEC.

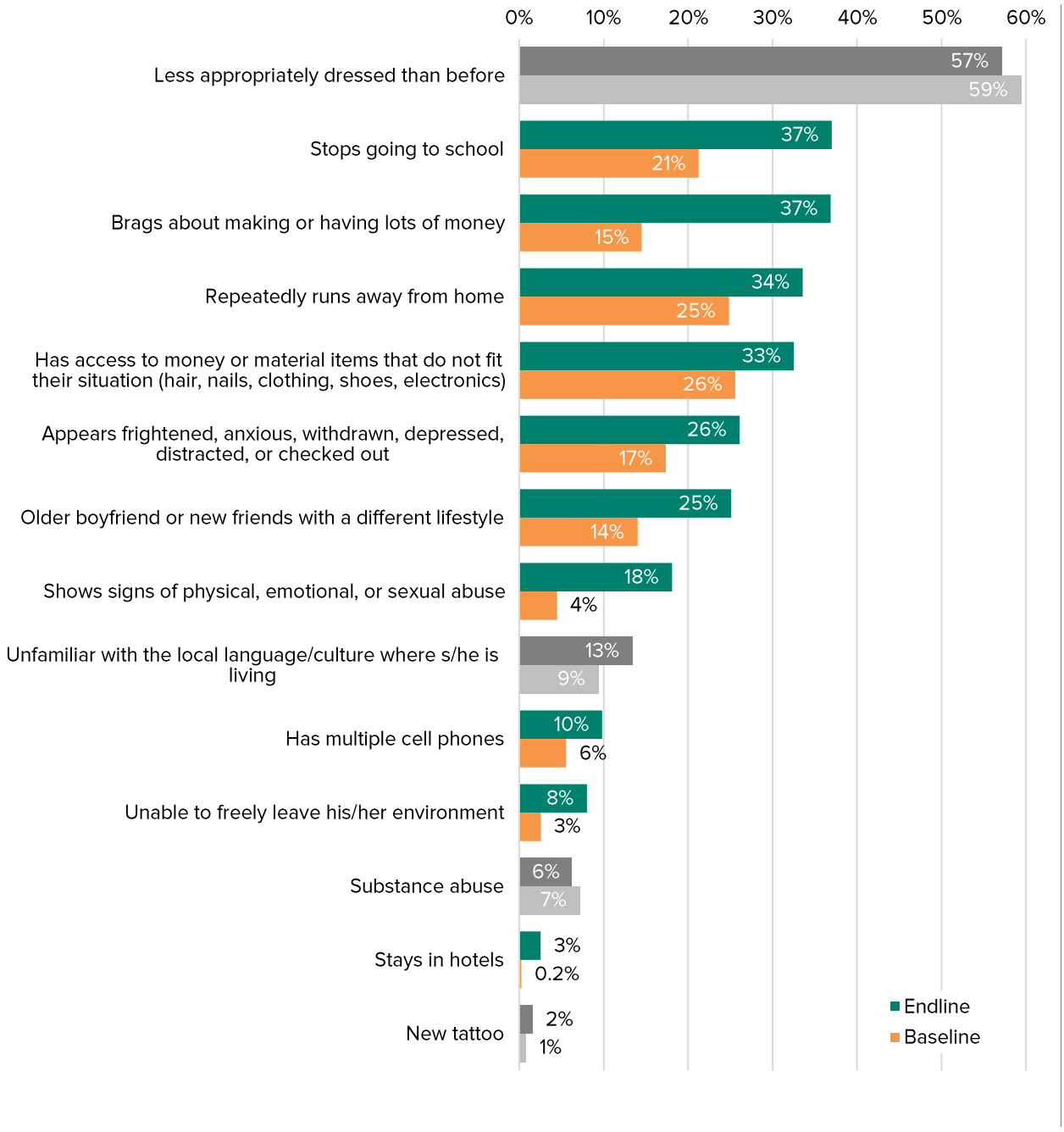
Table 6: Changes in Community Member Knowledge About CSEC, by Round (Household KAP Survey)

Variable	Baseline (n=958)	Endline (n=980)	Change	P-Value
Respondent is familiar with the term "commercial sexual exploitation of children" or "CSEC."	55.7%	31.8%	▼**23.9%**	0.00
Respondent mentions Anti-Trafficking Committees when asked which government bodies are charged with monitoring and/or preventing CSEC.	0.5%	2.0%	▲**1.5%**	0.01
Respondents mentions Child Protection Committees when asked which government bodies are charged with monitoring and/or preventing CSEC.	3.0%	8.2%	▲**5.2%**	0.00
Respondent can name at least three physical and behavioral indicators of CSEC, as defined by NCMEC.	31.3%	56.1%	▲**24.7%**	0.00
Total number of NCMEC indicators respondent can name (out of 14).	2.1	3.1	▲**1.0**	0.00
Respondent knows that CSEC cases can be reported to Childline Kenya.	2.6%	6.8%	▲**4.2%**	0.05
Respondent knows that CSEC cases can be reported to the Department of Children's Services.	3.9%	10.1%	▲**6.3%**	0.00

The ability of respondents to accurately name physical and behavioral indicators of CSEC as defined by the congressionally established National Center for Missing and Exploited Children (NCMEC) varied considerably between baseline and endline, as shown in Figure 4.[14] Across the board, respondents were more likely to recognize NCMEC indicators at endline than at baseline (statistically insignificant changes are shown in grayscale).

[14] Behavioral and physical indicators of CSEC were adapted from a list created by the National Center for Missing and Exploited Children. See e.g., Boys & Girls Clubs of America (n.d.). Child Sex Trafficking Prevention Guide.

Figure 4: Physical and Behavioral Indicators of CSEC Reported by Community Members, by Round (Household KAP Survey)



In terms of community practices related to CSEC, there was an 8.7 percentage point drop in the proportion of respondents that watch for signs that children in the household may be subject to CSEC. However, per Table 5 there was no statistically significant change in community members' willingness to report known CSEC cases to authorities or other community structures.

