



REPUBLIC OF KENYA



# National Plan of Action for Children in Kenya

2015-2022







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# FOREWORD

Kenya became a signatory to the United Nations Convention on the Rights of the Child (UNCRC) in 1990 and was the 20<sup>th</sup> member state to ratify the instrument. This was a major milestone in the promotion and protection of children's rights and welfare in Kenya.

In the 1990s a National Programme of Action to operationalize the World Summit Declaration and Plan of Action for Survival, Protection, Development and Participation of Children was developed. The National Programme of Action marked a major step in the continued effort to articulate and address the concerns of children and women in Kenya. It detailed the world summit goals and became an integral part of development plans and policy documents on various issues concerning children.

The enactment of Children Act 2001 led to the incorporation of the provisions of the UNCRC and the African Charter on the Rights and Welfare of the Child (ACRWC) while also taking cognizance of other Human Rights instruments that relate to children.

The Kenya Vision 2030 through the Medium Term Plans also highlights the flagship projects to be undertaken towards the realization of children's rights for national prosperity.

Kenya has made great strides in an endeavour to fulfill the rights of children in spite of many challenges. The promulgation of the Constitution in 2010 was a major milestone for the children of Kenya, as it recognizes some fundamental human rights, in keeping with the UNCRC, the ACRWC and other international and regional treaties.

The allocation of funds towards children's programmes has been steadily increasing. There is greater awareness of children's rights in Government, Ministries and Agencies, other organizations and the wider public. Area Advisory Councils that consist of relevant government ministries, key partners and stakeholders working with, and for children have been instrumental at the county, sub-county and ward levels in creating awareness on child rights and welfare.

On recommendation of the UN Committee on the Rights of the Child during Kenya's 2<sup>nd</sup> State Party Report 2004 -2008, Kenya developed a National Plan of Action (NPA) which covered all the rights in the Convention and took into account the World Fit for Children (WFFC) goals.

After the expiry of the NPA 2004-2008, the NPA 2008-2012 was developed through the co-ordination of the National Council for Children's Services, and successfully implemented. Major gains were made in the pillars of Survival, Development, Protection and Participation.

The Council reviewed the NPA 2008-2012 through a consultative process with key partners and stakeholders. The findings of the NPA 2008-2012 formed the basis of the NPA 2015-2022, which is aligned to the Medium Term Plans of Kenya Vision 2030.

It is expected that the NPA 2015-2022 will assist and continue to strengthen efforts to establish a mechanism for co-ordination throughout the country and, trigger further allocation of adequate resources to support children rights at both national and local levels.

I call upon all children's service providers across the country to familiarize themselves with the NPA document to ensure that all read from the same script and therefore adhere to the identified priority interventions for the advancement of children's rights in Kenya.



Joyce Ngugi  
Chairperson, National Council for Children's Services.



# ACKNOWLEDGEMENTS

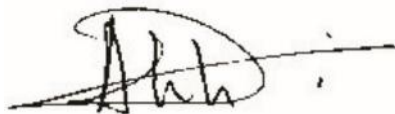
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Ahmed Hussein, MBS, HSC  
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# ABBREVIATIONS

AAC	Area Advisory Council
ACRWC	African Charter for the Right and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
AVSR	Annual Vital Statistics Report
CLTS	Community-Led Total Sanitation
CPMIS	Child Protection Management Information System
CPR	Contraceptive Prevalence Rate
CPU	Central Planning and Monitoring Unit
CSO	Civil Society Organisation
DCS	Department of Children's Services
EAC	East Africa Community
ECDE	Early Child Development Education
EMTCT	Elimination of Mother-to-Child Transmission
FBO	Faith Based Organisation
FGM	Female Genital Mutilation
GER	Gross Enrolment Rate
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
ITN	Insecticide-Treated Net
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework
KPRR	Kenya Prevention Revolution Roadmap
KCA	Kenya Children's Assembly
KDHS	Kenya Demographic and Health Survey
KNBS	Kenya National Bureau of Statistics
KNLS	Kenya National Library Services
KPHC	Kenya Population and Housing Census
KWSIP	Kenya Water Sector Investment Programme
LLITNS	Long Lasting Insecticide Treated Nets
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
M&EF	Monitoring and Evaluation Framework
MOE	Ministry of Education
MOH	Ministry of Health
MOSCA	Ministry of Sports Culture and Arts
MTP	Medium Term Plan
NACADA	National Authority for Campaign against Alcohol and Drug Abuse
NCCS	National Council for Children's Services
NCPD	National Coordinating Agency for Population and Development
NCST	National Council of Science and Technology
NER	Net Enrolment Rate
NIMES	National Integrated Monitoring and Evaluation System
NKCA	National Kenya Children's Assembly
NPA	National Plan of Action
ODF	Open Defecation Free
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PMTCT	Prevention of Mother-to-Child Transmission
REPSSI	Regional Psychosocial Support Initiative

SDGs	Sustainable Development Goals
SITAN	Situation Analysis of Women and Children
SUN	Scaling up Nutrition
UNCRC	United Nations Convention for the Rights of the Child
UNCESCR	United Nations Covenant on Economic, Social and Cultural Right
UNICEF	United Nations International Children's Emergency Fund
VACS	Violence Against Children Survey
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WFFC	World Fit For Children

## DEFINITION OF TERMS

**Council:** National Council for Children's Services.

**Child neglect:** Neglect is the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter and safe living conditions in the context of resources reasonably available to the family or caretakers and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral and social development. This is the failure to properly supervise and protect children from harm as much as feasible.

**Child labour:** Any economic exploitation or work that is likely to be hazardous or to interfere with the child's development, or to be harmful to the child's health or physical, mental, spiritual, moral and social development.

**Child abuse:** Involves acts of commission and omission, which result in harm to the child. The four types of abuse are physical abuse, sexual abuse, emotional abuse and neglect.

**Child protection:** Is the process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of violence, exploitation, abuse or neglect.

**Child trafficking:** A child is trafficked if he or she has been moved within a country, or across borders, whether by force or not, with the purpose of exploiting the child.

**Child friendly institutions:** the environment and structures of institutions (children's court, waiting room for the courts, child protection units and desks in police stations etc) should be painted with bright colors, have cartoon drawings, and a room setting that is child friendly such as round table sitting arrangement, provision of a play area and other facilities that engage children in play and leisure. The facility should also provide privacy to enable children to give confidential information.

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# OVERVIEW

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Kenya's total population according to the 2009 census is 38.6 million, of which 21 million are children, and 6 million are aged 0-4 years (KPHC, 2009). The Kenya government signed and ratified the UN Convention on the Rights of the Child (UNCRC) and the African Charter on Rights and Welfare of Children (ACRWC) and domesticated these treaties through the Children Act (2001),

Kenya submitted the initial, first and second Periodic Reports on UNCRC to the UNCRC Committee, the first report on the UNCESCR and the first Report to the African Union committee of experts on the rights and welfare of the child. Further, Kenya participated in the United Nations General Assembly Special Session on children in 2002 and consented to the World Fit for Children (WFFC) four goals namely; promoting healthy lives, providing quality education, protecting children against abuse exploitation and violence and combating HIV and AIDS. This was preceded by the Africa Fit for Children which led to the production of the Africa Common Position for Children that informed the WFFC process and is now implemented by African heads of state.

In an attempt to promote and protect the rights of children in Kenya, the government developed the National Plan of Action (NPA) 2008-2012.

The relevant legal and policy instruments that guided the NPA 2008-2012 are the Convention on Protection of Children and Co-operation in Respect of Inter Country Adoption, the UN Covenant on Economic, Social and Cultural Rights (UNCESCR), the UN Covenant on Civil and Political Rights, the UNCRC Optional Protocols on Sale, Trafficking and Sexual Exploitation of Children and the Protocol on Involvement of Children in Armed Conflicts, the International Labour Organization Conventions 138 and 182, the National Children Policy and other relevant sector-specific policies of the Kenya Government.

The NPA 2008 -2012 was also informed by the observations and the concluding remarks of the initial, first and second state party reports to the UNCRC and the first report to UNCESCR.

The National Council for Children's Services (NCCS) together with other line Ministries, Departments and Agencies reviewed the NPA 2008-2012. The review aimed at identifying the achievements, gaps, lessons learnt and challenges. The results of the review informed the development of the 2015-2022 NPA.

The development of this NPA was spearheaded by NCCS through an inclusive, participatory and widely consultative process with representation of key stakeholders among them children, ministries, government departments and agencies, development partners, non-state actors, community and faith based organizations working with and for children.

The NPA 2015-2022 has been aligned to the Constitution of Kenya 2010 and been designed to contribute to the realization of the goals of Kenya Vision 2030. It has also taken into consideration the Sustainable Development Goals (SDGs), which will succeed the Millennium Development Goals (MDGs) that contain a wide range of proposed activities aimed at safeguarding children's rights to survival, development, protection and participation.

The NPA has also been informed by the Children Act, 2001, recommendations of the ACRWC(2015), Situational Analysis of Children and Women Report 2014, Violence Against Children Report, 2010, the findings of the 2008-09 and 2014 Kenya Demographic and Health Surveys, 2012 and 2015 Economic Surveys, findings from the tools administered to County Children Coordinators and Children, National Children Policy and other relevant documents.

The NPA provides an operational framework to guide stakeholders and partners in coordinating, planning, implementing and monitoring programmes for the child. In addition, it outlines priorities and interventions necessary for the progressive realization of children's rights in Kenya. These priorities and interventions are designed to address the specific gaps identified by stakeholders.

The overall management, oversight and coordination of the NPA will be the responsibility of the NCCS with support from relevant stakeholders as stipulated in the framework. The NPA has defined some priorities and interventions to address the gaps identified as necessary for the progressive realization of children's rights in Kenya. It aims at coordinating and integrating ongoing sector-specific efforts to avoid any overlap and to ensure optimization of resources and benefits for children and young people in Kenya.

Further, it complements and integrates ongoing government sector-specific plans, development partner plans including UN agencies, non-state actors and other key stakeholders working with and for children.

There are emerging issues, anticipated challenges and risks in the actualization of this NPA. These include:

- Inadequate disaggregated data and information from various regions and sectors to inform the Plan on situations of various categories of children.
- Weak enforcement of legislation and policies.
- Inadequate coordination of services among key stakeholders in the children sector.
- Inadequate resources to implement the planned activities.
- High levels of poverty as 46% of the population lives below the poverty line and may not be able to contribute to the realization of the Plan.

The NPA is organized according to the four pillars of the UNCRC which are; survival, development, protection and participation. The first four chapters begin by highlighting the overall situation for each pillar, the legal and policy framework as well as the planned activities to achieve relevant targets during the period 2015-2022.

Coordination and Monitoring and Evaluation (M&E) mechanisms are important processes of any plan of action and have been incorporated in this NPA. Coordination ensures that the planned activities run smoothly while M&E helps in improving performance.

The plan also highlights expected outcomes, broad objectives, outputs, indicators and time frame, which are stipulated in the planning matrix.

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# CHAPTER ONE

## RIGHT TO SURVIVAL

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### 1.0 RIGHT TO SURVIVAL

Article 6 of the United Nations Convention on the Rights of the Children (UNCRC) recognizes that every child has an inherent right to life and that state parties shall ensure, to the maximum extent possible the survival and development of the child. It further states in Article 24, that children have the right to good quality healthcare, to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy. The article further underscores the right of the child to the enjoyment of the highest attainable standard of health and to facilities for treatment of illness and rehabilitation of health. Health is therefore of central importance because the enjoyment of various other rights is based on the extent to which health is secured.

Article 14 of the African Charter on the Rights and Welfare of the Child (ACRWC) recognizes that every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health.

Article 43 (a) of the Kenya Constitution states that “Every person has the right to the highest attainable standard of health, which includes the right to healthcare services, including reproductive health care; access to reasonable standards of sanitation; to be free from hunger and have adequate food of acceptable quality; to clean and safe water in adequate quantities; and a person shall not be denied emergency medical treatment”.

The Kenya Vision 2030 Medium Term Plan (MTP) II states that the Government will put emphasis on universal access to healthcare, preventive and primary healthcare, clean water, management of communicable disease,s maternal and child health, and non-communicable diseases. It will also invest in medical research, pharmaceutical production and health tourism as a means of diversifying external revenue sources and serve as a regional hub for health services.

For a state to achieve maximum development, it must accord high priority to its human resource. In providing healthcare services to children both curative and preventive measures must be considered. This entails providing:

- Antenatal care.
- Safe motherhood.



- Enhanced immunization coverage.
- Balanced nutrition.
- Safe drinking water and sanitation.
- Control and management of malaria, pneumonia, diarrhoea and HIV and AIDS among others.

## **1.1 SITUATIONAL ANALYSIS**

According to the Kenya Demographic and Health Survey (KDHS, 2014) infant and child mortality decreased significantly between 2010 and 2014. Much of the reduction was due to reduced malaria deaths, increased immunization and expansion of low-cost health interventions.

Over the last few years, Kenya also made good progress in adopting various policies and commitments such as a Food and Nutrition Security Policy, the Breast Milk Substitute and Control Bill, legislation for mandatory fortification of wheat flour, maize flour and oil with vitamins, and joining the Scaling Up Nutrition (SUN) movement. Even with all these policies in place, the nutrition related MDGs had the most unequal progress because the poorest households and children were the most deprived. The other MDGs in this category were those dealing with sanitation, and access to skilled deliveries. Several initiatives like the beyond zero campaign have been launched to address maternal, newborn and child health in Kenya.

Currently, half of all child deaths are due to newborn infections and pneumonia, with diarrhoea and HIV also contributing significantly. The low percentage of deliveries by skilled personnel is a major underlying cause of infant mortality. While the recent introduction of new vaccinations offers some prospect of reducing the burden of diarrhoea and pneumonia, sustained progress will require increasing mothers' access to antenatal, skilled delivery, Elimination of Mother-to-Child Transmission (EMTCT) services and better newborn care. Realizing children's rights to survival, growth and development will also require extension of low-cost community-based interventions to the very poor children.

### **1.2.1 Infant and child mortality**

As at 2014, the infant mortality rate stood at 39 deaths per 1,000 live births, down from 52 in 2008-09. The level of under-five mortality is 52 deaths per 1000 live births up from 74 in 2008-09. This means that at least 1 in every 19 children born in Kenya between 2008-2009, died before celebrating their third birthday (KDHS, 2014).

The improvement in child survival can be attributed to increased usage of mosquito nets among children and improved maternal health including, an increase in the proportion of births assisted by a skilled provider and delivered in a health facility, and an increase in postnatal care (KDHS, 2014). Despite the major gains in reducing infant and child mortality, there are still some major challenges that eventually lead to mortality. These include:

- Poor access to health services
- Long distances to a health facilities
- Inadequacies in the healthcare system such as lack of essential drugs, supplies and personnel
- Poor environmental and living conditions such as unhygienic practices at household level, malnutrition and poverty
- Diseases
- Early childhood or birth complications such as, low birth weight, and infections such as sepsis, meningitis, HIV and malaria

## 1.2.2 Causes of child and maternal mortality in Kenya

### i) Pneumonia

Pneumonia is the main cause of death for about 21,000 Kenyan children under the age of five, each year and it is the leading cause of childhood morbidity in areas with low prevalence of malaria (WHO 2010 and KPHC 2009). A large proportion of the caregivers of these children only initiate treatment when the illness becomes severe.

