

ASSESSMENT REPORT

of the
alternative care system
for children in
KENYA



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ACRONYMS

(UN)CRC	(United Nations) Convention on the Rights of the Child
AAC	Area Advisory Council
ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
ANPPCAN	African Network for the Prevention and Protection against Child Abuse and Neglect
CBO	Community Based Organisation
CCI	Charitable Children Institution
CLAN	Children's Legal Action Network
CSO	Civil Society Organisation
CWSK	Child Welfare Society of Kenya
DCO	District Child Officer
DCS	Department of Children Services
ECPIK	Coalition to End Child Prostitution in Kenya
FBO	Faith-based organisation
HACI	Hope for African Children Initiative
HIV	Human Immune Deficiency Virus
KAACR	Kenya Alliance for Advancement of Children
KDHS	Kenya Demographic and Health Survey
KENINFO	Kenya Info
KNBS	Kenya National Bureau of Statistics
KNCL	Kenya Network of Care Leavers
MGC&SD	Ministry of Gender, Children and Social Development
NCCK	National Council Churches of Kenya
NCCS	National Council for Children Services
NGO	Non-Governmental Organisation
NSAs	Non-state actors
OVC	Orphan and Vulnerable Children
PCRN	Provincial Child Rights Networks
SOS CVKE	SOS Children's Villages Kenya



EXECUTIVE SUMMARY

This assessment report, *Alternative Care for Children in Kenya* was prepared for SOS Children Villages Kenya. The objective of this study is to provide information on alternative care system in Kenya for use by SOS Children Villages Kenya and other interested stakeholders. The study was expected to pay special attention to child care and protection systems and report on major child rights violations of children without parental care and those at risk of losing parental care. The assessment looked at the national policy, violation of children rights, and alternative care options such as kinship care, foster care, adoption and residential care.

The methodology used for study included literature review of key documents related to alternative care from government and NSAs including a review of the legal framework. Interviews were undertaken with various stakeholders in 19 counties; and focus group discussions conducted with children. The SOS Children's Villages Kenya alternative care tool was administered as required.

The legal and institutional framework for childcare and support system in Kenya is relatively strong. This is because Kenya has domesticated the UNCRC and the African Charter on the Rights of the Child. The Constitution also provides a strong basis for children's rights through a progressive bill of rights. Various legislation and policies including the Children Act need to be harmonised with the Constitution to ensure that their provisions are in tandem with the Constitutional provisions. The NCCS has a pivotal role to play in the coordination of children issues. The institution however needs to be strengthened to play its rightful role as provided for by law.

Cases of child abuse are still rampant in Kenya. These include physical, psychological and emotional abuses. However, reporting of the cases is still low especially where the family knows the violators. At present, abuses within CCIs and other institutions exist but they are hardly reported to the relevant authorities.

UNICEF Kenya country fact sheet 2012 estimated that that 48.9% of Kenya's population (19.1 million) is children, Kenya has 3,612,679 orphans and vulnerable children and 2,6million of these are orphans and 1.2million of them have been orphaned by HIV/AIDs.

Cases of child rights violations in Kenya were reported in all the counties visited by the consultant. According to the Children's Services Department, there were 38,325 cases of neglect, 2,752 of abandonment, 710 of sexual abuse, 527 of child labor, 427 of early marriages and 26 of harmful cultural practices in 2011 alone. The police stations visited in all the 19 counties cited child abuse averages of five cases per month. According to Child Line, the number of child abuse cases reported to them was 4,856 in 2012. These included cases of abduction, neglect, prostitution, trafficking, emotional abuse, physical abuse and other unspecified abuses.

The KNHS 2005/2006 indicates that 1.9 million children were not living with their biological parents. Such placements were as a result of factors such as migratory work, the location of a secondary school or better schooling, the inability of parents to provide for their children or due to family illness.



Informal care is practiced in Kenya although no credible estimate is available on the number of informal caregivers and the number of children in such settings. Foster care and adoption is also present however, there is very limited information on foster care in the country. There is no current initiative to promote fostering and adoption in the country and monitoring of fostered and adopted children is limited.

The Government of Kenya has undertaken substantial initiative towards family strengthening programmes. As at December 2012, about Kenya Shillings 4.4 billion had been dispersed to Orphaned and Vulnerable Children alone since 2005; although not sufficient, it indicates the government commitment to children.

The state has set a national policy on the admission process, placement and review procedures. Children officers at the district level, lack vehicles to do inspections and reviews hence it is challenging to effectively conduct regular reviews and inspection of care centre as required by the law.

A range of care options are available in Kenya. A number of state and non-state actors play a crucial role in the care and protection of children during emergency. The children officers, volunteer children officers, NGOs and CBOs provide care and facilitate re-unification of children during emergency situations. However care of children with special needs e.g. the disabled during emergencies could not be ascertained.

Follow-up and inspections on child care facilities is generally weak in many parts of the country due to inadequate resources by the Children Officers, slow court process and poor cooperation from some care providers.

The Director of Children Services has developed a hand book for the orientation and training of the volunteer children officers, templates, guidelines, check list and minimum service standards for quality improvement guidelines for OVCs in Kenya. Only a few care facilities like SOS Children's Villages Kenya had one year structured programmes while other have a duration ranging from one day to one month. In all facilities staff is vetted as required by the law. There is no national policy on state funding to CCI's although some CCI's are given unconditional support by the state. The youth exiting care face challenges of self-reliance due to inadequate preparation.

INTRODUCTION

This assessment report, *Alternative Care for Children in Kenya* is prepared for SOS Children's Villages Kenya to enable it to understand the child care and protection system in Kenya. The assessment focuses on the range of measures in place to prevent family separation and loss of parental care, the various living arrangements for children in alternative care and the administrative arrangements managing those services. The report explores the national legal and policy frameworks which govern the delivery of child protection services. The report is based on the 2009 Guidelines for the Alternative Care of Children (hereinafter referred to as UN Guidelines) and relevant UN Convention on the Rights of the Child (UNCRC) articles.

The report provides information on the capacity of Kenya to manage alternative care for children. It is timely as SOS Children's Villages Kenya would like to understand the key rights violations of the target group and do advocacy on these issues. Additionally, the organisation would like to assess other factors affecting the situation of the country's vulnerable children to inform its future programming.

Study objectives

The objective of this study is to provide information on alternative care systems in Kenya for SOS Children's Villages Kenya and other interested stakeholders to further use. The purpose of the assessment was to review the child care and protection system in Kenya and report on major child rights violations of children without parental care and those at risk of losing parental care.

METHODOLOGY

This study was undertaken in all 8 provinces of Kenya covering a total of 19 counties out of the 47 counties established in 2010.

Data Collection

- A **desk review** was conducted on various documents including the SOS Children's Villages Kenya *Child Rights Situation Analysis* (CRSA), existing legal and policy documents related to children in alternative care, reports from NGOs concerned with the target groups, annual reports of the Ministry of Home Affairs, and Ministry of Children and Gender Development, UNICEF publications and the Kenya National Bureau of Statistics (KNBS). The existing legal and policy framework in Kenya was analysed to determine the extent to which legislation, systems and policies in Kenya reflect the principles and provisions of international standards.
- A **survey** was undertaken with various stakeholders working on or concerned with children's issues including government officers, Civil Society Organisations (CSOs) as well as children themselves. The SOS alternative care tool was administered in the field as part of the survey.
- **Interviews** were conducted with various stakeholders including key informant interviews with Senior Officers in the Government, social workers, the heads of children's homes

and District Children Officers, sectional officers at the directorate of children's services and NGOs from 19 counties as shown in Table 1 below.

- **Focus Group Discussions** were undertaken with children in various institutions to support the data gathered.

Sampling

All the categories of duty-bearers and other stakeholders both governmental and non-governmental in children's rights protection in Kenya were identified. The 19 counties that were visited during field work were selected purposively. The counties visited were selected based on the following criteria: Arid and semi-arid areas (ASAL), urban, rural, poverty, and high potential areas.

Table 1: Counties visited by region

Regions	County
1. Nyanza	Kisumu, Siaya, Kisii
2. Rift Valley	Kericho, Nakuru, West Pokot and Kajiado.
3. Central	Muranga, Kirinyaga
4. Coast	Taita Taveta, Mombasa, Kilifi
5. Western	Busia, Uasin Gishu, Bungoma,
6. Eastern	Kitui, Isiolo
7. Northern	Wajir
8. Nairobi	Nairobi Area.

In each county with the exception of Nairobi, 4 children welfare officers, 4 children's homes, 4 chiefs, and 4 police stations were visited. In Nairobi County, NGOs, Children's Homes, and Government departments dealing with children's issues were visited. Children in respective institutions were randomly selected for the focus group discussions.

Data analysis and presentation

The data collected was collated per category and analysed qualitatively, while quantitative data was analysed using SPSS and presented using tables and charts.

A significant limitation of the study was the lack of data not being available in one place even in the same organisation. This made the assessment to take longer than anticipated.

Assessment framework

This study was informed by two theoretical models, (1) ecological model¹ and (2) the continuum² model of care services. The consultant used the ecological model in the assessment of support interventions. In the ecological framework, an intervention to support a child should address not only the child's needs but also the context of their needs within the environment in which they live. This conceptual approach allows simultaneous

¹ Colton, M.R., Sanders and Williams. 2001. An Introduction to Working with Children: A Guide for Social Workers. New York: Palgrave.

² Kadushin, A. 1980. Child Welfare Services: An Introduction. New York: McMillan.

consideration of the different levels of programme interventions including interactions with the child, the family, the community, cultural values and social institutions (development policies and allocation of public resources). Analysis along these lines offers insight into various elements that may affect family functioning and that could result in a child being deprived of parental care and there being a necessity to ensure the child's rights are guaranteed and protected.

In the continuum framework a child is only removed from the family as a last option. In 1st line of the continuum, care the family is intact; however, there is stress i.e. marital conflict which is likely to lead to the breakdown of the family structure, therefore financial assistance and counseling care services are recommended. In the 2nd line of care, parental-child relationship is impaired, with supplemental assistance a child can live at home without any harm, financial assistance and day care services are recommended. In these two lines of care the support of the child remains in the care of the family. The 3rd line of care is used when the child situation is so damaging and require temporarily or permanent dissolution of parent-child relationship. The services are therefore designed to substitute parental care temporarily or permanently. These services include adoption, foster care and residential care where child is moved out of home care.

a) Country background

Kenya is ranked number 145 out of 194³ countries in the UNDP Human Development Index (2012). UNICEF (2012) estimates Kenya's total population at 40.513 million with an annual projected growth rate of 2.4% (2012-2030)⁴. With a GNI per capita of US \$840 in 2012, Kenya is considered a low-income country in Sub-Saharan Africa.

The economic growth improved from 2.8% in 2003 to 7.1% in 2007⁵. The effects of the post-election violence, compounded by drought and the global financial crisis, brought growth down to less than 2% in 2008.

Life expectancy has fallen from 59 years in 1990 to 57 in 2010 Kenya's life expectancy at birth is 54 years (UNICEF, 2010). However, a recent study by the University of Nairobi released in November 2012 indicated a significant increase to 63 years⁶. The youth (15-24 years) literacy rate 2005-2010 estimate stand at 92% and 94% male and female respectively. It's estimated that 23% of the total population (9.135 million are adolescent (aged 10-19)) is married, in particular, 12% of the female adolescents are currently married. In terms of equity of residence Kenya's birth registration is 76% urban and 57% rural with an urban to rural ration of 1.3. Table 2 below summarises the key demographic information of the country.

³ <http://hdr.undp.org/en/countries/profiles/KEN>

⁴ http://www.unicef.org/infobycountry/kenya_statistics.html

⁵ Economic Surveys

⁶ University of Nairobi Report November 2012

Table 2: Demographic information of the country

Demographic Information	UNICEF Data 2010	Source
Total population	40,513,000	UNICEF ⁷
Children population	19,147,737	KSP Report 2012
Population Annual growth %	2.64	GOK & HS, 2010 ⁸
Rural Population (% of total)	78.4	GOK & HS, 2010
Urban Population (% of total)	21.6	GOK & HS, 2010
Population ages 0-14 (% of total)	42.16	GOK & HS, 2010
Total Under Five	6,664,000	KNBS, 2010 ⁹
Number of Orphans and vulnerable children(OVC)	3,612,679	Save the Children UK, 2012 Estimate
Total Number of orphans	2,600,000	UNICEF, 2012
Children with disability	349,207	UNICEF, 2012
Total under-five deaths (000)	122,000	UNICEF, 2012
Life expectancy	63 Years	UON, 2012
Under-five mortality rate (per 1000 live births)	85	UNICEF, 2012
Infant mortality rate (per 1000 live births)	55	MCFS 2010 ¹⁰
Total fertility rate	4.7	MCFS 2010

Source: UNICEF, Maternal, newborn and child survival report, 2012; Kenya National Bureau of Statistics, Kenya Demographic and Health Survey 2008/09; Save the Children UK, Kenya social protection report, 2012; Government of Kenya and Health Systems 20/20, 2010

⁷ UNICEF Maternal, newborn and child survival report, 2012

⁸ Government of Kenya and Health Systems 20/20 (GOK & Health Systems 20/20). 2010. Report of the Technical Working Group on Sustainability for the Kenya HIV/AIDS Program. Nairobi.

⁹ Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010.

¹⁰ Mortality Country Fact Sheet, 2010

LEGAL AND POLICY FRAMEWORK

Kenya has been ranked highly among the 52 African countries for putting in place a legal regime that is protective of and promotes the rights of children and for implementing a budgetary policy or programme that favours children¹¹.

a) International and regional legislation

Kenya ratified the Convention on the Rights of the Child (CRC) on 30 July 1990 and the initial country report was submitted in January 2000. The CRC provides a comprehensive framework for policy and programme development to ensure the promotion and protection of the rights of children. The State also acceded to the provisions of the African Charter on the Rights and Welfare of the Child (ACRWC) of 1990 in 2000. The ACRWC is also referred to as the Children's Charter and is the main instrument for promoting and protecting the rights of children in Africa. The Optional Protocol on the Involvement of the Child in Armed Conflict (OPAC) of 2000 was ratified in 2002. The Optional Protocol on the Sale of Children, Child Prostitution & Child Pornography (OPCS) of 2000 was signed on 8th September 2000. The trafficking Protocol is intended to prevent and combat trafficking in people, especially women and children, and to facilitate international cooperation against such trafficking. The Convention on the Rights of Persons with Disabilities (CRPD) of 2006 was ratified on 19th May 2008, the ILO Convention 138 on Minimum Age of Employment of 1973 was ratified on 9th April 1979, the ILO initiatives are geared towards eliminating child labour and protecting children and young people. The Hague Convention on Inter Country Adoption of 1993 was ratified on 12th February 2007; the convention provides standards and a mechanism for international cooperation to ensure that inter-country adoptions take place in the best interest of a child and with respect to his or her fundamental rights. These safeguards are intended to prevent the abduction, sale, trafficking or other abuse of children placed in adoption. The law relating to child protection in Kenya is largely contained in the Children Act of 2001. The Act domesticates the CRC and ACRWC in Kenya. Kenya being a signatory to all these international and regional legislations indicates the commitment of the State to meet the obligations of these instruments.

b) The national legislation

The Constitution of Kenya, promulgated in 2010, on its part provides for and guarantees various rights and freedoms of the child in Kenya. Being the supreme law of Kenya, the Constitution contains several provisions on the protection of the fundamental rights and freedoms of people in Kenya, including children.

