

# ENDLINE EVALUATION REPORT FOR THE COMBINED IUVP/MHPSS PROJECT IN NAKURU-KENYA

JUNE

2024



Leslie C. Rono  
Elizabeth Anyango



# ENDLINE EVALUATION REPORT

# Table of Contents

---

## 4

### ACKNOWLEDGEMENTS

---

## 5

### LIST OF ACRONYMS & ABBREVIATIONS

---

## 6

### EXECUTIVE SUMMARY

---

## 8

### KEY RECOMMENDATIONS

---

## 9

### INTRODUCTION

---

## 11

### EVALUATION OBJECTIVES

---

## 12

### RESEARCH METHODOLOGY

---

## 12

### Ethical Considerations

---

## 12

### Data Management, Analysis and Reporting

---

## 13

### Household survey Sampling Criteria and Sample Frame

---

## 15

### ANALYSIS OF SURVEY RESULTS

### Demographic information and respondent's profile prevalence of violence

---

## 16

### REPORTING VIOLENCE CASES

---

## 19

### LEVELS OF SATISFACTION WITH SECURITY SERVICES RECEIVED

---

## 25

### AWARENESS OF EXISTENCE OF MENTAL HEALTH SERVICES IN NAKURU

---

## 27

### ACCESS TO MENTAL HEALTH SERVICES

---

## 28

### RECOMMENDATIONS

---

## 29

### ANNEX 1 Google Maps: Research Areas.

---

## 31

### ANNEX 2 Google Maps: Mapped Facilities

---

## 33

### ANNEX 3: Organizations providing MHPSS services mapped at Baseline.

---

# Table of Graphs

---

**15**

Graph 1: Gender of respondents comparing baseline & endline

---

**16**

Graph 2: Baseline and endline values on prevalence of violence.

---

**16**

Graph 3: First point people prefer to report violence cases.

---

**19**

Graph 4: Overall level of Satisfaction

---

**26**

Graph 5: Awareness of Existence of Mental Health Services In Nakuru

---

**27**

Graph 6: Existence of Mental Health Services in your Area

# Table of Figures

---

**13**

Table 1: Summary of sample frame

---

**14**

Table 2: Summary of research units/ village.

---

**20**

Table 3: Summserized levels of satisfaction baseline and endline.

---

**27**

Table 4: Reasons for dissatisfaction with police.

---





# Acknowledgements

---

MIDRIFT HURINET in partnership with DIGNITY (Danish Institute Against Torture) implemented a violence prevention and response programme: Combined Intersectoral Urban Violence Prevention and Mental Health & Psychosocial Support Project in Kenya (2023-2024). We wish to thank stakeholders in Peace, Security and Mental Health who have worked closely with MIDRIFT in the implementation of this project. The Internal Evaluation was conducted by MIDRIFT's Research, Monitoring and Evaluation department working closely with enumerators who included Community Health Promoters (CHPs), Community champions and Youth leaders from Nakuru East, West, Njoro and Naivasha Sub-Counties, Nakuru-Kenya.

# List of Acronyms & Abbreviations

ACC	Assistant County Commissioner
CHP	Community Health Promoter
CHEW	Community Health Extension Worker
CPC	Community Policing Committee
CSOs	Civil Society Organizations
DIGNITY	Danish Institute Against Torture
GBV	Gender Based Violence
HURINET	Human Rights Network
IUVP	Intersectoral Urban Violence Prevention
M&E	Monitoring and Evaluation
MHPSS	Mental Health and Psychosocial Support
MOH	Ministry of Health
NGAAF	National Government Affirmative Action Funds
ODK	Open Data Kit Kobo Collect
SPSS	Statistical Package for the Social Sciences
PFA	Psychological First Aid
PM+	Problem Management Plus

# Executive Summary

---

The purpose of this endline evaluation is to compare baseline and endline values to assess whether the program has contributed to violence prevention efforts and access to mental health services in Nakuru East, Nakuru West, Naivasha, and Njoro Sub-Counties. The objective of the evaluation was to provide baseline values for measuring outcome indicators in the Combined IUVP/MHPSS project's Results Framework; assess the prevalence of various forms of violence such as robbery, gender-based violence, and child abuse, and reporting patterns of violence cases in the community; It also aimed to highlight challenges faced by community members when reporting violence and accessing mental health services; gather outcomes and stories of change based on baseline findings; the evaluation assessed available MHPSS case referral pathways, identified challenges in accessing these services, and provided new knowledge on emerging issues in violence prevention and mental health within the community.

For the endline evaluation, a descriptive survey research design was employed by utilizing both qualitative and quantitative data collection approaches across the four intervention areas of the project. An initial desk review was conducted to establish the population index of the informal settlements of Nakuru where the project is based, crime reports of violence cases reported within the year, and mapping of key stakeholders who were actively involved in the subject matter for key informant interviews.

## Summary of Key Findings

Project end line survey report indicated that respondents were aware of the existence of mental health problems in their community at 75.1% which is a slight increase from 74% at baseline. The participants explained mental health problems to mean chronic stress, depression, suicidal thoughts, bipolar disorder, isolation, hallucinations, addiction problems, grief, anxiety and trauma. 48.2% of community members reached are aware of the existence of mental health services which is a slight drop from 51.5% at baseline, 42.7% are not aware (was 40.6% at baseline) while 9.1% are not sure (7.7% at baseline). Overall findings show that the level of awareness on the existence of MHPSS services in the project intervention area differs depending on the area.

Comparing levels of awareness of the existence of mental health services in the four areas, Njoro was lowest at 22% where MIDRIFT had minimal interventions and that MIDRIFT currently does not offer MHPSS services there. In Nakuru Town East awareness was at 50% and Nakuru West at 51% and highest in Naivasha at 72.5%. Compared with baseline data, awareness in Naivasha significantly improved from 65% in 2023 to 72.5% in 2024, Awareness however went lower in Njoro from 37% to 22%. Level of awareness in Nakuru East and West did not change.



# Executive Summary

CONT.

Out of the 48.2% of community members who are aware of the existence of mental health services, majority mentioned Community Health Promoters (CHPs) as the primary providers of basic mental health in the community, followed by hospitals/facilities. Respondents were also asked whether they can access the mental health services or whether they know anyone in their community who seeks mental health services in their community. Out of this, 36.1% indicated that yes, community members seek these services, 34.7% do not seek mental health services while 29.2% are not sure.

Help seeking behavior increased in the community from 33% at baseline to 36.1% at endline, this indicates that they are aware of where to seek services. There are community members who do not seek mental health services, they attributed this to: Lack of awareness on the existence of mental health services, breach of confidentiality by some Community Health Promoter (CHPs), stigma towards people who suffer from mental health problems, Lack of mental health services especially in Mauche, Njoro (Cherote area).

Robbery is still the most prevalent form of violence at 59.6% at endline, compared to 56.3% at baseline, followed by gender-based violence at 25.6% against 22.6% at baseline, and Child abuse at 5.7% against 6.7% at baseline. There is also a significant reduction in other forms of violence from 14.4% at baseline to 9.1% at endline. At baseline, other forms of violence mentioned included: revenge attacks by gangs which have gone down, killings/murders, tribal conflicts and assaults have also gone down.

Reporting of GBV cases to police in the past year increased from 19.8% at baseline to 30.4% at endline.

Reporting of Child abuse cases to the Chief increased from 18.96% at baseline to 21.2% at endline. Reporting GBV cases at Health facilities was at 1.8% at endline against 0.67% at baseline, Nyumba kumi/Village elder was at 24% at endline against 24.6% baseline, GBV cases reported to Chiefs was 31.3% at endline from 36.3% at baseline, religious leaders at 1.6% at endline from 1.8% at baseline. The reduction in cases reporting to Chiefs was positive in that a number of GBV cases among Chiefs are handled inappropriately through 'Kangaroo Courts' yet they are criminal cases.

There has been a slight reduction in reporting robbery cases to the police from 59.6% at baseline to 58.2% at endline. Respondents indicated that lack of arrest of criminals who are well known as well as arbitrary police arrests of innocent persons affects citizen-police relations and trust. In addition, respondents noted that interference of cases by parents of those arrested including bribing of police officers erodes trust in the national police service. Reporting of robbery cases to Chiefs increased from 13.2% at baseline to 14.6% at endline meaning Chiefs are more trusted than the Police in reporting criminal cases.

Overall community member's level of satisfaction with the services they receive from the Police, Chiefs, Nyumba kumi, religious leaders and health facilities was at 53.9% at the endline compared to 46.9% at baseline. At the endline the level of satisfaction by services offered by the chief increased to 63.3% against 38.8% at baseline. This rise in satisfaction correlates with reports on decreased reporting to Police as a result diminishing citizen trust.

## Key Recommendations

The end line survey recommended the need to:

Lobbying for the mainstreaming of PFA and PM+ into the Nakuru County Department of Health Services-This will enhance inter-sectoral coordination in awareness creation, strengthening referral pathways, and budgetary allocation and support for CHPs as well as CHEWs and support for the training of PFA providers and PM+ helpers.