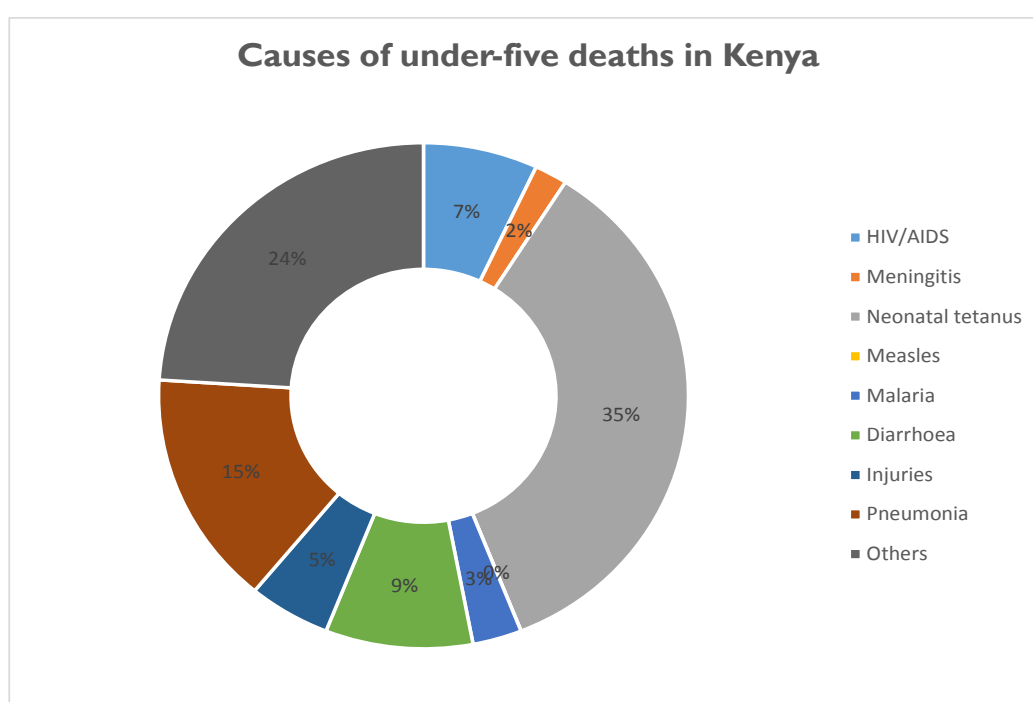


Figure 1: Causes of under-five deaths in Kenya

Source: WHO/CHERG, 2012

## **ii) Malaria**

Appropriate and timely treatment of children with suspected malaria remains a particular challenge in Kenya. According to the Ministry of Public Health and Sanitation, Kenya National Bureau of Statistics, ICF Macro and the 2010 Kenya Malaria Indicators Survey, fewer than one in six children with suspected malaria, including those in endemic regions, access treatment with the recommended line of treatment on the same day of falling ill or the following one.

One major milestone in the fight against childhood deaths caused by malaria has been the increased ownership and use of insecticide-treated nets. Findings, from the 2014 KDHS indicate that 59 percent of children under five slept under a mosquito net the night before the survey while 54 percent slept under an insecticide-treated net (ITN). Further, in households with at least one ITN, 77 percent of children under age five slept under and ITN the night before the survey. Children and pregnant women in the malaria-prone regions of Western, Nyanza, and Coast were more likely to have slept under and ITN the night before the survey compared with those in other regions.

## **iii) Diarrhoea**

Diarrhoea is the third leading cause of under-five mortality in Kenya. Oral Rehydration Therapy (ORT), which involves a prompt increase in the child's intake of fluids, is a simple and effective response to diarrhoeal illness. The number of children given a solution prepared using a packet of oral rehydration salts increased from 39 percent in 2008-2009 KDHS to 65 percent in the 2014 KDHS. North Eastern region has the lowest percentage of children receiving ORT at 65.6 percent.

## **iv) Immunization coverage**

Kenya has recorded an increase of almost 20 percent in immunization over the past four years according to administrative data provided by the Ministry of Health. 84 percent of children less than one year of age have received all scheduled routine vaccines. This shows an improvement from the 65 percent reported in the 2008-2009 KDHS Survey. Although the number of un-immunized children has declined over the years, an estimated 176,000 children did not receive any routine vaccine in 2011.

The 2014 KDHS indicates that the proportion of children fully vaccinated in North Eastern and Nairobi regions are low compared to other regions, with only 42 and 60 percent of children fully immunized respectively. Coverage levels are close to 78 percent for children in Central and Eastern regions. Counties with low fully-vaccinated coverage were Mandera at 28 percent and, Migori and Wajir at 38 percent each. Coverage levels

were high in Nandi, Vihiga and Tharaka-Nithi counties with 94 percent for Nandi and 91 percent for both Vihiga and Tharaka-Nithi counties.

In 2012, measles caused 67 child deaths. The accumulation of un-immunized children over the years led to a measles outbreak affecting children up to 15 years of age and an outbreak of polio also occurred in 2011 in Rongu, Western Kenya.

Neonatal tetanus is estimated to cause approximately 2 percent of neonatal deaths with only 74 percent of children protected at birth.

### **v) Maternal health**

A mother's good health represents the child's best hope for survival. When a mother dies, is weakened by a disability or is overwhelmed by the needs of many children her children's lives are threatened – and too often lost. Conversely, if a mother's health and well-being are supported together with child survival efforts, then mothers, children and the entire society benefits. Good maternal health focuses on several issues described below.

*a) Antenatal Care:* The proportion of women making at least 4 (which is the recommended number) antenatal care visits to a professional healthcare provider increased from 88 to 96 percent between 2003 and 2014 (KDHS, 2014).

*b) Skilled Delivery:* The percentage of births attended to by a skilled provider and the percentage deliveries occurring in health facilities increased by about 20 percentage points from 2013 to 2014 (KDHS, 2014).

*c) Access to Family Planning:* The level of current contraception use is the most widely employed and valuable measure of the success of family planning programmes. The contraceptive prevalence rate (CPR) is usually defined as the percentage of currently married women who are currently using a method of contraception. Slightly more than half of currently married women (58 percent) are using some method of contraception. Contraception is more prevalent among married women in the 30-34 age-group and lowest for women aged 15-19.

Central region has the highest contraceptive prevalence rate of 73 percent followed by eastern region at 70 percent. Contraceptive use is lowest in the North Eastern region at 3 percent. Counties with the lowest contraceptive prevalence rates are predominantly from northern Kenya and include; Mandera and Wajir at 2 percent, Garissa at 6 percent,

Turkana at 10 percent and Marsabit at 12 percent (KDHS, 2014).

d) *Post Natal Care*: A large proportion of maternal and neonatal deaths occur during the first 48 hours of delivery. Postnatal care is important for both the mother and the child, to treat complications arising from delivery as well as to provide the mother with important information on how to care for herself and the child. There is an increase in the proportion of women receiving postnatal care from 42 percent in the 2008-09 KDHS to 51 percent in 2014 KDHS.

e) *Maternal Mortality*: Administrative data from the Ministry of Health (MOH) indicates that, maternal mortality has decreased from 488 in the 2008-09 KDHS to 360 deaths per 100,000 live births in the 2014 KDHS. This can be attributed to the provision of free maternal health services with deliveries in public health facilities currently averaging at 80 percent.

Despite the significant gains in reducing maternal mortality, there are some complications that may arise during pregnancy, at delivery and the after the delivery period. Some of the causes of death include; bleeding after giving birth, high blood pressure, infections in pregnancy, obstructed labour, complications after miscarriage, delays in decision to seek care, long distances to health facilities and receiving adequate care at a health facility. These problems are compounded by having weak health systems, financial challenges and poor quality care.

#### **vi) Child nutrition**

A comparison of the 2008-09 KDHS nutrition data with that of 2014 indicates an overall improvement in the nutritional status of children in Kenya. Stunting has decreased from 35 to 26 percent. West Pokot and Kitui Counties have the highest proportions of stunted children at 46 percent. Wasting also declined from 7 to 4 percent in 2014 and the proportion of underweight children declined from 16 to 11 percent.

The proportion of children younger than 6 months who were exclusively breastfed increased from 32 percent in 2008-09 KDHS to 61 percent in 2014. The proportion of children less than 6 months using a bottle with a nipple has also decreased from 25 percent in 2008-09 to 11 percent in 2014. Optimal breast feeding and complimentary feeding practices are essential to meet the nutritional needs of children in the first years of life.

The challenges of under nutrition are particularly due to poor maternal micro-nutrient

status and consequently low birth weights, poor infant feeding practices, lack of access to safe water, inadequate sanitation and safe hygiene practices, as well as malaria and HIV and AIDS (KNBS & ICF Macro, 2010).

### **vii) HIV and AIDS in Children**

HIV and AIDS is a major threat to child survival and development as it affects the nutritional status of children and leads to increased incidences of common infections. The Kenya AIDS Indicator Survey (KAIS) 2012 reported that 191,840 children below the ages of 14 are living with HIV. New HIV infections in children reduced from 23,000 in 2007 to 12940 in 2013 (KAIS, 2013; NACC, 2014).

The main mode of transmission of HIV to children is through their mothers. As a strategy to eliminate this transmission there is need for HIV testing and increased Prevention of Mother-to-Child Transmission (PMTCT) coverage among pregnant women. As of 2013, HIV testing rates had increased to 92.2 percent up from 68.3 percent in 2009. Over the same period, PMTCT prophylaxis coverage reduced to 70.6 percent down from 73 percent. The percentage of pregnant women accessing comprehensive EMTCT services, between 2011 and 2013, increased from 65 to 71 percent. The percentage of HIV-exposed infants who received a virological test for HIV within 2 months of birth increased from 39 percent in 2011 to 45 percent in 2013 (KARPR 2014).

### **1.2.3 Children with disabilities, special needs, chronic illnesses and conditions**

Article 23 (children with disabilities) of the UNCRC states that children who have any kind of disability have the right to special care and support as well as all the rights in the convention, so they can live full and independent lives.

Children with special needs require different interventions beyond the health sector, which include but not limited to, education, social rehabilitation, mental and psychological support. Those with chronic illnesses and conditions require regular medical check up and treatment as deemed appropriate.

### **Mental Health and Psychosocial Care and Support**

Mental health refers to a broad array of activities directly or indirectly related to the mental wellbeing component included in the WHO definition of health. The WHO definition of health states that it is 'a state of complete physical, mental and social wellbeing and not merely the absence of disease. It is related to the promotion of

wellbeing prevention of mental disorders and the treatment and rehabilitation of people affected by mental illness and disorders.’

The Mental Health Act 2013 provides for the prevention of mental illness care, treatment and rehabilitation of persons with mental illness. As per the 2009 KPHC the total number of children with mental illness was 52,712, of which 28,913 were male and 23,799 were female.

#### **1.2.4 Adolescent health**

According to the 2014 KDHS, 18 percent of children become teenage parents and this has not changed since the 2008-09 KDHS. The percentage of women who have begun child bearing increases rapidly with age, from about 3 percent among women aged 15, to 40 percent among women aged 19.

Teenagers from poor households are more likely to have begun child bearing at 26 percent than teenagers from poorer households at 10 percent. Prevalence of child bearing is highest in Nyanza region followed by Rift Valley and Coast.

According to the Plan of Action for Adolescents 2005-2015, the main issues and challenges for Kenyan adolescents are: limited access to reproductive health information and services, risky sexual behavior, engagement in harmful practices such as female genital mutilation/cutting, early and arranged/ forced marriages, sexual abuse, gender based violence and exploitation, and drug and substance abuse. To improve adolescent health, adolescent programmes must be enhanced and shared widely.

#### **1.2.5 Health sector service delivery**

Integrated health services encompass the management and delivery of quality and safe health services so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care service through the different levels and sites of care within the health system and according to their needs throughout their life course.

People centered care is care that is focused on the health needs and expectations of people and communities rather than on diseases. Patient-centered care is commonly understood as focusing on individuals seeking care, and encompasses clinical encounters as well attention to the health of people in their communities and their role in shaping health policy and services (WHO, 2015).

### **a) Water, Sanitation and Hygiene**

Article 43(1) of the Kenya Constitution states that every person has the right to clean and safe water in adequate quantities and to reasonable standards of sanitation.

Inadequate access to safe water, sanitation and hygiene services coupled with poor hygiene practices are leading causes of illness in children which sometimes ends in death. Generally, illness among children leads to impoverishment and diminished opportunities. Poor sanitation, water and hygiene have many other serious repercussions on children, particularly girls who are denied their rights to education because their schools lack private and descent sanitation facilities.

In Kenya, diarrheal disease remains the second leading cause of under-five mortality and 26 percent of children under five are stunted, largely due to poor nutrition, lack of Water, Sanitation and Hygiene (WASH) services, and poor uptake of sanitation and hygiene behaviors. Waterborne diseases such as cholera have worse effects on mortality and morbidity of children and mothers.

According to the KDHS 2008-09 access to safe drinking water increased from 74 and 32 percent in urban and rural areas respectively, to 91 and 54 percent from 2003 to 2008/09. Sanitation improved from 95 and 79 percent in urban and rural areas respectively in 2003 to 99 and 84 percent in 2008/2009.

The Ministry of Health launched a nationwide campaign in May 2011, dubbed Open Defecation Free (ODF) Rural Kenya by 2013. It provides a roadmap that has been aligned to the policy and guides the process towards attainment of the national goals in the Vision 2030 blue print. The water sector's priority is to mobilize sufficient funding, attention, and political goodwill to accelerate the achievement of the target. There are concerted efforts to towards addressing WASH issues in the country with a number of initiatives launched including the Kenyan Water Sector Investment Programme (KWSIP) (under the Ministry of Water and irrigation's Sector Coordination Unit established in 2010) and the formulation of the National Water Master Plan.

Some of the challenges affecting WASH in Kenya include; inadequate budgetary allocation for rural and urban water supply, little attention to sanitation and inadequate data management and monitoring systems.

### **b) Human Resource for Health**

The Constitution of Kenya 2010 has assigned the larger portion of delivery of health



services to the 47 counties. These 47 counties will bear overall responsibility for planning, financing, coordinating delivery and monitoring of health services towards the fulfillment of the right to ‘the highest attainable standard of health,’ contained in the bill of rights.

In the devolved government system, the Kenya Health Policy 2012-2030 provides guidance to the health sector in terms of identifying and outlining the activities geared towards achieving the government’s health goals. Several challenges in the delivery of primary healthcare persist in many counties. Kenya can get better value for money by first focusing on making existing primary healthcare facilities functional so as to deliver quality health services.

Kenya has an average of 19 doctors and 166 nurses per 100,000 people, compared to the WHO recommended minimum staffing levels of 36 doctors and 356 nurses per 100,000 people (Gre´pin and Savedoff 2009). According to the Human Resource for Health Assessment report for Kenya, Northern Kenya has the lowest percentage distribution of health professional cadres with the number of doctors, nurses and clinical officers being 2, 2 and 3 percent respectively. When compared against the national situation, Northern Kenya has 3 percent of the total national number of medical cadres to serve a population of 6 percent while Nairobi province has 9 percent of all medical cadres with a population of 8 percent.

According to the National Human Resources for Health Strategic Plan 2009-2012 the shortage of human resources is attributed to staff attrition, out-migrations to other countries and inter-sector migrations. The situation is made worse by the persistent inability to attract and retain health workers in the public sector and particularly in deprived and rural areas. There is regional imbalance in the distribution of health workers as they are mainly found in urban areas.

### **I.3 LEGAL AND POLICY FRAMEWORK**

The right to child survival is included in a number of articles within the Constitution. These articles give children rights to healthcare, basic nutrition, shelter, survival, and education.

In line with UNCRC, ACRWC and the Children Act (2001), all children have a right to accessible, affordable and quality health services. Effective health services should ensure dignity, promote self-reliance and facilitate active participation of children in the community. Article 24 of the UNCRC clearly states that, ‘parties recognize the right of

the child to the enjoyment of the highest attainable standard of health and to facilities for treatment of illness and rehabilitation of health.’