The Children Act 2001 makes provisions for parental responsibility, fostering, adoption, custody, maintenance, guardianship, care and protection of children; and administration of children institutions. The Act establishes the National Council on Children Services (NCCS) in section 30 to 46 as the state actor in child protection. The Membership of NCCS is drawn from government departments and non-government representatives. The Council is charged

¹¹ African Child Policy Forum, 'The African Report on Child Well-being: Kenya Country Brief', 2008.



with the duty of exercising general supervision and control over the planning, financing and coordination of children's rights and welfare activities and advice the government in this regard¹². On the flipside however, the Council's potential in policy formulation and ensuring a coordination role is yet to be fully fulfilled.

Other legal provisions with regard to children include, the penal code, cap 63, The Sexual Offences Act, Act No. 6 of 2006, Employment Act, Cap. 226, Borstal Institutions Act, Cap. 92, Matrimonial Causes Act, Cap. 152 and the Separation and Maintenance Act, Cap 153.

While the national laws are in place, the Penal Code does not adequately address the aspect of crimes committed by children as distinct from crimes committed by adults. There is the need to link the Penal Code to the Children Act to ensure that children's rights are protected as a special class of rights.

The Employment Act prescribes that the Minister will make rules prescribing: the worst forms of child labour and what constitutes light work. Such regulations have not yet been provided for, in the absence of regulation by the Minister on what constitutes the worst forms of child labour, it is at the discretion of the employer to determine what they consider light work and/or worst forms of child labour, the provision will be open to abuse. The regulations need to be prescribed to ensure adequate protection of children in employment. Other significant gaps on the national law have been highlighted in the Save the Children, (2012) workshop report on the reflections on key processes of children sector in Kenya from 1989 onwards.

In 2010, the State embarked on a holistic review of the Children Act, to bring its provisions in line with the Constitution. The UNHRC September 2012 report indicates that the Children Act (Amendment bill) 2011, which proposes a number of modifications to the Children Act has been prepared. One of the changes sought is the raising of the age of criminal responsibility from eight to twelve years. The Labour Law Review Committee has also presented its report to the Attorney General for further consideration. The report proposes the amendment of labour laws to protect children, inter alia¹³. The Evidence Protection Act that calls for the corroboration of the evidence of children of tender years is in place. This means that in cases of child sexual abuse, where the child is the victim, corroboration of the child's evidence is not a must. The study recommends fast tracking of pending initiatives and the Act to ensure consistency between the Act and the new legislation (including Constitution 2010).

In summary, the national law (Children Act) contains substantive and adequate provisions on child protection; however children in Kenya continue to suffer, exploitation and abuse, monitoring of the implementation of the law concerning child protection is recommended.

¹² The Children's Act.

¹³ Universal Periodic Review of the United Nations Human Rights Council, Mid Term report September 2012

c) Institutional framework

There are two categories of duty bearers in the country namely, the state actors and the non-state actors.

State Actors

The Ministry of Gender, Children and Social Development (Ministry in charge of children Services) is the primary duty bearer offering services for children in need of care and protection. This is done through the Department of Children Services (DCS) which currently has offices at national, provincial and district levels. Volunteer Children Officers are deployed at location level. DCS coordinates and supervises services aimed at promoting and protecting the wellbeing of children and their families. The principal focus of the DCS is on care and protection of all children as well as on rehabilitating and reintegrating child offenders. To implement its activities, the DCS on behalf of the MGC&SD works closely with development partners including Faith Based Organisations (FBOs) and Non-governmental organisations (NGOs) who complement government efforts in supporting children programmes. Other line ministries include the Ministry of Education, the Ministry of Justice, National Cohesion and Constitutional Affairs, the Ministry of Public Health and Sanitation, the Ministry of Planning, the Ministry of Special Programmes, the Ministry of Development of Northern Kenya & other Arid Lands and the provincial administration.

The National Council for Children Services (NCCS) was established in 2003 under Section 31 (1) of the Children Act to work closely with the Ministry in charge of children services on general supervision and control over planning, financing and coordination of child rights activities and to advise the Government on all aspects relating to children. NCCS is mandated to establish Area Advisory Councils (AACs) at district, divisional and location levels to play the same role that NCCS does at a national level. The DCS is in charge of running the four (4) Statutory Children's Rescue Centers. These are established under the Children Act to care for children in need of care and protection. The current rescue centers are in Nairobi, Thika, Machakos and Garissa.

The 13 Statutory Children Rehabilitation Schools established under Section 47 of the Children Act 2001, provide rehabilitation of children between 10-17 years in conflict with the law. Child offenders are classified into three categories (Low, medium and high risk) depending on the frequency, duration, prioritisation and intensity of committed offences. Classification of child offenders will determine the institutions they go to. They serve both girls and boys and are found in different parts of the country.

The state has established special courts to hear and determine matters concerning children. In hearing children matters, the courts take into consideration the best interests of the child. Sensitive matters concerning the privacy of a child are usually heard in camera. The Chief Justice is mandated to gazette magistrates to hear and determine children matters throughout the country. There are currently four children courts in Nairobi, Kakamega, Nakuru and Mombasa, NGOs like CLAN, KAACR, The CRADLE and ANPPCAN, have played a significant role in capacity building of the judicial officers deployed to children courts.



There are also 10 Children Remand Homes which admit only child offenders; boys and girls aged 10 -17 years, and whose cases are processed by the children's court. Statutory institutions have done a lot of work in terms of providing services to children, parents and guardians including creating awareness on the rights of children.

There is also the Child Line 116. The toll free number was established to enhance protection of children from abuse and neglect. Calls are made by both children and adults to report abuse, suspected abuse, to seek information or counselling. Children Help Desks and Help Lines have been established in various police stations to receive and respond to cases of child abuse, violence against children or child exploitation.

The state through the Kenya Info (KENINFO) and the Kenya National Bureau of Statistics (KNBS) ensure that data collection and analysis is centralised and that dissemination takes place through appropriate platforms. Through these efforts, information on children is available although it is not always up to date or adequate to meet the stakeholders' broad information needs.

While state actors are in place, a recent workshop report¹⁴ observed that there is an apparent overlap of the role of NCCS and the DCS and by implication AACs which has at times led to duplication and conflict of roles. The study recommends identification of conflicting areas and streamlines roles to ensure service delivery is not affected.

Non-State Actors

There are three categories of non-state Actors which include Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs) and Faith-Based Organisations (FBOs). Most Charitable Children Institutions (CCIs) originally referred to as Children's Homes are established and managed by non-state actors. The NGO registration Bureau report indicates that there are an estimated 8,000 registered NGOs and over 300,000 registered Community-Based Organisations. Due to the diversity of the NGOs, CBOs and FBOs, it is not possible to accurately quantify the impact of their interventions in the children sector, however, over 60% of the CCIs visited during the assessment were run, managed and sponsored by NGOs, CBOs and FBOs, confirming the crucial role played by these non-state actors in child rights and child protection.

In Kenya, there are several non-governmental institutions whose main goal is to promote the wellbeing of children in the country these include; African Network for the Prevention and Protection against Child Abuse and Neglect (ANNPPCAN), CLAN CRADLE, SOS Children's Villages Kenya, Save the Children and Child Rights Information Network (CRIN) among others. Although, these organisations do not make laws, their advocacy schemes and recommendations on laws have been used to amend Kenya's child protection laws to ensure children enjoy a maximum protection by the law.

¹⁴ Save The Children, (2012) Reflections on key processes of children sector in Kenya from 1989 onwards Jane Waithira Mbugua Lawyer and Consultant August 2012



There are also established Networks and Coalitions to undertake joint activities for children, these include; Kenya Network of Care Leavers (KNCL) which brings together young individuals who grew up or spent part of their life in an institutional care setting. To lobby the Government to ensure the UNCRC's implementation the NGO Child Rights Committee was formed. At the regional level there is the Provincial Child Rights Networks (PCRN) which is most active in the Coast, Nyanza and Western regions of Kenya. The Diversion Programme and the Juvenile Justice Network which is hosted by The CRADLE and the Children Foundation enhance networking among the members as well as to raise awareness on issues related to juvenile justice. Members include The CRADLE, ANPPCAN Kenya, CLAN, GCN and ActionAid. There is also the Child Welfare Society of Kenya (CWSK) and Undugu Society of Kenya to champion children issues.

Other networks include: Children Assemblies and Child Rights Clubs which provide opportunities for networking opportunities among organisations in the children sector; The Child Protection and Response Center set up under the auspices of ANPPCAN provide child protection services; Elimu Yetu Coalition (EYC) that lobby and influence policies in the Education sector; The Consortium for Street Children that was formed to address the needs of children living and working in the streets; The Hope for African Children Initiative (HACI) was a consortium of 5 agencies in Kenya namely, Save the Children, Plan Kenya, World Vision Kenya, Care Kenya and the Inter Religious Council of Kenya to address the plight of orphans and other vulnerable children; The National Children in Need Network seeks to improve the juvenile justice system in Kenya and target children in the criminal justice system who would be identified and diverted at the earliest point of contact with the justice system, which in most cases is the police station; The Coalition to End Child Prostitution in Kenya (ECPIK) was formed to address issues of child prostitution and related matters. It is currently hosted at the ANPPCAN Regional Office.

Findings

The legal and institutional framework for child care and support system in Kenya is relatively strong. This is because Kenya has domesticated the UNCRC and the African Charter on the Rights and Welfare of the Child. The Constitution also provides a strong basis for children's rights through a progressive bill of rights. Various legislation and policies including the Children Act need to be harmonised with the Constitution to ensure that their provisions are in tandem with the Constitutional provisions. The NCCS has a pivotal role to play in the coordination of children issues. The institution however needs to be strengthened and to play its rightful role as provided for by law. Given the role that the NSAs play in the child care system, it would be important that the government department responsible for children services keeps data on all the actors to effectively play an oversight role.

Recommendations

- Ensure that there is consistency in the Children Act and the Constitution by lobbying the Parliament to hasten the amendment to the Children's Act.
- The department responsible for children services should be supported to develop a database on all NSAs dealing with children to ensure that all institutions are recognised and operate within the stipulated standards.



- According to the 4th Schedule of the Constitution, pre-primary education, village polytechnics, home craft centres and childcare facilities are a responsibility of county governments. It will be important for all stakeholders to work closely with county governments to ensure that they are able to effectively provide for these functions.



CHILD PROTECTION AND CHILD CARE SYSTEM

Alternative care is defined as the placement of a child in a care setting other than the immediate or extended family setup, including foster care, adoption and institutional care in Charitable Children's Institutions. Alternative care can be divided into two categories i.e. informal and formal care.

a) Informal care

Informal family care is defined as "any private arrangement provided in a family environment, whereby the child is looked after on an on-going or indefinite basis by relatives or friends or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by a duly accredited body.

In Kinship care the members of the extended family take an orphan or those in need of care to live with them. Some of the children in these arrangements are sometimes mistreated, used as free and cheap labour or in return for other benefits.

Among the Muslim community the informal care system practised is called *kafala*, where a family takes a child and live with them on a permanent, but that child is not entitled to use of the family's name or to inherit from the family. Interviews with the chiefs and children officers in Kilifi and Isiolo confirmed that *kafala* is rooted in Kenya among the Muslim communities.

In Kenya, children not living with parents are vulnerable and their rights may be deprived under such living arrangements. No credible current estimates were available of the number of children placed informally outside the parental home. A recent study¹⁵ estimates that there are 3.6 million OVCs in the country. The responsibility for caring for orphans is frequently passed to grandparents¹⁶, many of whom do not have incomes to support these children.

The decision to place a child in an informal care arrangement is often determined by the families (care givers), and the community. There are currently no controls that monitor children placed in these care arrangements by the State. Although children officers are supposed to ensure the best interest of the child is guaranteed, lack of disaggregated data makes it difficult to monitor these arrangements, hence there is risk that the placement may not necessarily be to the best interest of the child. There is the need for systematic data on children in informal care arrangements in Kenya.

b) Guardianship

An application for guardianship has to be supported by various affidavits which give information about applicants and their ability to be a guardian. The court may order for a DCS report on the guardian but this is not mandatory. Guardianship is useful in enabling children to access their guardian's health and other benefits though this is becoming less the case with international organisations requiring an adoption order. There are no monitoring of guardianship orders and that this should be the task of the DCS.

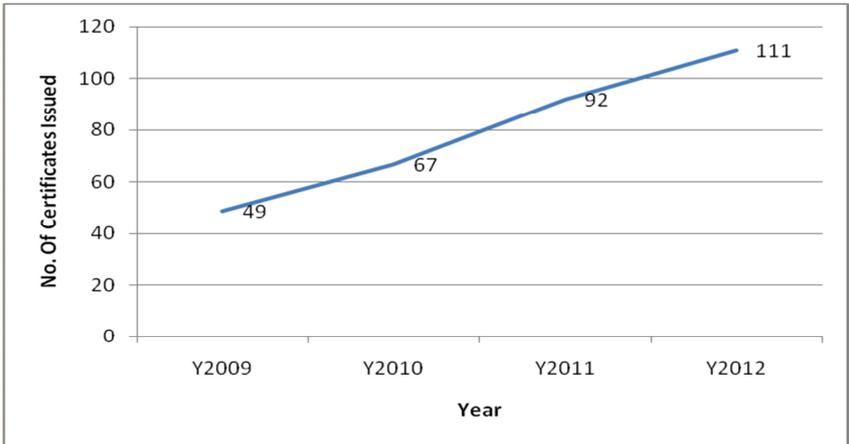
¹⁵ Kenya social protection report September 2012

¹⁶ GOK and UNICEF, 2010.