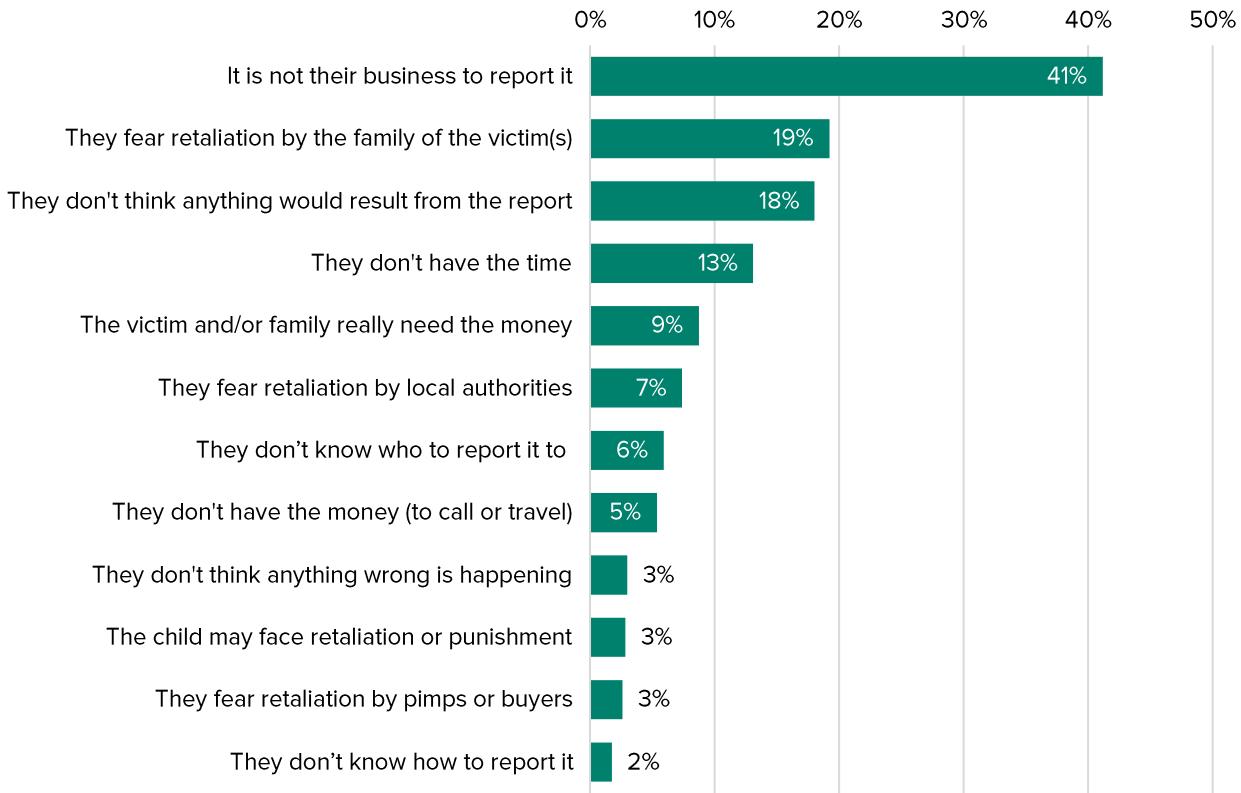
Table 7: Changes in Community Member Practices Vis-à-vis CSEC, by Round (Household KAP Survey)

Variable	Baseline (n=958)	Endline (n=980)	Change	P-Value
Respondent watches for signs that children in the household may be subject to CSEC	27.0%	18.3%	▾**8.7%**	0.02
If respondent became aware of a CSEC case, s/he would report it.	92.7%	89.3%	-3.4%	0.24
Respondent approached someone in the past 12 months to talk about CSEC.	13.9%	10.9%	-3.0%	0.39

ATTITUDES TOWARD CSEC REPORTING AT ENDLINE

As shown in Table 7, just over 10 percent of endline respondents (n=139) said they would not report known CSEC cases in their community. Those who said they would not report known cases were asked the reasons why, which are reflected in Figure 5. The most commonly reported reasons for not reporting was that the respondent felt it was "not their business" (41 percent; 66 persons) followed by fear of retaliation by the victim's family (19 percent; 17 persons) and belief that nothing would come of the report (18 percent; 14 persons).

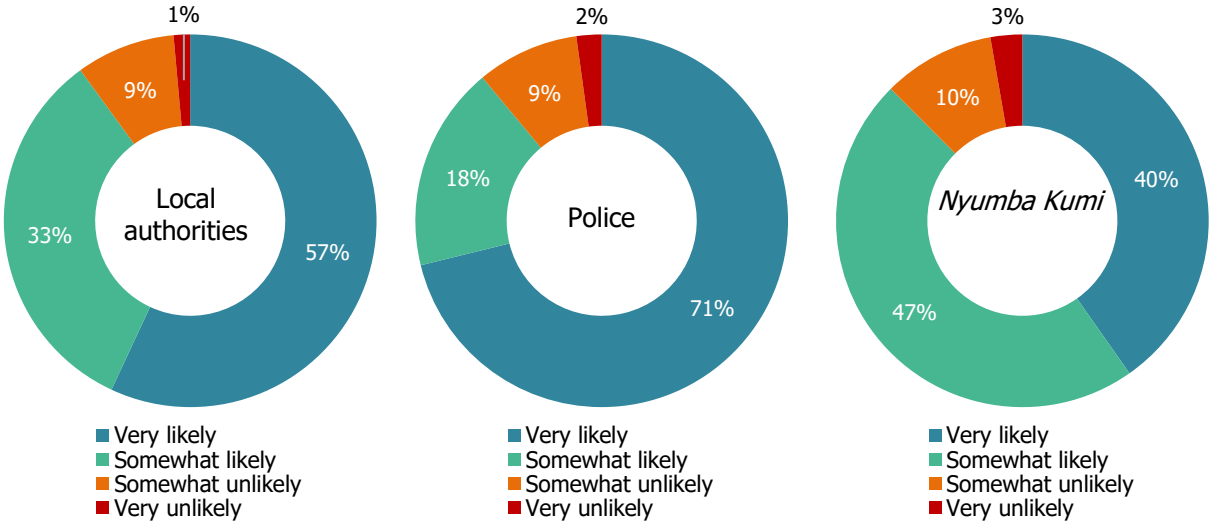
Figure 5: Community Member Reasons for Unwillingness to Report CSEC at Endline (Household KAP Survey)



Of the respondents who would report known cases (89 percent), around 8 percent still have hesitations, the main being fear of retaliation by the victims' families (38 percent). When asked what type of retaliation they feared from the victim's family—for both those that would not report or hesitate to report—the most common responses was fear of being killed (19 persons, or just under 2 percent of the total sample) followed by being beaten (12 persons, or just over 1 percent of the total sample).

When asked where persons could report known CSEC cases, the most common responses were local authorities such as village elders or chiefs (85 percent), the police (78 percent), and *Nyumba Kumi* [15] (59 percent). Community confidence in the extent to which these entities would act on a CSEC report varied. A lack of confidence was similar for all three authorities, with 10 to 13 percent of respondents feeling the authority was unlikely to act on a report. However, there is a negative correlation between the degree of localization of the authority and the strength in confidence that the authority would act on the report. Community members had the most confidence in police, with 71 percent believing they were "very likely" to act on a CSEC report, followed by local authorities at 57 percent and *Nyumba Kumi* at 40 percent.