The period 2010-2012 saw several significant policy developments in the area of health that were guided by the Constitution. Major new policies include a Health Policy Framework, a Kenya Health Sector Strategic Plan III and a Health Law were also drafted. Significant policy developments in relation to children’s rights to health include:

- An Essential Package for Health.
- Kenya Health Sector Strategic Plan KHSSP III 2013-2017.
- Kenya National Pharmaceutical Policy (KNPP).
- Haemophilus influenzae Type B and pneumococcal vaccines.
- The Food and Nutrition Security Policy.
- The Breast Milk Substitutes Regulation and Control Bill.
- The National Infant and Young Child Nutrition (IYCN) Strategy.
- A National Nutrition Action Plan for Kenya.
- Mandatory fortification.
- Increased budgetary allocation to health to reach Abuja target of 15% of government annual budget.
- Kenya National HCT guidelines 2008.
- HIV and AIDS Prevention and Control Act 2006.
- Kenya HIV Prevention Revolution Road Map – count down to 2030.
- Kenya AIDS Strategic Framework 2014/2015.
- Kenya Aids Indicator Survey 2013.
- Ministerial Commitment on Comprehensive sexuality education and sexual and reproductive health services for adolescent and young people in Eastern and Southern Africa, 2013.
- The National Water Policy 2012.
- The Water Bill 2013.
- The Water Sector Strategic Plan.
- The Government-adopted Community-Led Total Sanitation (CLTS).
- Both the Medium Term Plan I and the KHSSP.
- National School Health Policy and Guidelines.
- Manual and Guidelines on the Identification and Referral of Children with Disabilities and Special needs – MOH 2010.
- Training Manual for Health Workers on Prevention, Early Identification and Intervention of Disabilities – MOH 2013.
- The Adolescent Sexual and Reproductive Health Policy 2005-2015.

Despite the existence of these policies, issues of adolescence health and youth living with disabilities have not been adequately addressed. There is also little or no information on adolescent health for youth with disabilities and therefore no basis for developing appropriate policies.

#### **I.4 PLANNED ACTIONS TO ACHIEVE RIGHTS TO SURVIVAL**

- 1.** Share the health budget equitably across the counties.
- 2.** Enhance the focus on reduction of maternal and neonatal mortality rates with more emphasis on the following regions, North Eastern, Nyanza, Western, Eastern and Coast regions.
- 3.** Provide a multi-sectoral response to stunting, immunization, diarrhea, pneumonia and malaria amongst children. Greater attention should be paid to North Eastern, Nyanza, Western, Eastern and Coast regions.
- 4.** Free maternity care to be scaled up for mothers to access maternity services.
- 5.** Develop a creative and sustainable financing mechanism for the community health system.
- 6.** Develop a comprehensive communication strategy for child survival.
- 7.** Strengthen data-driven planning and programming for programme improvement.
- 8.** Strengthen efforts to reduce HIV infection amongst infants, children and women in high burden areas.
- 9.** Increase provision and quality of antenatal care, postnatal care, pediatric care and treatment.
- 10.** Ensure children with mental illnesses receive psychosocial care and support.
- 11.** Promote awareness for so that children with mental illnesses to receive psychosocial care and support.
- 12.** Ensure children with disabilities, special needs, chronic illnesses and conditions access health services equitably.
- 13.** Advocate for age-appropriate HIV and AIDS education among adolescents.
- 14.** Increase efforts to protect and rehabilitate the catchment areas.
- 15.** Develop a policy for community-led total sanitation.
- 16.** Publish the water sector transition implementation plan (as a gazette notice).
- 17.** Provide a complete WASH package of latrines, water supply, hand washing facilities and materials, as well as hygiene promotion, in schools and health centers.

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## CHAPTER TWO

# CHILD DEVELOPMENT

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### 2.0 RIGHT TO DEVELOPMENT

Child development refers to the biological, cognitive and socio-emotional changes that take place in human beings between 0 – 18 years of age (Santrock, 2010).

Child development can be understood from various dimensions physical, social, emotional, cognitive and spiritual.

- Physical development refers to growth and ability of a child to use his /her body and physical skills.
- Social development focuses on child's ability to relate positively with other people at different stages of life.
- Emotional development pertains to a child's inner feelings and reactions towards different situations.
- Mental development is the ability of a child to have healthy brain development that enhances their abilities for decision making, problem solving and language development.
- Psychosocial development is an integral part of children's holistic development with emphasis on intellectual, social and emotional development. It includes increasing capacities for analysis, perception, cognition, decision making, interpersonal relationships and responding appropriately to the environment (REPSSI, 2007).

Holistic development ensures children's social and emotional development progresses simultaneously with their physical and cognitive development. It is informed by a range of skill areas including the child's physical and mental wellbeing, educational development, brain development, language and speech development, intellectual ability, creativity and the formation of identity. Play and recreation, parental and family care, a secure environment, quality standard of living and access to appropriate information are essential for child development.

The child's right to development is captured in the Children's Act 2001 and the UNCRC. The following articles in the UNCRC highlight the right to development; right to free and compulsory education, parental love and care (Articles 5, 7, 9 and 19), access to

appropriate information (Article 17), Social security including social insurance (Article 26) and (Article 28), right to rest, play, leisure and recreation (Article 31).

## **2.1 SITUATIONAL ANALYSIS**

Evidence on country level achievements on child development is minimal with most information concentrating on education with little focus on play, recreation and leisure, parental and family care, and access to information. Despite the existence of numerous policies and guidelines for children, there is gap in tracking their effects on holistic child development.

### **2.1.1 Education**

Global evidence shows that the attainment of universal education for all is far from being realized. 5.3 million children aged 6-17 years are deprived of adequate education in Kenya, which is as a result of geographical location, gender and wealth distribution (NCCS, 2014). In addition, drought and security related emergencies, frequent man-made and natural disasters, conflicts and clashes, and the flow of refugees have put pressure on the education system hence affecting the realization of universal education.

#### **a) Early child development education**

Early Child Development Education (ECDE) is important to build a strong foundation for cognitive, socio-emotional and health development that maximizes on the child's learning potential. The Sessional Paper (2012) proposes the integration of health and nutritional support for under-five year olds attending day care centers and ECDE to enhance holistic child development. Kenya Constitution 2010 devolved the management of ECDE to the county level so as to ensure all children below of 5 years have access to ECDE.

Gross Enrollment Rate (GER) increased from 60.2 percent to 66.3 percent, whereas Net Enrollment Rate (NER) increased from 43.0 per cent to 53.3 percent in 2012 against a target of 76.6 percent. (MTP II). Despite the gains, the sub-sector still faces several challenges such as inadequate resource allocation and weak institutionalization of the existing policies and guidelines. Low levels of NER are attributable to low participation across the country because ECDE is not mainstreamed into basic education (MTP II).

#### **b) Special needs education**

It is estimated that only 2-3 percent of disabled children in poor countries go to school (World Bank, 2009). In Kenya this has been achieved through the 3464 special needs

institutions out of which 2713 are integrated and 734 are special needs schools. One of the major achievements in special needs education has been the integration of special needs education in primary schools through promoting inclusive education. Evidence shows that the distribution of the schools does not meet the demand.

A major challenge for Kenya is lack of data on children with special needs to inform effective special education service delivery and planning.

### **c) Primary education**

According to the Ministry of Education (MOE), the net enrollment in primary school increased from 76 per cent in 2002, to 95.3 per cent in 2012 because of the introduction of free primary education. In 2014 total enrollment in primary schools increased to 10 million from 9.38 million in 2010. The Gross enrollment rate for primary schools in 2013 was at 105 percent and 103.5 percent in 2014. The number of primary schools increased from 24,489 in 2010 to 29,460 in 2014. The teacher to children ratio is 43:1 teacher from 54:1 in 2010. (2012, 2015 Economic Surveys) Despite the increase the high pupil: teacher ratios inadequate infrastructure have compromised the quality of education and learning. In addition gender and regional disparities in access and participation in primary education has remained a challenge.

### **d) Secondary education**

Free secondary tuition increased enrollment by 15 percent between 2008 and 2010. Transition from primary to secondary improved from 57.3 percent in 2005 to 76 percent in 2012.

The number of secondary schools increased from 7,268 in 2010 to 8,747 in 2014. The total enrollment in secondary schools increased from 1.65 million in 2010 to 2.1 million in 2014 (Economic Surveys, 2012, 2015). Despite the increase in total enrollments in secondary schools and the increased of schools the shortage of places in secondary school to absorb primary school graduates , gender disparities, house hold poverty ,regional disparities and failure to have a flexible curriculum to respond to children in hard to reach areas and school unrest are major challenges in this level of education.

Shortage of places in secondary school to absorb primary school graduates, gender disparities, household poverty, regional disparities, failure to have a flexible curriculum to respond to children in hard to reach areas and school unrest are major challenges at this level of education.

### **e) Non-formal education (NFE)**

Non-formal schools in Kenya are located in urban slums and arid and semi arid regions. Civil Society Organizations (CSOs) and religious institutions are the key drivers of this sector. Non-formal school education poses challenges of performance and transition to secondary school due to non-certified and uncoordinated teachers compromising quality education, sub-standard teaching and learning material, lack of clear policy guidelines for the players in the sector, lack of data on NFE pupils and lack of a monitoring and evaluating mechanism (MOE, 2010).

#### **2.1.2 Recreation, leisure, play and cultural activities**

Article 12 of the ACRWC states that States Parties must recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts. It further states that States Parties shall respect and promote the right of the child to fully participate in cultural and artistic life and shall encourage the provision appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

The government has put measures in place to promote recreation, leisure and play. In the National Children Policy 2010, the government provides for provision of child-friendly and well equipped community parks for play and leisure, for the continued holistic development of children (NCCS, 2010). The challenge is the institutionalization of the policy in the overall child development sector.

#### **2.1.3 Access to appropriate information**

Children have a right to accurate and appropriate information for socialization and to prepare them for various challenges in life. Sources of information for children include family members, schools, religious institutions, peers, and electronic and print media. The challenge is the cost of accessing child-friendly content and the emergence of various information sharing platforms that expose children to inappropriate content. A weak legislative and policy environment has exposed children to inappropriate content.

#### **2.1.4 Parental and family care**

Parents and families have the most direct and lasting impact on a child's learning and development of social competence (Adams & Baronberg, 2014). The government has developed policies that promote parental and family care for children by encouraging family, kinship, foster care, adoption and guardianship. The breakdown of the African social support system coupled with man-made and natural disasters have led to family

disintegration that exposes children to risks. These effects have compromised the quality of parenting, child growth and development. There has been an increase in children living in the streets, child-headed households, children living with elderly caregivers and numerous cases of anti-social behavior in children.

## **2.2 LEGAL AND POLICY FRAMEWORK**

The legal framework for child development is anchored in the UNCRC, ACWRC, the Constitution of Kenya 2010, the Children Act 2001 and the National Children Policy 2010. The different line ministries and departments have policies, standards and guidelines that are aligned to these instruments and include:

- The Basic Education Act (2013).
- Teachers Service Commission Act (2012).
- The National Special needs Education Policy framework (2009).
- National School Health Policy (2010).
- National Early Childhood Development Policy Framework (2006).
- Policy for Alternative Provision of Basic Education and Training (2009).
- Policy Framework for Nomadic Education in Kenya (2010).
- The Guidelines for Child Participation in Kenya (2006).
- Guidelines for the Formation and Operation of Area Advisory Council, (2006).
- Training Resource Manual for Area Advisory Councils (2007).
- The Framework for National Child Protection System Kenya (2011).
- Good Practice in Child Care: A Manual for Children Caregivers (2011).
- Safety Standards Manual for Schools in Kenya (2008).
- Kenya Children Policy (2010).
- The National Police Service Act (2011).

## **2.3 PLANNED ACTIONS TO ACHIEVE RIGHT TO DEVELOPMENT**

1. Increase enrollment in ECDE.
2. Increase enrollment in primary education.
3. Implement the child-friendly schools framework.
4. Support enrollment of children with special needs in special education.
5. Advocate for the guidelines for daycare centers.
6. Promote secondary school.
7. Promote recreation, leisure and play for children.
8. Improve reporting for activities, targeting recreation, leisure and play for children.
9. Integrate family centered approach in child development programs.
10. Promote positive and effective parenting programs.
11. Promote children's access to accurate and appropriate information through print



and electronic media and other community initiatives.

- 12.** Promote integration of cultural activities in the school curriculum.
- 13.** Implement life skills and mentorship programs.
- 14.** Improve and increase infrastructure for special needs schools and provide assistive devices.
- 15.** Advocate for children access to play, leisure, recreation and cultural activities at home and in schools in addition to community parks.
- 16.** Strengthen non-formal education

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## CHAPTER THREE

# CHILD PROTECTION

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### 3.0 RIGHT TO PROTECTION

Child protection refers to preventing and responding to violence, exploitation, neglect and abuse against children – (UNICEF, 2006).

The UNCRC in various articles further outlines that state parties should protect children from drugs and substance abuse, child labour, child trafficking, sexual abuse and exploitation. Children should also be protected against the negative impact of information and communication technologies and media, retrogressive cultural practices and harm by caregivers. Moreover, there are categories of children requiring special protection including internally displaced children, children living with disabilities, refugees, children in conflict with the law and those in alternative family care.

Article 39 of the UNCRC States that, parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child. Psychosocial support can offer both proactive measures for protection as well as healing through resilience building. This can be done through empowering children, families and communities on psychosocial care and support.

Article 53 (1)d of the 2010 Kenya Constitution provides for protection from abuse, neglect, harmful cultural practices, all forms of violence, inhumane treatment and punishment, and hazardous or exploitative labour. Article 19 of the UNCRC states that children have the right to be protected from being hurt and mistreated, physically or mentally. Various articles of the African Charter provide for children's rights to protection and also define responsibilities of various duty bearers.

The Kenya National Children's Policy 2010 provides that all children especially those with disabilities and those with special needs have a right to be protected from any harm that may interfere with their growth and development. The policy also proposes actions that ensure that children access birth registration and identity cards when they come of age. It also proposes systematic approaches to child protection.

### 3.1 SITUATION ANALYSIS

The review of the National Plan of Action 2008-2012 indicates that the Constitution and specific legislation have strengthened the framework for child protection in several areas, including trafficking of persons, control of alcoholic drinks, and prohibition of Female Genital Mutilation (FGM) among others. However, children continue to be vulnerable to a wide range of risks including abandonment, violence, sexual abuse, trafficking, sexual exploitation, hazardous labour and harmful substances among others. The findings of the situation analysis of children and women in Kenya revealed that factors that necessitate child protection as high poverty, the impact of HIV and AIDS, family disintegration and break down of community structures (NCCS, GOK & UNICEF, 2014). At the same time, moral decadence in society only makes things worse.

Kenya is making significant progress in putting in place a responsive child protection system but major gaps still exist. Such gaps include an inadequate civil registration and vital statistics system which leaves many children unregistered and creates barriers for children to access services. Inadequate personnel, knowledge and limited child protection infrastructure also hamper the ability of service providers to respond to needs. Kenya has an elaborate legal and policy framework to protect children from all forms of abuse and exploitation. However, enforcement and delayed justice remain a major challenge.