During the interview, the consultant was informed that the government has devised a number of initiatives towards voluntary registration of the children in informal care such as making voluntary registration free and creating awareness for the citizen to register cases of informal care. The OVC programme encourages care givers to register the children under their care. The children courts keep data on the caregivers who have been granted guardianship certificates. There are four children courts in Kenya- Nairobi, Mombasa, Nakuru and Kakamega. In Nairobi, 319 guardians had been registered from the year 2009 to 2012 as shown in Figure 1 below, indicating a substantial effort of the state and others to register children placed within informal care.

Figure 1: No. of Guardian Registrations at Nairobi Children Court

Source: Children Services Department



The figure shows an upward trend in the guardianship registration with a gradual increase from 2009 to 2012.

Child rights violation in informal care

Key informants (children officers, the chiefs, and the police and care givers) in the 19 counties acknowledged that children in informal care face a number of abuses as shown in Table 3.

Table 3: Child abuse in the informal care

	Type of concern (e.g. exploitation, abuse, non-attendance at school, etc.)
With grandparents	<ul style="list-style-type: none"> • Exploitation by grandparents was rare in Kenya. However, in Nakuru, one case of defilement by a grandparent was reported and sexual abuse of both sexes in Kilifi. • In Isiolo there was a case of inadequate feeding and grandparents not taking children to school. • Interview with NGOs reported cases of diversion of the resources meant for the orphans to other family needs and child neglect.
With other relatives	<ul style="list-style-type: none"> • In Kisii and Isiolo cases of FGM were reported, while in Kilifi OVC are segregated. • Other concerns with relatives included; not providing the basic needs of

	<p>the child, denial of proper care, child neglect, defilement, girls working as house girls and overworking by aunties, physical abuse by uncles and general mistreatment.</p> <ul style="list-style-type: none"> • The use of the properties left by the parents of the orphans and diversion of the resources meant for the orphans to other family needs was also reported.
With others in the local community	<ul style="list-style-type: none"> • Sexual abuse, child labour and defilement of teenagers and minors under the survey of the community were reported in Kilifi and Isiolo.
With relatives or others elsewhere in the country	<ul style="list-style-type: none"> • Relatives discriminate the OVCs, exploit them through child labour and cases of sexual abuse were reported.

It seems that child rights violations are a concern in Kenya. The violations are practiced by the immediate care givers who are supposed to protect the interest of the child. A number of initiatives are in progress towards combating exploitive practices in informal care. The area chiefs and village elders handle issues of child protection. The chiefs create awareness in chief's barazas to sensitise the communities on child protection, although no formal records were available. District Children Officers, Volunteer Children Officers, Area Advisory Committees, representatives of stakeholder ministries such as education, special programmes, have been established in all districts in Kenya, to monitor issues of child rights and child protection. Other initiatives of combating child abuse in informal care include; - the counsellors trained and deployed to courts through GOK and UNICEF initiatives; provide counselling to children and care givers who come to courts; CCIs, CBOs, NGOs and FBOs provide support to the children and youth.

Findings

Informal care is practiced in Kenya although the Government has put in place structures for informal care registration no credible estimate is available on the number of informal care givers and the number of children in such settings. Lack of records may lead to discrimination of children in terms of government support and monitoring of their welfare. The decision to place children in informal care arrangements is made by the care giver and the community, and without proper awareness, there is the risk that the placement of children into this care may not be in the best interest of the child. Registered guardianship is getting acceptance in the country and creating awareness on this registration this will go a long way towards registration of more informal care givers.

Recommendations

- Analysis is required on informal care givers who are not biological parents of the children. This would identify grandmothers or other care giver to enable the State to understand their needs and include them in the social protection and safety net.
- Disaggregated data on this informal care arrangement should be compiled on a regular basis and a report should be submitted to the national office for a central data base on children in this form of care.



- There is the need for education and awareness raising of stakeholders, chiefs, assistant chiefs and village elders on children's welfare and the need to report cases of informal care.
- The State, through the DCS should explore special and appropriate measures designed to protect children in informal care from abuse, neglect, child labour and all other forms of exploitation.

c) Formal care

Formal care in Kenya comprises all care provided in a family environment which has been ordered or authorised by the State through an authorised body or judicial process, and all care provided in a residential environment, including in private facilities, whether or not as a result of state authorisation or judicial measures. Formal care in Kenya includes foster care/family based care, adoption, public residential care, private residential care. As of December 2012, a total of 48,478 children (0.25% of the total children population of 19,147,737) were in formal residential care settings. Sensitisation campaigns by the State on CCIs regulations led to improved data collection and record keeping especially from 2009 onwards, although gaps still exist.

Foster care

Foster care is a form of temporary family placement for a child when his or her biological parents are unable to care for him or her due to family problems. This placement is intended to be for a planned period of time and does not involve the permanent transfer of parental rights and responsibilities.

The State has enacted the Adoption and Foster Care Act, which provides the guidelines for foster care in Kenya. The Foster Care Placement Rules under the Children Act provide for inter alia, visits of children's officers to prospective foster parents to assess their suitability to foster before placing the child.

In 2010, a total of 99 foster certificates were issued where 43 boys and 56 girls were fostered.

During the interviews, there was no evidence of vetting process of the foster parents other than completing the required forms. No training or evidence of support for foster parents to emotionally cope with demands of bringing up children who are not their own was provided. The DCO confirmed that they counsel and prepare foster parents before the placement of the child, however, due to low staff numbers of children officers, regular monitoring and visits was a challenge to most DCOs interviewed. There was no list of accredited foster care givers in all the counties visited. There was no established foster care group in the areas visited, however, NSAs are developing initiatives towards enhancing foster care, one of such initiative was organised by ANPPCAN in 2009. The lack of foster care associations implies that important mutual support that can lead to better practices in foster care will be missing. It seems that foster care in Kenya may not be well supported and monitored; under such circumstances children may be abused and deprived of their rights. The State is creating awareness on the registration of foster parents through the print media.

Adoption

Adoption is a permanent placement of a child in a family, whereby the rights and responsibilities of biological parents are legally transferred to the adoptive parent(s). An adopted child acquires the same status, rights and privileges accorded to any child of their adoptive parent(s). In Kenya, The Children Act of 2001 did not allow for inter country adoption, however the law was revised in 2006 to allow for inter country adoption. The Adoption Act 2011 provides guidelines of domestic adoption of children in Kenya.

Domestic adoption in Kenya attracts an adoption agency cost of kshs.13,000 and lawyer costs of Kshs.40,000¹⁷. For inter country adoption the agency cost ranges from kshs.50,000 to 200,000 depending on the country a child is adopted to and lawyer fees of Kshs. 40,000. The children services department keeps consistent data on child adoption for both, domestic and inter country adoption.

Table 4: National data on Child Adoption

Type	2003	2004	2005	2006	2007	2008	2009	2010
Domestic Adoption	126	94	103	69	94	101	62	76
Inter-country Adoption	65	69	78	31	52	73	74	60

In 2008, the number of adoptions increased because of two drivers i.e. the new law that legalised inter country adoption in 2006 and the 2007/08 post-election violence. The data for 2011 and 2012 was not available at the time of the assessment. The disaggregated data by age was not accessible. The State does not allow single parents to adopt a child of the opposite sex. In Kenya, most single parents who adopt children are women, which partly account on the high number of girls adopted compared to boys (i.e. in 2006, 36 girls were adopted compared to 20 boys, in 2005, 72 girls, 31 boys, in 2004 -59 girls and 39 boys) the same trend was observed for inter-country adoptions. It was not clear whether these women and families are provided with follow-up counseling and training after the adoption process.

In an interview with a key informant, one case was cited where a child who was adopted returned home complaining about mistreatment by the adopting parents. The State does not have mechanism for monitoring children in adoption arrangements. The homes and the adoption society, monitors the child during the placement process up to 6 months for domestic and two years for inter-country adoptions. After this time the monitoring stops.

Adoption as a permanent care solution is under-utilised. Research¹⁸ has shown that the longer babies stay in institutional care, the more their emotional, cognitive and physical development suffers. Currently, there are many children in the residential care therefore; encouraging fostering and adoption will reduce the number of children in the alternative care

¹⁷ The lawyer fees depend on the individual negotiation of the parent with the lawyer.

¹⁸ Mapping the number and characteristics of children under three in institutions across Europe at risk of harm (First Revision 13th July 2005) - European Commission Daphne Programme Directorate-General Justice and Home Affairs. In collaboration with WHO Regional office for Europe, and The University of BIRMINGHAM, UK

setting. Whereas many Kenyans are willing to adopt children, it seems that the fees charged are not affordable. The key informants raised the following issues with adoptions in Kenya;

- Reduce adoption cost to encourage Kenyans and others to adopt children.
- To protect children's rights and safety, legal and administration of adoption processes should provide for adoption follow-up.
- The option of relatives adopting a child whose parents have both died could be promoted as a way of securing and legalising the child's situation in that family.
- There is very little support for women who consider putting their child for adoption, hence pre-adoption counselling would reduce the practice of abandoning children.
- Adoption should be promoted in Kenyan communities because some communities do not seem to acknowledge the adoption of children from outside the family.

Residential care

Residential care refers to temporary care within groups of children without primary caregivers or whose biological parents are unable to care for them. Residential care is meant to provide 24-hour care for children, meeting their basic needs of shelter, food, clothing and education. In Kenya, residential care is the main response to support children without primary caregivers. It is the most visible, accessible and readily available form of care to address immediately a child's need for shelter, care and education. Residential care comes in different forms, including private residential facilities - legally known as charitable children institutions (formerly called children homes) - and public or statutory residential facilities.

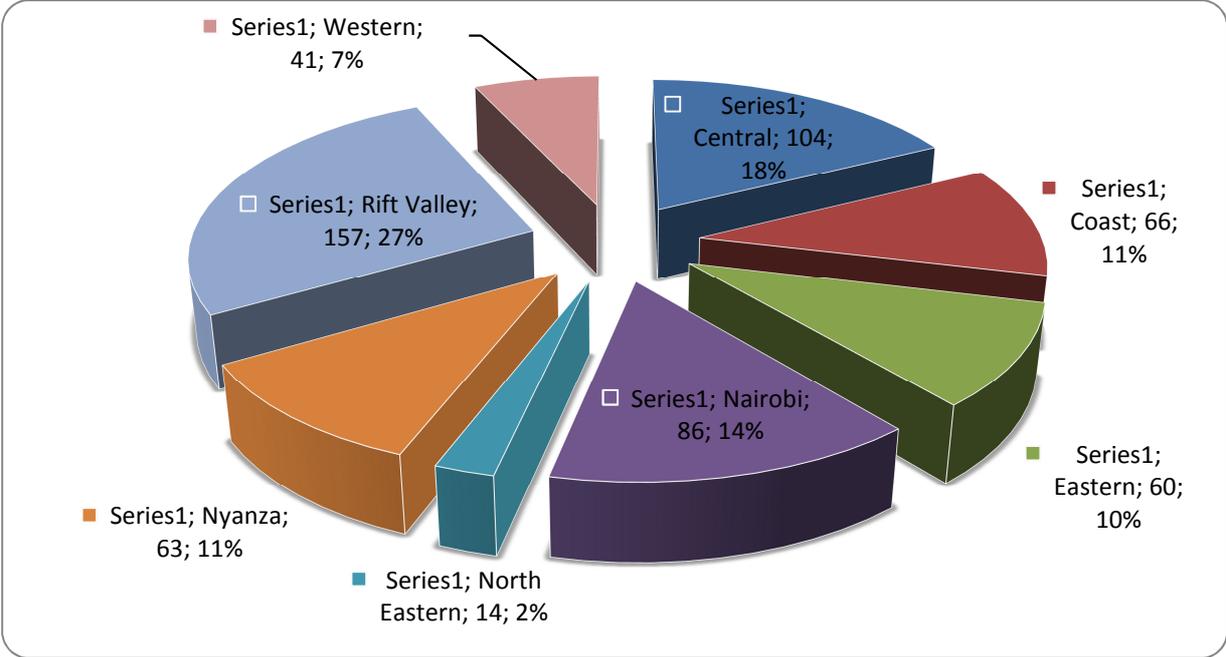
Private residential facilities

These are the charitable children institutions (CCIs) established, managed and supported by the NGOs, CBOs, and religious organisations to supplement statutory institutions. Section 58 of the Children Act defines a charitable children's institution as "a home or institution which has been established by a person, corporate or non-profit, a religious organisation or a non-governmental organisation and has been granted approval by the NCCS to manage a programme for the care, protection, rehabilitation or control of children." Children in need of care could be sent to a charitable children's institution in an emergency situation or by way of a care order.

Charitable Children's Institutions (CCIs) were originally referred to as Children's Homes and are established under the Children Act and managed by non-state actors. They are regulated by Charitable Children Institutions Regulations, 2005¹⁹. The CCIs are inspected by AACs at the district level. The NCCS has the overall mandate at the national level to register all CCIs. The NCCS has developed a training manual on best practices for CCI managers. There is a conflicting report on the number of CCIs. An NGO report (Save the children 2012) estimate that as of 2010 there were 701 registered CCIs with a population of 43,286 children, however, the DCS put the figure as of December 2010 with a total of 632 CCIs with 40,139 children. The CCIs are spread in all regions of Kenya (figure 2)

¹⁹http://www.thewayforwardproject.org/file_uploads/K02%20Kenya%20Gazette%2089.pdf

Figure 2: No. of Registered CCIs in Kenya as December 2012



Source: Children’s Services Department

The data on the actual number of children in these facilities varied, however, the most recent report at the children services department provided the following statistics.

Table 5: Number of children in Private Residential Alternative Care facilities (CCIs) per region

Region	Dec-11			Apr-12		
	Boys	Girls	Total	Boys	Girls	Total
Nyanza	2,156	1,782	3,938	2,156	1,782	3,938
Rift Valley	5,879	4,356	10,235	5,879	4,356	10,235
Nairobi	3,034	2,816	5,850	2,907	2,680	5,587
Eastern	3,694	2,805	6,499	,	2,805	6,499
N/Eastern	2,129	363	2,492	2,129	363	2,492
Central	2,597	1,963	4,560	2,597	1,963	4,560
Coast	2,519	1,939	4,587	2,519	1,939	4,587
Western	1,192	1,057	2,249	,	976	2,135
Grand Total	23,200	1,7081	40,281	23,010	16,864	40,139

Source: Children services department

The situation of children in CCIs, varied from one organisation to the other. Basic needs for survival such as shelter, food, clothing and education are generally met. However, there is doubt about whether the developmental needs of the children are adequately addressed. The situation was observed in many CCIs especially the CBOs and religious facilities. CCIs in Kenya are sporadic and address varied care components for children.