Strengthening the Capacity of Institutions for Violence Prevention and Response- such as religious leaders and Chiefs who play proactive roles in preventing violence and improving access to Mental Health and Psychosocial Support (MHPSS). This will involve an orientation training in Psychological First Aid (PFA) and also link them with existing MHPSS referral pathways. And the need to enhance the capacity of institutions responsible for violence prevention including the police, Chiefs, community leaders/nyumba kumi elders on their roles. This can be done through capacity strengthening sessions on their role to encourage reporting of crime and ensuring confidentiality when handling cases and the importance of protecting whistleblowers.

Strengthen socio-economic capacities for at-risk individuals and groups-by promoting socio-economic empowerment programs targeting at-risk groups within the community by collaborating with other state and non-state actors that offer socio-economic empowerment programs, financial literacy and management such as; National Government Affirmative Action Funds (NGAAF), Uwezo Funds, Women Enterprise Funds (WEF), Bursary Funds, Kenya Association of Manufacturers (KAM) among others.

Strengthen Community- Police Trust -This can be achieved through Community Accountability Forums to foster trust and collaboration between the community in the intervention areas in liaison with Police Oversight Bodies e.g Independent Policing Oversight Authority (IPOA), Ethics and Anti Corruption Commission (EACC), the Kenya National Commission on Human Rights (KNCHR), the Internal Affairs Unit (IAU), and the Commission on Administrative Justice (Office of the Ombudsman).



# Introduction

---

MIDRIFT HURINET has been working in partnership with DIGNITY in Nakuru since 2014 on the Intersectoral Urban Violence Prevention Project (IUVP) which is focused on prevention before violence occurs while also building trust between the police and the community. This project shed light on the problems of violence in the informal settlements in Nakuru County and the need for mental health and psychosocial support (MHPSS) for survivors of violence in these communities. The two projects were implemented independently until 2022, when DIGNITY and MIDRIFT decided to merge the projects into the now Combined Intersectoral Urban Violence Prevention and Mental Health & Psychosocial Support Project in Kenya (2023–2024). The Project objective was to enhance intersectoral urban violence prevention mechanisms and strengthen access to community based mental health and psychosocial support in Kenya.

The project intervention areas in Baringo County and Nakuru County (which has more than 2 million inhabitants, and hosts the 4th largest city in Kenya); Nakuru Town East (Bondeni), Nakuru west (Rhonda, Kaptembwo, Kapkures), Naivasha (Karagita) and Njoro. The project targets people at risk of violence and other human rights violations in the following urban municipalities: Kabarnet, Marigat, Njoro, Naivasha, Nakuru East, and Nakuru West, and with survivors of Gender Based Violence (GBV) specifically in the informal settlements of Nakuru (Nakuru East (marginal area – Bondeni) and Nakuru West (marginal area – Rhonda), and Naivasha (marginal area – Karagita). The estimated target number for end beneficiaries is approximated at 40,000 persons at the community level and over 5 million persons through media-amplified activities.

In March 2024, MIDRIFT commissioned an Endline Survey for the Combined IUVP/MHPSS project to investigate change in project impact between March 2023 and March 2024 on: Status of service provision MHPSS service providers and by security actors within the project intervention areas, Prevalence of violence in the project intervention areas, Level of awareness by community members on the availability of MHPSS services and Challenges experienced by community members in seeking mental health services as well as challenges in reporting violence cases. The Endline Evaluation seeks to compare values from the Baseline Evaluation conducted at project inception which further responds to Project Outcome 2: Increased knowledge of MHPSS case referral pathways and intersectoral collaboration in referrals among state and non-state actors in the project intervention areas of Rhonda, Karagita and Bondeni and Outcome 3: Enhanced Community led dialogue for collective action in violence prevention in the Project areas of Nakuru, Njoro and Naivasha Municipality in the projects' results framework.

The findings from this Endline will enhance learning and replication of best practices on what worked and what did not work in the 1 year implementation period. The findings will also inform future implementation of project activities to enhance violence prevention and access to community-based Mental Health and Psychosocial Support Services. Data was collected through Household Surveys and Key Informant Interviews with the purpose of answering the research questions of the Endline.



# Context

Globally, the world real GDP growth slowed down, the decline in the growth was attributed to disruptions emanating from the effects of COVID-19, the Russia-Ukraine conflict and tightened monetary policies in a number of countries. Nationally, Kenya was also facing economic challenges with inflation that included Transport (12.2%), Food and Non-Alcoholic Beverages (9.7%), and Housing, Water, Electricity, Gas and Other Fuels (8.1%).<sup>[1]</sup>

Economic hardship have implications on peace and security in the community. In 2023, reported crimes to the police rose by 19.0% to 104,842 incidents. During the same period, law enforcement seized a total of 14,259 kilograms of dangerous drugs. Homicide cases saw a slight decrease from 3,058 in 2022 to 3,037 in 2023. The overall prison population surged by 46.3% to 248,061 individuals. Convicted prisoners increased by 20.6% to 80,071, while the number of un convicted prisoners more than doubled to 167,990. On a positive note Violence Against Children (VAC) cases dropped from 142,404 in 2022 to 123,373 in 2023. Conversely, child protection cases reported to the Department of Children Services decreased by 13.9% to 161,957 cases. In Nakuru County, There was a significant rise in reported crimes from 4,514 cases in 2022 to 5,072 cases in 2023.<sup>[2]</sup>

To strengthen efforts in violence prevention in Nakuru, Nairobi, and Baringo Counties, MIDRIFT supported community-driven initiatives aimed at disrupting normalized violence by holding local leaders accountable. Recognizing the impact of violence on youth, MIDRIFT organized inter-school Peace Club forums at Kivumbini Secondary School and Nakuru Town West Secondary School, enhancing violence prevention within educational settings

Further, Psychosocial First Aid (PFA) training was provided to 100 state and non-state actors, enabling them to offer basic PFA services and make necessary referrals. These actors included chiefs, Nyumba kumi officials, religious leaders, Community Policing Committee (CPC) members, community elders, police gender desk officers, teachers, youth leaders, and PBLD Fellows. 63 PBLD leaders launched new impact initiatives based on action plans they had come up with to address current violence and security concerns, while 48 Facilitator Development Program (FDP) leaders were trained in the project areas to further support violence prevention efforts.

Under violence response, MIDRIFT conducted awareness to community members in the intervention areas to increase awareness on common mental health issues, gender-based violence (GBV), and where to seek support. As a result a total of 4,296 individuals received Psychosocial First Aid (PFA) were successfully referred to various services such as medical care, livelihood support, legal assistance, mental health and psychosocial support (MHPSS), and social services. Additionally, 523 clients underwent Problem Management Plus (PM+) and demonstrated improvements in their functional levels, distress levels, and self-reported scales. Support groups were formed for clients who had completed PM+ intervention and these groups are now independently active outside of MIDRIFT's direct involvement.

[1] <https://www.knbs.or.ke/wp-content/uploads/2024/05/2024-Economic-Survey-Popular-Version.pdf>

[2] *ibid*

# Evaluation Objectives

1. Endline values for measuring outcome indicators in the Results Framework for the Combined IUVP/MHPSS project to track and report progress and achievement.
2. Values on the prevalence of different forms of violence in Nakuru such as Robbery, Gender based violence, Child abuse, and Other common forms of violence.
3. Change values on data on the first point that people in the community prefer to report violence cases in their communities.
4. Challenges that people in the community experience when reporting violence cases as well as in accessing the available mental health services in their communities.
5. Present outcomes/stories of changes by stakeholders based on baseline findings and also recommendations of the root causes of gender-based violence study<sup>[1]</sup> which aimed at unpacking norms, beliefs and systemic challenges that contribute to the perpetration of gender-based violence in the informal settlements of Nakuru County.
6. Assessment on available MHPSS case referral pathways in the community and challenges/gaps experienced accessing these services.
7. New knowledge and analytical information on emerging issues in violence prevention and mental health in the community.



<sup>[3]</sup> Root causes of Gender based violence in the informal settlements in Nakuru-Kenya.

# Research Methodology

---

The Endline Evaluation study utilized Descriptive Survey research design by utilizing both qualitative and quantitative data collection approaches in the four intervention areas of the project. The study sites were established scientifically through the Krejcie and Morgan technique of sampling and households were selected using systematic random sampling technique. Initial desk review was conducted to establish the population index of the informal settlements of Nakuru where the project is based, crime reports of violence cases reported within the year, and map out stakeholders actively involved in the subject matter for key informant interviews, in Njoro, Nakuru East, Nakuru West and Naivasha.

Data was collected between in April 2024 through administration of digital survey questionnaires by the use of Kobo ODK platform for household surveys and phone interviews with key informants comprising of community leaders (village elders and religious leaders), Chiefs, MHPSS service providers, and Police Gender Desk officers.

A semi-structured questionnaire was developed by the researchers in MIDRIFT based on indicators of violence and awareness in the projects' Results framework. A key informant guide was also developed to collect more in-depth information from security actors, community leaders and MHPSS service providers in the intervention areas. The research questions were tested for validity and reliability to check for consistency and accuracy.