Figure 6: Perceived Likelihood Entity Would Act on CSEC Report by Community Member at Endline (Household KAP Survey)

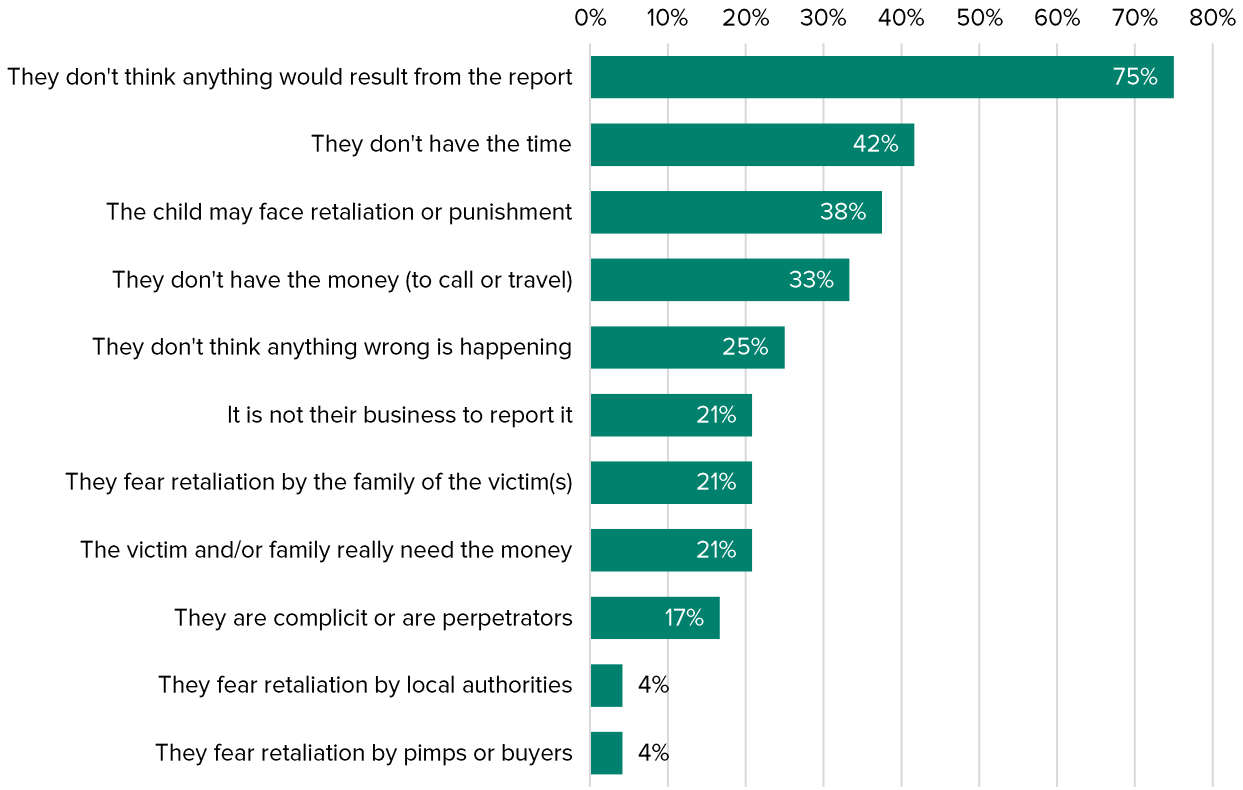


Community leaders had lower confidence in community members' willingness to report known CSEC cases. When asked what percentage of persons in their community would report known cases, they said 51.8 percent—37 percentage points lower than what the community members themselves report. When asked to explain the reason for this gap, many community leaders felt households were misrepresenting their willingness to report, when in reality they would not do so due to lack of confidence in the police or justice system (20 percent), fear of having to testify (17.3 percent), or because they prefer to resolve issues locally/socially versus involving law enforcement (17.3 percent).

15 Nyumba Kumi is a community policing initiative aimed at improving security management and crime prevention at the local level.

At the school-level, Head Teachers estimated that 33.8 percent of children at the school knew how to report CSEC at endline, yet they believed only 14.8 percent would actually do so. When asked why those who know how to report CSEC would still hesitate to do so, the most commonly cited reason was that the pupils do not believe anything would come of the report (75 percent), followed by lack of time (41.7 percent), concern the victim would face retaliation (37.5 percent), lack of resources to call or travel (33.3 percent), and belief that nothing wrong is happening (25 percent).

Figure 7: Reasons School Children Would Hesitate to Report CSEC at Endline (Head Teacher Survey)



EXPOSURE TO CSEC-RELATED ADVOCACY OR ACTIVITIES

To understand what may be driving the mixed results in KAP outcomes over the BAF implementation period, we examined self-reporting of household members' exposure to CSEC-related advocacy or activities between 2021 and 2022. As shown in Table 8, there was a statistically significant reduction in the proportion of households participating in community-based structures (down 9.5 percentage points since 2021) as well as the proportion of respondents that heard CSEC-related advocacy messages (down 12.2 percentage points). There was also no statistically significant change in the proportion of respondents who report that children in the household participate in school-based clubs or youth groups. These findings suggest that CSEC-related advocacy projects other than BAF may have been operating in these communities in the period leading up to baseline data collection, which may have in turn led to temporary improvements in KAP outcomes which were later reversed.

Table 8: Community Exposure to CSEC-Related Advocacy or *Activities, by Round (Household KAP Survey)*

Variable	Baseline (n=958)	Endline (n=980)	Change	P-Value
Household member(s) participate in community-based structures.	19.9%	10.4%	▾**9.5%**	0.00
Children in household participate in school-based clubs or youth groups.	13.3%	13.2%	-0.1%	0.98
Respondent was approached by someone in the past 12 months to talk about CSEC.	10.6%	9.6%	-1.0%	0.67
Respondent heard advocacy messages related to CSEC in the past 12 months.	27.9%	15.7%	▾**12.2%**	0.00
Household member(s) participated in trainings, dialogues, sensitization forums, or advocacy sessions related to CSEC in the past 12 months.	--	3.8%	--	--
Children in household participated in training, awareness-raising, or peer-to-peer education sessions related to CSEC in the past 12 months.	--	3.4%	--	--
Respondent is familiar with Kesho Kenya.	--	17.4%	--	--
Respondent reports that Kesho Kenya conducted activities in community in the past 12 months.	--	5.5%	--	--
Respondent reports that household received services or support because a CSEC victim/survivor lives there	--	0.0%	--	--

Relatedly, there is indeed evidence that Kesho was conducting activities in the target locations between baseline and endline, with 17.4 percent of household respondents being familiar with the organization at endline and 5.5 percent knowing of activities conducted by Kesho in the past year. Community leaders—the primary channel through which BAF messaging would reach the broader community—were likewise familiar with Kesho, with 45.3 percent knowing of the organization (n=34), 29.4 percent reporting Kesho conducting activities in their community in the past year (n=10), and 5.3 percent directly receiving training from Kesho in the past year (n=4). In addition, 16 percent of community leaders reported participating in training related to child protection (n=12), 13.3 percent related to gender (n=10), 4 percent related to sexual exploitation (n=3), and 1 percent related to human trafficking (n=1) over the past year. Of the 31 schools surveyed at endline, 41.9 percent reported that Kesho had conducted activities in their school in the past year and 54.8 percent reported having Child Rights Clubs (CRCs), 64.7 percent of which were meeting regularly (i.e., weekly or monthly) at endline.