During the field visit, the consultant visited many private care centers in Kenya, the Keumbu Holiness Centre in Kisii had unique day care services that prevent vulnerable families from abandoning babies.

Keumbu Holiness Centre

This home provides a day care services that prevent vulnerable families from abandoning babies

Keumbu Holiness Centre was founded in the year 2002. The home was established to receive vulnerable children, street children and children abandoned with HIV/AIDS. During the assessment it had a total of 45 children who were residing at the centre and 103 were getting day care services where the children do not stay at the centre but they come to eat, access other care facilities and go back to their grandmothers and grandfathers in the evening. The support provided included primary care, psycho-social support, counselling, health care, spiritual teaching, education and vocational studies. The consultant was informed about the story of one exit from the centre who became a nurse and has remained a good role model. He regularly visits and encourages others giving them confidence and morale.

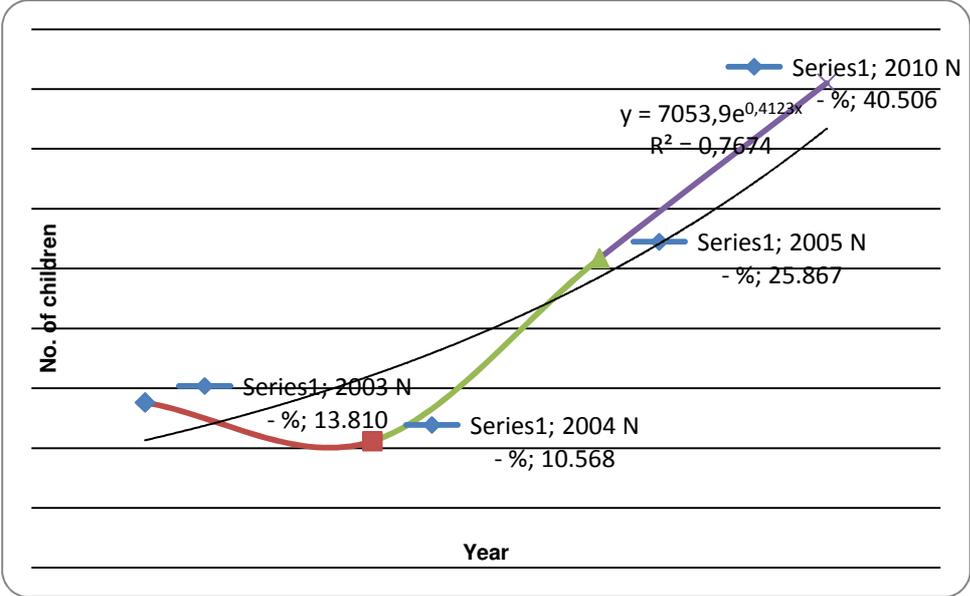
The consultant visited Street Children Assistance Network of Nakuru (SCANN) on 21st December 2012. This home was founded in 1998 with the concept to rescue and rehabilitate street children in Kenya. Since its establishment it has rescued a total number of 250 children, out of which over 80 have exited the programme successfully. The 80 male youth are working in different professions like mechanic, teachers, tourism, IT departments while others are self-employed. During the assessment, a total of 14 male were in college and 15 attend various universities in the country. Another 50 children go to primary schools, 54 children attend secondary schools and 10 were still under rehabilitation at the centre preparing for public schooling. This CCI appears to exhibit good practice in a number of ways: targeting vulnerable street children, rescuing, rehabilitating and providing alternative care, with a fairly rapid and successful exit results. There are over 270,000 street children in Kenya according to Kenya situation analysis of children and women report 2009.

The consultant also visited the Maji Mazuri Children's Home at Kasarani Mwiki, in the outskirts of Nairobi which rehabilitate children with special needs and integrate them to society. The centre provides a home to over 40 children, who are either mentally or physically disabled and many of whom are orphaned, usually due to HIV/AIDS. As such, the centre also provides special education for children. The centre had various facilities for different categories of disabilities, the children were provided with a range of services including health, education, vocational training, psycho-social support, and counselling. The State through the Ministry of Health has seconded a physiotherapist to this home.

The Jamaa Mission Hospital and Children's Home (a home for girls and vulnerable young women) provides rehabilitation for girls who have been neglected due to pregnancies, providing them with care, counselling and support to be able to return to school.

Alternative residential care in Kenya, provides unique and variety of complementary care to children without parental care and children at risk of losing parental care in Kenya. Figure 3 below shows the number of children in private residential care from the year 2003 to 2010.

Figure 3: Recent trends of children in private residential care.



Source: Children Services Department

It seems that the number of children in need of alternative care is on the rise in the country; community and family strengthening programmes are recommended to reduce the need for alternative care.

Public residential facilities

Public residential facilities (statutory care centers) are established, managed and fully supported by the Government of Kenya. There are three categories, which include the children remand homes, rehabilitation centre and rescue centre.

Table 6: Number of public residential child care facilities

Category	No. of Institutions
Rehabilitation Schools	4
Children Remand Homes	11
Children Rescue Centres	11
Borstal institution	2

Source: Children Service Department Report 2010

Rehabilitation centres are established under Section 47 of the Children Act 2001, to provide rehabilitation of children between 10-17 years in conflict with the law. Children remand homes are established under section 50 of the Children Act (2001), for detention of children. The 5th schedule, sub-section 10(1) states that children who have not been released on bail shall be kept at children’s remand homes. Children remand homes should only admit child offenders, boys and girls aged 10 -17 years, and whose cases are being processed by the children’s court.

The rescue centres in the country provide provisional safety, protection and care of children in need of care and protection (CNCP). They also facilitate speedy referral and community reintegration appropriately. The centres provide transitional care to abused, children with

disabilities, marginalised and lost children among others. To address these challenges, the Child Services Department has established centres for rescue as stipulated in section 119 of the Children Act. Children and youth admitted to the centres are between 0- 17 years for 3 months. There are currently three borstal institutions in the whole country, Kamiti Youth Corrective Training Centre (Kiambu district, Central Province), Shikusa (Kakamega District, Western Province) and Shimo-la-Tewa (Mombasa District, Coast Province).

Table 7: The summary of the number of children in public care centres 2011/2012

Year	2011			2012		
	Boys	Girls	Total	Boys	Girls	Total
Rehabilitation Schools	401	203	784	2,706	706	3,412
Children Remand Homes	4,092	1,312	5,396	2,573	819	3,399
Children Rescue Centres	443	301	744	467	905	1,372
Drop In Centre	65	0	65	0	0	0
Total	5,001	1,816	6,989	5,746	2,430	8,183

Source: Department of Children Services

Findings

Limited information is available on foster care in the country, the first National Conference on Foster Care in Kenya was held in Kenya on 16 - 17 February 2009. The theme of the Conference was 'promoting foster care as an alternative protection system for children orphaned by HIV/AIDS. The African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN) brought together stakeholders at a national conference on foster care in Kenya with the aim of sharing experiences and information amongst stakeholders on the topic.

Adoption costs seem to be unaffordable to most Kenyans. Monitoring of fostered and adopted children is limited.

Some private care centres require support in terms of facilities and basic needs since they do not have adequate basic facilities such as food and accommodation. There is an upward trend in the number of children who enter alternative care centres; however, records on the length of stay are not readily accessible, lack of monitoring of the length of stay may make the alternative care a permanent institution for children. Record of child abuse cases was not accessible.

Recommendations

- There is the need to develop initiatives towards promoting fostering, training and providing social support to foster parents and developing a data base of accredited foster care centres that can be reached if required.
- The DCOs should compile foster care data and regularly send this to the national level for updating the national data base on foster care registrations.
- Private residential care placements do not impose costs to the State or the community, as most funds are externally raised; the State has little control of placements and the length of stay. There is the need for the State to start supporting private residential facilities.



- The State should conduct a survey on the rights of the child in public residential facilities and publish reports that can be accessible to interested parties.

PREVENTATIVE SERVICES

a) Community Strengthening Services

Community strengthening programmes are the first level of care to keep families and children together. The DCS and stakeholders provide a range of services such as financial assistance and psycho-social interventions to families in crisis situations in order to prevent children from being separated from their family. The State has made substantial progress towards community support programmes. Interviews with children officers indicate that the OVC programme is one of the programmes the State and the donors have successfully rolled out in the support of OVCs.

Cash Transfer to Orphans and Vulnerable Children (CT-OVC)

This is a government initiative towards supporting very poor households that take care of orphans and vulnerable children, to enable the OVCs grow in a family setting. The primary goal of the CT-OVC programme is to strengthen the capacity of poor households to protect and care for orphans and vulnerable children to ensure these OVC receive basic care within families and communities. Specifically, the programme seeks to provide regular and predictable cash transfers to households living with OVC to encourage fostering and retention of the OVC within families, to improve civil registration of guardians/caregivers, to promote human capital development among of OVC; and to enhance guardians' knowledge on appropriate care for OVC. The programme is financed by the Government of Kenya with support from development partners that include World Bank, UNICEF and DFID (IDA).

The cash transfer programmes to families in need in Kenya have increased from 500 households in 2004 to 144,829 households in 2012 with a budget of Kshs 3.51 billion. It increased the real household consumption levels by an extra US\$ 3 per adult and thereby reducing poverty levels by 13%; food expenditure increased by 15%; and acquisition of birth certification increased by 12%. Table 8 provides the detailed Cash Transfers to OVC in the past 5 years.

Table 8: Cash Transfer to OVCs

Financial year	2004/5	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Districts Reached by GOK		10	10	20	40	20	33	36
Districts Reached by Donors	3	3	7	7	7	14	14	14
Total Districts	3	13	17	27	47	47	60	69
HHS reached by GOK		2,500	8,280	16,580	30,315	39,324	46,929	46,929
HHS reached by Donors	500	500	5,000	16,525	15,596	43,047	44,949	46,900
Total HHS	500	3,000	13,280	33,105	45,911	82,371	124,991	144,829
No. of OVCs Reached	1,750	10,500	46,480	115,868	160,689	288,299	437,469	506,902

GOK Amount Put in (Kshs in million)		48	56	169	597	816	828	1,086
Donors Amount (Kshs in millions)	50	160	262	311.83	579	1,493	1,977	2,424
Total Amount Put in (Kshs in millions)	50	208	318	480.83	1,158	2,309	2,805	3,510

Source: OVC programme

The number of districts that benefit from this programme has grown from 10 in 2005 to 36 in 2012. The Government has put in place the requisite structures for targeting the beneficiaries. The district welfare committees were reported to monitor the allowances offered to OVC, and ensure that allowances are offered to needy families living with orphans. The area councils and volunteer children officers who provide support to the district children officers are available in all counties visited. Other family strengthening programmes provided by the State, development partners and NGOs include;

- The Hunger Safety Net programme which involve the unconditional cash transfer to chronically food insecure areas in Kenya's arid and semi-arid lands (Turkana, Wajir, Mandera and Marsabit).
- Protracted Relief and Recovery Operations programme (PRRO) which involve supplementary feeding to poor children.
- Output Based Aid Health Voucher programme (OBA) to poor women for quality reproductive healthcare services
- Home Grown School Meals programme to households in marginalised areas.
- Regular School Meals programme which involves a regular school feeding programme to primary school children.
- Njaa Marufuku (Freedom from Hunger) programme for subsidised agricultural inputs to small scale farmers.
- Korogocho Emergency and Food Security Cash Transfer initiative to most vulnerable urban informal settlement dwellers in Nairobi.
- HIV/AIDS Nutrition Feeding programme to increase adherence to HIV and AIDS treatment.
- Most Vulnerable Children (MVC) school feeding programme to ensure enrolment, retention and reduced dropout of MVC.
- Family Allowances Voucher System for learners from poor households and children rescued from early marriages.
- Bursaries through the Ministry of Education directly to schools and colleges to pay part of the school fees for children from poor households and OVC.
- Free Immunisation for children less than 5 years through the Ministry of Health.
- The national toll free child helpline, counselling, psycho-social support. Counselling services to children who have lost parental care or who are at risk of losing parental care. Every district and children courts have trained counsellors.

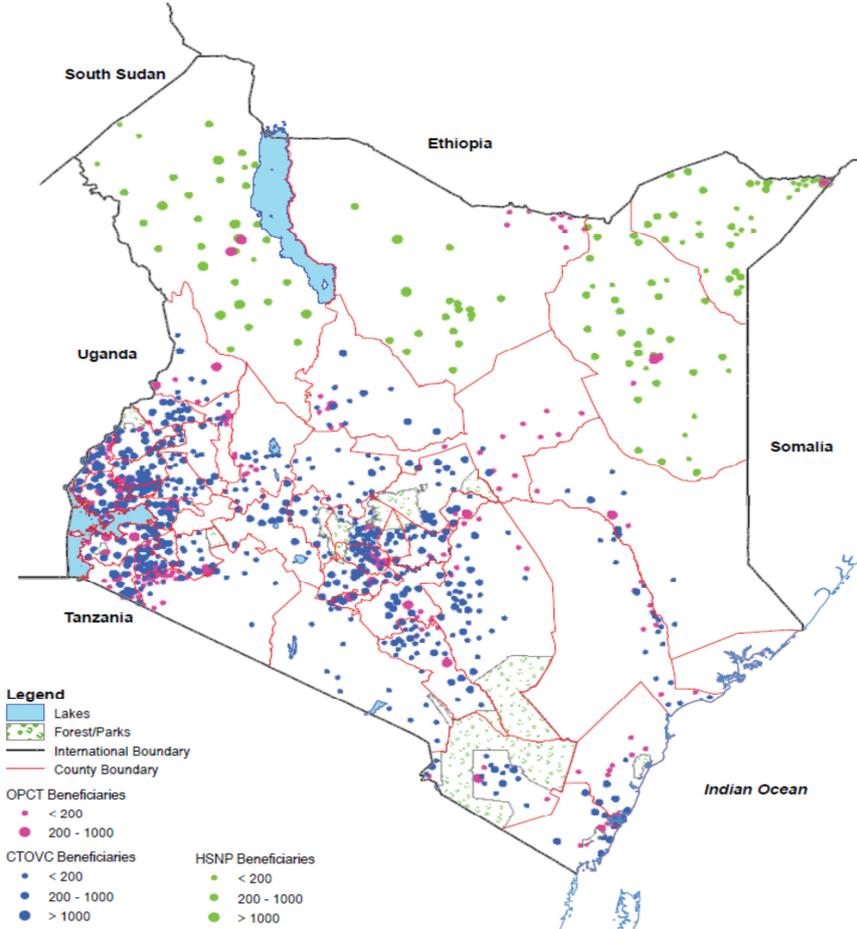
In addition to community strengthening programme provided by the State, private residential care centers, NGOs, CBOs and faith organisations provide support services to OVC, children

at risk of losing parental care and to vulnerable families. The support packages include, day care services, counselling, psycho-social support, education, and health care. Information about this care package is not available in one place. Developing a joint publication and annual reports will enable non-state actors and others to quantify the support provided by preventative programmes in the country, thereby reducing duplication of efforts.

b) Geographical distribution of community strengthening services

The distribution of community support services is skewed towards the targeted beneficiary groups, with a fair distribution across the vulnerable groups across the country. The geographical distribution of three *family strengthening programmes* (Cash transfer for orphans and vulnerable children-CT-OVC, *Hunger safety network programme*-HSNP and *Older Persons Cash Transfer* (Programme) –OPCT is shown in Map 1²⁰ below.