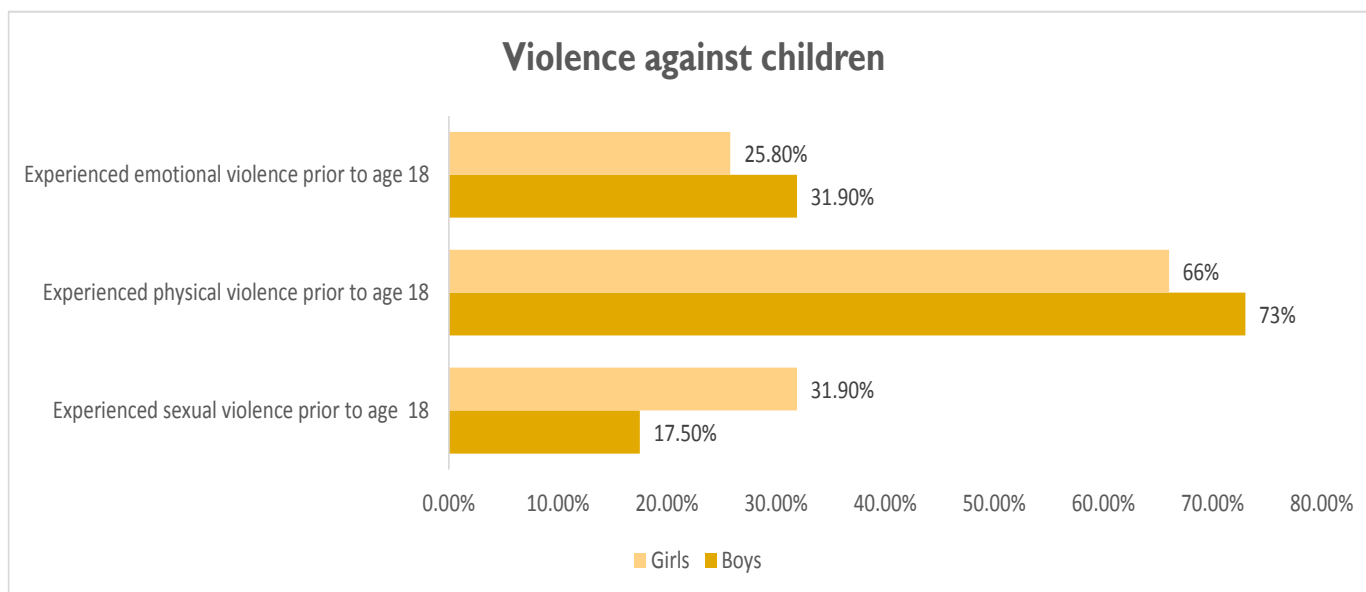
#### 3.1.1 Violence against children

Results from the national survey on violence against children conducted in 2010 established that violence against children is threefold (UNICEF, CDC & KNBS, 2012):

- i) *Sexual violence and exploitation*: which involves unwanted sexual touching, attempted unwanted sex, physical forced sex, receiving money in exchange for sex among others.
- ii) *Physical violence*: involves physical acts of violence such as being slapped, pushed, hit with a fist, kicked, or whipped, or threatened with a weapon such as a gun or knife.
- iii) *Emotional violence*: which entails emotional abuse such as verbal abuse, being made to feel unwanted, or being threatened with abandonment.

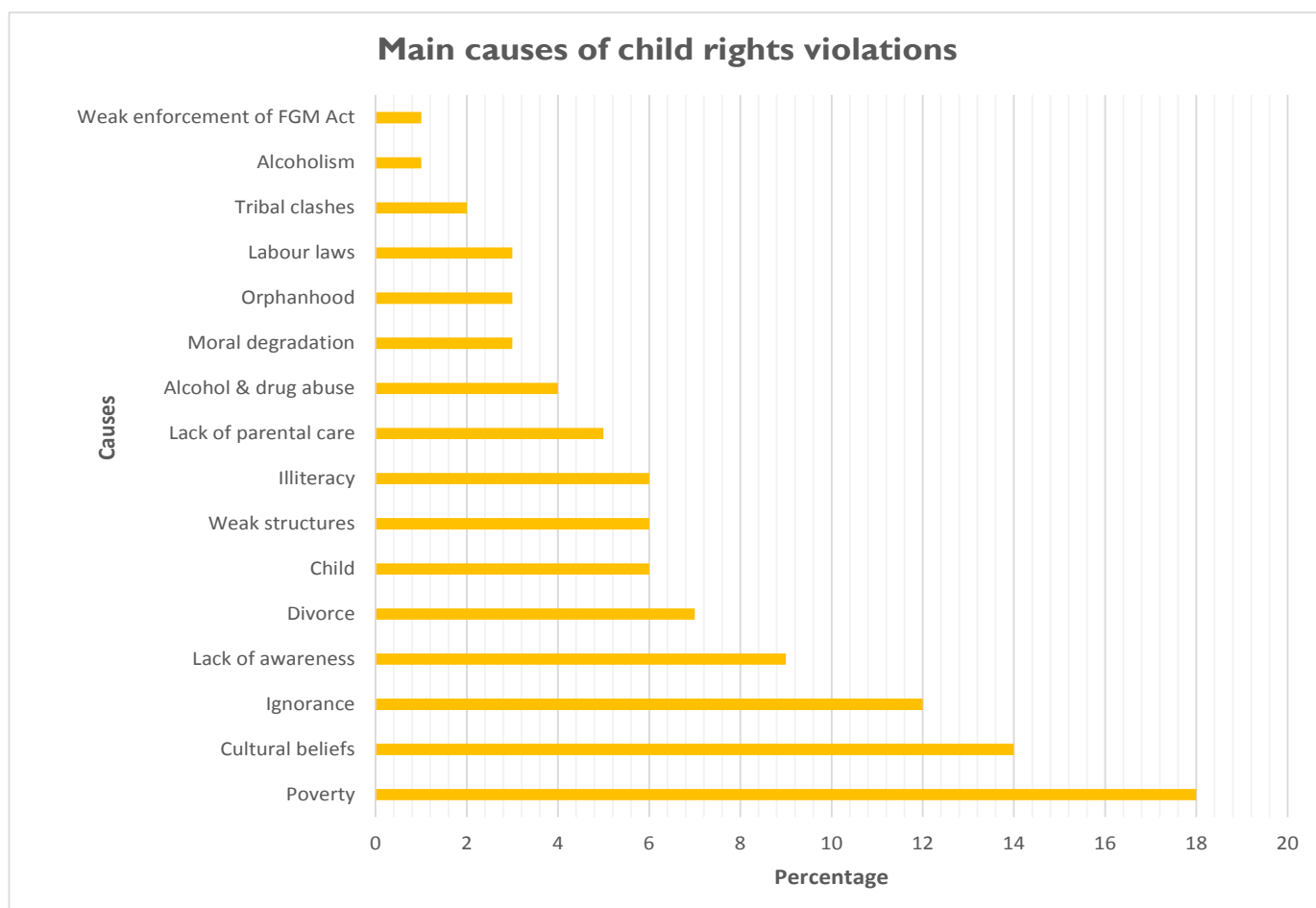
Figure 2 shows that by 18 years of age, 73 percent of boys and 60 percent of girls have experienced physical violence. Children that experienced sexual violence were reported to be about 18 percent of boys and 32 percent of girls. Emotional violence was experienced by 32 percent of boys and 25.8 percent of girls. There is therefore a clear indication that physical violence is a threat to child protection.

The findings from the tool administered to County Children Coordinators by the



**Figure 2: Violence against children**

Source :Violence Against Children study, 2012



**Figure 3: Why children are violated**

Source - NCCS & KNBS 2014

National Council for Children Services and analyzed by the Kenya National Bureau of Statistics (KNBS) indicated that poverty is the leading cause of neglect and violence against children in Kenya as shown in figure 3. The Violence Against Children (VAC) 2010 report and findings of NCCS and KNBS assessment, indicate that parents were the most common perpetrators of violence against children, closely followed by teachers and religious leaders, and other people unknown to them. The VAC report concludes that sexual and physical violence does not discriminate on the basis of ethnicity or socio-economic status.

### 3.1.2 Child neglect

Child neglect constitutes the largest percentage of child protection cases reported to the Department of Children’s Services, rising from 21,496 to 49,057 during the period 2005-2010. According to the Department of Children Services, majority of the cases involve neglect by fathers. Many neglect cases have led to children being removed from their families and placed in alternative family care institutions.

### 3.1.3 Child labour

It is estimated that there are 1.01 million working children and 700,000 of them are engaged in hazardous child labor. This was a reduction from 1.9 million estimated in 1998/9 census report. The reduction is largely attributed to implementation of free

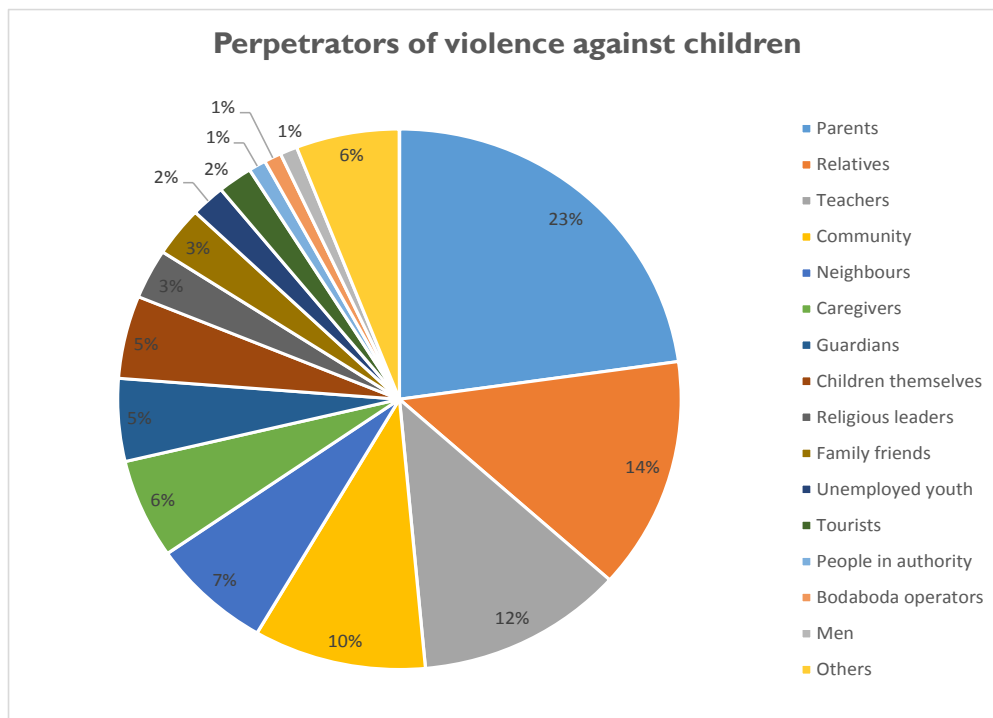


Figure 4: Cases of child labour are on the rise

Source: NCCS, 2014

primary education. An analytical report on child labor based on KIHBS 2009, indicated that in Kenya, 8 percent of children aged 5-17 years (1.01 million) are child laborers; and that 90 percent of child labor is in the rural areas. The sectors that mostly use child labor are agriculture, domestic work, informal sector, mining and fisheries (KNBS, 2005). According to the Department of Children's Services (DCS), cases of child labor reported at their offices have been on the increase from 1,000 in 2009 to 3,500 in 2010, as shown in figure 4. The larger Rift valley, Eastern and Central regions of Kenya bear the greatest burden of child labor, driven by agriculture sector (KNBS, 2009). Studies on child domestic work have revealed the need to address sexual violence and exploitation, low awareness of HIV and AIDS and need for continuing education among children.

### **3.1.4 Drug and substance abuse**

According to a rapid situational assessment of drug and substance abuse done in Kenya by National Authority for Campaign against Alcohol and Drug Abuse (NACADA) in 2012, 11.7 percent of young people aged 15- 24 years use alcohol, 6.2 percent use tobacco, 4.8 percent use khat and 1.5% use cannabis. The mean age of initiation into tobacco and alcohol use is 10 years. Drug and substance abuse among children and youth is also made worse by unemployment, neglect, violence, sexual abuse, poverty and other related social problems.

In an attempt to address the problem of drug and substance abuse the Government established NACADA in July 2012 with a strengthened mandate to coordinate and harmonize drug abuse prevention, education and awareness. A toll-free phone number (1192) was established.

School management is supposed to ensure measures are in place to make the school environments drug-free areas and to educate children about the dangers of drugs. Teachers trained in counseling, including counseling against drug abuse, have been deployed to schools to undertake counseling for children including children, who abuse drugs or are affected by drug and substance abuse. All Government ministries are required, through performance contracting, to report on drug-related activities.

Another study conducted by NACADA in 2010 points out that 87.8 percent of parents indicated they had knowledge of children abusing alcohol and drugs and 12.4 percent acknowledged that these were children under their care. It is widely recognized that children living with parents with alcohol-related problems are more at risk of depression and low self-esteem, and that substance abuse during adolescence is the single most

predictive factor for being dependent on drugs as an adult.

### **3.1.5 Children with disabilities:**

According to the Kenya Social Protection Sector Review 2012, the total number of children with disabilities is 349,086. Considering the stigma associated with disability in Kenya, the real figure may be much higher. Children living with disability may be deprived of child protection and are likely to become victims of child abuse and neglect. Children living with disability are also vulnerable to sexual abuse. There are inadequate institutions and expertise countrywide to address the needs of children living with various forms of disability. The government has developed Guidelines on Identification and Referral of Children with Disability and Special Needs. The guidelines are aimed at health workers, as well as caregivers. A training manual for health workers on prevention, early identification and intervention on disability is in use.

### **3.1.6 Child trafficking**

Trafficking and sexual exploitation of children continues to be a major concern, especially in the tourism industry in urban centers. Kenya is a country of origin, transit, and destination for trafficked persons. Around 17,500 Kenyans are trafficked annually for domestic work, forced labour, and commercial sexual exploitation. Judging from international estimations on child trafficking, about 50 percent are likely to be minors (NCCS, 2014). In 2011, the National Child Help line received 46 reports of child trafficking and 19 concerning child prostitution. Internal human trafficking is the most common form of trafficking in Kenya with women and children being easy victims. Research indicates that it occurs primarily from rural to urban areas.

The National Steering Committee on counter trafficking of persons was established in 2007 with the role of coordinating national efforts towards combating human trafficking in Kenya. The government is making significant efforts to comply with the minimum standards for the elimination of trafficking, but several critical gaps exist, such as the full enactment of the anti-trafficking laws, and coordination of state actors. Reporting cases continues to be a challenge since many children as well as adults lack confidence in the effectiveness of the authorities to handle reported cases (KAP, 2011).

### **3.1.7 Sexual exploitation of children**

The 2006 Sexual Offences Act (SOA) provides strong legal protection for victims of sexual violence (rape, defilement, child trafficking, child prostitution, child pornography, and other related issues). The Act clearly establishes that sexual offences are acts of

violence and lays emphasis on bringing the perpetrators to justice. However, major steps need to be taken in terms of implementation, increasing coordination and resource allocation to enable actors to provide witness protection, raise awareness about the SOA, and improve investigative and prosecutorial capacity. Also needed is improved provision of psycho-social support for survivors of sexual offences in Kenya (SOA 2008).

### **3.1.8 Street children**

It is estimated that in Kenya around 250-300, 000 children live and work on the streets. Most of them come from rural areas and from large families or single parents (Consortium for Street Children Organization in Kenya 2007). The main reasons that push children to the street are socio-economic factors, poverty, and lack of care in the family setting. Many children list lack of food, abuse and lack of access to education as the direct reasons for leaving their homes. The major pull-factor is the ability to make money (NCCS 2014).

On the street most children face lack of food, shelter and harsh weather and face harassment from the police and other security agents. Child prostitution is high among these children, as they seek protection, money or food to sustain themselves.

### **3.1.9 Children in conflict with the law**

The Kenya Constitution provides for protection of children in conflict with the law (Article 53,1F). One of the milestones achieved so far is the establishment of child-specific courts in Nairobi, Mombasa, Kakamega, Nakuru and Eldoret. Where these courts do not exist children magistrates are gazetted to deal with child related matters.