## Reliability test

The research threshold for this Endline was 0.84 hence found to represent a satisfactory level of instrument reliability. Content validity was measured through expert analysis of individual questions of the survey questionnaire and key informant guide; by MIDRIFT's M&E and project team.

The tool scored a high validity index meaning the study tools produced results that correspond to output indicators in the projects' results framework. This study was also cognizant of unique characteristics in the target populations and variations in the different project intervention areas.

## Ethical Considerations

---

Ethical approvals were sought from the office of the County commissioner through the various ACCs in Nakuru County. The enumerators were trained by MIDRIFT's lead researchers to ensure ethical conduct during the entire data collection period. Informed consent was sought from the respondents, and they were assured of confidentiality before the data was collected.

## Data Management, Analysis and Reporting

---

Endline data was collected by 40 enumerators trained and deployed to the project intervention areas of Njoro, Naivasha, Bondeni, Rhonda and Kaptembwo. The enumerators were purposefully selected based on prior engagement, skills and expertise to ensure data quality and standards were met in the primary household data collected. The enumerators were also supervised by the lead researchers in MIDRIFT and supported to use the digital data collection platform.



Data was coded, cleaned, and organized to provide comparative data for indicator targets in MIDRIFT's Combined project results framework. Data was then coded using SPSS 26 (Statistical Package for the Social Sciences) formats and Nvivo Qualitative Analysis software for ease of analysis and data exploration. Descriptive statistics including the frequencies, percentages and proportions were derived based on responses under each survey question. Cross tabulations were performed to measure variation of information among different villages/units in the project intervention areas. Based on the analysis, the study generated conclusions, lessons and programmatic recommendations for project staff and stakeholder's considerations.

## Household survey

A total of 438 respondents participated in the Household survey where data was collected using the Open-Data Kit Kobo Collect platform. This is an online platform where enumerators could fill the online questionnaire on their mobile devices/tablet and send it to a central database when they connect to the internet.

## Sampling Criteria and Sample Frame

Selection of primary villages/community health units as the target population was done purposefully. The target areas involved the project intervention areas of Nakuru where the project is based and some rural parts of Njoro. Through consultations with project staff and Community Health Extensions Workers (CHEWS) working in the Ministry of health, we were able to map out already established health units in the community. The households in the health units were sampled using systematic random sampling to select respondents who were at home at the time of the survey, were over the age of 18 and gave consent to participate in the survey. Every 10th house was selected; this was done to ensure randomness and to provided a fair and proportional representation of the views of people in the project intervention areas. The sample frame is summarized in table 1 below;

**Table 1: Summary of sample frame**

Research Area				
		Population as per 2019 census	Sample Size (Baseline)	Sample Size (Endline)
Sub-county	Naivasha	355,383	124	111
	Nakuru Town East	193,661	104	106
	Nakuru Town West	198,661	103	102
	Njoro	238,773	112	119
	Total	986,478	443	438

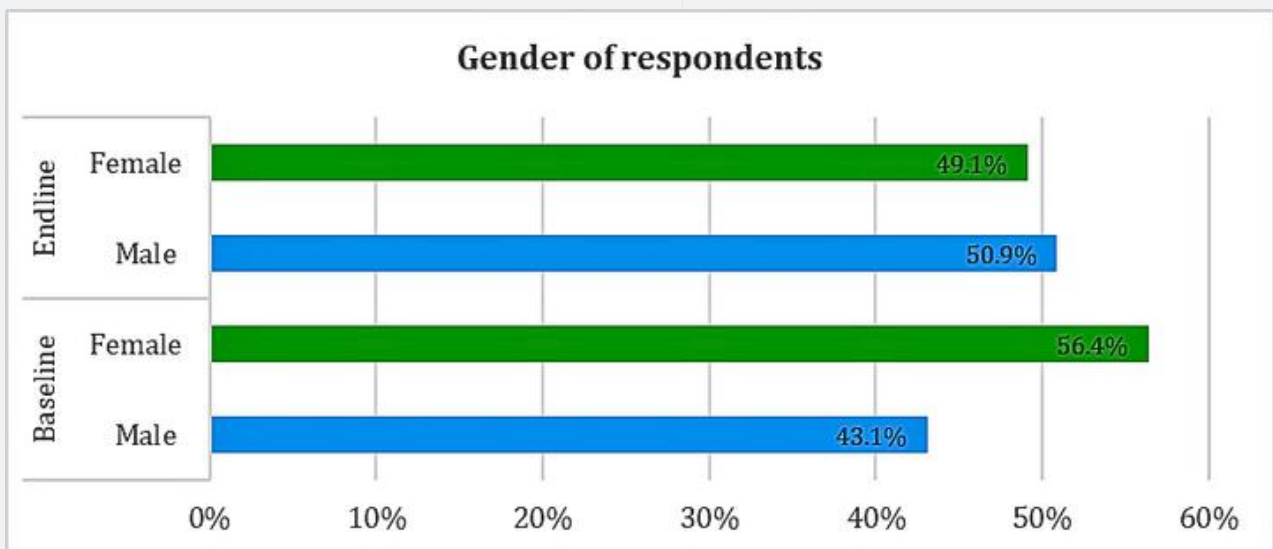
Table 2: Summary of research units/ village		Unit/Village	Sample Size	%
Research Area	Naivasha	Kabati	21	4.8
		Karagita	20	4.6
		Kijani	25	5.7
		Sanctuary	20	4.6
		Site	25	5.7
	Nakuru Town East	Bondeni	10	2.3
		Kabachia	10	2.3
		Kaloleni	11	2.5
		Kanyon	20	4.6
		Kivumbini	11	2.5
		Manyani	23	5.3
		Phase II	11	2.2
		YMCA	10	2.3
	Nakuru Town West	Game Unit	10	2.3
		Honey Cup	10	2.3
		Jasho	10	2.3
		KK	22	5
		Kware	10	2.3
		Mwariki A Unit	20	4.6
		Sewage	10	2.3
		Stima line	10	2.3
	Njoro	Kihingo	10	2.3
		Mau Narok	20	4.6
		Mauche	25	5.7
		Nessuit	10	2.3
		Njoro Town	43	9.8
		Njokerio/Beston	11	2.5
	Total		438	100

# Analysis of Survey Results

## Demographic information and respondent's profile.

From the survey results, approximately 50.9% of the respondents were male, 49.1% were female and 0% were intersex. In terms of years having lived in the area: 46.6% indicated that they have lived in the area for more than 10 years, 28.5% have lived there for 4-10 years, 17.4% between 1-3 years and 7.5% have resided there for less than 1 year. This showed that most of the respondents have been residents of the area for a significant period of time.

**Graph 1: Gender of respondents comparing baseline & endline**



These political demonstrations happened within MIDRIFT intervention areas of Kaptembwo, Rhonda (Nakuru Town West) where six lives were lost through police using excessive force.

There was a notable increase in various categories of crime across the nation, the Kenya Economic Survey of 2024, highlighted rising crime rates in specific regions such as Nakuru. The statistics reveal a significant jump in reported crimes from 4,514 to 5,072 in Nakuru alone.[1]

## Prevalence of violence

Economic hardship can have implications on the relationship between citizens and law enforcement. In 2023, during violent demonstrations to compel the government to reduce the cost of living, trust between the local communities and law enforcement agencies was eroded because the communities perceived the law enforcement as agents of oppression rather than protectors of public safety. 50 people lost their lives during these countrywide demonstrations due to police brutality while several businesses were vandalized.[1]

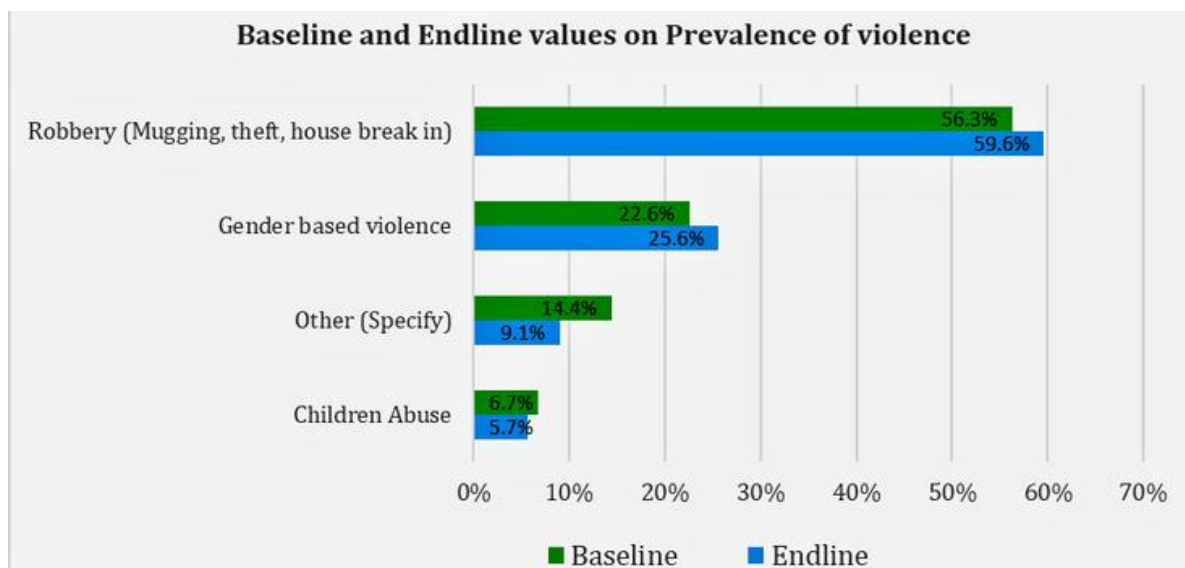
Respondents were asked which form of violence is prevalent in their area: The findings indicate that robbery is still the most prevalent form of violence at 59.6%, followed by gender-based violence at 25.6% and child abuse at 5.7%. There is also a significant reduction in other forms of violence from 14.4% at baseline to 9.1%. At baseline, other forms of violence mentioned included: revenge attacks by gangs which have gone down, killings/murders, tribal conflicts and assaults have also gone down.