As shown in Table 9, household members' exposure to advocacy messages via radio and television dropped 4.3 and 3.1 percentage points respectively between baseline and endline. At baseline, 13 respondents (1.4 percent of the total baseline sample) specifically mentioned hearing radio or television programming focused on CSEC or child sex trafficking (versus child sexual abuse writ large), whereas 8 respondents at endline reported the same (0.08 of the endline sample). These lend further evidence to the possibility of other advocacy programs operating in BAF communities at baseline which were no longer operating at endline. Taken together, these findings raise questions about the appropriateness of using a pre-post model to approximate program impact.

Table 9: Format of Advocacy Messages to Which Community Members Were Exposed, by Round (Household KAP Survey)

Variable	Baseline (n=958)	Endline (n=980)	Change	P-Value
Community meeting	5.7%	3.2%	-2.6%	0.16
Billboard	0.6%	0.2%	-0.4%	0.43
Radio program	10.3%	7.6%	-2.7%	0.15
Radio spot, PSA, or commercial	5.3%	1.1%	▾**4.3%**	0.02
Television program	8.2%	5.6%	-2.6%	0.25
Television spot, PSA, or commercial	3.7%	0.7%	▾**3.1%**	0.03

PREDICTORS OF KAP OUTCOMES AT ENDLINE

Given these inferential challenges associated with pre-post analysis, we examine the relationship between exposure to CSEC-related advocacy and KAP outcomes at endline using multiple regression analysis. In the regression models, KAP outcomes serve as dependent variables with each of the program exposure proxy variables in Table 8 serving as independent predictor variables. To mitigate the risk of omitted variable bias, the regression models also included controls for time invariant respondent-, household-, and community-level characteristics including respondent sex, age, years living in the community, literacy, number of household members, number of children in the household, household PPI score, and community-level means for CSEC attitudes at baseline.

Table 10 shows the results of this analysis, with an emphasis on robust and statistically significant predictors of KAP outcomes (full regression results are featured in Annex I). In contrast to the pre-post analysis, these models mostly show a positive relationship between exposure to CSEC-related advocacy over the BAF implementation period and KAP outcomes, which lend evidence for positive impact of the BAF program.

In contrast to general community attitudes toward alternative livelihoods for children and adults in the sex industry, households that participated in CSEC-related trainings or dialogues or engaged in informal conversations about CSEC were significantly more likely to believe that

girls, boys, men, and women in the sex industry should all be given alternative ways to make a living. Notably, households with members that received CSEC training at schools or in the community were 8 to 19 percentage points more likely to believe that persons in the sex industry should be given alternative livelihoods, holding all else constant. Familiarity with Kesho Kenya was also statistically associated with a four to five percentage point drop in false beliefs about the relationship between sex with minors and HIV/AIDS risk as well as an increase in the number of NCMEC indicators the respondent could name. Households that reported Kesho working in their community were 4.9 percentage points less likely to believe that having sex for money is an acceptable way for minors to support their families. On a similar note, households in which one or more members participated in CSEC trainings, dialogues, or forums in the past year were 2.5 percentage points more likely to believe that Kenyans who pay to have sex with minors should be arrested.

Knowledge about CSEC definitions, legislation/laws, and the age of consent was also considerably higher among such households. For example, households that participated in CSEC trainings, dialogues, or forums were 23 percentage points more likely to be familiar with the term "commercial sexual exploitation of children" than those who did not participate in such forums, holding all else constant. Being approached by someone to talk about CSEC[16] was likewise associated with a 19.5 percentage point increase in knowledge of legislation in Kenya that specifically addresses CSEC. In addition, households with adults participating CSEC trainings/dialogues were 28.7 percentage points more likely to watch for signs that children in the household may be subject to CSEC. Interestingly, respondents in households with children that received CSEC training were 32.1 percentage points less likely to monitor CSEC risk in the household, however this may be due to them believing that such trainings made their children less vulnerable or due to lower risk among children that are actively engaged in extracurriculars.

The regression models reveal a few anomalous results, however: (1) households participating in community-based structures and/or being familiar with Kesho Kenya were around 13 percentage points less likely to believe that CSEC victims who left the sex industry are worthy of kindness and respect, (2) households with children that participated in CSEC training were 38 percentage points more likely to believe that minors in the sex industry are free to enter or exit the trade whenever they want, (3) respondents that reported having informal conversations about CSEC were 8.6 percentage points more likely to believe that girls that have sex for money are acting immorally, and (4) respondents exposed to CSEC advocacy messages through various formats named 0.5 to 1.2 fewer NCMEC indicators. The reasons underlying these anomalous relationships are unclear, and an important area for further inquiry.

16 The BAF theory of change was built on the assumption that information directly shared by the project would be cascaded down to members of the broader community. For example, Child Protection Committee (CPC) members directly trained by BAF would facilitate dialogues with community members, who would in turn share information with persons in their households and their broader personal networks. Likewise, children participating in school-based trainings on CSEC via CRCs were expected to cascade knowledge to other children and adults in the community.

Table 10: Exposure to CSEC-Related Advocacy as Predictors of Community Member Knowledge and Attitudes (Household KAP Survey)

Outcome Variable	Predictor Variable	Coefficient	P-Value
Agrees with statement "Men who buy sex from minors can avoid getting HIV/AIDS."	Respondent familiar with Kesho Kenya	▼**3.6%**	0.04
Agrees with statement "Sex with a virgin can cure HIV/AIDS."	Respondent familiar with Kesho Kenya	▼**4.7%**	0.01
Agrees with statement "Girls that have sex for money should be given alternative ways to earn a living."	Children in household participated in CSEC training in the past 12 months	▲**15.5%**	0.03
	Respondent was approached to talk about CSEC in the past 12 months	▲**8.1%**	0.05
Agrees with statement "Women that have sex for money should be given alternative ways to earn a living."	Respondent was approached to talk about CSEC in the past 12 months	▲**8.8%**	0.03
Agrees with statement "Boys that have sex for money should be given alternative ways to earn a living."	Household member(s) participated in CSEC trainings, dialogues, or forums in the past 12 months	▲**13.1%**	0.03
	Children in household participated in CSEC training in the past 12 months	▲**18.8%**	0.04
	Respondent was approached to talk about CSEC in the past 12 months	▲**8.9%**	0.03
Agrees with statement "Men that have sex for money should be given alternative ways to earn a living."	Household member(s) participated in CSEC trainings, dialogues, or forums in the past 12 months	▲**18.4%**	0.00
Agrees with statement "Kenyans who pay to have sex with minors should be arrested."	Household member(s) participated in CSEC trainings, dialogues, or forums in the past 12 months	▲**2.5%**	0.04