Legal aid for children in the justice system is inadequate. A pilot project by the National Legal Aid and Awareness Programme, under the Ministry of Justice, has been facilitating the provision of legal aid services for children in conflict with the law in Nakuru and Nairobi, which has benefited 9,462 and 967 children respectively (2010-2012), however, many children in need of legal aid are yet benefit.

### **3.1.10 Retrogressive cultural practices**

Female Genital Mutilation/Cutting (FGM/C) is widely practiced in many Kenyan communities. It involves the partial or total removal of the external female genitalia or other injury to the female organs for cultural or other non-therapeutic reasons. The practice poses risks to the health and even the life of the girls and violates human rights.



There is a decrease in percentage of circumcised girls between the age of 15-19 is 11 percent according to the 2014 KDHS compared to 15 percent as per the 2008-09 KDHS.

The 2014 KDHS indicates that FGM/C is nearly universal in North Eastern region at 98 percent compared with Nyanza 32 percent, Rift Valley 27 percent, and Eastern regions 26 percent. Western Region recorded the lowest prevalence at one percent.

Other forms of retrogressive cultural practices include child marriages, cattle rustling, and taboo children among others. These practices generally lead to physical, sexual and emotional abuse of children.

### **3.1.11 Children's right to identity**

The Constitution guarantees registration and nationality at birth. Mobile registration is implemented in selected areas and online registration has been initiated. Departments dealing with national identity cards, registration of persons, births and deaths have been consolidated through the Kenya Citizen and Foreign National Management Services Act 2011. Birth Certificates and passports have been decentralized through *Huduma Centers*, which are progressively being established across the country.

Both the UNCRC and the ACRWC provide that every child shall be registered immediately after birth (Articles 7 and 6 respectively). Children who do not have a birth certificate are particularly vulnerable to child protection violations, as their age and identity cannot be determined. Thus, they are more vulnerable and may become victims of trafficking, be treated as adults in prison and have more difficulties in accessing social services. The right to identity is enshrined in the Kenya Citizens' and Foreign Nationals Management Service Act of 2011.

The most recent statistics for birth registration in Kenya state that overall 58.4 percent of children are registered (AVS, 2013). However, there is significant national variation with 86.7 percent of children registered at birth in Nairobi, while only 21.25 percent are registered in the North Eastern region (Annual Civil Registration Statistics 2010). This is explained by low awareness of birth registration, far to reach and long distances to the registration facilities. Birth registration for current birth, up to when a child is 6 months old, is free after which it is considered a late registration and attracts a fee. This is compounded by strict procedures that deter parents from registering their children.

### **3.1.12 Children and information and communication technologies**

Information and Communication Technologies (ICTs) have exposed children to new forms of abuse such as child pornography or exposure to pornographic material, cybercrime, child trafficking and kidnapping. While evidence shows an increase in these forms of child abuse, public awareness of ICT related child abuse remains low and legislation has not been effectively used as a deterrent. The law enforcement system is not adequately equipped to prevent and respond to this emerging form of child abuse. Additionally, there is need for more research to understand the magnitude of child abuse associated with ICT in Kenya.

### **3.1.13 Social protection**

Since 2009, Kenya has piloted and implemented a wide range of social protection initiatives, many of which have benefited children. Examples include:-Orphans and Vulnerable Children's Cash Transfer, Elderly Persons Cash Transfer, Cash Transfer for Persons with Severe Disability, Hunger Safety Net Programme, Blanket Supplementary Feeding, Scholarships and Bursaries (Northern Kenya Education Trust (NoKet), Constituency Bursary Scheme), Output-Based Approach (OBA) and Maternity Vouchers, National Health Insurance Fund (NHIF) School Feeding and Home-Grown School Feeding.

These initiatives have had varying levels of success and there is need to improve on targeting, participation of communities, identification of sustainable social protection programs and involving local governments and civil society in advocacy and awareness creation.

### **3.1.14 Parental and family care**

Results of the Violence Against Children Survey (VACS Kenya, 2010) indicate that parents were the main perpetrators of emotional violence. Poor parenting skills have been associated with child abuse and neglect. Inability to understand behavioral changes at various levels of child development and inappropriate reactions by parents such as corporal punishment, lack of understanding of consequences of action or inaction, which contribute to improper parenting. Parents therefore need more access to information that will improve their parenting skills and probably a curriculum on the same. Awareness efforts on the importance of sound parenting need to be strengthened to minimize emotional violence among children

### **3.1.15 Children under alternative care arrangements**

One of the major strides in alternative care is the launch of Guidelines for Alternative Care for Children and Minimum Standards for Charitable Child institutions (CCI's).

The Government of Kenya estimates that there are 2.4 million orphaned children due to various causes (GOK, 2014). There are approximately 48,000 children in formal alternative care arrangements in Kenya (SOS Children's Village, 2013). This represents just 4 percent of the approximately 1.2 million children in Kenya orphaned by HIV and AIDS related deaths and often need alternative care arrangement (UNICEF, 2015). The bulk of alternative care in Kenya, just like in most countries in Africa, is however provided by informal arrangements. In the 1970s and 80s, approximately 35-40 percent of the households provided informal alternative care arrangements, this proportion has reduced by more than 10 percent due to increasingly difficult economic conditions, rapid urbanization and the high number of women taking up formal employment (Jini, 2011).

Children in informal alternative care arrangements are also more likely to be abused, including child labor, sexual exploitation, engaging in risky behaviors such as drug and alcohol abuse (Save the Children, 2012). The conditional Cash transfer program has empowered more families providing alternative care arrangements for orphans and vulnerable children.

According to DCS September 2012 data, there are over 700 childcare institutions in Kenya housing approximately 40,000- 42,000 children. However, the exact number of children residing in these institutions may be higher. Out of 700 institutions, 591 are legally registered. The number of local adoptions stood at 60 percent of the total compared to about 40 percent for inter-country adoption in 2008. The internationally recommended good practice is to maintain inter-country adoptions at less than 30 percent of total adoptions. In Kenya, to phase out childcare institutions community-based care is being encouraged and guidelines for this approach are being developed.

### **3.1.16 Orphans and children affected by HIV and AIDS**

According to the 2014 SITAN, Approximately 3.6 million Kenyan children are orphans or otherwise classified as vulnerable. Most of these children are separated from their parents due to parents' death, poverty, natural disasters, and disintegration of families through separation and divorce. An estimated one million of these children have lost one or both parents to AIDS. Orphans and vulnerable children who lack monitored adult care are particularly vulnerable, and may become victims of violence and abuse, including harmful labour, recruitment into gangs and sexual exploitation. Children who lose their parents suffer stress and trauma in addition to the loss of parental love, care and protection and often their inheritance.

### **3.1.17 Children and disasters**

Disasters are divided into natural and man made disasters. Natural disasters include floods, wild fires and mudslides while man made disasters include conflicts, war, terrorism among others.

Children constitute 50-60 percent of those affected by disasters, wars and conflicts (CPWG, 2013; Save the Children, 2014). An analysis of management of internally displaced persons camps in the aftermath of the Kenya post-election violence in 2007/8, indicated that children were often abused by adults – including sexual abuse, child labor and trafficking (Organisation Mondiale Contre la Torture, 2008). Man-made disasters such as terrorism related activities in Kenya also pose a further challenge. Child protection risks due to disasters, wars and conflict are common yet the national disaster preparedness unit does not have adequate guidelines and programs to protect children.

The existing legal framework in Kenya does not allow children to be recruited in the armed forces or to engage in active combat directly or indirectly.

According to the Kenya periodic report on the ACRWC there are concerns that armed groups are recruiting children into criminal networks. Many children have also been killed or maimed during armed conflicts. Protection of children in areas prone to cattle rustling, tribal and ethnic violence and in volatile border areas such as the Kenya/Somalia, Kenya/Sudan and Kenya/Ethiopia, is still a challenge. Radicalization of children by terror groups equally remains a challenge despite government's efforts to minimize risks on children.

### **3.1.18 Children and climate change**

According to a 2008 UNICEF study children are more susceptible to the adverse effects of environmental degradation compared to adults. Climate change has been linked to disasters such as drought and floods, ethno-political and resource-based conflicts, and outbreaks of human and livestock diseases. (GOK and UNICEF, 2014). This further increases child protection risks in the affected community and infants and younger children are the most vulnerable.

### **3.1.19 Children of internally displaced families and refugees.**

According to Internal Displacement Monitoring Centre (IDMC) conflict and violence are still on the rise in Kenya. In 2012, inter-communal and resource-based violence

displaced about 118,000 people due to a combination of ethnic, political and economic factors. According to IMDC reports, a large number of Kenyan internally displaced persons including those displaced during the post-election violence of 2007 and 2008 are still struggling to find sustainable solutions.

While Kenya made significant progress towards protection and assistance of displaced persons, implementation of these instruments still remains a challenge.

Kenya continues to host a large number of refugee children in Dadaab and Kakuma Refugee Camps, and over the last few years the population in the refugee camps has grown fast due to instability in the neighboring countries mainly Somalia and South Sudan. According to UNHCR figures there were 650,610 refugee and asylum seekers in Kenya in 2015 majority of them children and women. Asylum seekers and refugees experience challenges in getting asylum and accessing international protection, essential life-saving services in safety and security, basic shelter, primary healthcare, clean drinking water, sanitation and hygiene services, access to education, voluntary repatriation, resettlement and requests for alternative residency status.

### **3.2 LEGAL AND POLICY FRAMEWORK**

Key developments in the national legislation and policies in child protection: (since 2009) are:

- Article 53 (1)d of the Constitution of Kenya 2010.
- The Kenya Citizens and Foreign Nationals Management Service Act enacted in 2011.
- The Counter Trafficking in Persons Act, 2010.
- The 2010 Constitution prohibits marriage of persons under the age of 18. In addition, the Marriage Bill 2011 consolidates all marriage laws in Kenya to remove any discriminatory provisions with respect to boys and girls (e.g. different ages for marriage).
- Prohibition of Female Genital Mutilation Act, 2011.
- National Standards on Best Practice in Charitable Children Institutions in 2011.
- The Alcoholic Drinks Control Act was enacted in 2010.
- Standards of Practices for Child Protection Centers in 2010
- Standards for Quality Improvement for OVC services.
- The Guidelines for Alternative Care 2014.

Prospective legal developments:

- The Persons with Disabilities Bill (Amendments), 2012, is on course
- The Children Act 2001 is in the process of being amended.
- A draft bill called the National Registration and Identification Bill 2011.
- A Legal Aid Bill and Legal Aid Policy have been drafted and are expected to be enacted and adopted
- The 2012 Family Protection Bill, which aims at reducing domestic violence, is currently undergoing internal review and stakeholder consultation.
- The Refugee Act, 2006 is currently under review.
- Draft Operational Standards for Child Protection Units and a draft Police Training Manual on Child Rights and Child Protection were developed in 2010, but are yet to be adopted.

### **3.3 PLANNED ACTIONS TO ACHIEVE RIGHT TO PROTECTION**

For the realization of child protection in Kenya, the following are the action points that need to be in place:

#### **Cross cutting actions points**

1. Strengthen the legal and policy frameworks including coordination for child protection in all areas.
2. Enforcement of the provisions of the child protection system at all levels (national, county, sub county up to community and household level.
3. Establish and strengthen institutional structures that provide child protection services and welfare.
4. Establish and strengthen monitoring and evaluation systems in the child protection sector (including the disaggregated information) to inform decision making at policy and program implementation levels.
5. Improve financial and technical capacity of duty bearers.
6. Develop parenting guidelines.
7. Strengthen inter-sectoral coordination in child protection issues for the juvenile justice system (police, probation, prison, judiciary and the Children's Department) education, health and social system.
8. Promote community-based economic empowerment and social protection programs.
9. Promote social enterprise initiatives.
10. Advocate for government budgetary allocation for specific child protection programs such as the children with disability,
11. Provide child-friendly information, education and communication materials on

diverse child abuse and exploitation issues.

- 12.** Popularize and disseminate the NPA, study on violence against children and the response plan.
- 13.** Provide psychosocial care and support to children who have gone through child abuse.
- 14.** Create awareness on the provision of psychosocial care and support.

### Drugs and Substance Abuse

- 15.** Enforce laws and implement preventive and curative measures on drug and substance abuse.
- 16.** County governments should eliminate children's access to drugs, alcohol and substances of abuse.

### Sexual Exploitation

- 17.** Implement the provisions on the Sexual Offences Act 2007 on child protection.
- 18.** Improve provision of psychosocial support for survivors of sexual offences in Kenya.

### Child Trafficking

- 19.** Strengthen the National Steering Committee on child trafficking and implement the provisions on counter trafficking of persons.
- 20.** Carry out base line survey on child trafficking to stay up-to-date on interventions that are working well.

### Alternative Family Care

- 21.** Implement the recently launched guideline on Alternative Care of Children in Kenya.
- 22.** Implement the recently launched minimum standards for CCIs.
- 23.** Increase sensitization among communities on alternative care arrangements.
- 24.** Improve monitoring of child rights in alternative family care especially among foster parents.
- 25.** Implement the After Care policy for children exiting from institutions.
- 26.** Establish rescue centers and places of safety for affected children.

### Child Labour (prevention and protect)

- 27.** Implement programs that promote prevention of child labour.

### Children with Disabilities

- 28.** Create awareness and enhance budgetary allocation for programs addressing the needs of children with disability.
- 29.** Promote inclusion strategies for children living with disabilities.

### Children in conflict with the law or children in need of care and protection

- 30.** Establish and improve child protection units in police stations across the country.
- 31.** Promote legal aid for children in conflict with the law.
- 32.** Raise the age of criminal responsibility to 12 years and ensure children access justice.
- 33.** Establish an effective reporting procedure and prosecution of child perpetrators.
- 34.** Strengthen rehabilitation of children in conflict with the law through provision of more child- friendly activities among other strategies.

### Retrogressive cultural practices

- 35.** Reinforce implementation of the FGM act and other legal provisions fighting violence against children through negative beliefs and practices.
- 36.** Elimination of Child Marriages.
- 37.** Develop strategies to eliminate cattle rustling.

### Right to identity

- 38.** Support all interventions that aim at attaining universal birth registration.

### Children and ICT

- 39.** Carry out a baseline survey on online child protection and identify measures that will mitigate negative effects of ICT on children including child pornography, trafficking, and cyber bullying.
- 40.** Initiate a comprehensive program on online child safety.
- 41.** Sensitization to caregivers and the public on the risks children face on the internet.
- 42.** Create awareness on the child helpline 116 online services in all the counties as soon as they are rolled out.

### Social Protection

- 43.** Strengthen social protection programs for vulnerable children including cash transfer for orphans and vulnerable children so as to reach all children in need, countrywide.
- 44.** Enforce parental responsibility on child protection.
- 45.** Parental and family care increase access to information and to develop a curriculum



on skillful parenting.

- 46.** Implementation of child protection interventions in prisons' borstal institutions.
- 47.** Awareness efforts on the importance of sound parenting need to be strengthened to minimize negative influence and harm to children through poor parenting.
- 48.** Decentralize the child helpline (116) in all counties to respond to children in distress.
- 49.** Create awareness on the child helpline services in all counties as soon as they are rolled up.
- 50.** Collect regular, comprehensive and disaggregated data on areas affecting children
- 51.** Carry out regular research on child protection to identify emerging issues.
- 52.** Improve on targeting, participation of communities, identify sustainable social protection programs and involve county governments and civil society in advocacy and awareness creation.

#### Children in disasters

- 53.** The child protection service providers need to be integrated in disaster response, preparedness, mitigation, planning and execution.
- 54.** Enhance programs for children who need protection in disasters, conflicts and the those affected by adverse effects of climate change.