[4] <https://nation.africa/kenya/news/maandamano-azimio-pays-tribute-to-victims-of-police-brutality--4316384>

[5] <https://new.knbs.or.ke/wp-content/uploads/2024/05/2024-Economic-Survey.pdf>



**Graph 2: Baseline and endline values on prevalence of violence**

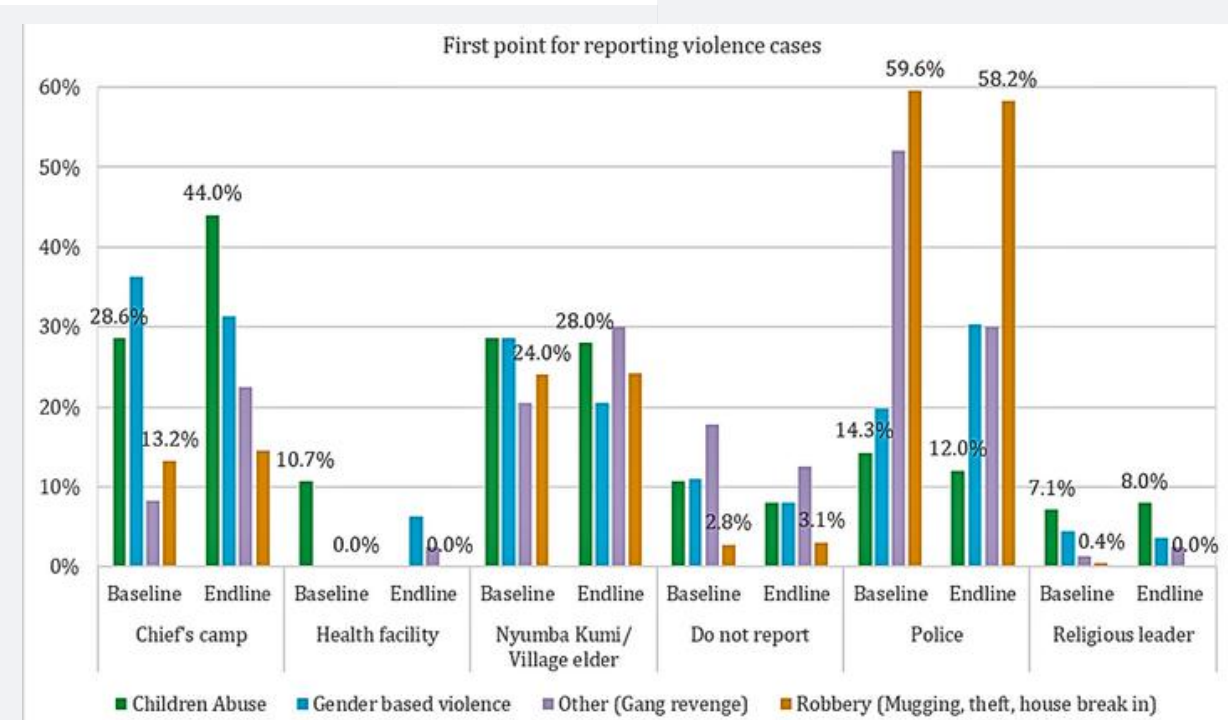


Compared to baseline data, cases of child abuse had gone down by 1%. In the past year, MIDRIFT has implemented school intervention programmes where safe spaces are created for children to report violence cases and referrals were made to guidance and counselling teachers and children's officers.

## Reporting Violence Cases

The Endline Evaluation sought the views of the members of the community on the first point they prefer to report violence cases when they happen in the community. Generally reporting of GBV cases to police increased, reporting of child abuse cases to the Chief increased as well.

**Graph 3: First point people prefer to report violence cases**



Overall reporting to police decreased from 47.1% at baseline to 45.9%, reporting to the Chief's office increased at 21.2% against 18.96% at baseline, reporting at Health facility was at 1.8% against 0.67% at baseline, Nyumba kumi/Village elder was at 24% at baseline against 24.6% at endline, religious leaders at 1.6% at endline down from 1.8% at baseline. Other preferred points of reporting (5.5%) was mentioned to include: some participants mentioned not reporting because they believe reporting will not help due to corruption, one person mentioned preference for mob-justice while other participants mentioned reporting to Community Health Promoters (CHPs). Data from baseline survey was compared to endline values and is presented in the Graph 3 above.

The majority of Gender Based Violence (GBV) cases are first reported to the Chief's office, then police, then Nyumba kumi. There has been an increase in reporting GBV cases to the police in the past year from 19.8% at baseline to 30.4% at endline. This reflects a perception change on GBV which in Kenya, is a criminal case. One participant indicated that once reported to the Chief, they are referred to the police, however in some incidents violence persists.

Bondeni gender desk officer stated that in some couple dispute cases, police do what they call 'diversion' wherein the couples involved are referred to the Chief for reconciliation efforts.

It was emphasized that cases involving sexual and gender-based violence (SGBV) or assault are not 'diverted' as they are considered to be criminal cases.

The Kaptembwo Police Station, gender desk officer indicated that, the majority of gender-based violence (GBV) cases reported involve patanisho,[1] since many couple disputes are over financial neglect. The Officer stated that there's recurrence of reporting on financial neglect whereby the disagreement is sorted but the husband has no money and the vicious cycle continues.

A respondent stated that;

***"Sometimes you take the case to the Chief then it is taken to the police station but your husband bribes the Police and he is bailed out. He comes back and beats you again and as a woman you know you can't leave the home over what people will say if your marriage breaks down and you forgive him so that your marriage works"***

***Participant - Rhonda***

For cases of child abuse, there is increased reporting to the Chief's office as compared to baseline i.e. from 28.6% to 44% at endline. GBV is still normalised in the intervention areas. One respondent cited a case where her child was defiled and the matter was resolved by a religious leader with the participant exhibiting satisfaction;

***"Imam counselors offer knowledge on what to do in situations like mine, my child got pregnant while in school and the Imam settled the issue between our family and the man's family."***

***Participant- Kabachia***

[6] Reconciliation

A gender desk officer stated that they face challenges in child neglect cases reported at the station. They face the dilemma of reporting and arresting a single mothers who have neglected one child while she might be caring for four other children at home. She stated that arresting the mother might lead to the complex dynamic of all her children not having a parent/guardian. The gender desk officer thereby, works closely with the Chief and nyumba kumi to check on the household to ensure all children are safe.

Undesirably, there is still distrust with police and other security agencies where some members of the community prefer not to report violence incidents due to negative perception of the police, corruption and apathy based on past experiences while reporting. One participant indicated;

***"Cases go unreported because reporting does not help. Most local security structures are corrupt"***

***Participant- Rhonda.***

For village elders/Nyumba kumi, one participant indicated:

***""They report to nyumba kumi however, some nyumba kumi members are also brokers of stolen goods, at the end of the day most things are not recovered. Nyumba kumi are also contributing to the high insecurity level."***

***Participant- Bondeni***

The community also plays a role in the continuity of criminal activities and gangism. One participant mentioned the role played by parents in interfering with cases and hiding their children involved in crime during police patrols.

***"The community hide the robbers since they are their children who do this robbery and the police are reluctant in taking action."***

***Participant - Bondeni***

From the comparative graph (Graph 3), there has been a slight reduction in reporting robbery cases to the police from 59.6% at baseline to 58.2% at endline. Respondents indicated that lack of arrest of criminals who are well known as well as arbitrary police arrests of innocent persons affects citizen-police relations and trust. In addition, respondents noted that interference of cases by parents including bribing of police officers erodes trust in the national police service.