Agrees with statement "Minor girls that have sex for money are acting immorally."	Respondent was approached to talk about CSEC in the past 12 months	▲**8.6%**	0.05
Agrees with statement "Having sex for money is an acceptable way for minors to help support their families."	Respondent reports that Kesho conducted activities in community in the past 12 months	▼**4.9%**	0.04
Agrees with statement "Most minors in the sex industry are free to enter or exit the trade whenever they want."	Children in household participated in CSEC training in the past 12 months	▲**38.0%**	0.02
Agrees with statement "Minors who have exited the sex industry are worthy of kindness and respect."	Household member(s) participate in community-based structures	▼**12.9%**	0.02
	Household member(s) participated in CSEC trainings, dialogues, or forums in the past 12 months	▲**4.9%**	0.04
	Respondent is familiar with Kesho Kenya	▼**12.5%**	0.02
Respondent is familiar with the term "commercial sexual exploitation of children" or "CSEC."	Household member(s) participate in community-based structures	▲**43.1%**	0.00
	Household member(s) participated in CSEC trainings, dialogues, or forums in the past 12 months	▲**23.1%**	0.03
Respondent is aware of legislation in Kenya that specifically addresses CSEC	Household member(s) participate in community-based structures	▲**16.5%**	0.05
	Respondent was approached to talk about CSEC in the past 12 months	▲**19.5%**	0.02
Respondent correctly reports that the age of consent is 18 in Kenya	Respondent was approached to talk about CSEC in the past 12 months	▲**20.1%**	0.00

Respondent correctly reports that CSEC is completely illegal in Kenya and perpetrators are subject to custodial sentencing	Household member(s) participated in CSEC trainings, dialogues, or forums in the past 12 months	▲**7.2%**	0.05
Respondent watches for signs that children in the household may be subject to CSEC	Household member(s) participated in CSEC trainings, dialogues, or forums in the past 12 months	▲**28.7%**	0.02
	Respondent was approached to talk about CSEC in the past 12 months	▲**18.9%**	0.03
	Children in household participated in CSEC training in the past 12 months	▼**32.1%**	0.00
Respondent approached someone in the past 12 months to talk about CSEC	Respondent was approached to talk about CSEC in the past 12 months	▲**32.8%**	0.02
Number of NCMEC indicators respondent can name (out of 14).	Respondent is familiar with Kesho Kenya	▲**1.0**	0.01
	Household member(s) participated in CSEC trainings, dialogues, or forums in the past 12 months	▼**1.2**	0.02
	Respondent was approached to talk about CSEC in the past 12 months	▼**0.6**	0.02
	Respondent heard advocacy messages related to CSEC in the past 12 months.	▼**0.5**	0.00

COMMUNITY ESTIMATES OF CSEC PREVALENCE

Respondents were asked several questions to approximate measures of CSEC prevalence. In addition to being asked about known CSEC cases within their own household, respondents were asked how many 13- to 17-year-olds out of 100 in their county they believed had been subjected to CSEC.

Table 11: CSEC Prevalence Estimates, by Round

Variable	Baseline (n=958)	Endline (n=980)	Change	P-Value
Respondent believes that any children in the household have been subject to CSEC	4.4%	1.0%	▾**3.4%**	0.00
Respondent believes that children in the household are at-risk of CSEC in the future	25.5%	27.9%	2.4%	0.53
Number of actual CSEC cases the respondent has become aware of over the past 12 months	0.98	0.46	▾**0.52**	0.00
Percentage of children aged 13-17 in [county] that respondent believes have been subject to CSEC (household member)	--	27.6%	--	--
Percentage of children aged 13-17 in [county] that respondent believes have been subject to CSEC (community leader)	--	48.4%	--	--
Percentage of children aged 13-17 in [county] that respondent believes have been subject to CSEC (Head Teacher)	--	40.2%	--	--
Percentage of children aged 13-17 in [school] that respondent believes have been subject to CSEC (Head Teacher)	--	15.3%	--	--

As shown in Table 11, the estimated prevalence of CSEC within a given household dropped from 4.4 percent at baseline to 1 percent at endline. These estimates are roughly in line with the CSEC prevalence study conducted by NORC in 2021 and 2022, which showed an overall prevalence rate of 1.7 percent 2021 and 0.81 percent in 2022 (the baseline estimate of 4.4 percent falls outside of the prevalence study's 95 percent confidence interval of 0.81 to 3.7 percent, however). In the absence of a full-blown prevalence study, these findings suggest that future general household surveys may offer a crude proxy estimate of CSEC prevalence.

Table 11 also shows that study participants grossly overestimate the number of children in the broader community that have been subjected to CSEC. While the actual rate of prevalence is 1.7 percent, the estimated rate at the county-level ranged from approximately 30 to 50 percent, depending on the respondent type. Head teachers' estimated rate within sampled schools was lower at 15.3 percent, but still substantially above the true value measured by the

prevalence study conducted in parallel with the KAP study.

Figure 8: Community Member Beliefs on How Common CSEC is in their County at Endline (Household KAP Survey)

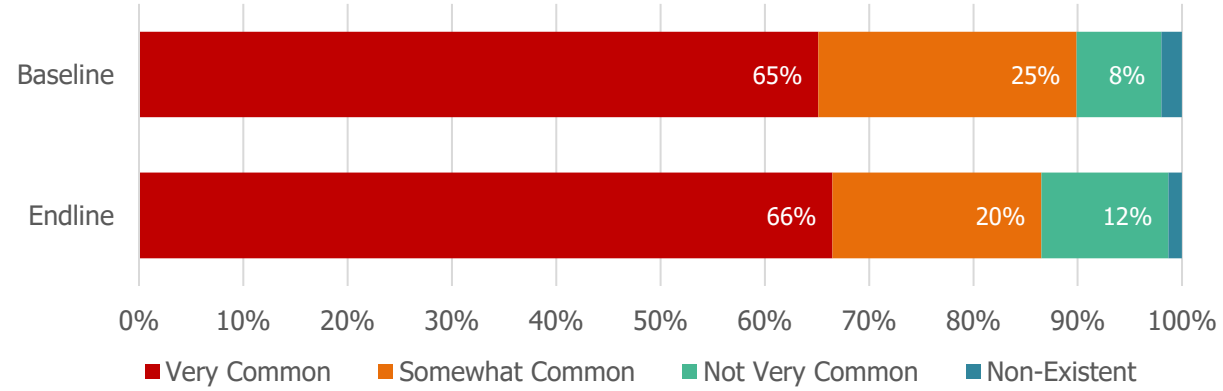
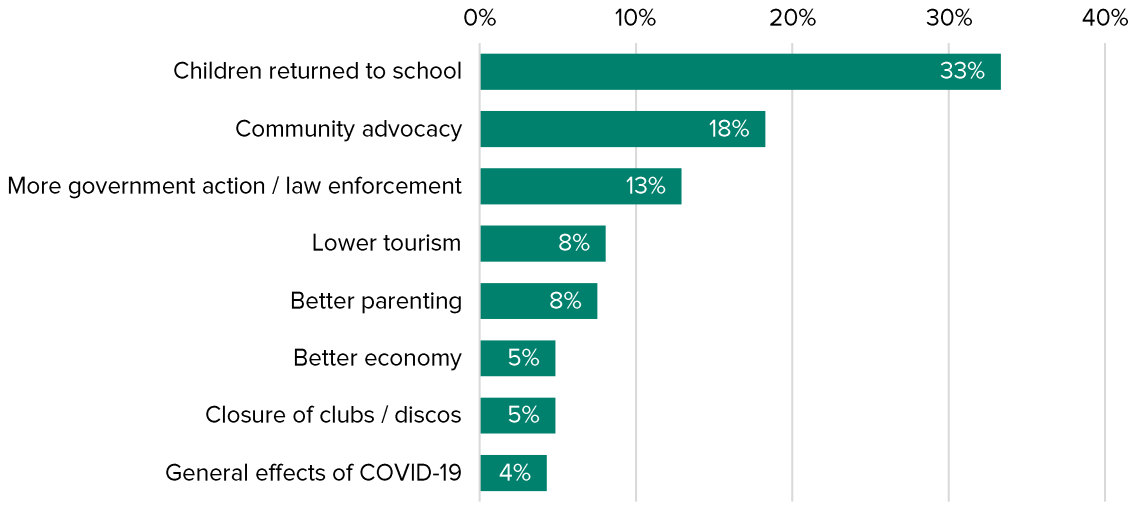