Map 1: Geographical coverage of the social cash transfer programmes in Kenya, 2010



Source: Adapted from the Kenya social protection review report, 2012

The Kenya Social Protection report pointed out that despite their limited national coverage; safety net programmes have significant geographic overlap in the coverage. The extent of overlap is likely to increase as programmes expand their coverage. In terms of the

²⁰ The Kenya social protection review report, 2012



distribution of the alternative care centres, the care centres were close to the families that need them. However, there was the feeling by the informants that the effort is duplicated at the expense of other areas.

The State has formed a National OVC Steering Committee, an informal parliamentary committee on OVC to ensure that there is equitable distribution of OVC support and to raise political awareness. National OVC guidelines have been established which clearly outline the roles of the Ministry of Public Health and Sanitation, the Ministry of Health, the Ministry of Home Affairs, the Ministry of Gender and Children Affairs and various stakeholder groups. These guidelines uphold the spirit of CRC by providing standards for rights-based OVC programming and augment the Children Act, demonstrating Kenya's practical commitment to the rights of children, including those orphaned and made vulnerable by HIV/AIDS.

However a review of the Children Act on the legal measures to support community strengthening initiatives notes that instead of stressing family support, the national policy seems to emphasise the role of the Children's Charitable Institutions (CCIs). Further, the Act does not specifically mention the right of vulnerable children to access free, life-saving medical care, including access to emergency drugs such as anti-retroviral drugs (ARVs) even though it broadly guarantees the right to health and medical services. The national policy does not explicitly provide for the systematic collection of relevant data on the causal factors of family vulnerability to ensure that relevant data informs service delivery in support of families. Administratively, the data collection on vulnerable children seems irregular. Further, the provisions for guidance on parenting and quality parental care is not provided for, this implies that family-oriented policies may not be in place to strengthen family environments; hence, more resources may be diverted to alternative care centres instead of family and community strengthening.

Findings

The Government of Kenya has undertaken substantial initiatives towards family strengthening programmes. As of December 2012, about Kenya Shillings 4.4 billion (4.4 million US Dollar) had been dispersed to the OVCs alone since 2005. Although not sufficient, it indicates the Government's commitment to children. The State and donors have not taken appropriate initiatives to recognise and promote the common responsibilities of mothers and fathers and ensure that they are equally empowered with the relevant attitudes, skills, capacities, self-reliance opportunities and tools to provide a caring environment for the child. There is the risk that the support package may lead to a continuing dependency on this support.

Recommendations

- Systematic and regular data collection on vulnerable children to enable the Government to take adequate measures to protect children.
- Constant review of the targeting approach to community support programmes to ensure that the benefit reaches vulnerable groups that have hitherto not been reached. As noted from the map, it seems like some preventative programmes are targeting specific areas and the same beneficiaries, which may lead to, skewed targeting.



- Continuous review of the current structures for the provision of preventative support services, to ensure that the support reaches the targeted OVC and the family and the community are educated on child care.
- Social services need to be enhanced to provide support and training to families on child rights and child protection.

MOTIVES FOR PLACEMENT

The Kenya Social Protection report 2012 reveals that, urbanisation, industrialisation and accompanying social problems, have made families in Kenya to be economically marginalised. Economic difficulties have resulted in situations where many families cannot meet their children's basic needs; consequently, many children have ended up being referred to private and public residential care centres.

Further, some parents may not be able to perform their parenting roles due to inadequate coping and problem-solving skills, resulting in a child requiring alternative care. Children under these circumstances are not taken care of by their relatives in view of the fact that some of the relatives may be in the same situation. Therefore, assistance is sought from the State, NGOs or FBOs. Cases of child neglect, abandonment or abuse are either reported by the police, citizens or organisations. Most child abuse cases may go unreported. A key informant indicated that there is public fear in reporting child abandonment cases to the police as they are unnecessarily interrogated and sometimes forced to take care of the child for an unspecified period.

a) Foster Care

The reasons for placement in foster care in the short term or long term include abandonment, neglect, and socio-economic challenges of parents. When parents are not able to support their children they leave this responsibility to the community. During the assessment, the consultant found out that due to short term placement of children into foster care, there are chances of weak bonding between the children the foster parents. The respondents seemed to recommend adoption as a more sustainable solution. The suitability of the foster parent is evaluated by the DCO; the placement decision is done by court orders.

b) Private Residential Facilities (CCIs)

The reason for placement into private residential care includes orphan hood, abandonment, child neglect, and incapable parents (through poverty, chronic diseases such as HIV, or cancer, mental/physical disability). Lost and abandoned children are reported to the police, who inform the children officer, who in turn, places the child temporarily in the home until parents/relatives are traced. The decision to place the child is determined by the court. No data was available on how long it takes to trace parents.



The placement of children depends on the investigation report from the police and the DCS, who determine the form of placement (foster care, adoption, or residential, public or private).

In most districts the children are placed in any available facility without taking due consideration on the motives of placement due to a lack of appropriate facilities. Most care centres have developed strategies of screening children to ensure that cases of intentional abandonment are minimised. Poverty alone is not taken as criteria for admission of a child in a facility. During the study, the consultant visited the following care centres: Maji Mazuri in Nairobi that takes care of disabled children, the Jamii Hospital and Children Home in Nairobi that takes care of girls who have been abandoned due to unintentional pregnancies, SCANN in Nakuru, that focuses on the street children rehabilitation programme and a care centre for children affected by HIV/AIDS in Kisumu. In all these centres, the children admitted must meet the requirements and the intention or condition set by the respective care centres.

c) Public Residential Facilities

Children in conflict with the law are temporarily placed by the police to the remand homes. Rescue centres care for children whose rights are about to be deprived because of family disputes, mistreatment or court cases.

The decision of placement is based on the risk level (vulnerabilities) and the age of the child. The consultant was informed that, care givers try as much as possible to comply with the CRC requirement that the child is consulted in decision making processes in terms of placement. However, in circumstances like children in conflict with the law, very young children, and children with mental disabilities, it is sometimes difficult to place the child based on their decision, hence, it is rarely practiced.

The national policy bestows the court with the responsibility to make a care order in respect of a child only if it is satisfied that all possible alternative methods for assisting the child have been unsuccessful and that it is in the best interests of the child or if it is determined that the danger to which the child is exposed is so severe as to require his/her immediate removal from the place where he/she is residing.

Findings

Care givers place children to alternative care after all options have been exhausted. The reasons of placement are defined. While temporary placement is seen as an option, it jeopardises the security and stability of a child given the uncertainties of the future of the children. There is public fear in reporting child abandonment cases to police as people are unnecessarily interrogated and sometimes forced to take care of the child for an unspecified period.

Recommendations

- Closely monitor the implementation of the regulations guiding temporary placement to ensure that stability is secured for the children and delay is not used to facilitate child trafficking.

- Law enforcers (the Kenya police) should be sensitised on the need to engage better with the public to avoid situations where one is forced to take care of an abandoned child if they reported the case.
- Community awareness programmes should be rolled out so that the public is well informed on their roles and responsibilities in case they come across an abandoned child.

ADMISSION PROCESS AND PLACEMENT AND REVIEW PROCEDURES

a) Admission and Placement

When children in need of care are taken to the care centre by well-wishers or the community, the homes request official written documents from the police, the court or the district children welfare officer. The homes make an application to the court which issues a court committal up to 3 years (this is renewable). Admission to public facilities is very strict and the entry procedures are well defined. This is an indication that entry into the care centres is regulated.

The care centres keep records of every child. The records are kept very secure, and are not accessible to unauthorised persons. These records are open for inspection by the representatives of the children or the children officers/authorised staff and donors where applicable. All children in the care centres visited had admission files. The records in the file included copies of the committal orders, case histories and care review reports.

b) Review of Placement

In private residential care, informal care (kinship and *kafala*), the care plan is drawn by the care giver. The consultant was informed that in Isiolo and Mombasa under the *kafala* system, placement is handled by the area chief, the elders and the family members. Cultural practices also influence the placement: for instance in Isiolo, OVC placed in care centres are removed by the family due to cultural beliefs, but later left abandoned thus depriving the child of their rights.

In foster care, adoption and public residential care, the plan is drawn by the court. No review of placement is carried out in informal care. In foster care, a review is conducted every three months by the DCOs. In adoption, a placement review is carried out in the initial three months after the adoption for domestic adoption and for two years for inter country adoption. Afterwards placement reviews are rarely conducted.

In the CCIs, a review is conducted regularly by the individual institutions and reports are submitted to the district children officer. The DCOs also undertake regular reviews every three to six months.

Although the Government has deployed children officers in every district, with additional volunteer children officers, the DCOs seemed to lack adequate resources like field officers

and vehicles hence it is challenging to effectively conduct regular reviews and inspection of care facilities as required by the law.

Once a placement review has been initiated, a review report is compiled. The DCO has the responsibility of conducting home visits and to compile a social inquiry report on any matter concerning adoption and foster care. The report is presented to the court to make the final decision on the placement for children in adoption, foster care and public residential care. The placement decision in the private residential care is done by the care giver.

All care centres involve the family and child on the decision-making about the change of placement as provided by the national policy. However, a consultation of the children on placement depends on the age and special needs of the child.

It seems that alternative care givers successfully place, reunite, and integrate children based on the review reports. For instance, one care centre in Nairobi can be seen as good practice in alternative care. The registration and admission record book at Jamaa Hospital and Children Home, in 2012 indicated that out of the 14 girls admitted 7 had been successfully integrated with their families. Interviews with Thomas Barnados Children Home in Nairobi indicated that, 100 out of the 220 children had been re-integrated back to their families based on the review report in 2012.

The policy provides guidelines for the monitoring of the situation of the children reintegrated after a placement in alternative care. The DCOs in collaboration with care givers carry out a quarterly review of the situation of the children who are reintegrated or placed in alternative care. If the situation is not conducive, as per the requirements of law, the child can be placed again in a secure environment. All CCIs indicated that they have a monitoring system in place for the children who have been reintegrated for a period between 3 to 6 months after they left alternative care.

Findings

The State has set a national policy on the admission, placement and review of placements. Children officers at the district level lack vehicles to do inspections and reviews hence it is challenging to effectively conduct regular reviews and inspection of care centres as required by the law. A Lack of up to date data on placements at national level pose a risk that some CCIs can be used as source of child trafficking. Family participation in the placement of children in alternative care is very minimal. The Children Act does not guarantee that the assessment processes identify and seek to address root causes for the unnecessary separation of children, such as discrimination, poverty, or disability; hence, children may be unnecessarily separated without these considerations.

Recommendations:

- The periodic assessment of CCIs at specified timelines is recommended to ensure continued implementation of placement guidelines.
- There are needs for greater participation of the family in placement and care planning for children in alternative care.
- Measures need to be put in place for reuniting children who are placed in alternative care with their families.

- There is no distinction made between public care and private care in the legislation. Stakeholders should ensure that a proper placement procedure is developed for each child and that data is available and monitoring mechanisms are put in place.

RANGE OF CARE OPTIONS

a) Care Options for Short Term, Long Term and Emergency Care

Both, private and public residential care provides a range of care options for short term and long term care. The national policy provides that persons in charge of child care centres ensure that there is a regular contact between the children placed in alternative care, his/her parents, other family members, friends, and their community. Section 7 of The Children Act (Charitable Children's Institutions, Regulations) 2005 provide that CCI's must ensure that proper provision is made for the holistic care, education, supervisions and treatment of children.

The Internally Displaced Persons Act obliges the Government to provide care and support to affected families during emergency situations. The State does not have emergency care centres for children. However, there are efforts of humanitarian organisations, NGOs, international organisations, CBOs, and the State to take care of the children during emergency situations. Kenya has trained a few police officers on how to handle children in need of care care and protection. Police stations like Kilimani and Parklands have designated police officers to handle children issues. Some stations have facilities where the children are placed for 48 hours after which an appropriate placement is identified.

Care during emergencies in Kenya is a concerted effort of the state, NGOs, CBOs and the citizens. Organisations like the Kenya Red Cross and St.Johns Ambulance have well trained staff to handle cases of children during emergency. The Kenya Red Cross for example, rescues and provide children with medicare and food and coordinate the reunification of the children with the family. The Kenya Red Cross operation update report²¹ presents the efforta and challenges faced in the care and protection of children in Kenya during the 2007 election violence. To ensure easy tracing and quick reintegration of children, St. John Ambulance on the other hand ensures as much as possible all members of the same family are taken to one hospital to easen family tracing process.

²¹<https://www.kenyaredcross.org/PDF/PEV/Kenya%20Electoral%20Violence-Operations%20Update%20No%2051-12.5.08.pdf>

CAPACITY AND OCCUPATION OF THE ALTERNATIVE CARE CENTRES

Most public residential facilities were having adequate capacities for the children, however, the situation in the private care centres varied with some facilities being overcrowded. During the field visit, one centre visited had a total of 76 children while the bed capacity for the children was only 50. Another one had 32 children but only an available capacity of 22. At Isiolo Children Welfare Home, the situation was different, the total capacity was 70, and the actual number of children was 46. Table 9 shows the capacities in various categories of care options.