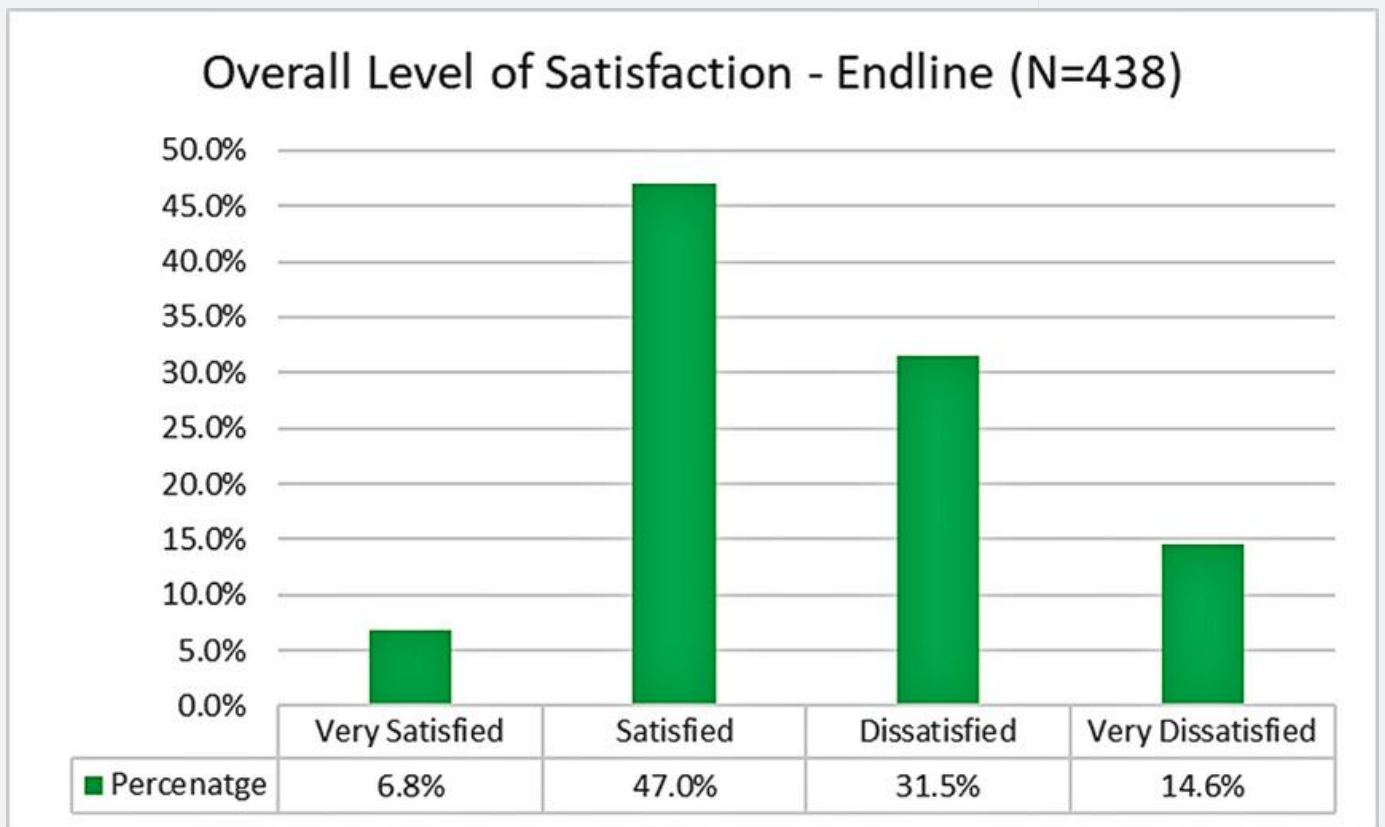
On a positive note, the existing security structures for reporting crime were reported to be functional in the project intervention area of Karagita. For example a police officer at Karagita reported experiencing no challenges due to collaboration with the community leaders, like the Chief, nyumba kumi, and women leaders. He stated that Karagita has two assistant Chiefs and each assistant chief has a dedicated team of nyumba kumi leaders who significantly supports their work. He further noted that the involvement of women leaders has been instrumental in enhancing community security as the women confidentially report crimes happening in the community and the perpetrators involved. These women leaders also play a crucial role in reporting cases of child defilement and are also willing to be witnesses in court proceedings.



# LEVELS OF SATISFACTION WITH SECURITY SERVICES RECEIVED

The Endline assessment sought the views of community members on their level of satisfaction with the services they receive from the Police, Chiefs, Nyumba kumi, religious leaders and health facilities. Overall satisfaction was found at 53.9% compared to 46.9% at baseline. Graph 4 below summarizes the level of satisfaction as reported in the endline survey.

**Graph 4: Overall levels of satisfaction**



**Table 3: Summserized levels of satisfaction baseline and endline**

BASELINE					ENDLINE				
	Very Dissatisfi ed	Dissatisfi ed	Satisfied	Very Satisfied		Very Dissatisfi ed	Dissatisfi ed	Satisfied	Very Satisfied
Chief's office (n=80)	17.5%	43.8%	33.8%	5.0%	Chief's office (n=93)	5.4%	31.2%	59.1%	4.3%
Health facility (n=3)	0.0%	0.0%	100.0%	0.0%	Health facility (n=8)	12.5%	12.5%	75.0%	0.0%
Nyumba Kumi/ Village elder (n=109)	7.3%	23.9%	57.8%	11.0%	Nyumba Kumi/ Village elder (n=105)	9.5%	26.7%	58.1%	5.7%
Police (n=209)	23.0%	34.4%	39.2%	3.3%	Police (n=201)	21.4%	36.8%	36.3%	5.5%
Religious leader (n=8)	37.5%	12.5%	50.0%	0.0%	Religious leader (n=7)	14.3%	0.0%	57.1%	28.6%
Other service providers (n=33)	36.4%	33.3%	24.2%	6.1%	Other service providers (n=24)	20.8%	25.0%	29.2%	25.0%

Table 3 shows that at baseline, 38.8% of the respondents indicated satisfaction with services from the chief while 61.3% expressed dissatisfaction. At the endline the level of satisfaction by services offered by the chief increased to 63.3% with dissatisfaction dropping to 36.6%. This rise in satisfaction correlates with reports on decreased reporting to police and the diminished trust in law enforcement agencies.

At baseline, the level of satisfaction with services received from health facilities was at 100%. At endline there was a decrease with the level of satisfaction on services offered to 75% with the levels of dissatisfaction at 25%. Respondents acknowledged the role played by police in responding to distress calls and one participant indicated that they managed to retrieve property that was stolen

***“As a house help in this household my boss was robbed and the police found his property”***

***Participant – Bondeni***

The level of satisfaction on services received by police, at baseline was at 42.5% and levels of dissatisfaction was at 57.5%. At endline the levels of satisfaction faced a slight reduction reported at 41.8% and level of dissatisfaction at 58.2%. This reflects the loss of trust between the community and law enforcers.

At baseline the level of satisfaction by services received from these community leaders was at 68.8% and level of dissatisfaction was at 31.2%. At endline the level of satisfaction slightly reduced to 63.8% and level of dissatisfaction slightly rose to 36.2%

For GBV cases, the findings collaborate with previous studies on why there is a higher preference for resolving cases of gender-based violence outside the police. Results from quantitative data show that the Chief and nyumba kumi elders are the main handlers of GBV cases and findings from qualitative analysis revealed that they often focus on preservation of family unit. There is a need therefore to encourage communities to report cases to the police, link survivors with hospitals and mental health services while also encouraging the Chiefs, Nyumba kumi and religious leaders to refer and support survivors of violence to get treatment and justice.

Further qualitative analysis from baseline indicated that bail releases by the police and the courts were among the high levels of dissatisfaction with services. When a person is released on bail, the level of distrust with the police increases and the community resorts to mob justice as a way to get reprieve. Interview with the police confirmed that:

***“some perpetrators of crime when released on bond disappear and it’s the work of the police to track them down for court sessions and in such cases the family of the victim assumes that the police are hiding the perpetrators[7].”***

***Gender Desk Police – Kaptembw***

The study shows that there is either limited understanding of bail in the community or the terms of bail as established in law are not adhered to by the police[1]. This was explained that offenders would continue with the crime after being released, or a high risk of flight and witness tampering.

Despite the views of community members, one security actor explained that the duration taken for cases to be concluded by the courts also contributes to the distrust by community members;

[7] Interview with police gender desk officer

[8] [http://kenyalaw.org/ki/fileadmin/pdfdownloads/Bail\\_and\\_Bond\\_Policy\\_Guidelines.pdf](http://kenyalaw.org/ki/fileadmin/pdfdownloads/Bail_and_Bond_Policy_Guidelines.pdf)

[9] Interview with a police officer in Bondeni.





Security stakeholders further mentioned that they face numerous challenges that affect how they carry out their mandate. The judicial process is slow and costly because of constant delays with evidence analysis and court process. In some instances, the police explained that perpetrators negotiate with the victims before cases are prosecuted and the victim withdraws the case halfway and sometimes the victims who report the case move to an undisclosed location.