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## CHAPTER FOUR

# CHILD PARTICIPATION

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### 4.0 PARTICIPATION

The right to participation means that children have the right to form and air views, right to expression, right to thought, conscience and religion, right to association amongst others. Based on evolving capacities, children have a unique body of knowledge about their lives, needs and concerns together with ideas and views derived from direct experience. These rights ensure that children's views and ideas are considered in all matters that affect them in society.

As stipulated in the UNCRC and the ACRWC, these rights include; right to form and air views (Article 12), right to expression (Article 13), right to thought, conscience and religion (Article 14), right to association (Article 14), and right to participate in cultural and artistic activities (Article 31). Child participation is critical and hence the need to seek children's views and active involvement at all decision making levels including home, community, school, national, regional and international platforms.

Taking cognizance of children's views and experiences within the family, school and other decision making levels contributes to developing children's esteem, cognitive abilities, social skills and respect for others. Through participation children acquire skills, build competence and gain confidence, all which contribute to personal development. This in turn leads to holistic development of the children into useful citizens who can contribute to the social-economic development of the nation.

Psychosocial well-being increases the chances of a child to maximumly participate in issues concerning them. This can help a child to become active participant on at the right age and stage rather that becoming passive recipient of other's decision (REPSI, 2011).

### 4.1 SITUATIONAL ANALYSIS

The enactment of the 2010 Constitution was a milestone in the right to participation in Kenya. The involvement of children and young people during the drafting of the Constitution demonstrated the importance of meaningful participation of children and young persons in decision-making processes that could impact their lives.

The NCCS developed the Guidelines for Child Participation in Kenya (Revised 2014) in collaboration with numerous stakeholders to establish, regulate and enforce procedures and standards for children's involvement in different spheres of life. The guidelines recognize that meaningful children's participation ought to take place at various decision-making levels that include; home, school, community, national, regional and international platforms. These guidelines also address rules to be followed in the process of child participation such as mutual respect for the views of all children indiscriminately, access to information, equal rights to participation and use of appropriate methodologies to enhance child participation. Approximately 22,000 copies of the Guidelines on Child Participation were printed and disseminated between 2006 and 2010, across the country.

In the year 2009/2010, the then Ministry of Gender, Children and Social Development through the NCCS and key stakeholders developed a working document that facilitated the establishment of the Kenya Children's Assembly (KCA). The document detailed the establishment and operations of the Assembly in line with child participation guidelines. Other documents developed were the Standing Orders and the Charter for the operations of the KCA.

In addition, the Department of Children's Services in the year 2010/2011 established the KCA. It was also during the same year that the County Children Assemblies in all the 47 counties in Kenya were launched and operationalized. The then deputy speaker of the National Assembly, Mr. Farah Maalim, launched the KCA on 24 April 2012. The event also marked the official establishment of the KCA nationwide and election of the National Kenya Children Assembly (NKCA) officials whose term of office is two years. The KCA meets once in a year while the county assemblies meet twice in a year and the sub-county meets thrice in a year. A national child participation committee at the national level is in place to ensure children's participation in events around the country.

In 2012, six children from the NKCA attended the first East Africa Community Child Rights Conference in Bujumbura, Burundi. The outcome of the conference was the Bujumbura Declaration of 2012. In February 2013, KCA children participated in the SITAN study on children, young people and women.

Other efforts by non-state actors include; capacity building of actors in the children's sector including children representatives, facilitation of children participation in children voices platforms at sub-county, county, national, regional and international levels. Through the Ministry of Education, Science and Technology (MoEST) child participation in management at school level has been enhanced through the establishment of student

councils in secondary schools and children governments in primary schools. MoEST has scaled up the student councils and children governments to county and national levels forming a parallel structure to the KCA. This is likely to result in duplication of effort, inefficiency in resource management and confusion of roles and responsibilities for children delegates' i.e. KCA, student councils and children governments.

Historically in African societies, children were to be seen and not heard. This perception has continued to impact negatively on child participation.

## 4.2 LEGAL AND POLICY FRAMEWORK

- The Constitution (Article 10) allows citizen participation, which includes children.
- Vision 2030: which aims to make Kenya a globally competitive and prosperous nation. In the social pillar, which emphasizes a just and cohesive society, children's issues are addressed in the gender, youth and vulnerable groups sub-sectors.
- Participation rights are provided for under the various sections and articles in UNCRC and ACRWC as follows:
- In the UNCRC:
  - Article 12 – Respect for the views of the child.
  - Article 13 – Child's rights to freedom of expression.
  - Article 14 – Child's right to freedom of thought, conscience and religion.
  - Article 15 – Child's right to freedom of association and peaceful assembly.
  - Article 17 – Access to appropriate information.
  - Article 21(a) – The right to informed consent of the person concerned.
- In the ACRWC, Article 31, responsibilities of the child in the African context are articulated.
- Children Act 2001 (Section 21), duties and responsibilities of the child are spelt out. Further, the Act states that in any matter of procedure affecting a child, the child shall be accorded an opportunity to express his or her opinion, and that opinion shall be taken into account as may be appropriate, considering the age of the child and the degree of maturity (Section 4(4)).
- The National Children Policy that incorporates child participation as an integral component, on its own and as a means to achieving other rights. It recognizes that children are 'implicit' participants, beneficiaries and targets in Kenya Vision 2030. The Government has also created institutions with specific mandates to lead the implementation of policies and programmes aimed at fulfilling children's rights to participation. The establishment of the NCCS, the National Children Policy Participation Guidelines have offered institutional support to child participation.

These three represent the most important milestones to institutionalize child participation in Kenya since 2009.

- Basic Education Act, 2013, includes a provision requiring a student representative to sit in the school board and election of student leaders (school prefects).
- Guidelines for Child Participation in 2006.

#### **4.3 PLANNED ACTIONS TO ACHIEVE RIGHT TO PARTICIPATION**

1. Strengthen county and local mechanisms for participation.
2. Strengthen children assemblies at national, county and sub-county levels.
3. Create platforms for children to participate in the county (as per the county needs), and on national, regional and international days (on all matters that affect children).
4. Establish platforms for children to actively and meaningfully participate in the budget making process at various levels e.g. county, and national levels.
5. Support children to participate in the process of policy formulation / implementation and reviews.
6. Improve quality and child friendliness of various institutions handling children.
7. Improve quality of child-friendly services e.g. police station, courts.
8. Create a clear framework for coordination of activities and initiatives designed for children.
9. Promote and document best practices in child participation.
10. Develop a national programme to enhance the “voice’ of children focusing on the most marginalized.
11. Document the different child participation models in Kenya.
12. Translate the 2006 Child Participation Guidelines,.
13. Develop a popular version of the 2006 Child Participation Guidelines,
14. Evaluate of the KCAs to establish their impact.
15. Conduct a baseline survey of the KCAs across the country.
16. Coordinate and oversee inclusive and transparent elections for KCA officials from the sub-county, county and national levels.
17. Conduct a perception barrier analysis survey to address the societal perception on child participation and implement its recommendations.
18. Organize the old chamber of parliament for use and facilitate members of the KCA to hold debates twice a year.
19. Review the Guidelines for Child Participation and have them translated to a popular version as well as a child-friendly version.
20. Provide children in contact with the justice system (children in conflict with the law and those in need of care and protection) with state funded legal aid to realize

their participation in the administration of justice to the fullest.

- 21.** Build the capacity of the national and county assembly leadership (need for synergy between the roles of county and national level).

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# CHAPTER FIVE

## COORDINATION

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### INTRODUCTION

To ensure harmonized and sustainable service delivery for children, the NPA will be coordinated at various levels through the NCCS, and the County and Sub County Area Advisory Councils (AACs). This will help to ensure joint government and stakeholder planning, implementation and reporting.

### 5.1 COORDINATION LEVELS

#### 5.2.1 National level

NCCS will coordinate the implementation of the NPA. Established under Section 30 of the Children Act in 2001, NCCS is mandated to exercise general supervision and control over the planning, financing and coordination of children rights and welfare. The NCCS is made up of a board and a secretariat, and works with like-minded partners.

#### *The Council*

The Council is composed of the Chairperson and Council Members drawn from line Ministries, Departments and Agencies, Non- state actors, Religious Organizations and

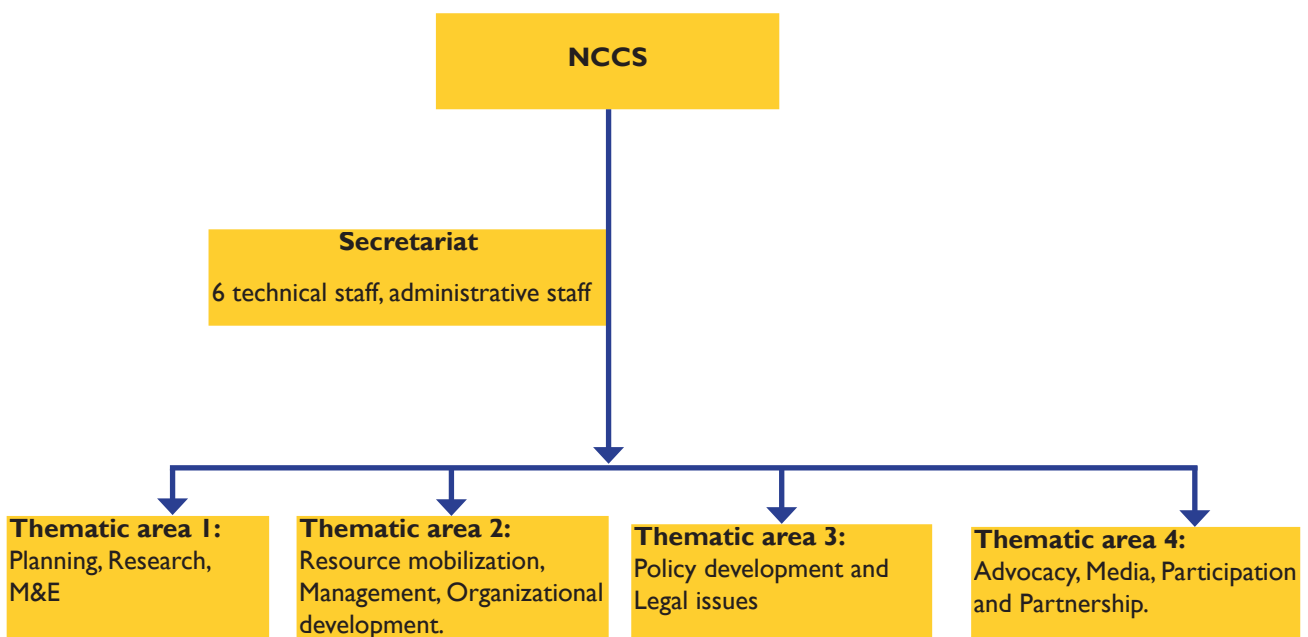


Figure 5: National level coordination framework

Private Sector representatives. The secretary to the council is the Director of the Children's services.

The Council is headed by the chairperson who is appointed by the President and the members are appointed by the Cabinet Secretary of the Ministry of Labour, Social Security and Services. The council provides leadership to the Secretariat

### **Secretariat**

The secretariat operationalizes the Council's mandate for the specific thematic areas. The council has four Technical Working Groups (TWG), one for each thematic area, that meet on a quarterly basis to guide service delivery in the children sector. The secretariat provides support to these TWGs:

- Planning, Research and M&E.
- Resource mobilization, management and organizational development.
- Policy development and legal issues.
- Advocacy, media, participation and partnerships.

Each thematic area has a TWG that meets quarterly and guides service delivery in that department.

### **5.2.2 County and sub-county levels**

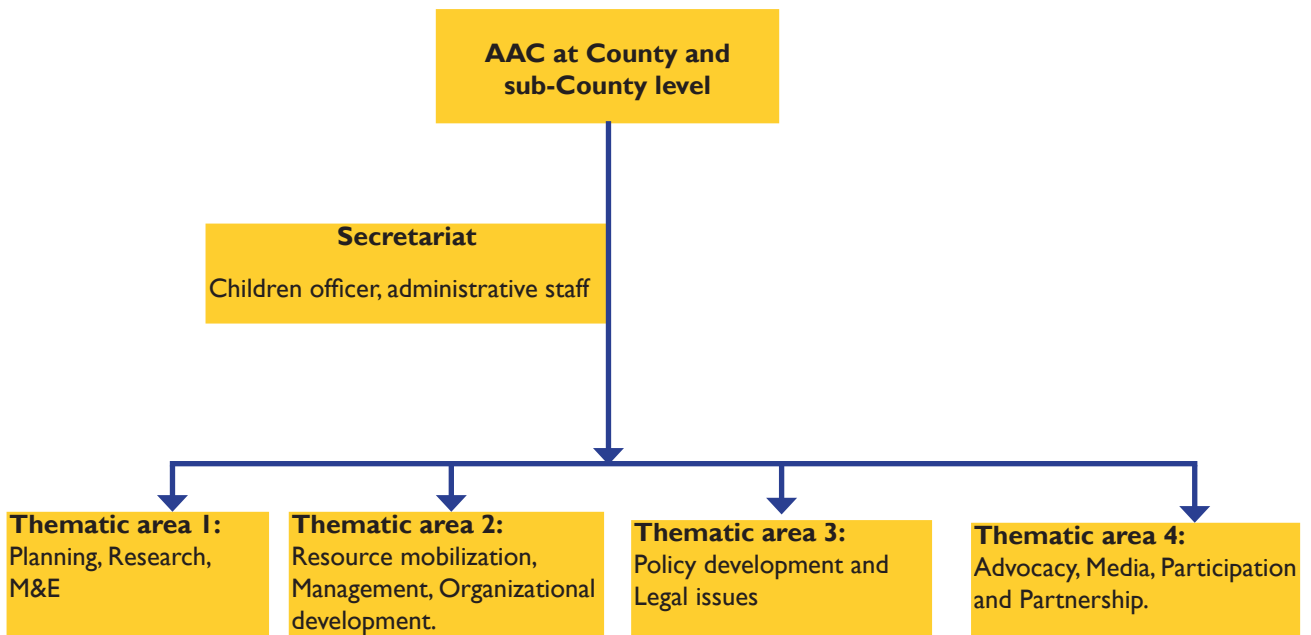
The County AAC is chaired by the County commissioner and the secretariat is the County Coordinator Children Services office.

All the four thematic areas will be replicated at the county and sub county levels and each area will be chaired by the relevant line ministry staff. Members of the TWG will be drawn from CSOs and other government agencies. The TWGs will meet on a quarterly basis and will draw their roles the national guidelines.

To enhance coordination at all levels, institution of a coordination committee of all agencies (inter agency committee); the thematic TWGs to incorporate relevant stakeholder in their meetings and convene bi annual stakeholder forums to share progress in implementation of the NPA.

NCCS will streamline service delivery through promoting a harmonized standards and regulatory system that enhances; regulation of the child protection workforce and providers, mainstreaming quality assurance and improvement, standardization of child protection service delivery and supporting research and evidence base for child protection.





**Figure 6: County and sub-county level coordination framework**

### 5.3 RESOURCE MOBILIZATION

The NCCS resource mobilization strategy guides all resource mobilization initiatives and links with child sector service providers to support resource mobilization for the council. The TWG will form an inter-agency coordinating committee that will steer fundraising for NCCS activities.

### 5.4 CAPACITY BUILDING

To guarantee successful coordination and implementation of the NPA, the Council, the Secretariat and its affiliates the DCS should ensure that human resources management and development provide for these conditions:

- Capacity building for the child sector workforce through needs-based training is undertaken regularly during the plan period at all levels.
- Results-based management is adopted at all thematic areas of the Secretariat and the department's section levels.
- The Secretariat will be expected to develop and implement work plans in line with NPA.
- Enhanced Supervision for providers through the – development of a child sector supportive supervision checklist and guidelines for cross learning.