Figure 8 above aligns with the tabular data as well as findings from the 2022 prevalence study which show a reduction in prevalence relative to 2021: the percentage of household respondents who claimed CSEC was "not very common" to "non-existent" in their county increased by nearly 4 percentage points in 2022 (similarly, the proportion claiming CSEC is "very common" or "somewhat common" dropped 4 percentage points). Relatedly, over half of endline respondents believe that CSEC had either decreased (17 percent; n=186) or stayed the same (34.5 percent; n=345) in their county relative to the same time point in 2021.

The 17 percent of respondents who reported CSEC decreasing relative to 2021 were asked an open-ended question on why they thought it had decreased. These responses were close coded, per Figure 6 below. One-third of respondents who reported a decrease in CSEC since baseline attributed it to children's return to school—both because of post-COVID school re-openings and a general increase in the number of children being sent to school. In addition, 18 percent attributed the decrease to community advocacy conducted by NGOs, community-based structures, and schools.

Figure 9: Reasons for Decrease in CSEC Relative to 2021 (Household KAP Survey)



CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

- **Between baseline and endline, changes in KAP in BAF communities were mixed**, with improvements in knowledge about physical and behavioral indicators of CSEC and reporting channels, declines in some social norms and attitudes towards CSEC victims, and no change in willingness to report known CSEC cases. Importantly, however, exposure to CSEC-related advocacy messages through radio and other media also declined over this period, possibly owing to other advocacy programs operating in BAF communities at baseline that had ceased operations by endline.

- **Despite this, there is evidence for positive impact of the BAF program on community KAP.** Statistical models at endline mostly show a positive, statistically significant relationship between exposure to CSEC-related advocacy over the BAF implementation period and KAP outcomes. Holding all else constant, households that participated in CSEC trainings, dialogues, or forums in the past year were 23 percentage points more likely to be familiar with the term CSEC, 29 percentage points more likely to watch for signs that children in the household may be subject to CSEC, 7 percentage points more likely to know about the legal consequences of CSEC, and 2.5 percentage points more likely to believe local perpetrators should be arrested.

- **Community knowledge about the negative effects CSEC has on the mental health of victims has improved since baseline**. Community members were more likely to report negative effects related to reproductive health and schooling, but were also more likely to recognize the negative effects CSEC has on victims' mental health and self-esteem. Specifically, the proportion of respondents reporting negative effects on mental health and self-esteem increased 13 and 6 percentage reports, respectively, between baseline and endline.

- **Knowledge about reporting channels other than traditional authorities and the police remains low**. At endline, less than 10 percent of households in BAF communities knew about the role that Child Protection Committees, the Department of Children's Services, and Childline Kenya play in CSEC reporting and monitoring, and nearly two-thirds of school children still do not know how to report known CSEC cases according to their Head Teachers. However, focus group discussions with children point to improved knowledge of reporting channels in schools targeted by BAF.

- **At endline, households are more likely to believe that CSEC victims are free to enter or exit the sex trade whenever they want**—a finding which is robust to different types of analysis and statistical modeling. The reasons for this are unclear, and an important area for further inquiry.

- **CSEC prevalence estimates obtained through household surveys loosely mirror trends in the true CSEC prevalence rates obtained through victim surveys**. Community member-reported prevalence of CSEC within a given household dropped from 4.4 percent at baseline to 1 percent at endline, which is roughly in line with the CSEC prevalence study conducted by NORC, which showed an overall prevalence rate of 1.7 percent 2021 and 0.81 percent in 2022 (the baseline estimate of 4.4 percent falls outside of

the prevalence study's 95 percent confidence interval, however). This suggests that future household surveys may offer a crude proxy estimate for CSEC prevalence. Importantly, however, community members grossly overestimate prevalence in the community writ large, with household respondents estimating that 27.6 percent of all 13- to 17-year-olds in their county had been subjected to CSEC.

RECOMMENDATIONS

- **Continue supporting CSEC-related advocacy and awareness raising activities, but work to ensure higher community saturation**. While this evaluation finds a positive relationship between program exposure and KAP outcomes, the reach of the program was limited. At endline, only 16 percent of households reported exposure to CSEC-related advocacy messages and just over 5 percent of households reported participating in trainings, dialogues, sensitization forums, or advocacy sessions related to CSEC. To achieve the critical mass needed for systemic change, future programs should ensure higher intensity and reach of community-based advocacy efforts. Options for increasing saturation include the use of radio and print media in addition to face-to-face community dialogues.

- **Help community members see CSEC victims/survivors as children needing care and protection rather than criminals**. While recognition of the negative psycho-social effects CSEC has on victims has improved since baseline, community members are more likely to believe that CSEC victims are free to enter or exit the sex trade whenever they want. In addition, over 80 percent of community members still believe that CSEC victims are behaving immorally and 90 percent believe victims should be arrested. Ascribing agency to CSEC victims is inconsistent with Kenyan law and may negatively impact community support for victim protection programming.

- **Improve knowledge of reporting channels other than traditional authorities and the police**. While nearly 90 percent of respondents said they would report known CSEC cases, fear of retaliation and low confidence in authorities to act continue to inhibit willingness to report. One option for overcoming these barriers is to widely promote the use of Childline Kenya (116), where anonymous reports of child abuse can be made to the Department of Children's Services via a toll-free number.

- **Continue to monitor CSEC prevalence by incorporating CSEC-related modules into existing household surveys**. While imperfect, the ability of household-level reporting to provide a crude estimate of CSEC prevalence may allow stakeholders to monitor major fluctuations in CSEC over time. This could involve integrating a simple module into existing regular and/or *ad hoc* government and donor-supported surveys such as the Demographic and Health Survey (DHS).

ANNEX I

SAMPLING OF ENUMERATION AREAS AT BASELINE

Kenya is broken into administrative geographic units including counties, sub-counties, divisions, locations, and sub-locations. Sub-locations are further divided into census EAs, which consist of approximately 100 households each. The baseline sample for the KAP study consisted of 268 census EAs distributed across Kilifi (Kilifi South and Malindi) and Kwale (Lunga Lunga and Msambweni). For the purpose of sampling, it was assumed that the interventions are targeted at the location level. The treatment locations selected by TdH-BAF are highlighted in orange in Table 4. The sampling frame of comparison locations is nested within the same counties, sub-counties, and divisions as treatment locations to help ensure comparability.