Table 9: Capacity and occupation of the alternative care centres

Care centers	Capacity	Actual
Charitable children's institutions(CCI)	No national data available	40,506
Rehabilitation schools	2,260	3,412
Remand Homes	780	3,999
Children Rescue Centres (borstal institution/probation schools)	905	1,372

It seems that some care centres have more children than the available capacity. The situation may affect the quality of care provided to children, hence support is required. The national policy provides that siblings should be kept together as often as possible. It does seem that care centres keep siblings together, however, in places where residential care facilities are separate for boys and girls it was reported that it is difficult to place the siblings together. Other factors that require their separation include the age difference among the siblings and children in conflict with the law. Whenever siblings are separated, the channels of communication between the siblings were kept open. During the field visit, the consultant was informed that arrangements are usually made, where siblings visit each other regularly either on a monthly basis or before schools close. The committal order allows that the children are allowed to visit their relatives for at least three weeks if they have attained 9 years of age.

In terms of geographical distribution of care centres, public residential care centres are distributed across the regions, and handle children from all over the country. Private residential care centres are distributed across the regions, where the majority of the children (about 90%) come from the immediate local surrounding; hence they supplement the government facilities.

Usually, care centres in the regions are located close to the respective county headquarters. The children are kept as close as possible to their original home. However, the facilities are limited or concentrated in certain areas; hence in some cases keeping children close to their original homes cannot be practiced.

SOS Children's Villages in Kenya

The consultant visited SOS Children's Villages Kenya in Nairobi on 20th December 2012 and later SOS Children's Villages Kenya in Mombasa. SOS Children's Villages Kenya provides a unique family based care model. While in the care of SOS Children Villages Kenya the child



accesses a range of services until he/she exits the centre. Unlike other homes children in the care of SOS Children's Villages Kenya are not adopted as they live with a mother, brothers and sisters.

SOS Children's Villages Kenya

SOS Children's Villages Kenya is non-governmental child welfare organisation. It takes care of orphaned and abandoned children, either referred by the children's department in the Ministry of Gender and Children's Services or from social workers attached to credible community-based NGOs. All potential admissions are carefully reviewed by an 'admission committee' to ensure strict compliance with admission policies.

To be admitted into an SOS Children's Village, a child must be between the ages of 0-10 years. Beyond the age of 10 years, a child would experience difficulties integrating into an SOS Children's Village. SOS keeps biological siblings united as often as possible. Every SOS Children's Village offers a permanent home in a family environment, to the orphaned or abandoned children. An SOS Children's Village, typically, has 10 -15 family houses. Each family house accommodates up to 10 children, who are cared for by an SOS Mother. The SOS Mother is the central pillar in the work of an SOS Children's Village. Working together with administrators and support staff, she provides for the emotional, physical and academic needs of every child.

While in the SOS care, the child is provided with a new family (SOS Mother, brothers and sisters), education and health care, through the SOS Kindergarten, Primary and Secondary Schools at SOS Children's Villages Buru Buru (Nairobi) and Eldoret. SOS also empowers children and youth through dynamic life skills training programmes. All SOS facilities are open to SOS children as well as children and youth from surrounding communities. SOS' preparation of children for leaving care starts upon placement and runs from infancy to adulthood. At 23 years, the youth leave the care of SOS to lead independent lives. SOS Children's Villages Kenya programmes are present in seven locations; Nairobi, Mombasa, Eldoret, Meru Kisumu, Marsabit and Suba.

Findings

A range of care options are available in Kenya. A number of state and non-state actors play a crucial role in the care and protection of children during emergencies. The children officers, volunteer children officers, NGOs and CBOs provide care and facilitate re-unification of children during emergency situations. However, the care of children with special needs e.g. the disabled during emergencies could not be ascertained. The Children Act does not oblige care providers to ensure individualised care solutions that promote stability and permanence in planning care, through reunification with the family, or the continued provision of alternative care, implying that care plans may not be adequately tailored to the need of the child.

Recommendations

- There should be a special provision made in legislation or national policy for the care of disabled children, during emergency situations.



- There is the need for awareness and training of the communities on childcare and protection during emergencies.
- There is the need to improve individualised care solutions through the government's support.

PREPARATION AND SUPPORT FOR CHANGE OF PLACEMENT AND LEAVING CARE

a) Leaving alternative care

Most care centres provide a number of services to children during their stay in the care centre. Some of the services provided to children include; care, protection, counselling services, guidance, education, vocational training, recreational activities and religious and moral instructions. Whereas children are prepared early enough before leaving the care centre, some centres do not prepare the children early enough to enable them to adjust well to the community as independent adults. The children start the basic education early and follow the educational transition ladder to the form four levels before joining the university or tertiary colleges for vocational training. Other than the basic education children are offered counselling and life skills including psycho-social support. No evidence was provided for child participation in the preparation for leaving care.

The consultant was informed that a number of practices are missing in the leaving care arrangement plans in their care centres including:

- Curriculum for the leaving care programme to equip the youth with knowledge skills and attitude towards life outside alternative care.
- Care centres for children in special situations, such as a facility for under age pregnant girls that can allow the girls to stay longer in the care centre until they are appropriate prepared and able to integrate into society, or care centres for the disabled to cater for children above 18 years who do not have relatives until they are able to support themselves or are re-integrated with their families. For example a care centre in Nairobi, had a man aged 31 years who had not been re-integrated which was against the national policy, because there was no care option to place the man, who was disabled.
- A proper monitoring system. For instance the consultant was informed about cases where sponsored children misuse resources provided to them by their sponsors after which they go back to the centre for care and support. It seems the youth are not well counselled or do not follow the guidance provided at the care centre.
- Provision of support for young people's entrepreneurial activities by the Ministry of Youth Affairs.

b) Provisions for assisted or supervised semi-independent living arrangements

The national policy provides that, aftercare should be prepared as early as possible in any case, well before the child leaves the care setting. Ongoing educational and vocational training opportunities should be imparted as part of life skills education to young people

leaving care in order to help them to become financially independent and generate their own income.

Most care centres may not have a well structured supervised or semi-independent living programme, but they provide and monitor the youth leaving their care for a period of time ranging from 3 months to 5 years. It was observed that, some care providers give vocational training to the youth after they left alternative care. The living arrangement varied with the context of the youth. A key informant at SOS Children’s Villages Kenya indicated to the consultant that the centre has a structured, assisted and semi-independent living arrangement for the youth leaving the care centre, which was unique from all other centres visited. SOS Children’s Villages Kenya has a resident youth leader who supervises semi-independent living arrangements. Youth who are in college are paired to ensure that they support each other as brothers and sisters. Follow-up is made and regular reports are prepared.

Support packages provided by other care centres include the provision of support (school fees, shopping and rented hostel for those in college) to the youth leaving the care centre for a period of 6 months to 5 years. Those who have mild or chronic illnesses are supported with basic needs and health care to enable them to lead a good and healthy life. Those taking education to higher levels are given educational sponsorship, other support provided include the provision of initial capital to start business that will lead to self reliance.

The quality of after care support varies from one care giver to the other. Some facilities offer after care support that is of good quality based on the need of the child. Other private residential care centres lacks adequate resources to extend their support to youth after care. During the interviews, the care givers, especially, from care centres associated with local CBOs and religious organisations expressed concern that the support they provide may not be adequate, due to a lack of financial resources. Some care centres, provide after care support based on the condition of the youth i.e. those with special needs.

The care is provided for up to 23 years in most facilities after which the young people have to live on their own. Although not allowed by law, in some care centres, cases of youth who leave care and coming back afterwards to seek for support were reported. The data on the outcomes for children leaving alternative care was not systematic and readily available. The consultant obtained the following data from the individual homes on the outcome of youth leaving care.

Table 10: Outcome of children leaving care

Care Center	Fully integrated		Continuing with education		Unemployed		employed	
	Male	Female	Male	Female	Male	Female	Male	Female
Kisii Children Home	1	1	1	4	9	11	0	0
Covenant Children Home	6	4	0	4		2	0	0
Jamaa Home	10	3	0	0	0		0	0
SOS Children Villages Kenya Buruburu	146	75	5	3	32	19	90	82

Maji Mazuri Children Home	1	1	0	0	0	0	0	0
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Findings

It seems the care package in most care centres is comprehensive as it covers the vocational training, life skills, and psycho-social support. The leaving care programme in the country is dependent on the care giver. In some care centres the leaving care arrangements are not planned early enough and youth leaving care are faced with the challenge of being self-reliant from one day to another. The inadequacies in the leaving care package prompts care givers to extend their support to youth after leaving care. The study revealed that limited data was available on the situation of youth after care. This may imply a weak monitoring procedure in the organisations.

Recommendations

- Care givers should prepare children for leaving care early enough to guarantee self-reliance through the institutionalisation of the process with a clear monitoring framework as part of the care provision. Hence, young people leaving care and during aftercare should have access to social, legal and health services, together with appropriate financial support.
- A national structured leaving care policy is recommended to ensure that youth leaving care centres are adequately equipped to be self-reliant after leaving care, regardless of the care giver.
- Attachment or networking of the youth to institutions like the Ministry of Youth Affairs to provide support for entrepreneurial activity is recommended.

AUTHORISATION AND INSPECTION

The Children Act, has set the criteria and regulations governing the registration of charitable children institutions in Kenya. It also empowers the DCOs to monitor the operation of CCIs. The district advisory council (DAC) executes the regulations. Public residential care facilities are established through Acts of the Parliament that consequently regulate them. The criteria on the basis of granting or refusal of authorisation and registration of CCIs is set at the national level, however, the implementation is facilitated from the local level (district level) by the District Area Advisory Council where the DCO is the secretary to the council. All applications are sent to the DCO at district level. The DCO and the AAC review the application, make an inspection and send the report to the national level with the application. Based on the recommendation of the district committee, the registration is either granted or refused. These criteria apply to all public and private residential care centres.

The State has set inspection criteria which include, a written statement of goals consistent with guidelines, qualifications of staff, appropriate levels of staffing, minimum standards on accommodation, nutrition and health care, minimum standards on education, vocational training and recreational activities, enabling the child's contact with his/her family, financial transparency and agreeing to unannounced inspections (of records, conditions and financial

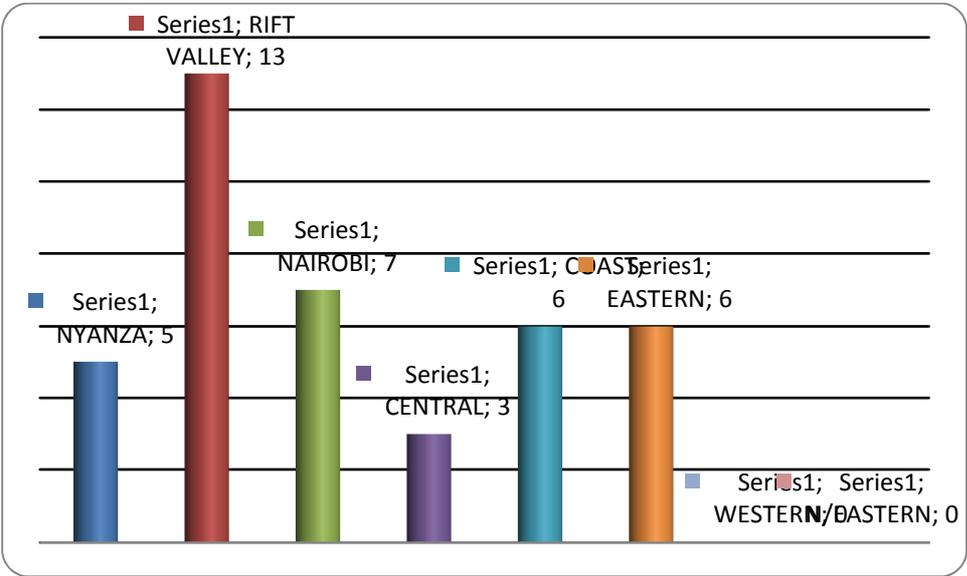
activity). These requirements are set in Section 11 and Section 12 of the Children Act. All facilities visited indicated that they do not have a written commitment to ensuring a child's return to family wherever appropriate and possible, a lack of the provision may lead to children staying too long in the care centre or solicitation of children to alternative care for unlawful purposes.

More than 2% (813) children of the estimated 48,478 children in formal care, are in unregistered residential care. All private residential care are required by law to renew their licences every three years. Public facilities are established through Acts of Parliament that consequently regulate them.

There is a functioning system for inspecting the operation of private providers of alternative care. Inspection of these facilities is done every 3 months, by the district children officers. In some instances the DCO conduct impromptu inspections. Every DCO has a standard inspection check list to guide the inspection.

The DCO orders the closure of the care centres that do not meet compliance requirements. DCOs revealed that they experience a lack of cooperation from some care givers, who challenge the closure orders of the centres in front of court. During this period the children continue to live in below standard facilities as they have to wait for the court's decision. There is the need for the State to provide more judges to ensure that cases pertaining to children's rights are concluded quickly. Figure 4 shows the number of CCIs closed per province from 2007 to 2012.

Figure 4: Number of CCIs Closed from 2007 to 2012 per Province



Source: Children Services Department

Indicating that, the Rift Valley region had the highest number of CCIs closed in 2012, followed by Nairobi, hence the DCOs, need to step up the monitoring to ensure closed facilities are not operating through back doors.

Findings

Follow-up and inspections of child care facilities is generally weak in many parts of the country due to inadequate resources by the Children Officers, slow court processes and poor cooperation from some care providers. This has led to some facilities offering low quality services.

Recommendations

- Children officers should be provided with adequate resources to enable them to undertake monitoring visits to facilities and make recommendations appropriately.
- Record keeping for children in alternative care should be mandatory. Alternative care providers should be required to submit updated records to the Director of Children's Services on a periodic basis.
- There is the need for the State to provide more judges to ensure that cases pertaining to children rights are concluded quickly.

FINANCING ALTERNATIVE CARE

The Government does not fund foster care. Private residential facilities are established, managed and fully funded by different CBOs, NGOs and FBOs. Occasionally, the Government provides unconditional grants to selected organisations. There is no law that governs the funding of such institutions. Funding of private residential care should be included in the law to ensure the sector is funded. It is unclear how the pending NGO bill 2011 will address government funding to private facilities. All public residential facilities are established, managed and fully funded by the central government.

Table 11: Government Funding of public residential facilities

FY(Amount in millions)	2003/2004	2004/2005	2005/2006	2006/2007	Total
Nairobi Children's Home	4.8	4.8	4.8	4.8	19.2
2 Borstal Institutions	61.3	60.5	71.6	-	193.4
11 Rehabilitation Schools	107.1	91.8	104.3	-	303.2
11 Children's Remand homes	54.3	48.9	50.2	-	153.4
4 Probation Hostels	10.1	8.7	15.4	-	34.2

Source: GoK Approved budget

The GOK budget report for the 2011/2012 financial year indicates that kshs 266 million were allocated for the Rehabilitation Schools and Children's Remand Homes²². Data on the actual amount allocated to private residential care was not accessible to the consultant.