***'It's very hard to prosecute cases within a year. The least time it can take is 3 years [9].'***

***Police Officer – Bondeni***

**Table 4: Reasons for dissatisfaction with police**



## Reasons for dissatisfaction with police

*When you report no action is taken so what's the need? Most police officers will just tell you to relocate instead of addressing the reported issues.*

*Sometimes you take the case to the chief then it is taken to the police station .but now your husband's people bribe the police and he is bailed out.comes back and beats you again.as a woman you know you can't go home, what will people say.you forgive him so that your marriage works*

*They always defend ladies and not listen to men ladies are more favored*

*Perpetrators are released without giving explanations. No transfers to police officers working against this crime*

*It takes time for officers to act immediately, perpetrators are aware of patrols so know when to attack and how to get away. There is someone who is leaking information to perpetrators*

# Awareness of Existence of Mental Health Services in Nakuru

The endline assessment sought to compare the level of awareness of community members on the meaning of mental health and knowledge of common mental health problems that exist in Nakuru. Enumerators explained the meaning of mental health to the participants as 'a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.' The data showed that respondents were aware of the existence of mental health problems in their community at 75.1% at endline which is a slight increase from 74% at baseline. The participants explained mental health problems to include mean chronic stress, depression, suicidal thoughts, bipolar disorder, isolation, hallucinations, addiction problems, grief, anxiety and trauma.

The study further investigated the level of awareness by community members on available mental health services in the community. 48.2% of community members are aware of the existence of mental health services which is a slight drop from 51.5% at baseline, 42.7% are not aware (was 40.6% at baseline) while 9.1% are not sure (7.7% at baseline). The current project provides MHPSS services in the community through PFA and PM+ helpers who are trained by MIDRIFT.

Compared to baseline, MIDRIFT CHPs were mentioned more as a key point for seeking mental health services as well as referrals. Out of the 48.2% of participants who are aware of the existence of mental health services, majority mentioned CHPs as the primary providers of basic mental health in the community, then hospitals/facilities e.g. Rhonda health centre, Karagita Dispensary, Naivasha district hospital, Gilgil Mental health hospital, Kijani dispensary, Lakeview hospital in Naivasha, Methonge hospital, Psychologist at Njoro Health centre, Bondeni maternity, Naivasha Level 5, Mother Kelvin etc. and CSOs like Binti Shujaa, Love and Hope, Red-Cross, MIDRIFT.

Religious institutions were also mentioned to provide counselling e.g Akorino church in Mwariki A and St. Patrick Xavier Catholic church in Nakuru. Participants also mentioned how mental health information is passed in Chief baraza meetings in Njoro and KK Unit (Kaptembwo) and referrals from Nyumba kumi and the Chiefs office. CHPs in Bondeni were also mentioned to be a key referral point to Bondeni dispensary. Compared to baseline, family members and friends were least mentioned.

Overall findings show that the level of awareness on the existence of MHPSS services in the project intervention area differs depending on the area. Comparing levels of awareness in the four areas, Njoro was lowest at 22% where MIDRIFT had minimal interventions.

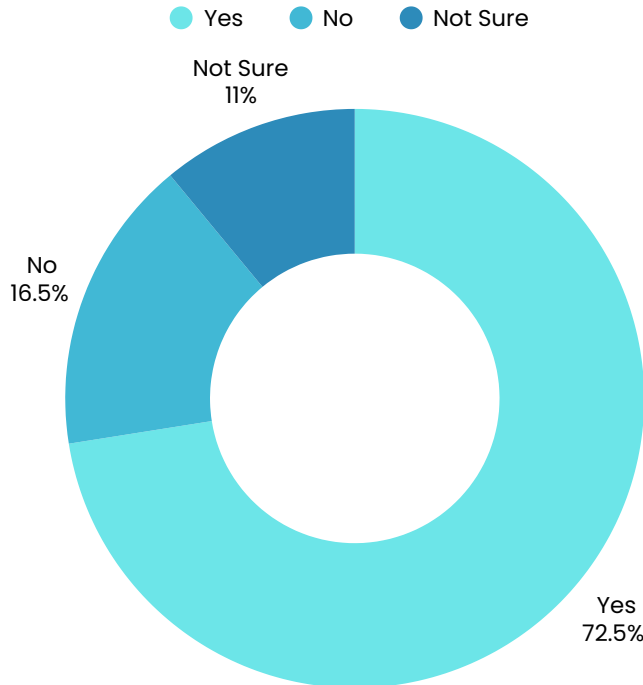
In Nakuru Town East is at 50% and Nakuru West at 51% and highest in Naivasha at 72.5%. Compared with baseline data, awareness in Naivasha significantly improved from 65% in 2023 to 72.5% in 2024, Awareness however went lower in Njoro from 37% to 22%. Level of awareness in Nakuru East and West did not change at 53% and 50% respectively at baseline to 50% and 51% respectively at endline.

There are several challenges in accessing mental health services in Njoro. Firstly, many people do not voluntarily seek out these services. A religious leader and counselor, observed that individuals are often reluctant to open up about their personal lives. Additionally, those who have undergone mental health treatment frequently face stigmatization upon returning to their communities.

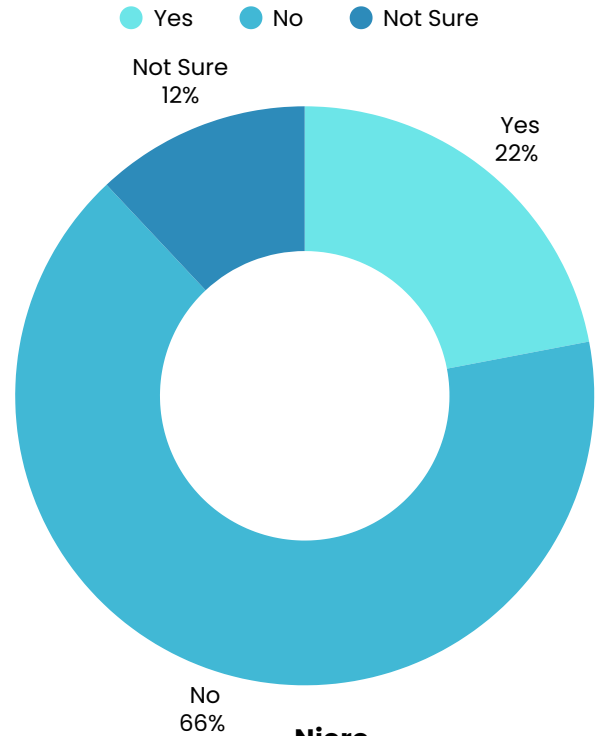
At Njoro Sub-County Hospital, a counsellor based at the facility noted that there is lack of space for conducting counseling sessions, often sessions take place under a tree. Follow-up is another issue, as there is no airtime to call clients for their subsequent sessions, and some clients cannot afford transportation to the hospital. Stigmatization of people with mental health issues is prevalent, further discouraging individuals from seeking help.

# Awareness of Existence of Mental Health Services in Nakuru

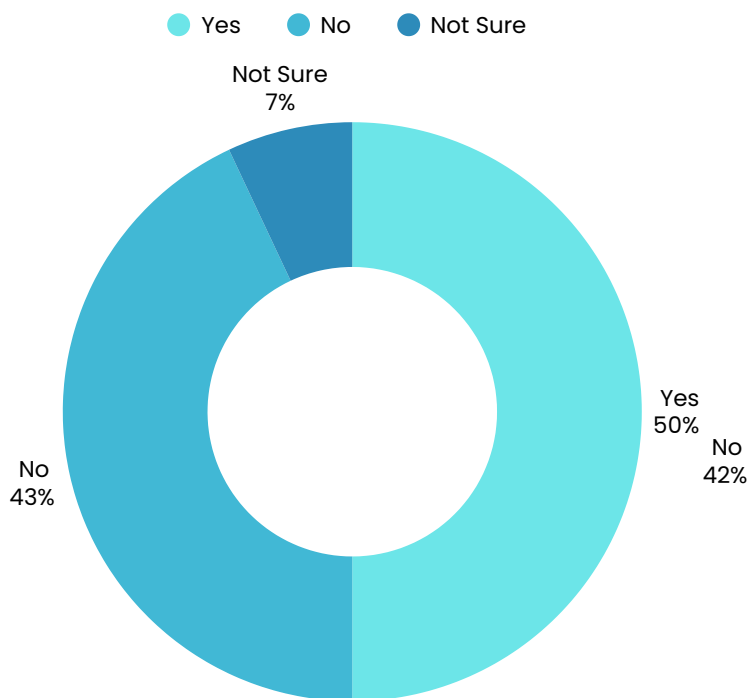
*Graph 5: Existence of mental health services in your area*