For the first stage of sampling, EAs were randomly selected within treatment locations, with the number of EAs from each location proportional to the population size of the overall treatment sampling frame. Once treatment EAs were randomly selected, urban/rural strata were established for each division based on the urban/rural allocation of the treatment sample. Within each division, EAs in comparison locations were pooled and comparison EAs were drawn using the same urban/rural strata as the final treatment sample.[17]

Sampling of EAs at baseline was conducted in collaboration with the Kenyan National Bureau of Statistics (KNBS). It was originally planned that the 268 EAs would be equally distributed between study arms (134 treatment and 134 comparison) to optimize statistical power of the study. However while drawing the sample, KNBS revealed that this distribution was not feasible using urban/rural stratification because there were not a sufficient number of urban EAs in the comparison locations to match to the treatment group (the total number of urban EAs in the comparison sampling frame was only 48).

The count of EAs in the treatment sampling frame was 245 rural and 738 urban, or 25 percent rural and 75 percent urban. To ensure the urban/rural distribution of the comparison group matched the distribution in the treatment group, the sample for comparison was limited to 64 EAs (48 urban and 16 rural, which is 75 and 25 percent respectively). As such, the final baseline sample included 64 comparison EAs and the other 204 EAs were distributed proportionally across the treatment group.

Of note, as Table 12 shows there are no urban EAs in Kwale outside of the intervention locations. Consequently, the counties were to be considered as one group when program impact is estimated.

Table 12: Sample Frame Distribution and Final Baseline Sample Allocation

				Frame Distribution		Sample Allocation	
County	Sub-County	Division	Locations	Rural	Urban	Rural	Urban
Kilifi	Kilifi South	Kikambala	Junju	120	29	3	29
			Mavueni/Takaungu				
			Mtwapa	76	213	16	44

17 It is important to note that this sampling design ensures representativeness only of the treatment locations; comparison locations will not be representative of the comparison sampling frame due to the stratification approach.

	Malindi	Malindi	Ganda	123	19	4	19
			Gede				
			Goshi				
			Malindi	71	308	15	63
			Watamu	26	47	5	10
Kwale	Lunga Lunga	Lunga Lunga	Dzombo	271	0	7	0
			Kasemeni				
			Kikoneni				
			Mwena				
			Mwereni				
			Vanga				
			Lunga Lunga	32	8	7	2
	Msambweni	Diani	Kinondo	64	0	2	0
			Diani [Ukunda]	40	162	8	34

RE-SAMPLING OF ENUMERATION AREAS AT ENDLINE

Prior to endline, baseline data were analyzed to re-assess the statistical power assumptions underlying the original sample size calculations. The original sample size of 268 EAs was a function of, among other variables, the minimum detectable effect size (MDES)[18] for changes in KAP. For the purpose of determining sample size, we assumed the program would lead to improvements in KAP of at least 10 percentage points relative to the comparison group.[19] Given the large geographic spread and population size of the target areas, it was not logistically possible to draw a simple random sample of households. As such, a two-stage clustered design was needed whereby communities were sampled in the first stage and households were sampled in the second stage.

Two-stage clustered sampling requires adjusting for intra-cluster correlation (ICC), commonly denoted as ρ, which is the ratio of variability in outcomes between clusters to the total variability in outcomes among the broader sample. During the evaluation design stage, we adopted a conservative value of 0.25 for ρ, a fixed sample of eight households per cluster,[20] and standard assumptions of 0.8 for statistical power[21] and 0.05 for significance level,[22] and used Stata's *power* command to calculate the number of clusters required for a two-sample comparison of proportions using the aforementioned parameters. Based on this analysis, a

18 MDES represents the relative minimum change that a study is likely to detect, given a fixed set of parameters.
19 We assumed a starting value of 50 percent among the comparison group which yields the most conservative (i.e., the largest) sample size.
20 Assumed a team of two enumerators will visit one community per day, and each enumerator can complete four household surveys per day.
21 Statistical power (β) is the probability that a study will detect an effect of a given size if one in fact exists (β is also known as the complement of the probability of a false negative/type II error).
22 Statistical significance (α) level is the pre-selected threshold at or below which the null hypothesis is rejected. It is equal to the probability of a type I error (false positive). P-values (probability values) at or below α indicate that the observed result is statistically significant.

sample of 268 communities was established, yielding a target sample of 268 x 8 = 2,144 households at baseline.

Table 13 shows actual baseline ρ values for a subset of KAP outcome variables. As a general rule, higher values of ρ yield larger sample size requirements for the same MDES or level of statistical power. Actual ρ values for KAP outcomes ranged from 0.00 to 0.07, which are substantially lower than the assumed value of 0.25. As such, we re-calculated sample size requirements needed to achieve the MDES of 10 percentage points, with all parameters remaining the same but for ρ which was reduced to 0.07. Based on this analysis, a new sample size of 146 EAs was adopted for endline, yielding a revised target sample of 1,168 households.

Table 13: Updated Statistical Power Analysis for Household Survey KAP Outcomes

Household KAP Variable	ICC
Respondent agrees with statement "Minors that cater to sex tourists are lucky to be able to earn money this way."	0.03
Respondent agrees with statement "Having sex for money is an acceptable way for minors to help support their families."	0.01
Respondent agrees with statement "Child sex tourism should continue because it is good for the local economy."	0.00
Respondent agrees with statement "Minors are incapable of consenting to having sex for money."	0.06
Respondent agrees with statement "Any minor that accepts money for sex should be arrested."	0.07
Respondent believes that exchanging sex for money negatively impacts a minor's well-being.	0.02
Respondent is familiar with the term "commercial sexual exploitation of children" or "CSEC".	0.03
Respondent is aware of legislation in Kenya that specifically addresses CSEC.	0.04
If respondent personally became aware of CSEC happening in the community, he or she would report it.	0.01
Respondent approached someone in the past 12 months to talk about CSEC.	0.05
Respondent reports having seen or heard advocacy messages related to CSEC in the past 12 months.	0.03

To accommodate the updated requirements, a total of 122 treatment EAs were dropped from the sample at endline.[23] EAs to be dropped were distributed proportionally across treatment strata (i.e., the interaction of location and urban/rural status) then dropped at random. This

23 As previously noted, statistical power is optimized when the sample is equally allocated between study arms. As such, all 64 comparison EAs were retained.

resulted in dropping 5 treatment EAs in Diani rural, 20 in Diani urban, 4 in Lunga Lunga rural, 1 in Lunga Lunga urban, 9 in Malindi rural, 38 in Malindi urban, 10 in Mtwapa rural, 26 in Mtwapa urban, 3 in Watamu rural, and 6 in Watamu urban. The revised sample distribution of the retained 82 treatment EAs is presented in Table 14.