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## CHAPTER SIX

# MONITORING AND EVALUATION

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### INTRODUCTION

The Constitution of Kenya 2010 articles 10, 56, 174, 195, 201, 203, 225, 226 and 227 stipulate that monitoring and evaluation is an important part of operationalizing government activities. This is to ensure transparency, integrity, information access and accountability principles.

The government has in place a National Integrated Monitoring and Evaluation System (NIMES) which is the reporting system from National, County and sub-County levels. These structures are in place to ensure conformity with best reporting standards. One of the flagship projects under the Kenya Vision 2030 is the development of an integrated data management system for children, which will collect sex disaggregated data that will guide policy, planning, budgeting, programming and reporting. In this regard The National Council for Children Services has developed and is rolling out a National Children database that gives real time status on the situation of children in Kenya. The database enables service providers to continuously report on activities they are undertaking to improve the welfare of children. The service providers include the Department of Children's Services (Child Protection Management Information System), Kenya Police, Ministry of Health, and Civil Society Organizations (CSOs) among others.

### 6.1 MONITORING AND EVALUATION FRAMEWORK

The Monitoring and Evaluation Framework (M&EF) is a critical component of the NPA 2015-2022 which will provide quality performance information for decision making. The framework shall standardize the data collection, analysis, storage and dissemination process. The ultimate responsibility of implementing the M&E framework for the NPA lies with NCCS supported by line ministries, departments and agencies. Entry point for reporting will be through the AACs starting at the division level-ward-sub-county-county-national levels.

The Technical Working Group on M&EF will support NCCS in operationalization of the Framework.

The National Council for Children Services, County governments and development

partners shall put in place the necessary infrastructure and capacity enhancement for monitoring, evaluation and reporting of the NPA.

### **Information sharing**

Information sharing will be two way starting from sub-location, location, division, ward, sub-county, county and national level. The children officers at different levels are tasked with coordinating and collecting information from service providers using a standardized reporting format. The data will feed into the national children database.

### **Dissemination**

The information dissemination of the status of children will start from the sub-location through the quarterly AAC meetings, to the location, division, ward and sub county. There shall be an annual county bulletin and annual national bulletin on the status of children.

### **Planning**

NCCS shall ensure that county coordinators for children services actively participate

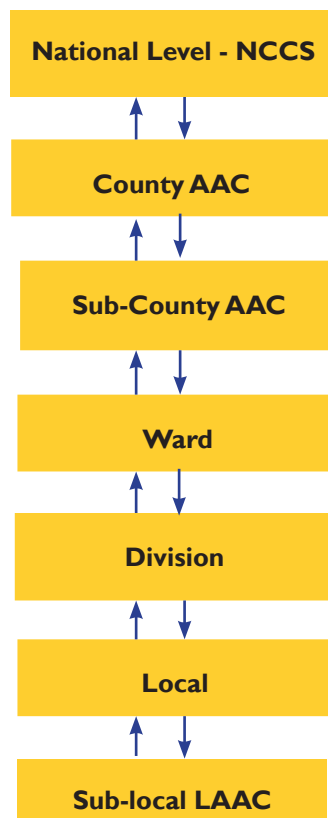


Figure 7: The reporting system

in the development of the county integrated development plans to ensure evidence based children issues are prioritized and incorporated in the plan.

### **Monitoring**

The County Coordinator for Children shall work in collaboration with the county monitoring and evaluation committee and the AAC to monitor the implementation of the NPA at the county level.

The NCCS will conduct quarterly monitoring and support supervision to the counties to ascertain implementation of the NPA.

### **Evaluation**

Internal and external evaluation of the NPA will be done to coincide with the life span of the second medium term plan of the vision 2030 and thereafter after every three years. The findings of the evaluation shall inform the review and update of the NPA.

### **Research**

In order to promote evidence-based interventions, NCCS shall put in place structures for conducting thematic and operational research as and when required. NCCS will also work the KNBS and National Council of Science and Technology (NCST) to establish a data resource for all research that has been done on children to improve accessibility and reduce duplication.

## INDICATOR MATRIX

### PILLAR ONE: CHILD SURVIVAL

<b>Overall Objective</b>	Improved child survival rates
<b>Specific objectives</b>	<ol style="list-style-type: none"> <li>1. To improve 4th ANC attendance.</li> <li>2. To increase number of deliveries done by skilled birth attendants.</li> <li>3. To reduce the proportion of women aged 15-49 with acute under nutrition.</li> <li>4. Increase access to reproductive health services and information to adolescents (10-17).</li> <li>5. To improve immunization coverage.</li> <li>6. To improve access to micronutrient supplementation.</li> <li>7. To improve garbage and sanitation management while enhancing environmental conservation.</li> <li>8. To reduce HIV and AIDS infection amongst girls and women of child bearing age in high burden areas.</li> </ol>
<b>Outcome</b>	<ol style="list-style-type: none"> <li>1. Affordable, accessible, quality health care services to mothers and all children.</li> <li>2. Accessible water and sanitation facilities.</li> <li>3. Accessible reproductive health services and information for adolescents.</li> </ol>
<b>Outcome indicator/s</b>	<ol style="list-style-type: none"> <li>1. The proportion of mothers attending at least 4 ANC and post natal care</li> <li>2. The proportion of mothers receiving skilled services during delivery</li> <li>3. Proportion of pregnant women sleeping under long lasting anti insecticide treated nets (LLITNs).</li> <li>4. Proportion of women 15-49 years whose nutrition status has improved (stable/okay)</li> <li>5. Reduced levels of HIV infections among girls and women of child bearing age in high burden areas.</li> <li>6. The proportion of children fully immunized</li> <li>7. The proportion of children receiving micronutrient supplements between the ages 6 to 59 months.</li> <li>8. Reduced proportion of under 5 that are stunted, wasted and underweight.</li> <li>9. Increased number of children receiving Vitamin A supplementation.</li> <li>10. Proportion of under 5 children sleeping under LLITNs.</li> <li>11. Proportion of health facilities, schools and households with improved care, water sanitation, facilities, hygiene and environment management.</li> <li>12. Proportion of children accessing quality health services.</li> <li>13. Proportion of children reporting diarrheal cases</li> <li>14. Proportion of children accessing ORS on time.</li> </ol>

Broad activities	Actors: lead agency & others	Output	Output indicator	Time frame
1 Increase the 4 <sup>th</sup> ANC attendance from 47.1% to at least 80% by the year 2030	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders	Increased proportion of the 4th ANC attendance	Proportion of 4th ANC attendance	2015-2018
2 Increase skilled delivery services from 44% to 80% by 2030	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders	Increased proportion of service delivery	Proportion of service delivery	2015-2018
3 Reduce the maternal mortality rate (MMR) from 488 to 40 by 2030	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders	Reduced maternal mortality	Maternal mortality	2015-2018
4 Improve nutrition of women of child bearing age (15-49)	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders	Improved nutritional status of women	Nutritional Status	2015-2018
5 Increase the proportion of pregnant mothers sleeping under LLITNs.	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders	Increased % of pregnant women sleeping under LLITNs	% of pregnant women sleeping under LLITNs	2015-2018
6 Strengthen efforts to combat the spread of HIV and AIDS amongst girls and women in high burden areas	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders	Reduced HIV and AIDS cases amongst girls and women	% of girls and women who have tested HIV positive.	2015-2018
7 Increase number of adolescents receiving reproductive health services and information.	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders	Increased % of adolescents receiving reproductive health services an information	% of adolescents receiving reproductive health	2015-2018
8 Reduce the infant mortality from 77 to 20 per 1,000 live births by 2030	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders	Reduced infant mortality rate	Infant mortality rate	2015-2018
9 Reduce the under-five mortality rate from 74 to 20 per 1,000 live births by 2030	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders	Reduced under 5 mortality rate	Under 5 mortality rate	2015-2018
10 Develop and disseminate caregivers' information and communication materials on child survival	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders	Increased awareness among caregivers on child survival.	% of caregivers aware of children rights.	2015-2018

Broad activities	Actors: lead agency & others	Output	Output indicator	Time frame
I 1 Introduce /scale- up school programmes dealing with child survival.	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders	Increased programmes on child survival	No of programmes implemented	2015-2018
I 2 Ensure children with mental illnesses receive psychosocial care and support	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders	Increased number of children with mental illnesses receiving psychosocial care and support.	No of programmes implemented	2015-2018
I 3 Promote awareness for children with mental illnesses to receive psychosocial care and support	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders	Awareness created on children with mental illnesses to receive psychosocial care and support.	Number of awareness forums on children with mental illnesses to receive psychosocial care and support.	2015-2018
I 4 Ensure children with disabilities, special needs, chronic illnesses and conditions access health services equitably	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders	Increased health services to children with disabilities, special needs, chronic illnesses and conditions.	% of children with disabilities. Special needs, chronic illness and conditions accessing health services equitably.	2015-2018
I 5 Address health budget equity and county allocations, capacity building, staff redistribution to align to the needs, staff motivation and incentives.	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders		% of total budget that is allocated to health. Ratio of skilled health personnel % of population accessing well equipped and staffed health care facilities within 5km radius.	2015-2018
I 6 Improve availability of water sanitation and hygiene	MOH, NCCS, WHO, UNICEF, NCPD, CBOs, FBOs, Stakeholders	Improved access to water, sanitation and hygiene	% of schools and homes with improved access to water, sanitation and hygiene.	2015-2018

## PILLAR TWO: CHILD DEVELOPMENT

<b>Overall Objective</b>	To ensure all children are able to achieve human growth and developmental milestones				
<b>Specific Objective</b>	<ol style="list-style-type: none"> <li>1. To ensure that all children, especially those in difficult circumstances and those from marginalized/vulnerable groups have access to free and compulsory basic education and achieve a Net Enrollment Rate (NER) of 100 percent by 2022</li> <li>2. To ensure implementation of child-friendly school framework in ECDE, primary and secondary schools</li> <li>3. To ensure all children access age and gender appropriate recreation, leisure and play</li> <li>4. To ensure all children have quality parental and family care</li> <li>5. To ensure children have access to accurate and appropriate information to inform their</li> </ol>				
<b>Outcome</b>	<ol style="list-style-type: none"> <li>1. Children are enrolled in basic education ( ECDE, primary and secondary)</li> <li>2. Schools implementing the child-friendly school framework</li> <li>3. Children are participate in age and gender appropriate recreation, leisure and play</li> <li>4. Children live within a safe, secure family set up with a responsible adult caregiver.</li> <li>5. Children have access accurate and appropriate information</li> </ol>				
<b>Outcome indicator</b>	<ol style="list-style-type: none"> <li>1. % of NER for ECDE, primary and secondary schools</li> <li>2. % of schools implementing child-friendly schools framework</li> <li>3. % of counties with child friendly spaces and activities for child recreation, leisure and play</li> <li>4. No. of children living in a safe, secure family set up with a responsible adult care giver.</li> <li>5. Proportion of children with access to accurate and appropriate information.</li> </ol>				
	<b>Broad activities</b>	<b>Actors: lead agency &amp; others</b>	<b>Output</b>	<b>Output indicator</b>	<b>Time frame</b>
I	Increase enrollment in Early Childhood Development Education	MOE, NCCS, County governments, development partners, CSO, FBO, private sector	Increased ECDE enrollment	<ul style="list-style-type: none"> <li>• Number registered in ECD centers per county</li> <li>• % of children enrolled in ECDE per county</li> <li>• National ECDE curriculum</li> </ul>	2015-2018



	<b>Broad activities</b>	<b>Actors: lead agency &amp; others</b>	<b>Output</b>	<b>Output indicator</b>	<b>Time frame</b>
2	Increase enrollment in primary education	MOE, NCCS, County governments, development partners, CSO, FBO, private sector	<ul style="list-style-type: none"> <li>• Increased primary school enrollment</li> <li>• No. of registered primary schools per county</li> </ul>	<ul style="list-style-type: none"> <li>• % of children enrolled in primary schools per county</li> <li>• % of children completing secondary education per county</li> <li>• Teacher, pupil /ratio per county</li> </ul>	2015-2018
3	Increase enrolment in special schools for children with special needs	MOE, MOH, NCCS, MLSS, County Governments	Special Education enrollment increased	<ul style="list-style-type: none"> <li>• % of children enrolled in appropriate special education system per county</li> <li>• No. of schools implementing inclusive education per county</li> <li>• No. of established assessment centers per county</li> <li>• No. of qualified special education staff in centers and schools per county</li> </ul>	2015-2018

	Broad activities	Actors: lead agency & others	Output	Output indicator	Time frame
4	Support teachers that work with children that have special needs	MOE, MOH, NCCS, MLSSS, County Governments	<ul style="list-style-type: none"> <li>Teachers equipped with peripatetic skills such as use of sign language.</li> <li>Financially motivated teachers working with children having special needs.</li> </ul>	<ul style="list-style-type: none"> <li>No. of teacher equipped with peripatetic skills.</li> <li>Increase of incentives to teachers working with children having special needs</li> </ul>	2015-2018
5	Increase secondary school enrollment	MOE, NCCS, County governments, development partners, CSO, FBO, private sector	Secondary school enrollment increased	<ul style="list-style-type: none"> <li>No. of registered secondary schools per county</li> <li>% of children enrolled children secondary schools</li> <li>% of children completing secondary schools</li> <li>Teacher/student ratio per county</li> </ul>	2015-2018
6	Strengthen non-formal education	MOE, County governments, NCCS, CSOs and religious organization	Non-formal education strengthened	<ul style="list-style-type: none"> <li>No. of counties reached in the dissemination of the national policy for alternative provision of basic education and training</li> <li>% of counties adhering to national policy for alternative provision of basic education and training</li> <li>Database on non-formal education developed and updated by counties</li> </ul>	2015-2018

	Broad Activities	Actors: Lead Agency & others	Output	Indicator	Time Frame
7	Promote recreation, leisure, play and cultural activities for children.	County governments DCS, CSOs, FBOs	Promoted recreation, leisure, play and cultural activities for children.	<ul style="list-style-type: none"> <li>No. of counties with child-friendly and equipped spaces for recreation, leisure, play and cultural activities.</li> <li>% of counties allocating resources for children's recreation , leisure and play</li> <li>% of schools with child friendly spaces for children in schools</li> </ul>	2015-2018
8	Improve reporting for activities targeting recreation, leisure, play and cultural activities for children		Reporting for activities targeting recreation, leisure, play and cultural activities for children improved	<ul style="list-style-type: none"> <li>% of organizations reporting to the AAC on recreation, leisure and play activities for children,</li> <li>Data base on children recreation, leisure, play and cultural activities in the counties created and updated</li> </ul>	2015-2018
9	Integrate family centered approach to child development programs	DCS, NCCS, line ministries, development partners, CSOs, households, children	An integrated family centered approach to child development programs	% of family centered programs	2015-2018
10	Promote positive parenting	DCS, NCCS, line ministries, development partners, CSOs, households, children	Parents skills programmes established	Proportion of parents/care-givers exposed parent skills programmes	2015-2018

	<b>Broad activities</b>	<b>Actors: lead agency &amp; others</b>	<b>Output</b>	<b>Output indicator</b>	<b>Time frame</b>
I1	Increase children access to accurate and appropriate information through print and electronic media and other community initiatives	Ministry of interior, Ministry of Information and Tourism, MOE, Ministry of culture and sports, Media Council, Communication, Council of Kenya. Film Censorship Board, NCCS, KNLS, County government, Development partners, CSOs	Children have access to accurate and appropriate information	<ul style="list-style-type: none"> <li>Percentage of programmes with age appropriate information.</li> <li>No. of centers where children can access appropriate information.,</li> <li>No. of children in centers with appropriate information.</li> </ul>	2015-2018
I2	Integrate of cultural activities in the school curriculum	MOE, NCCS, MOSCA, CSOs, FBOs	Cultural activities integrated in the school curriculum	<ul style="list-style-type: none"> <li>% of schools participating in cultural activities.</li> <li>No. of positive cultural values incorporated in the curriculum</li> </ul>	2015-2018
I3	Implement life skills and mentorship programs	DCS, NCCS, Line ministries, development partners, CSOs, households, children	Promoted mentorship programs for children	<ul style="list-style-type: none"> <li>Develop mentorship manuals</li> <li>Proportion of children in mentorship programs</li> <li>Proportion children in life skill programs</li> <li>No. of children in mentorship programmes</li> </ul>	2015-2018