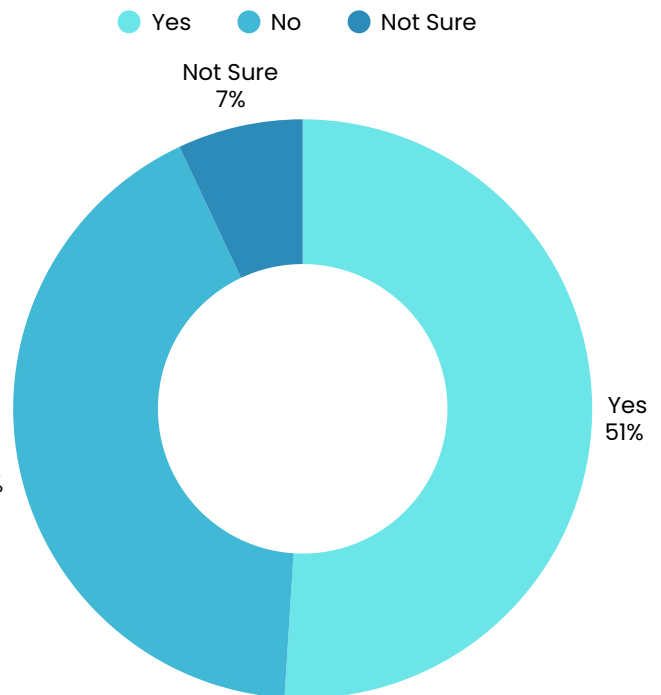
**Naivasha (Karagita)**



**Njoro**



**Nakuru East (Bondeni)**



**Nakuru West  
(Kaptembwo, Rhonda)**



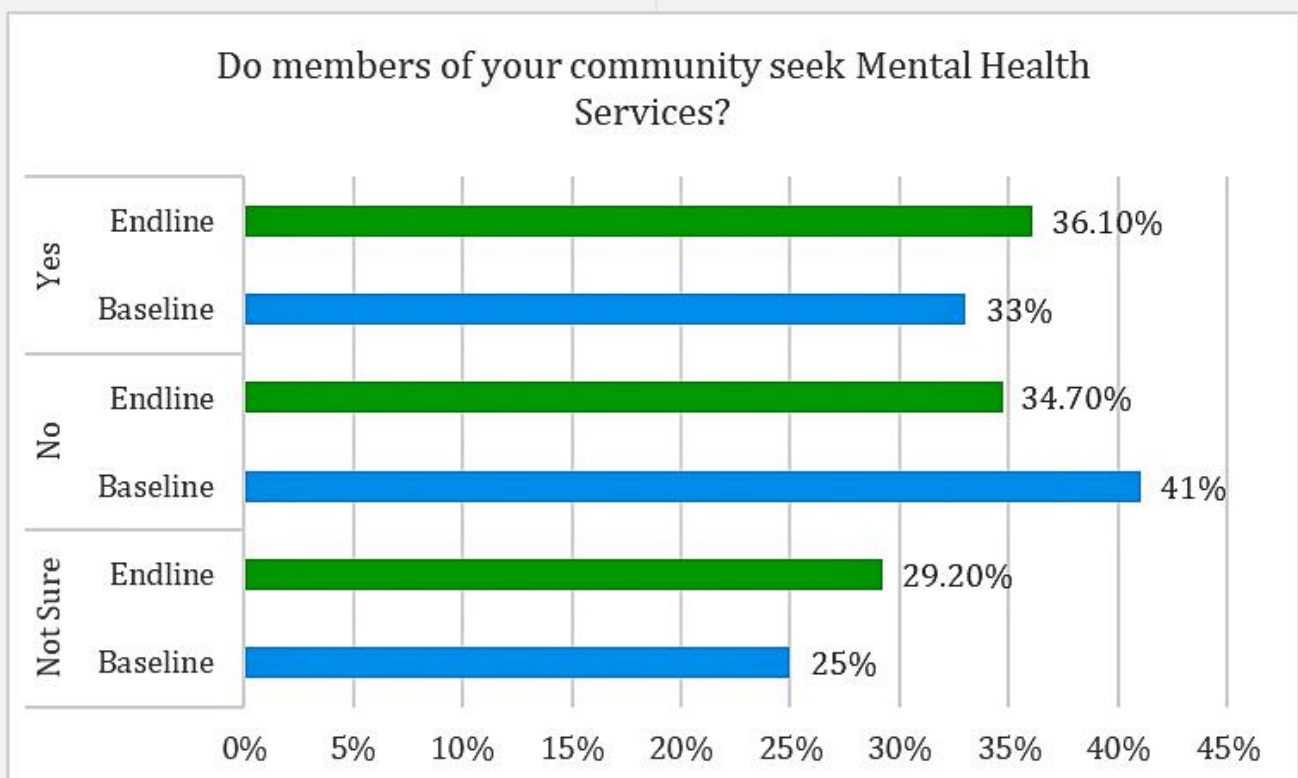
Given the focus of the project interventions in terms of MHPSS, the findings for Njoro is significantly lower than the other intervention areas because MIDRIFT currently does not offer MHPSS services there. Further analysis to establish level of awareness on existence of MHPSS services within the units/villages showed that the levels of awareness were highest in stima line, Sanctuary, Manyani and Jasho and were below 15% in the following villages: Phase II, Njokerio, Nessuit, Mauche, Mau Narok and Kware.

## Access to Mental Health

Respondents were also asked whether they access the mental health services or whether they know anyone in their community who seeks mental health services that are available in their community. Out of this, 36.1% indicated that yes, community members seek these services, 34.7% do not seek mental health services while 29.2% are not sure.

**Graph 5: Existence of mental health services in your area**

From the graph, help seeking behavior increased in the community from 33% at baseline to 36.1% at endline. This indicates that there is more awareness on where to seek services and community members are seeking them. For community members who do not seek mental health services, they attributed this to the following: Lack of awareness on the existence of mental health services, breach of confidentiality by some CHPs, community stigma towards people who suffer from mental health problems, Lack of mental health services especially in Mauche (Cherote area).



# Recommendations

## **i. Lobby for the mainstreaming of PFA and PM+ into the Nakuru County Department of Health Services**

MIDRIFT has been working closely with the Nakuru County Department of Health to capacity strengthen Community Health Promoters (CHPs) and Community Health Extension Workers (CHEWs) to be PFA providers and PM+ helpers and supervisors to enhance community health services access. Based on the results of the endline survey MIDRIFT recommends that PFA and PM+ services be integrated into the Nakuru County Department of Health Services. This will enhance inter-sectoral coordination in awareness creation, strengthening referral pathways, and budgetary allocation and support for CHPs as well as CHEWs and support for the training of PFA providers and PM+ helpers.

## **ii. Strengthening the Capacity of Institutions for Violence Prevention and Response**

There is a need to strengthen the capacity of institutions such as religious leaders and Chiefs who play proactive roles in preventing violence and improving access to Mental Health and Psychosocial Support (MHPSS). This will involve an orientation training in Psychological First Aid (PFA) and also link them with existing MHPSS referral pathways.

There is a need to enhance the capacity of institutions responsible for violence prevention including the police, Chiefs, community leaders/ nyumba kumi elders on their roles. This can be done through capacity strengthening sessions on their role to encourage reporting of crime and ensuring confidentiality when handling cases and the importance of protecting whistleblowers.

## **iii. Strengthening socio-economic capacities for at-risk individuals and groups**

The end-line survey has shown an increase in crime rates in Nakuru County, and this can be explained by the tough economic times during the past year. There is a need to promote socio-economic empowerment programs targeting at-risk groups within the community by collaborating with other state and non-state actors that offer socio-economic empowerment programs, financial literacy and management such as; National Government Affirmative Action Funds (NGAAF), Uwezo Funds, Women Enterprise Funds (WEF), Bursary Funds, Kenya Association of Manufacturers (KAM) among others.

## **iv. Strengthening Community- Police Trust**

From the endline survey findings, reporting of robbery cases to the police decreased from 47.1% to 45.9% while the level of satisfaction decreased from 51.3% to 35.6%. It is important to address the dynamics between law enforcement agencies and the community to tackle the underlying causes of distrust between the community and the Police. This can be achieved through Community Accountability Forums to foster trust and collaboration between the community in the intervention areas in liaison with Police Oversight Bodies e.g Independent Policing Oversight Authority (IPOA), Ethics and Anti Corruption Commission (EACC), the Kenya National Commission on Human Rights (KNCHR), the Internal Affairs Unit (IAU), and the Commission on Administrative Justice (Office of the Ombudsman).