Table 14: Sample Frame Distribution and Final Endline Sample Allocation

				Frame Distribution		Sample Allocation	
County	Sub-County	Division	Locations	Rural	Urban	Rural	Urban
Kilifi	Kilifi South	Kikambala	Junju	120	29	3	29
			Mavueni/Takaungu				
			Mtwapa	76	213	6	19
	Malindi	Malindi	Ganda	123	19	4	18
			Gede				
			Goshi				
			Malindi	71	308	6	25
			Watamu	26	47	2	4
Kwale	Lunga Lunga	Lunga Lunga	Dzombo	271	0	8	0
			Kasemeni				
			Kikoneni				
			Mwena				
			Mwereni				
			Vanga				
			Lunga Lunga	32	8	3	1
	Msambweni	Diani	Kinondo	64	0	2	0
			Diani [Ukunda]	40	162	3	13

In addition to the reduction in treatment EAs, Table 6 reflects two replacements:

- One comparison EA in Malindi urban was replaced with a comparison EA in Lunga Lunga rural. The original EA was replaced at baseline because the EA is dominated by foreigners (expatriates) and the team was denied access to the community, even in the presence of the village elder and KNBS cluster guides.
- One treatment EA in Diani urban was replaced with a treatment EA in Mtwapa urban. The EA was replaced at baseline because the entire EA is occupied by cottages and apartments for short stay visitors.

Fortunately, KNBS provided two additional EA maps at baseline which were used to replace these EAs.

ANNEX II

Table 15: Changes in Community Attitudes Towards CSEC, by Round (Household KAP Survey)

Variable	Baseline	Endline	Change	P-Value
Agrees with statement "Minors that cater to sex tourists are lucky to be able to earn money this way."	12.7%	6.8%	▼**6.0%**	0.03
Agrees with statement "Men who buy sex from minors can avoid getting HIV/AIDS."	9.4%	4.4%	▼**4.9%**	0.02
Agrees with statement "Sex with a virgin can cure HIV/AIDS."	3.0%	2.7%	-0.2%	0.84
Agrees with statement "Girls that have sex for money should be given alternative ways to earn a living."	93.7%	89.9%	▼**3.8%**	0.04
Agrees with statement "Women that have sex for money should be given alternative ways to earn a living."	95.4%	90.5%	▼**4.9%**	0.01
Agrees with statement "Boys that have sex for money should be given alternative ways to earn a living."	93.9%	87.3%	▼**6.7%**	0.01
Agrees with statement "Men that have sex for money should be given alternative ways to earn a living."	92.9%	86.5%	▼**6.4%**	0.00
Agrees with statement "Minors who drop out of school to get married will be better off financially than those who remain in school."	3.9%	5.3%	1.4%	0.35
Agrees with statement "Minors who drop out of school to serve sex tourists will be better off financially than those who remain in school."	5.3%	7.5%	2.2%	0.15
Agrees with statement "Foreign tourists who pay to have sex with minors in Kenya should be arrested."	98.4%	97.0%	-1.4%	0.14
Agrees with statement "Kenyans who pay to have sex with minors should be arrested."	98.0%	97.1%	-0.9%	0.39
Agrees with statement "Minor girls that have sex for money are acting immorally."	87.8%	79.5%	▼**8.4%**	0.01
Agrees with statement "Minor boys that have sex with women for money are acting immorally."	88.9%	82.8%	▼**6.1%**	0.04
Agrees with statement "Minor boys that have sex with men for money are acting immorally."	90.1%	81.8%	▼**8.3%**	0.00

Variable	Baseline	Endline	Change	P-Value
Agrees with statement "Having sex for money is an acceptable way for minors to help support their families."	3.5%	5.0%	1.5%	0.42
Agrees with statement "Child sex tourism should continue in ${county} because it is good for the local economy."	3.6%	2.7%	-0.8%	0.62
Agrees with statement "Most minors in the sex industry are free to enter or exit the trade whenever they want."	33.7%	40.6%	▲**6.9%**	0.04
Agrees with statement "Minors are incapable of consenting to having sex for money."	56.4%	44.7%	▼**11.7%**	0.01
Agrees with statement "Any minor that accepts money for sex should be arrested."	92.4%	90.0%	-2.4%	0.30
Agrees with statement "Minors who have exited the sex industry are worthy of kindness and respect."	97.9%	96.0%	-1.9%	0.08
Believes that exchanging sex for money negatively impacts a minor's well-being.	94.4%	93.9%	-0.1%	0.76

Table 16: Changes in Community Member Knowledge About CSEC, by Round (Household KAP Survey)

Variable	Baseline	Endline	Change	P-Value
Respondent is familiar with the term "commercial sexual exploitation of children" or "CSEC."	55.7%	31.8%	▾**23.9%**	0.00
Respondent is aware of legislation in Kenya that specifically addresses CSEC.	42.1%	36.6%	-5.5%	0.15
Respondent correctly reports that the age of consent is 18 in Kenya.	75.2%	77.7%	2.6%	0.45
Respondent correctly reports that CSEC is completely illegal in Kenya and perpetrators are subject to custodial sentencing.	94.1%	92.5%	-1.6%	0.46
Respondent is familiar with the role Anti-Trafficking Committees play in monitoring or preventing CSEC.	0.5%	2.0%	▴**1.5%**	0.01
Respondent is familiar with the role Child Protection Committees play in monitoring or preventing CSEC.	3.0%	8.2%	▴**5.2%**	0.00
Respondent can name at least three physical and behavioral indicators of CSEC, as defined by NCMEC.	31.3%	56.1%	▴**24.7%**	0.00

Respondent knows that CSEC cases can be reported to Childline Kenya.	2.6%	6.8%	▲**4.2%**	0.05
Respondent knows that CSEC cases can be reported to the Department of Children's Services.	3.9%	10.1%	▲**6.3%**	0.00

ANNEX IV

SAMPLING WEIGHTS

To help ensure findings are representative of the surveyed locations, weights were constructed for each of the three stages of sampling including: sampling of census enumeration areas (EAs) within the strata described in Table 2: Original v. Retained Enumeration Area Sample (stage 1), sampling of households within the selected EAs (stage 2), and sampling of individuals within the selected households (stage 3).

Treatment strata were at the *location* level and included Junju urban, Junju rural, Mtwapa urban, Mtwapa rural, Ganda rural, Gede urban, Gede rural, Malindi urban, Malindi rural, Watamu urban, Watamu rural, Dzombo rural, Mwereni rural, Lunga Lunga urban, Lunga Lunga rural, and Kinondo rural.

- The first-level weight (w_1) was based on the number of EAs within the stratum, and was calculated as $w_1 = \frac{N_s}{n_s}$ where N_s is the total number of EAs in stratum s and n_s is the number of sampled EAs in stratum s.

- The second-level weight (w_2) was based on the number of households within the sampled EA, and was calculated as $w_2 = \frac{H_k}{h_k}$ where H_k is the total number of households in EA k and h_k is the number of sampled households in EA k (typically eight).

- The third-level weight (w_3) was calculated as $w_3 = R_i$, where R_i is the total number of adult members of household i.

The final sampling weight for individual i was the product of these three weights, i.e., $w_i = w_1 * w_2 * w_3$. Weights were applied to the dataset as probability weights, or pweights, using Stata 15/SE's set of survey commands.