The political bargaining involved in the government budget process may not be beneficial to the children who lack organised voice to exert pressure. There is the need for lobby groups and children's advocates to scrutinise the budget report and initiate necessary advocacy to ensure that budget for children is adequately considered. Reports analysing the budget

²² GoK approved budget data 2011/2012 Financial year (starts July 2011 to June 2012).



provision to children programmes vis-a-vis the total budget of the Government will be helpful in advocacy for the Government to fund initiatives for children.

Findings

Financing of child care receives very limited support from the State. Apart from officers that are comparatively well paid, the facilities need adequate funding. Lack of funding of CCIs makes it difficult for the State to have control over the facilities in terms of standards and compliance.

Recommendations

- The State should increase support to child care services. Additionally, collaboration with other stakeholders in financing alternative care is key for the improvement of the alternative care system.
- The Government should strengthen the monitoring and policy to query the source of funds that are used by private children's charitable institutions, remand homes and borstal institutions, to ensure that resources solicited in the name of children are used for the welfare and protection of children.

STAFF CAPACITY

The competence, suitability and motivation of care staff are clearly important determinants of the quality of care. The Children Act provides that the staff must be qualified social workers. The national policy provides for the minimum employment standards regarding integrity and qualifications for staff.

a) Staff Capacity in Residential Care Facilities

In public residential care the Public Service Commission employs the staff. The minimum qualifications needed to work for private residential care centres vary from one centre to the other, however, each has a minimum qualification with majority having mandatory training as social workers. Care centres taking care of children with special needs require additional qualifications like first aid, early childhood development, and social work and community developments among others.

For both, public and private residential care centres, background checks are done and these include, original certificates, which are checked for authenticity. A certificate of good conduct from the National Intelligence Services (NIS) is also required as a proof of no previous criminal record. Medical health certificates are also demanded as a proof of medical ability to handle children. In addition to this, SOS Children's Villages Kenya conducts a further background check by visiting the home of the prospective foster mothers. For FBOs, care givers are further required to be committed to the respective religious belief.

b) Preparatory Training of Care Givers

Care givers are provided with preparatory training, which ranges from 30 minutes to one hour. The training content varies from one care centre to the other. A child protection policy is also signed before employment of new staff. During the field visit, the consultant noted that SOS Children's Villages Kenya has a structured training programme for caregivers (mothers, village directors and youth leaders) who have a training curriculum that they undertake before being employed. For the mother and youth leaders a theory and practical training is provided that takes a period of one year. Another care centre in Nairobi asserts that they provide one week training for the care givers on how to handle pregnant girls. The findings imply that the minimum employment standards regarding integrity and qualifications are set for most staff by care givers as required by the law.

c) Access to Support/Advisory Services

The DCOs provide counselling and advisory services to the foster parent on issues of fostering. Counsellors deployed to children's court through the GoK/UNICEF initiative provide counselling to foster parents. Volunteer support initiatives are also available to foster parents. In private residential care, access to support vary, for instance the Kenya Society of Mentally Handicapped (KSMH) has sociologists who provide technical support to the carer givers with mentally challenged children at Maji Mazuri Children Home.

In public residential facilities no volunteer is allowed to work with children. However, some private facilities allow volunteers to work with children, but they must be vetted. The children's department has provided the guideline on the engagement of volunteer staff in providing care to the children.

d) Salary of Care Givers and Turnover

Foster carers provide care to a limited number of children and they are not remunerated. The mothers employed as foster carers in private residential care are paid a salary that is higher than the salary of a teacher in Kenya. For public residential care, initially the salary was higher than of teachers; however, harmonisation of the teacher's salary with civil servants ensures all of them an equal salary, depending on the job grade.

In private residential care salaries vary depending on the care centre. Some care centres especially in local areas use volunteers who are hardly ever paid. The average turnover in all residential care centres visited is less than 10%, this is because most of the care givers work as volunteers and the bonding with the children reduces the turnover. The government organisations have performance contracting which is cascaded to the staff below them. The staff's performance in private residential facilities is monitored through the appraisal system. Private facilities have a performance appraisal that varies from one organisation to the other. The legal framework in Kenya only provides the conditions of work of the social workers but no reference is made to remuneration.

Findings

The Director of DCS has developed a handbook for the orientation and training of the volunteer children officers, templates, guidelines, a check list and minimum service standards for quality improvement guideline for OVC in Kenya. The State has standardised performance monitoring tools for the officers providing care and protection for children. The training to the children officers, the police - Child Protection Unit, and volunteer children officers has been implemented. In private facilities, the orientation and training varied as did the quality. Only a few facilities like SOS Children's Villages Kenya had a one-year structured programme while others have trainings ranging from one day to one month.

Recommendations

- The capacity development training programmes to children officers, the police and others offering care and protection to children need to be scaled up.
- The Director of the DCS and other duty bearers need to link with NGOs and the private sector to further develop financial resources, human resource skills and logistical support to facilitate better child protection services especially in small private child care centres.

CHILD RIGHTS VIOLATIONS AND COMPLAINTS

The situation of children in the country reveals the nature and extent of problems encountered by children in need of special protection in Kenya. UNICEF, 2012 estimated that that 48.9% of Kenya's population (19.1 million) are children. It is estimated that 3.6 million of the children population are orphans and vulnerable children and of these, 2.6 million are orphans²³. Out of the 2.6 million orphans it is estimated that 1.2 million have been orphaned by HIV/AIDS²⁴. There are an estimated 700,000 street children in Kenya who are concentrated in major towns, due to abandonment, orphan hood, the inability of their families to provide and care for children, or the problems in their relationships with their parents²⁵. Of the children population it is estimated that 349,206 are children with special needs. Challenges to families which include, divorce, breakdown of family structures, increasing participation of women in the workforce, have changed traditional family life. As a result children face risks and problems outlined in Table 12 below.

Table 12: Regional Distribution of child abuses in Kenya in 2011

Province	Types of abuse					
	Neglect	Abandonment	Sexual abuse	Child labour	Early Marriages	Harmful cultural practice
Nairobi	3,642	253	110	41	6	4
Western	4,439	441	66	82	19	0
Central	5,671	757	79	35	6	2
Eastern	7,926	495	65	270	45	4

²³ Kenya social protection report 2012

²⁴ Kenya Census data 2009

²⁵ A research report by the Human Rights Watch cited in the Kenya situation analysis report.

Coast	5,722	231	200	41	210	0
N/E	1,800	14	40	10	6	1
Nyanza	3,350	230	120	68	5	5
R/Valley	5,522	331	30	20	130	10
Total	38,325	2,752	710	527	427	26

Source: Children Services Department

The caseloads analysis reveals that, child neglect was the most common rights violation in the year 2011. This was followed by abandonment and sexual abuse, an indication that children in Kenya continue to be subjected to abuse by their parents, relatives, the community or the care givers who are given the responsibility of taking care of the children.

a) Child abuse

Each of the police stations visited in 19 counties had an average of five cases of child abuse reported in a month. All the chiefs interviewed in the study concurred that child abuse is witnessed in their areas of jurisdiction. Child Line records an average of 300 cases of child abuse every month. The cases mainly come from families and institutions. According to Child Line's Annual Report, 2012, a total of 4,856 abuses were reported to the Child Line Kenya alone as illustrated in Table 13 below.

Table 13: Child abuses cases reported to Child Line in 2012

Reporting Abuse	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
Child Abduction	4	5	5	2	1	1	1	3	8	5	2	8	45
Child Labour	16	28	30	17	16	5	15	41	66	83	94	86	497
Child Neglect and abandonment	108	92	117	99	22	55	50	154	156	198	193	345	1589
Child Prostitution	1	1	0	0	0	0	0	3	2	1	7	4	19
Child Trafficking	7	6	7	3	0	2	2	3	8	3	2	3	46
Early/Forced Marriage	23	10	5	11	6	9	8	17	25	31	38	36	219
Emotional Abuse	8	9	4	4	6	7	3	18	26	22	20	20	147
Physical Abuse	53	81	78	66	12	42	46	124	161	155	171	262	1251
Sexual Abuse	75	61	74	51	44	28	26	108	101	131	106	143	948
Unspecified/multiple abuse	0	0	3	0	0	0	0	0	0	0	0	0	3
Female Genital Mutilation	1	0	0	3	55	0	0	6	1	1	4	21	92
Sub Total	296	293	323	256	162	149	151	477	554	630	637	928	4856

Source: Child Line Kenya, Report 2012

From the data, it seems that cases of child abuse are rampant in Kenya despite the successes made in legislation and enactment of policy frameworks against child abuse. The Children Act legally protects children from the reported abuses, the implementation lapses though leave the children at the mercy of the care givers. The abuses are reported in all the regions in of Kenya, with the Rift Valley having the highest number of reported cases²⁶ (539).

²⁶ Child Line Kenya, 2012.

b) Child neglect and abandonment

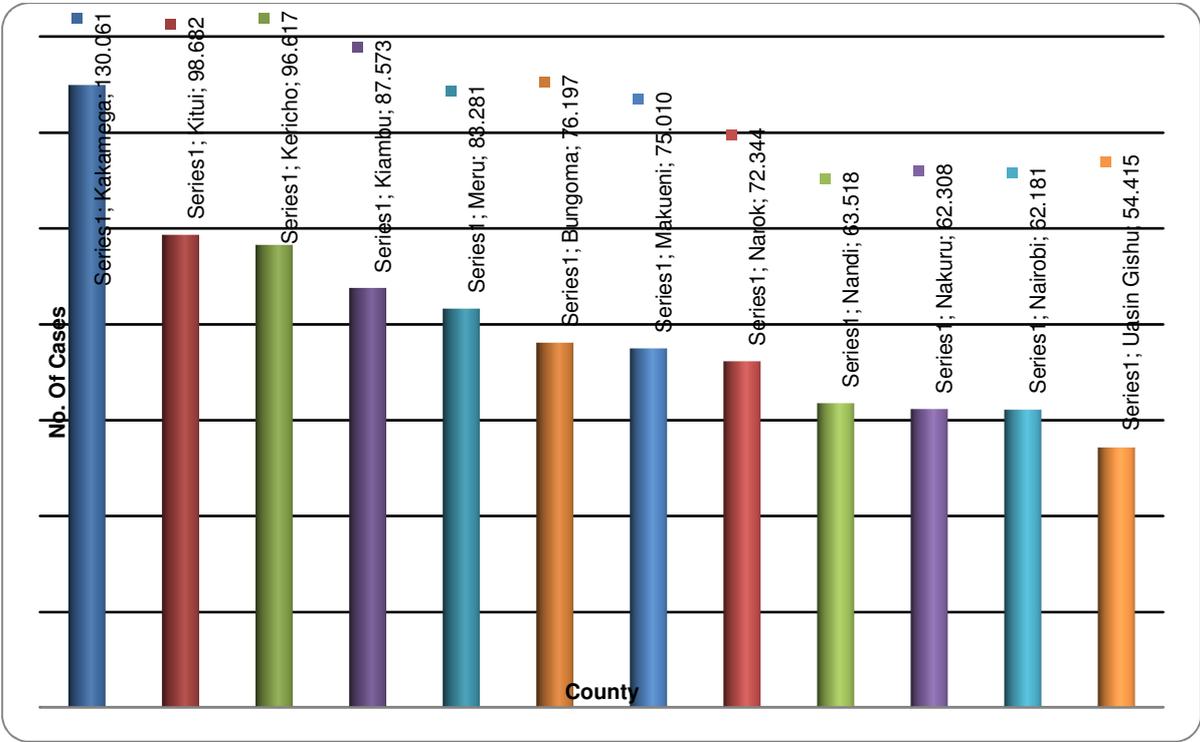
The case loads reports at the DCS reveals that between 2007 and 2008 cases of both abandonment and general neglect of children rose from 14,453 to 37,082. Interviews with chiefs and police in the 19 counties confirmed that cases of child neglect and abandonment are on the rise.

In Busia County, one respondent explained that children abandonment is intentional. E.g. abandoned children are normally put in matatus and the conductor is told where the child will alight. The child is told not to disclose details of the mother; further the mother cheats the child that he is going to meet the father who will provide for him. Once this child alights she/he cannot trace their way back, thus end up in the police stations/cells.

c) Child labour

Families continue to expose their children to child labour, which include sending them to the street for economic purposes. Children are offered for domestic servitude, street vending, and agricultural labour. Cases of child labour, vary from one region to the other, in Siaya County the consultant was shown children who were selling fish on the streets, while others were at the beach, fishing. Recent statistics indicate that Kakamega had the highest number of child labour cases (130,061)²⁷. Further, a UNICEF report, 2010 estimates that 26% of the children in Kenya are victims of child labour.

Figure 5: Child Labour in Kenya



Source: Alila, and Njoka, 2009:17

²⁷ The 2009 KNBS data at the children services department



The Children Act and the Employment Acts prohibits any form of child labour. A draft policy on Child Labour provides that no child under age 18 should engage in any form of employment, although this is in contradiction with the amended labour law which allows children of 13-15 years to engage in light work and those 16-17 years to engage in any form of employment in conformity with the provisions of the ILO Convention No.138²⁸. It is therefore critical that regulations in respect of periods of work and legitimate establishment for such work for children above the age of 16 are developed as a matter of priority.

d) Sexual and physical abuse

Child sexual abuse was rampant in Kenya. In 2005 alone 2,053 children were victims of sexual abuse but the number of cases was certainly much higher because of cases not being reported and a lack of effective monitoring mechanisms. On the average, 900 cases of child sexual abuse are reported annually to the DCS through the field offices and about 2,600 are reported to police stations. In 2012, Child Line alone reported a total of 948 cases.

In Mombasa and Kilifi Counties there were reported cases of sexual abuse of children and in certain instances this might be categorised as prostitution. The children were made to believe the only way they can provide for their family is sex trade. The same situation was reported in Busia County, implying that, sexual violence continues to be experienced by children all over the country. It robs them of their childhood and impacts on their enjoyment of other rights. The Sexual Offences Act of 2006 has been referred to as an innovative piece of legislation. The Act prohibits any form of child sexual abuse and exploitation and spells out harsh penalties for offenders. In 2012, the State set up databases of sexual offenders. The Act has been largely effective in terms of enhanced penalties for sexual offenders. Out of court settlements in cases of defilement still takes place, there is the need for vigilance on these practices and penalties to ensure such settlements do not obstruct justice for the victims.

e) Early marriage

Plan Kenya's country report 2012, established that incidences of child marriage were very high with 43.3% of females married as children while 11.6% males were married as children. Additionally, the report revealed that those married as children had very low educational achievements. Nearly 70% of the married children had only primary level of education. During the assessment one care centre in Nairobi that cares for abandoned pregnant girls, reported an incident of a girl who had refused to be reintegrated back to the family, as the parents wanted to marry her to an old man. Another care centre cared for a girl who ran away from home as the parents were forcing her to get married to the father of her child. In West Pokot, incidents of girls getting married after FGM were reported to the consultant. It seems that parents and other care givers are forcing children into early or forced marriage.