### PILLAR THREE: CHILD PROTECTION

<b>Overall Objective</b>	Responsive and quality child protection services in place in Kenya
<b>Specific objective</b>	To strengthen the child protection in Kenya by establishing a comprehensive and functional child protection system
<b>Outcome</b>	<ol style="list-style-type: none"> <li>1. Comprehensive child protection system established</li> <li>2. Effective coordination of child protection system components</li> <li>3. Effective child protection service delivery</li> </ol>
<b>Outcome indicator/s</b>	<ol style="list-style-type: none"> <li>1. Number of new or revised laws and policies to support improvement of the child protection system</li> <li>2. Number of coordination meetings</li> <li>3. % of violations against children reported and conclusively responded to</li> </ol>

	Broad activities	Actors: lead agency & others	Output	Output indicator	Time frame
I	Scale-up child protection programmes	NCCS DCS	<ul style="list-style-type: none"> <li>• Reduction in the number of child protection cases by 50% (child trafficking, child labour, violence against among others)</li> <li>• Increase child protection centers in all counties</li> <li>• Increase child protection units in all counties</li> <li>• Increase number of the gender recovery centers in all counties.</li> <li>• Increase children courts in all counties.</li> <li>• Initiate new diversion programs</li> <li>• Increase number of rescue centers</li> <li>• Increase in diversion programmes.</li> <li>• Develop a parenting guideline.</li> <li>• Establishment of community based</li> <li>• Child protection mechanisms</li> <li>• Provision of psychosocial support to abused children</li> <li>• Increased awareness on psychosocial care and support</li> </ul>	<ul style="list-style-type: none"> <li>• Number of caseloads reported.</li> <li>• Proportion of villages with child protection centers</li> <li>• No. of child protection units.</li> <li>• % of police stations with a child protection help desk</li> <li>• Develop child protection helpdesk guidelines for the police service</li> <li>• Number of rescue centers</li> <li>• Number of gender-based recovery centers.</li> <li>• Number of children courts in 47 counties</li> <li>• Parenting guidelines</li> <li>• Number of community based child</li> <li>• Protection mechanisms in counties.</li> <li>• No of children receiving psychosocial care and support.</li> <li>• No of awareness creation forums and sensitizations on the provision of psychosocial care and support</li> </ul>	2015-2018

Broad activities	Actors: lead agency & others	Output	Output indicator	Time frame
2 Strengthen the legal and policy framework including improved coordination	NCCS DCS	<ul style="list-style-type: none"> <li>Review the children Act.</li> <li>Finalize the Pending Bills</li> <li>Operationalization of policy and legal framework</li> </ul>	<ul style="list-style-type: none"> <li>Reviewed Children Act.</li> <li>No. of pending Bills that are finalized</li> <li>M&amp;E plan in place.</li> <li>No. of policies and legal frameworks operationalized at national and county levels.</li> </ul>	2015-2018
3 Improve the financial, technical and professional capacity for duty bearers	NCCS, MOH, Ministry of interior and coordination (police department) DCS.	<ul style="list-style-type: none"> <li>Increased budget for child protection.</li> <li>Increased and equally distributed number of Children Officers, Social Workers and Counselors. gazetted</li> <li>Magistrates among other personnel working with and for children.</li> <li>Specialized training on child protection for personnel working with and for children</li> <li>National training curriculum for both new and in service personnel such as police officers and health professionals to ensure child friendly services.</li> </ul>	<ul style="list-style-type: none"> <li>Increased budget for child protection</li> <li>Increased number of children officers, social workers, counselors gazetted magistrates among other personnel working with and for children that are equitably distributed.</li> <li>No. of personnel working with and for children that have received specialized training on child protection.</li> <li>Number of various national training curriculums (eg. police and health) for personnel and professionals working with and for children.</li> </ul>	2015-2018

Broad activities	Actors: lead agency & others	Output	Output indicator	Time frame
4	NCCS, DCS, MOH, KNBS Police, civil registration, Prisons department MOE	<ul style="list-style-type: none"> <li>Comprehensive information management system linked to other key data management systems.</li> <li>Strengthened community-based approach</li> <li>Strengthened M&amp;E system</li> <li>Integrated data management system – national children data-base system.</li> </ul>	<ul style="list-style-type: none"> <li>M&amp;E plan in place</li> </ul>	2015-2018
5	DCS	<ul style="list-style-type: none"> <li>Rehabilitation facilities strengthened in every county</li> </ul>	<ul style="list-style-type: none"> <li>No. of rehab facilities established</li> </ul>	2015-2018
6	DCS	<ul style="list-style-type: none"> <li>Alternative family care guidelines disseminated and monitored</li> </ul>	<ul style="list-style-type: none"> <li>Sensitization conducted for caregivers and community on alternative care</li> <li>No. of guidelines disseminated</li> </ul>	2015-2018



Broad activities	Actors: lead agency & others	Output	Output indicator	Time frame
7 Creating awareness on various child protection issues	DCS	<ul style="list-style-type: none"> <li>Public awareness sessions conducted (targeting, <i>barazas</i> families, children) on issues that may be specific to counties such as child marriages, abuse of drugs and substances, child labour, child trafficking among others.</li> </ul>	No. of public awareness sessions conducted	2015-2018
8 Strengthen research for child protection	NCCS	<ul style="list-style-type: none"> <li>Researches on children with disabilities, child trafficking, child labour, drug and substance abuse and others</li> </ul>	Research agenda in place Number of researches for each category.	2015-2018
9 Strengthen Emergency and Disaster Management including Disaster Risk Reduction (DRR)	NCCS, Ministry of interior and coordination	<ul style="list-style-type: none"> <li>Provision of disaster preparedness measures with particular attention of children, pregnant and nursing mothers.</li> <li>Promotion of community capacity building on preparedness, response, rehabilitation and reconstruction, mitigation and management of disasters.</li> <li>Ensuring existence of post trauma counseling services to children and families affected by disasters</li> <li>Guidelines on disaster Preparedness.</li> </ul>	<ul style="list-style-type: none"> <li>Number of Communities that have undergone capacity building in disaster management.</li> <li>Number of guidelines disseminated</li> <li>Number of DRR responses meeting CP minimum standards</li> </ul>	2015-2018

	<b>Broad activities</b>	<b>Actors: lead agency &amp; others</b>	<b>Output</b>	<b>Output indicator</b>	<b>Time frame</b>
10	Improved coordination and governance structures.	NCCS	<ul style="list-style-type: none"> <li>Strengthened mechanisms and structures for CP at national and County levels</li> </ul>	<ul style="list-style-type: none"> <li>Number of functional</li> <li>Proportion of counties reporting functional CP systems</li> </ul>	2015-2018
11	Workforce (child protection) capacity development –	NCCS	<ul style="list-style-type: none"> <li>Training curriculum</li> <li>Accreditation (licensing) mechanism for persons working with children</li> <li>child protection Training curriculum in use</li> </ul>	<ul style="list-style-type: none"> <li>No. of graduate</li> <li>Guidelines for vetting persons working</li> </ul>	2015-2018

**PILLAR FOUR: CHILD PARTICIPATION**

<b>Overall Objective</b>	1. To promote the right to participate by all children in Kenya in all matters affecting them and society			
<b>Specific objective</b>	2. To promote the right to participation by all children in Kenya in all matters affecting them and society.			
<b>Outcome</b>	1. Enhanced participation by children in decision making at all levels. 2. Improved quality, appropriate and efficient services delivered to all children			
<b>Outcome indicator/s</b>	1.% Increase in number of children participating in decision making at all levels 2.% Increase in number of institutions offering quality, appropriate and efficient services to all children			
<b>Broad activities</b>	<b>Actors: lead agency &amp; others</b>	<b>Output</b>	<b>Output indicator</b>	<b>Time frame</b>
1 Strengthen (capacity building / equipping) county and local mechanisms (structures in place) for child participation.	DCS, County government, CSOs, and development partners	<ul style="list-style-type: none"> <li>CR Clubs established and Strengthened in Schools</li> </ul>	<ul style="list-style-type: none"> <li>No of CR clubs established / strengthened</li> </ul>	2015-2018
2 Strengthen (capacity building / equipping) children assemblies at national, county and sub-county level	NCCS, DCS, County government, CSOs, and development partners	National, County and Sub county KCA established / strengthened	<ul style="list-style-type: none"> <li>No. of functional KCAs</li> <li>47 KCA strengthened</li> </ul>	2015-2018
3 Establish and engaging platform for children to participate in the National, Regional and International days (on all matters that affect children e.g. WAD, WTD,ACDP	NCCS, DCS, County government, CSOs, and development partners	Platforms for children to participate at the national, regional and international level established.	<ul style="list-style-type: none"> <li>No of platforms established and engaged for children to participate at the National, Regional and International level.</li> <li>No. of fora where children have participated at the national, regional and international levels</li> </ul>	2015-2018
4 Lobby / Create / establish platforms for children to actively and meaningfully participate in budget making process at various levels e.g. county, and National levels.	NCCS, DCS, County government, CSOs, and development partners	Platforms established	<ul style="list-style-type: none"> <li>No of platforms provided for children to meaningfully participate on Budget making processes</li> </ul>	2015-2018

Broad activities	Actors: lead agency & others	Output	Output indicator	Time frame
5 Support children to participate in the process of policy formulation / implementation and reviews	DCS, County government, CSOs, and development partners	<ul style="list-style-type: none"> <li>Fora organized</li> <li>Memoranda presented and adopted</li> </ul>	<ul style="list-style-type: none"> <li>No of fora organized for policy formulation / implementation</li> <li>No of memoranda presented and adopted</li> </ul>	2015-2018
6 Advocate for Improved child friendliness of various institutions handling children cases	Ministry of interior and coordination, The Judiciary NCCS, DCS, County government, CSOs, and development partners	Improved child friendly institutions. <sup>1</sup>	No of institutions that are child friendly	2015-2018
7 Advocate for delivery of quality Child friendly services e.g. Police station (CPUs), Courts.	NCCS, DCS, county government, CSOs, and development partners	Quality child friendly services <sup>2</sup> offered.	Customer satisfaction report	2015-2018
8 Create a clear framework for coordination of activities/initiatives from the National, County, Sub County, AAC and LAAC (this is derived from the bigger NCCS coordination matrix.	NCCS, DCS, County government, CSOs, and development partners	Coordination framework established	Existence of the coordination framework at all levels.	2015-2018
9 Identify, document, disseminate and replicate best practices in child participation.	NCCS, DCS, County government, CSOs, and development partners	Best Practices identified, documented, disseminated and replicated	No of best practices identified, documented, disseminated and replicated	2015-2018
10 Sensitize / Capacity building of National and County Assembly leadership (need for synergy between the roles of County and National level)	NCCS, DCS, County government, CSOs, and development partners	Leadership of national and County assembly sensitized	No of sensitizations/capacity building fora conducted	2015-2018

<sup>1</sup> Where child friendly institutions means; in terms of the environment the structures of the institutions (Children's court, Waiting room for the courts, child protection units and desks in police stations etc) should be painted with bright colors, with cartoon drawings, the room setting should be child friendly i.e round table siting arrangement. Provision of play area and other facilities that engage children in play and leisure. The facility provides privacy to facilitate children to give confidential information.

<sup>2</sup> Where in this case child friendly service should incorporate: The tone of the person should not be intimidating, authoritative and loud but should be calm and welcoming. The posture of the service provider should be open, attentive and responsive. The service should be timely and efficient.

	<b>Broad activities</b>	<b>Actors: lead agency &amp; others</b>	<b>Output</b>	<b>Output indicator</b>	<b>Time frame</b>
11	Review and develop the guidelines for child participation. Develop, translate and disseminate a child friendly popular version.	NCCS, DCS, County government, CSOs, and development partners	Child participation guideline reviewed	<ul style="list-style-type: none"> <li>Popular version and child friendly version developed</li> <li>Existence of reviewed guidelines for child participation</li> <li>Number of popular version and child friendly version developed</li> </ul>	2015-2018
12	Create Platforms for children to participate in regional treaty reporting (UNCRC ,ACRWC , UPR, Optional Protocols, and State Party Reporting) among others.	NCCS, DCS, County government, CSOs, and development partners	Child protection platforms at the regional treaties reporting created	<ul style="list-style-type: none"> <li>Number of platforms created for children to participate on the reporting to the regional treaties</li> </ul>	2015-2018
13	Documentation of various child participation models in Kenya	DCS, Kenya Alliance for the Advancement of Child Rights, GOAL, World Vision, Save the Children, UNICEF, URC, and others	Various child participation models in Kenya documented.	<ul style="list-style-type: none"> <li>Number of child participation models documented</li> </ul>	2015-2018
14	Evaluation of the Kenya Children Assemblies to establish its impact.	DCS with support from the development partners, CSOs.	The impact of the KCA established	Evaluation report	2015-2018
15	Establish baseline of the KCA across Kenya	DCS with support from the development partners, CSOs	DCS with support from the development partners, CSOs	Baseline for KCA established across Kenya Baseline survey report	2015-2018
16	Coordinate and oversee inclusive and transparent elections for KCA officials from the Sub-County, County and National level	DCS with support from the development partners, CSOs.	Inclusive and transparent elections for KCA officials carried out	Election report	2015-2018

Broad activities	Actors: lead agency & others	Output	Output indicator	Time frame
17 Conduct a perception barrier analysis survey to address the societal perception on child participation and implement its findings	DCS with support from the development partners, CSOs.	A perception barrier analysis survey conducted Findings of the perception barrier analysis survey implemented	<ul style="list-style-type: none"> <li>Survey Report</li> <li>Implementation status report</li> </ul>	2015-2018
18 Organize the old chamber of parliament for use and facilitate members of the Kenya Children's Assembly to hold debates twice a year	DCS with support from the development partners, CSOs.	<ul style="list-style-type: none"> <li>Functional<sup>3</sup> old chamber of parliament</li> <li>KCA delegates facilitated<sup>4</sup> to conduct debates</li> </ul>	<ul style="list-style-type: none"> <li>Functional old chamber of parliament in existence</li> <li>No. of debates conducted</li> </ul>	2015-2018
19 Provide children in contact with the justice system (children in conflict with the law and those in need of care and protection) with state funded legal aid to realize their participation in the administration of justice to the fullest.	DCS with support from the development partners, CSOs.	<ul style="list-style-type: none"> <li>Legal aid for children in contact with justice system provided by the state</li> <li>Meaningful participation<sup>5</sup> by children in the administration of justice realized</li> </ul>	<ul style="list-style-type: none"> <li>No. of children's court cases supported<sup>6</sup> by the state</li> <li>No. of children engaged in the administration of justice</li> </ul>	2015-2018

<sup>3</sup>Where functional of old chamber refers to: its accessibility to KCA delegates for debates/assembly and appropriately furnished and maintained.

<sup>4</sup>KCA delegates facilitated in this case means the delegates are mobilized and coordinated to attend debates at the old chambers.

<sup>5</sup>Where in this case meaningful participation means children taking lead in the process of administration of justice.

<sup>6</sup>Where supported in this case means children are provided with legal aid by the state.

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