**ANNEX 1 Google Maps: Research Areas.**

**Data collection points: Njoro**







### **Data collection Points: Nakuru East and West**





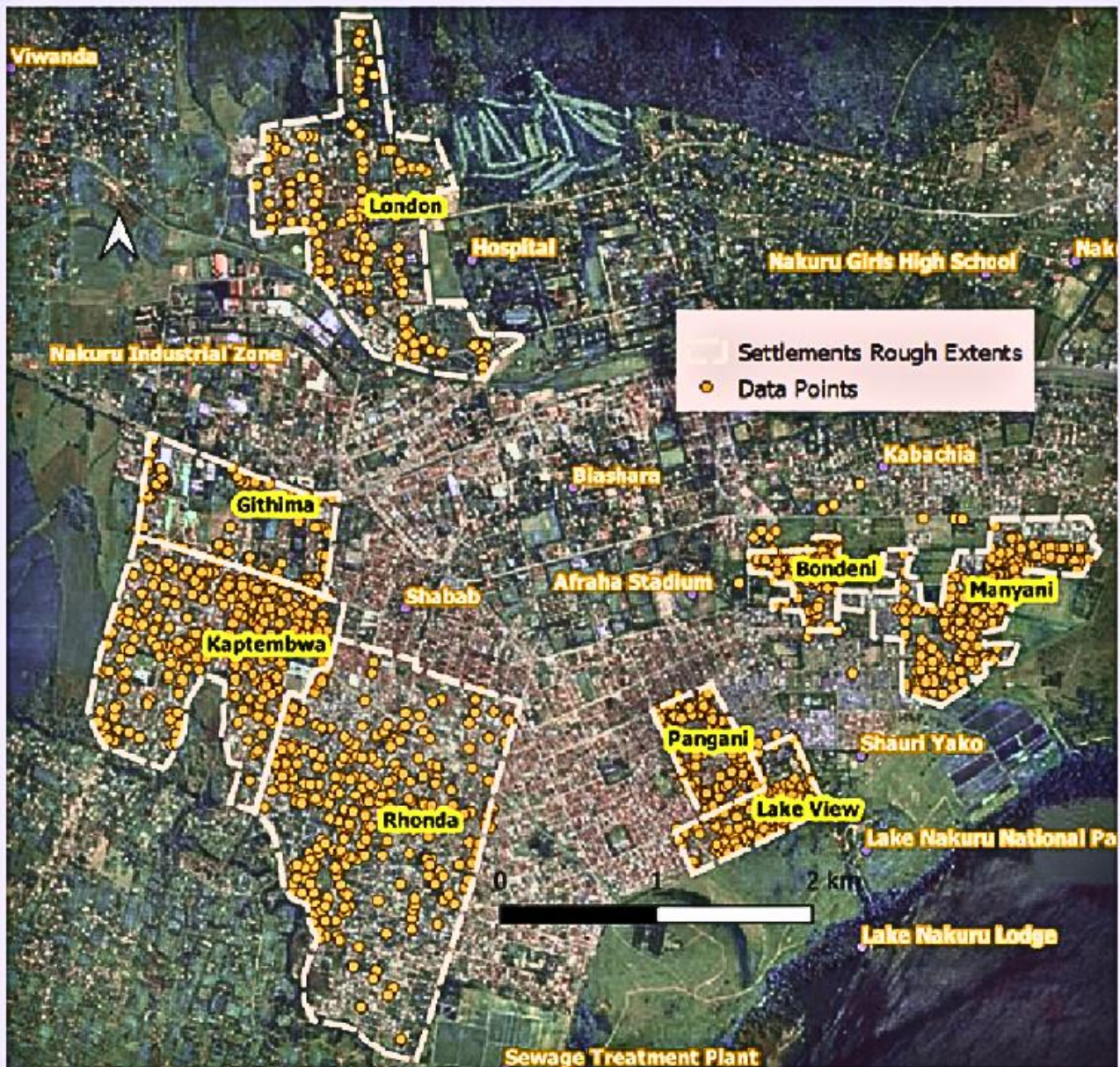
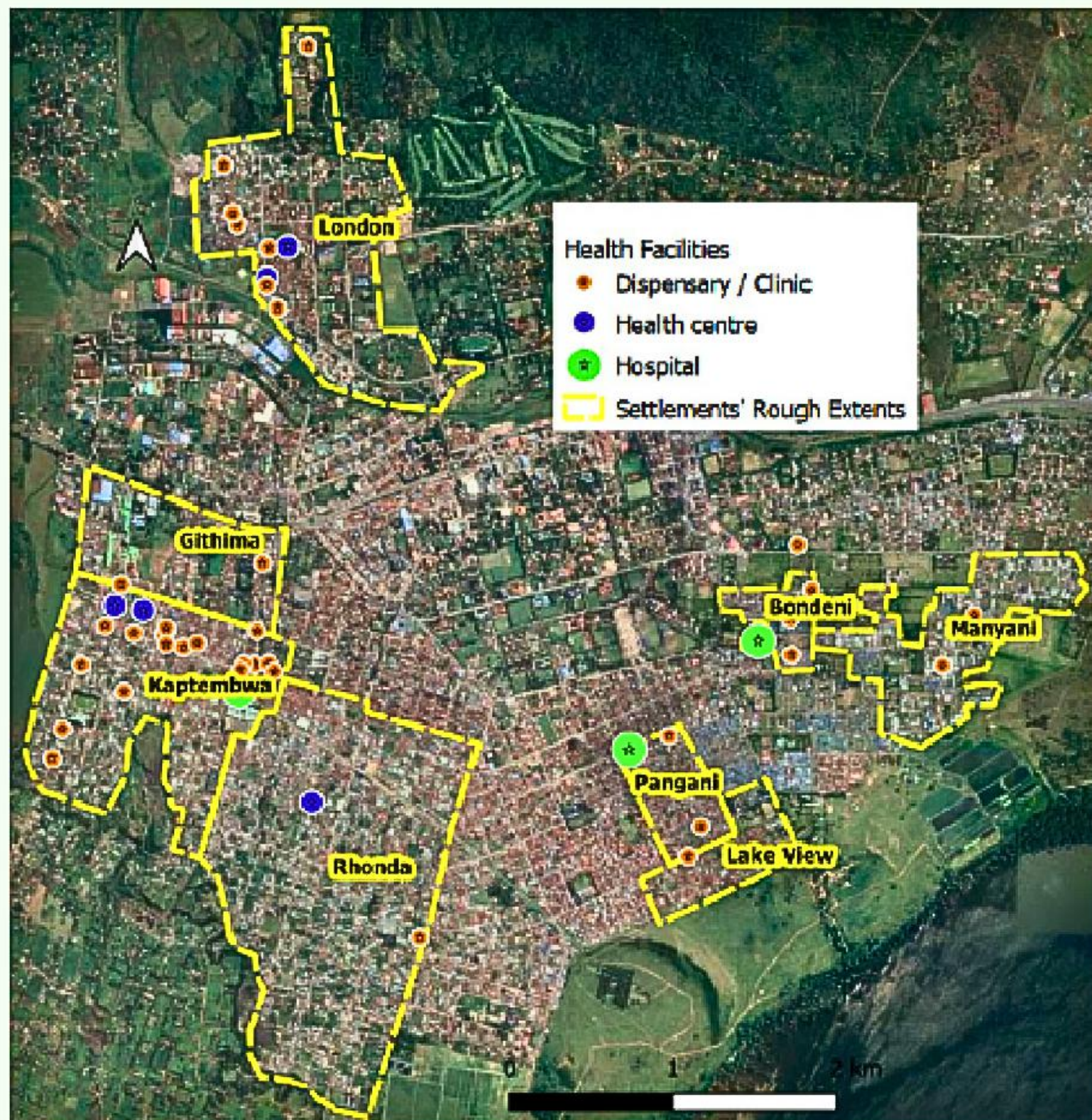


Figure 1: Mapped informal settlements areas and locations of data points

1. Kenya Population and Housing Census, Vol II (2019).
2. Nakuru County Integrated Development Plan, 2018-2022 (2018)



A total of 46 health facilities were mapped: 38 dispensaries, 5 health centres and 3 hospitals.





Organization	Services offered	Location
AGC Church Naivasha	Marital counselling services	Naivasha
Agatha Amani House Organization	Shelter & rescue center for SGBV survivors	Naivasha
Kijani Dispensary Naivasha	PFA, PM+, Counselling services	Naivasha
Naivasha referral hospital	Psychiatric services among others	Naivasha
Bondeni Maternity Hospital	Counselling and Treatment services	Bondeni
Njoro District hospital	Psychology	Njoro
JOMEC Drug recovery center	Rehabilitation Services	Naivasha Town
Serein Centre	Counselling Centre	Nakuru Town
Love & Hope Counseling Centre	Orphans and Vulnerable Groups	Kanyon Nakuru
Nakuru PGH	Psychiatric services, Counselling, Treatment Centre	Nakuru Town
Nawiri Wellness	Psychological support for addictions	Lanet, Nakuru
Lanet Rehabilitation Center	Drug Rehabilitation	Lanet, Nakuru
YMCA Naivasha	Youth Centre	Next to Naivasha Level IV
Psychiatric clinic in gate house	Psychiatric services	Nakuru Town

*Annex: Organizations providing MHPSS services mapped at Baseline.*

Psychiatric clinic in gate house	Psychiatric services	Nakuru Town
Redcross Psychologists	Psychology services	Naivasha, Nakuru (Shabab)
Gilgil Hospital	Psychiatric clinic available	Gilgil Town
Mau Narok Health Centre	Psychiatric services	Mau Narok, Njoro
FOLLAP	Legal Aid	Egerton University
FIDA	Legal aid services (Land issues, Women rights etc)	Nakuru Town
Children Officers	Child protection services	Nakuru E&W (Bondeni, Kapkures)
Barut Mission	Child Rescue Centre	Kapkures
Nairobi Women's Hospital	SRHR Services	Nakuru Town
Women Like Us	Training & Skills development	Nakuru Town
Hekima Catholic Church	Community Counselling Outreach programmes	Bondeni
World Vision	Community led care & OVC	Nakuru Town
Langa Langa Health Centre	Counselling services	Nakuru Town East







## Contacts



**Tel. No**

+254 700 423 262



**Email**

[info@midrifthurinet.org](mailto:info@midrifthurinet.org)



**Website**

[www.midrifthurinet.org](http://www.midrifthurinet.org)

   @midrifthurinet

MIDRIFT HURINET © 2024