²⁸ ILO Minimum Age Convention, 1973.

f) Female Genital Mutilation (FGM)

UNICEF estimates FGM prevalence to be at 27% as of 2010. The country report by Plan Kenya²⁹ established that in Tharaka the practice of female circumcision (FGM) as a “rite of passage into womanhood” for girls aged 12 to 14 years included indoctrination that they were “full women” who should immediately prepare for marriage and child bearing responsibility. During the assessment in Kisii, the consultant was informed that secret FGM is practiced in the wider Kisii community. The same was witnessed in Moyale and West Pokot counties. Despite this vice being an offence under the Children Act, and punishable by imprisonment, FGM/C lingers as a highly prevalent practice that has a damaging impact on the dignity, health and lives of women and children. There is resistance to FGM Act (2011) by families who believe that for a girl to become a woman she must undergo FGM. The study recommends increased campaigns on FGM and facilitation of chiefs to implement the act.

g) Corporal punishment

The State has enacted Corporal Punishment Act which prohibits any form of punishment to children. In addition, the Ministry of Education has developed an alternative to corporal punishment by strengthening guidance and counselling. However, this ban on corporal punishment is, presumed to apply only to institutions and not to homes as there are no direct legislative provisions allowing or disapproving corporal punishment in the home and discipline is generally acceptable for parents. At the family level, cases of parents beating children or even instances of children being beaten or injured after a family dispute have been reported. During the interview, a chief in Kisii County narrated how a man in his location hacked his own children to death after a family dispute before surrendering himself to the police. The chief indicated that similar incidents have been reported in Kakamega County.

h) Child trafficking

The Government of Kenya’s Situation Analysis of the children, young people and women in 2009³⁰ indicates that in 2006, an estimated 175,000 Kenyan children were reported to be victims of regional and international child trafficking for various forms of exploitation, including sexual exploitation, labour, domestic servitude, illegal adoption, organ removal, street vending, and agricultural labour. In the Coastal region, children are trafficked to areas where they are sexually exploited. Children are trafficked from their homes, schools, churches, hospitals, the market or any other familiar places. No recent data was available to the consultant on child trafficking. However, interviews with the children officer and the chief in Kilifi County, revealed that incidents of trafficking have been observed although not reported. One children’s officer revealed that some CCIs defy inspection orders, thus making the officers suspicious of the activities taking place in these organisations. It seems that without proper inspections, some children’s institutions may be used as a source and transit point for child trafficking. Other issues reported in Mombasa County, include situations where children are used to carry drugs and for shooting pornographic movies.

²⁹ Plan Kenya, 2012

³⁰ Government of Kenya and UNICEF, 2010.



i) Complaints reporting.

The national policy provides for complaints reporting mechanisms for children in alternative care. Interviews with the children confirmed that children in alternative care are aware of their rights and know how to report complaints (e.g. through suggestion boxes, designated officers and the child line 116). Key informants felt that some cases reported are not adequately addressed as it involves care givers. Developing mechanisms and structures for escalation of complaints will enable the child rights violations to be addressed adequately.

Findings

Cases of child abuse are still rampant in Kenya. Helpline 116 and others have played an important role towards the reporting of cases of child abuses. However, reporting of the cases is still low especially where the violators are known by the family. At present, abuses within CCIs and other institutions exist but they are hardly reported to the relevant authorities.

Recommendations

- Community sensitisation on child rights and violations still need to be increased in order to increase levels of community participation in the process.
- There is the need for increased support to report cases of abuse and document them.
- There should be a procedure for children to escalate any abuses they face while in alternative care by enforcing the UN Guidelines and ensuring that the children officers have the capacity to deal with the cases.

CONCLUSIONS AND RECOMMENDATIONS

a) Key Results

The country has made substantial progress in care and protection of the children through the Children Act (Amendment Bill 2011 has not been passed). According to the DCS, there were 38,325 cases of neglect, 2,752 of abandonment, 710 of sexual abuse, 527 of child labour, 427 of early marriages and 26 of harmful cultural practices in 2011 alone. The police stations visited in all the 19 counties cited child abuse averages of five cases per month. According to Child Line, the number of child abuse cases reported to them was 4,856 in 2012. These included cases of abduction, neglect, prostitution, trafficking, emotional abuse, physical abuse and other unspecified abuses.. The violations are practiced by the immediate care givers who are supposed to protect the interest of the child.

Informal care is practiced in Kenya although no credible estimate is available on the number of informal care givers and the number of children in such settings. Foster care and adoption is also present. However, there is very limited information on foster care in the country. There is no current initiative to promote fostering and adoption in the country and monitoring of fostered and adopted children is limited. The Government of Kenya has undertaken substantial initiatives towards family strengthening programmes. As of December 2012, about Kenya Shillings 4.4 billion had been dispersed OVC since 2005. Although not sufficient, it indicates the Government's commitment to children.

The State has set a national policy on the admission process, placement and review procedures. Children officers at the district level lack vehicles to do inspections and reviews hence it is challenging to effectively conduct regular reviews and inspection of care centres as required by the law.

A range of care options are available in Kenya. A number of state and non-state actors play a crucial role in the care and protection of children during emergencies. The children officers, volunteer children officers, NGOs and CBOs provide care and facilitate re-unification of children during emergency situations. However, care of children with special needs e.g. the disabled during emergencies could not be ascertained.

Follow-up and inspections of child care facilities is generally weak in many parts of the country due to inadequate resources by the Children Officers, slow court process and poor cooperation from some care providers.

The Director of the DCS has developed hand book for the orientation and training of the volunteer children officers, templates, guidelines, a check list and minimum service standards for quality improvement guideline for OVC in Kenya. Only a few care facilities like SOS Children's Villages Kenya had a one-year structured programme while others have trainings ranging from one day to one month. In all facilities staff is vetted as required by the law.

It seems that the number of children in need of alternative care is on the rise in the country. Community and family strengthening programmes are recommended to reduce the need for alternative care. The preventative care support programme has been rising from 2005 to 2012 to meet the increased number of OVC in the country which stands at 3.6million.



The Government of Kenya has undertaken substantial initiatives towards family strengthening programmes. The distribution of community support services is skewed towards the targeted beneficiary groups, with a fair distribution across the vulnerable groups across the country. Guardian registration has risen from 49 certificates in 2009 to 111 in 2012. Data on the outcome of the children leaving alternative care is limited.

b) Conclusions

Institutional and legal framework:

Policy framework: Kenya's policy environment for children is generally positive. Kenya has been ranked very high in Africa for putting in place a legal regime that is protective of and promotes the rights of children and, implementing a budgetary policy or programme that favours children. Kenya is a signatory to the UNCRC as well as the ACRWC and has enacted various laws for the welfare and the protection of the children. The Children Act is in place as well as the accompanying legislations like the Charitable Institutions Acts, the Adoption and Foster Care Act, the Disability Act, the Employment Act, and the Corporal Punishment Act which are all anchored in the Kenya Constitution 2010. However, some provisions of the Children Act have not been harmonised with the Constitution.

Institutional framework: The Ministry in charge of children services is the primary duty bearer responsible for children concerns. Each district has a Child Welfare Office who coordinates and supervises services aimed at promoting and protecting the wellbeing of children and their families. The department provides trainings to staff employed in the districts. The NCCS is mandated with the supervision, control, planning, financing and coordination of child rights activities and to advise the Government on all aspects relating to children. However, the NCCS appears to face challenges in fully executing its mandate. In the devolved system of Government, the Counties are responsible for managing child care facilities in their jurisdictions. There are also non-state actors working for children in Kenya including NGOs, FBOs and CBOs.

Alternative care:

Child abuse: Child abuse is still rampant in Kenya despite the gains made towards legislation and enactment of policy frameworks against child abuse. The national policy protects children from the reported abuses, however, the differences in the interpretation and the implementation lapses leaves the children at the mercy of the care givers. Hence, cases of child neglect, abandonment, sexual abuse, and corporal punishment continue to be reported.

Informal and formal care: Children in Kenya that are at risk of losing parental care or that have lost parental care are placed under different forms of care, which fall largely under informal care or formal care. Informal care is common in situations where children stay with immediate family members or relatives while formal care is where children are legally placed in various institutions both public and private. However, comprehensive national data on



informal care in the country do not exist which may lead to gaps in service delivery and protection of children.

Residential care: There is a regulatory framework on alternative care institutions in place. The DCS is mandated to oversee the running of the public institutions and regulate the operations of the private institutions including managing fostering and adoption. However, the capacity gap within the DCS exists with regard to monitoring and inspection of private institutions.

c) Recommendations

Institutional and legal framework:

Institutional framework: The Government needs to strengthen the NCCS to enable it to effectively play its oversight role in childcare. NSAs such as SOS Children's Villages Kenya can lobby for strengthening the institutional framework for adequate in budget provisions and resources to ensure inspection is implemented as required by the national policies.

Legal framework: There is the need to harmonise certain provisions of the Children Act with the provisions of the Constitution of Kenya 2010. This is the case specifically for provisions related to parental responsibility, child labour, and any other conflicting provisions.

Alternative care:

Child right violations: Increased awareness on child rights violations and child abuse still need to be promoted. Concerted efforts by all stakeholders on the need for reporting cases and ensuring that law enforcers work with the local communities and NSAs to address issues of abuse should be strengthened.

Children's data: Establish and strengthen data collection and documentation mechanisms on child protection that build into a national data base on key aspects of alternative care. This will improve coordination, avoid duplication of efforts and ensure that all stakeholders adhere to set standards.

Funding alternative care: The capacity of the DCS with regard to monitoring and inspection should be strengthened. NSAs such as SOS Children's Villages Kenya should lobby the Government during the budgeting process to ensure increased resource allocation to the DCS. Additionally, mechanisms for joint monitoring with all stakeholders in the counties require to be established as the country moves towards a devolved system of government.

Enhancing adoption: Adoption as an alternative care is under-utilised in the country. The study recommends the reduction of adoption costs and raising awareness on adoption to encourage Kenyans to adopt children, in order to reduce the number of children in alternative care institutions.



Promoting foster care: The DCS should develop a data base of foster carers, train them and provide counselling on the challenges associated with foster care. Establishment of a network of foster care will enable the care giver to share experiences and challenges associated with fostering.

Preventative services: There is the need for a continuous review of the current structures for the provision of preventative support services. The State should build and strengthen households and local community structures to enhance OVC protection and maximise effective utilisation of the available resources. This can be done through a baseline study on OVC household economic needs, supporting the community to identify successful economic strengthening interventions and implemt mechanisms for monitoring progress and sustainability of community strengthening initiatives.

Reunification of children in alternative care: Strengthen monitoring of alternative care centres to ensure that children in the centres are reunified with their biological family as soon as possible to ensure that the length of stay of children in alternative care is minimised.

Youth leaving care: Develop a national structured leaving care curriculum for youth leaving care to ensure that care leavers are adequately equipped with requisite skills and capacities to be self-reliant after leaving care, regardless of the care facility they have been living in. Attachment or networking of the youth to organisations like the Ministry of Youth Affairs to provide support for entrepreneurial activity is recommended.



GLOSSARY

Adoption	A judicial process that conforms to statute in which the legal obligations and rights of a child toward the biological parents are terminated, and new rights and obligations are created between the child and the adoptive parents.
Alternative Care	The placement of a child in a care setting other than the immediate or extended family setup, including foster care, adoption and institutional care in Charitable Children's Institutions.
Best interests	It emphasizes the need for the impact of all actions on children to be assessed in advance.
Care giver	A parent or guardian who is charged with responsibility for a child's welfare – including comfort, upbringing, guidance, and provision of basic rights and realizing human rights
Charitable children's institutions(CCI)	Section 58 of the Children Act defines a charitable children's institution as "a home or institution which has been established by a person, corporate or non-profit, a religious organisation or a non-governmental organisation and has been granted approval by the NCCS to manage a programme for the care, protection, rehabilitation or control of children." Children in need of care could be sent to a charitable children's institution in an emergency situation or by way of a care order.
Child	An individual who has not attained the age of eighteen years (Constitution of Kenya, 2010)
Child abuse	Any physical or psychological harm, manifest through neglect and exploitation.
Child protection	Measures and structures to prevent and respond to violence, abuse, exploitation and neglect affecting children.
Children Rescue Centres	The rescue centres provide provisional safety, protection and care of Children in need of care and protection (CNCP), and facilitate speedy referral and community reintegration appropriately. The Centres provide transitional care to abused, children with disabilities marginalized and lost children among others.
Duty bearer	Body or individual who has responsibilities and obligations towards the rights holders, as enshrined in international and national law and human rights instruments.
Formal Care	"A group-living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society."
Foster care	A competent authority places the child with a family other than the children's own family. The family is selected, qualified, approved and supervised for providing such care.
Guardian	In relation to a child includes any person who in the opinion of the court has charge or control of the child.
Informal care	A private arrangement in a family environment whereby the child is looked after on an on-going or indefinite basis by relatives or friends (informal kinship care).
Kafala	Under Islamic law, kafala is an alternative means of child care for children deprived of their family environment (for example abandoned or orphaned children).
Legal Guardianship	Family-based care in the child's extended family or with family close friends who are known to the child, whether formal or informal in nature.



Orphans	A child whose mother (maternal orphan) or father (paternal orphan) or both (double orphan) are dead.
Private Residential care	Charitable children's institutions(CCI)
Protection	Promotion of OVC safety and welfare by preventing and responding to violence, exploitation and abuse.
Rehabilitation schools	Rehabilitation schools are established under Section 47 of the Children's Act 2001, to provide rehabilitation of children between 10-17 years in conflict with the law.
Remand Homes	Children's remand homes are established under section 50 of the Children Act (2001), for detention of children. Children Remand Homes should only admit child offenders, boys and girls aged 10 -17 years, and whose cases are being processed by the children's court.
Statutory Institutions	Public Children care centres
Vulnerable child	A child who is living in circumstances of high risk whose prospects for continued growth and development are seriously threatened.
Youth	Persons between the ages of 15 and 24 years.



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